Sonoma County’s Responses to the AIDS Epidemic, 1981-1997

by

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ABSTRACT

Much of the existing historical scholarship on AIDS is centered on the assumption that the AIDS epidemic existed solely within a national or urban context. These studies suggest that the social and cultural implications of the AIDS epidemic were inherently urban in nature and as a result, often overshadow the smaller, rural experience of AIDS. Rural Sonoma County was unique in that its West County gay and lesbian resort areas provided for the influence of urban dwellers on approaches to the AIDS epidemic that more isolated, rural areas might not have experienced. As a result of Sonoma County’s rural and urban influenced population, the activists, community leaders, healthcare workers and volunteers played pivotal roles in advocating for their communities with sophisticated strategies that were unique to Sonoma’s rural environment. Through this inclusion of rural responses to AIDS, the historical narrative of the AIDS epidemic is thereby enhanced through the perspectives of Sonoma County’s rural responders.

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Introduction: The weather, the trees, and the river, reminded him of Omaha.¹ - A rural response to AIDS – Sonoma County.

Historian Charles Rosenberg wrote, “Disease necessarily reflects and lays bare every aspect of the culture in which it occurs.”² Rosenberg’s statement holds true in the examination of urban and rural responses to AIDS. Consider the experiences of two physicians who encountered their first AIDS patients in the early 1980s. From an urban perspective, Dr. Marcus Conant, a dermatologist and associate professor at the University of California, San Francisco, was at the forefront of the fight against AIDS in San Francisco and a founder of the largest AIDS Service Organization (ASO), the San Francisco AIDS Foundation. Conant’s urban environment gave him access to colleagues across the country who were also seeing young, gay men with atypical cancers and suppressed immune systems. This created shared information on patients with HIV/AIDS, and in combination with funding from large institutions such as UCSF, allowed for the creation of San Francisco ASOs. These organizations would prove invaluable in the dissemination of vital health information on AIDS to the gay community and the public at large. Integral to San Francisco’s responses was the presence of members of the city’s gay community throughout San Francisco’s professional, political, and medical communities. These characteristics drove the city’s

¹ Scott Voelte, interview by author, Santa Rosa, March 13, 2018.

responses to AIDS and served the community most impacted by the disease in the first decade of the epidemic.

While San Francisco’s urban response was urgent and expansive in terms of talent and funding, the rural response to AIDS in Sonoma County was quite different. In Guerneville, a small vacation town known as a “gay resort” and frequented by San Francisco gays, lesbians, and locals alike was Dr. Marshall Kubota, a family practitioner working off medical school loans with the United States Public Health Service. Kubota examined his first AIDS patient in 1982 and within the decade would become the foremost AIDS expert in Sonoma County.\textsuperscript{3} However, Kubota’s clinic lacked funding, his knowledge of AIDS was mostly self-taught, and he was without exposure to other professionals with whom to exchange diagnostic observations.\textsuperscript{4} While only an hour outside of San Francisco, Sonoma County’s lack of medical specialists, funding for AIDS services, and information on the growing epidemic created a dynamic where small numbers of individuals could generate homegrown solutions to the epidemic. These included grassroots organizations such as ASOs and activist organizations such as ACT UP that worked to provide services for Sonoma County residents and non-residents alike suffering from HIV/AIDS. The County’s response toward AIDS would take nearly a decade longer than San Francisco’s in developing activism within the gay and lesbian communities, in its civic response from the Board of Supervisors, and in the formation of


\textsuperscript{4} Ibid.
grass roots organizations created to care for the dying and later, for the treatment and prevention of the disease.

Rural responses to the AIDS epidemic serve to broaden the understanding of the AIDS epidemic beyond the initial understandings of the disease within an urban construct that is often associated with stereotypes. These stereotypes arose from early epidemiological categorizations of the disease that primarily appeared to impact gay men and IV drug users who lived in major metropolitan areas. Media attention served to further facilitate the cultural and geographical stereotypes of AIDS as a “gay plague” and an urban affliction. As a result, the urban stereotype was used to distinguish between the individuals who were vulnerable to the disease and the region in which they resided.

The urban label serves to limit our understanding of the disease, the individuals at risk for HIV, and the cultural and social responses that arose from it. While cities such as San Francisco and New York provide a history of responses to AIDS that includes large political and activist interventions, these histories also overshadow the smaller, rural experience of AIDS and as a result, omit the efforts of volunteers, activists, and physicians, who played pivotal roles in advocating for their communities. This was evidenced in Sonoma County’s responses to the AIDS epidemic that were different from those of cities’ as the result of a significant gay and lesbian community combined with a population that was relatively liberal in its politics and opinions toward gays and lesbians.⁵

Historians Pippa Holloway and Elizabeth Catte argue that the use of the term “rural” to describe a population without referencing their characteristics and specificities is ahistorical. In other words, to simply assign stereotypes to rural communities such as political conservatism, homophobia, and religious views is to limit the perceptions of rurality and more importantly the individuals who perceive themselves as rural dwellers. The individuals interviewed for this thesis all perceived Sonoma County as rural during the 1980s and mid-1990s. Federal agencies such as the Centers for Disease Control also considered the county as rural until the early 1990s when definitions changed to financially accommodate the County’s rising number of AIDS cases. For the residents, the rural definition was important for reasons ranging from the desire to live close to nature or to place living in cities such as San Francisco in the past. The rural identity could also be placed within the context of AIDS, where residents perceived themselves as “rural underdogs” who fought against an epidemic for which there was no effective treatment for over a decade. These perceptions of rurality were mirrored in the efforts to combat local AIDS within advocacy, activism, media coverage, and institutional approaches to the disease.

The rural description of Sonoma County however, goes beyond that of individuals’ self-perceptions of rural. Sonoma County was rural by definition of its low-population density and large agricultural and farming communities. However, Sonoma County in comparison to an isolated region in eastern Washington or the rural South was

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a very different definition of the term rural. Sonoma’s West County region like those of Provincetown, Massachusetts and Fire Island, New York, were gay, resort communities, particularly active during the summer months. These gay resort destinations allowed for the movement of individuals in urban areas into these resort areas, at times taking up permanent residence. This dynamic contributed to the flow of culture and opinion within these rural, gay counties. While the self-identity of rural was important to the social responses to AIDS in Sonoma County through a reliance on community and a bond with nature, Sonoma County and other gay resort towns benefitted from urban influences that gave them an urban advantage over more typically rural counties in the fight against AIDS.

Rural responses to the AIDS epidemic were evidenced as well in counties outside California with significant gay and lesbian communities. Provincetown Massachusetts was similar to West County, Sonoma in that both communities were the source of grassroots AIDS activism. The gay vacation destinations of Provincetown, Massachusetts and West County, Sonoma used their volunteerism and activism in their early efforts to care and advocate for people suffering with AIDS before county, state, and federal interventions were made available.

Provincetown and West County were representative of gay resort, rural towns, with high rates of AIDS during the first decade of the epidemic. Provincetown was a small, coastal resort town on the outermost bank of Cape Cod that began as a fishing town with a large Portuguese, working class population that became a summer destination for urban gay men and women from Boston and New York in the late 1960s and 1970s. During the early 1980s, Provincetown had the highest number of AIDS cases
in the state of Massachusetts. Local activists responded to the disease by forming the Provincetown AIDS Support Group in 1983. Frustrations over the loss of life and suffering experienced by the town’s gay community led to the formation of a local chapter of ACT UP in 1988. Throughout the AIDS crisis, a majority of Provincetown’s residents, gay and straight, worked as a community to support individuals with AIDS through their ASO and “recovery groups” that sought to address seasonal issues of depression and alcoholism that often resulted from a downturn in tourist dollars during the off season. West County and Provincetown are rural examples of responses to AIDS that originated within small gay and lesbian communities.

The rural AIDS narrative is linked to the historicism behind the formation of gay and lesbian communities such as those in West County. Queer historical scholarship was originally focused on the urban environment until the early twenty-first century. This scholarship was a result of the research and case studies done on queer communities and identity that evolved into an LGBT model centered on the urban environment. Historian John D’Emilio argues in “Capitalism and Gay Identity” that in the 1970s, capitalism and

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10 Faiman-Silva, The Courage to Connect, 120.


12 Holloway, Catte, “Rural,” 175.

13 Ibid.
the popularity of the birth control pill created a de-emphasis on heterosexual marriage
and procreation which in turn fostered the possibilities for recreational sex, for a life
beyond the small town and marriage, toward an environment where men and women of
the same sex could experience sexual relationships in an urban context.\textsuperscript{14} Holloway and
Catte contend that D’Emilio’s contention suggests that it was the lack of emphasis on
heterosexuality and marriage that created a space for same sex identity to emerge.\textsuperscript{15} This
relationship between urban spaces and queer identity is echoed by scholar Jack
Halberstam who argues, “Most theories of homosexuality within the twentieth century
assume that gay culture has a special relationship to urban life.”\textsuperscript{16} Halberstam terms this
“metronormativity,” a term that aptly names perceptions of gay identities that were often
limited and incorrect in their omission of the rural experience.

As Holloway and Catte suggest, queer identity was not limited by shifts in
heterosexual norms or geography. Colin Johnson’s “Just Queer Folks: Gender and
Sexuality,” also challenges the narrative of rurality and gays during the first half of the
twentieth century. Johnson’s narrative suggests that rural areas were primarily
heterosexual, that queer behavior was uncommon, and that queers were typically


\textsuperscript{15} Holloway, Catte, “Rural,” 176.

\textsuperscript{16} Ibid.
In addition, Johnson contends that queers in rural environments were often not separate from heterosexual social groups stating, “Recognition of difference does not always result in the severing of preexisting social affinities. On the contrary the recognition of difference sometimes deepens such affinities.” Johnson’s work contrasts with the focus of metronormativity, and as a result, expands to include the rural narrative and the possibility for historians to reach beyond the stories that are limited by geographical region and stereotype.

Unlike recent queer historicism, much of the existing AIDS historical scholarship remains centered on the assumption that the epidemic was experienced primarily within a national or urban context. It is within these parameters that the disease and its impact on culture and society have been examined. While the urban demographic is useful for understanding the evolution of the epidemic and the surrounding activism and politics that resulted, it suggests that the social and cultural implications of the disease were inherently urban in nature. This focus on the urban response to AIDS is present through much of AIDS historiography.

With few notable exceptions, AIDS has been a relatively unconsidered topic in historical scholarship. Exceptions include the work of medical and political historians, however this scholarship is limited as well. While there is no definitive answer as to why

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18 Ibid.
AIDS has not garnered the attention of more historians, the topic is still nascent and the field has not gone without contributions from outside disciplines in the areas of media analysis, sociology, and public health, to name a few. Historian Julio Capó theorizes that much of the early scholarship around AIDS was centered on queer studies of the marginalized gay and minority communities that were struggling for recognition of the disease and a cure, while historical scholarship was focused on the medical and public health aspects of the epidemic. Adding to Capo’s theory of the lack of historical precedence on AIDS was the focus of medical and public health historians on the urban epidemic and little attention toward rural AIDS.

In the realm of journalistic contributions towards the AIDS epidemic were the prolific, journalistic responses of Randy Shilts and his book, *And the Band Played On*, written during the early, pre-AZT days of the epidemic and published in 1987. Shilts’ account is nearly ubiquitous in its presence in scholarly and popular contributions about AIDS history that recounts the story of San Francisco’s gay community and its political and medical struggles against the epidemic. Shilts’ account details the division within the gay community over the closure of the bathhouses and the differences in approach to sexuality with regard to containing the spread of HIV. Shilts was adept at conveying the loss and grief experienced by the gay community as well as the dire nature of the disease and the medical and political responses to it. These aspects of Shilts’ work have contributed to *The Band’s* prevalent use in scholarly and non-scholarly contributions regarding AIDS.

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Shilts’ account however, was solely focused on the urban experience within San Francisco and as a result, spent little time on the impact of AIDS on racial minorities, women, IV drug users, and bisexuals. In addition, the issue of Shilts’ bias was forefront to his perpetuation of the single point of origin myth for AIDS known as “Patient Zero,” that implicated flight attendant, Gaétan Dugas, as the original carrier of AIDS into the United States. This myth and its ability to persist historically contribute to the early perceptions of AIDS as a “gay disease.” Historian Steven Epstein argues that there have been few journalistic accounts regarding AIDS that “obscure as much as clarify the construction of knowledge about AIDS.”

20 Epstein’s comment relays the scholarly and also limiting value in Shilts’ work. To go further, Shilts’ perspective (in The Band) is specific to gay, white, middle-class men in urban geographies and as a result leaves a determinate and stereotypical understanding of the epidemic. However, Shilts’ work as an author and columnist during the epidemic offers unique insight into the struggles of gay journalists in delivering objective, AIDS-related content.

Historian Jennifer Brier’s work is representative of recent political and women’s and gender studies’ contributions on the AIDS epidemic. Brier is one of the few historians whose work reflects the link between AIDS, politics, and gay activism in altering public health policy and cultural norms regarding homosexuality in the urban environment. In her work, Infectious Ideas, Brier argues that AIDS and the activism that accompanied it shaped and defined everything from the duration of clinical trials to the

content of AIDS education. While focused on the urban centers of the epidemic, Brier’s scholarship on the topic of AIDS and political activism is germane to the rural response in Sonoma County whose local activism was evident through the formation and political support of grassroots organizations in the County.

Medical historian Charles Rosenberg’s analysis of the AIDS epidemic is an integral aspect of comparatively understanding urban responses to the epidemic against those of previous health crises in the United States. For example, Rosenberg argues that the issue of quarantining people with AIDS during the 1980s was not an unusual public health method for containing the spread of infectious disease. Rosenberg cites New York’s 1918 polio epidemic when public health mandates involved the quarantine of the poor and immigrant populations thought to harbor disease through crowded living conditions. Rosenberg goes further to state that this similar mandate of targeting minority populations often regarded as “disease spreaders” was also evident during the AIDS epidemic when gay men and IV drug users were the focus of the disease. Rosenberg’s study of AIDS is useful in its historical comparisons of public health reactions to epidemics and in revealing that many characteristics of AIDS public health responses existed in a similar manner a century or more before.


23 Ibid., 286.

24 Ibid.
The field of sociology has also contributed to the study of AIDS activism in a way that the discipline of history has yet to provide. Deborah Gould is a sociologist whose work on the emergence and demise of ACT UP is of distinct value to understanding the origins of AIDS activism in a county such as Sonoma. Gould argues that the characteristics inherent to activism are those of emotion and fluidity.\(^\text{25}\) With regard to AIDS activism, the emotions of anger and loss serve to stimulate direct responses against those that withhold funding or discriminate against people with AIDS.\(^\text{26}\) Fluidity refers to the activist body, in this case, ACT UP, whose methods and organization were constantly in a state of change attributable to the shifting politics and agendas that evolved with the epidemic. Gould’s analysis of ACT UP while focusing on the urban chapters of the organization speaks to the emotions and origins of ACT UP/Sonoma and is therefore useful in the understanding of activist responses within Sonoma County.

AIDS historiography has focused on the central themes of media responses, medical and political histories, and activism, all within an urban context and through cross-discipline contributions such as sociology. Journalists such as Shilts and scholars Brier, Rosenberg, and Gould have largely focused on the urban, gay, and white male community in their arguments thereby creating an opportunity to compare and examine the perspective of rural, Sonoma County during the AIDS crisis. These contributions provide a framework to investigate the rural response and its impact on the ways in which Sonoma County responded to the AIDS epidemic and beyond.


\(^{26}\) Ibid.
To my knowledge, there is no known historical scholarship on the AIDS epidemic in Sonoma County. As a result, I conducted ten oral histories and engaged in numerous phone calls and emails with individuals both in the County and in San Francisco. The oral histories were taken with County residents who were active in the County’s responses to AIDS. This included volunteers, medical professionals, activists, and individuals who were HIV positive during the epidemic and are still living today. These histories contribute a personalized perspective to my thesis and therefore, may contribute their own biases toward their experiences during the epidemic.

Archival work related to San Francisco’s institutional ASOs were used as comparative research to Sonoma County’s ASOs and were obtained through my research at UCSF’s AIDS History Project archive. In addition, the time I spent at the GLBT archive in San Francisco was extremely valuable to my understanding of West County as a gay resort in the 1970s and early 1980s. I researched several gay men who vacationed in West County during this time, including one who eventually moved to Santa Rosa. These experiences were essential to my understanding of the importance of a gay resort destination where men and women could relax and party in a non-judgmental, natural environment. My GLBT archival research allowed me to place this region and the individuals who frequented it within the context of a disease that impacted West County and other gay communities most severely in the first decade of the epidemic. I feel this was an important aspect of my study of West County and their responses to the disease.

Sonoma County historical societies and libraries were also an integral aspect of my research. The Russian River Historical Society provided a scrapbook of ACT UP/Sonoma’s media coverage and correspondence with city officials as a result of one of
their direct actions. These activists played a pivotal role in pressuring the County to provide funding to grassroots AIDS services and in raising awareness of AIDS and its severe impact on the gay and lesbian community in Sonoma County. The Sonoma County History and Genealogy library unearthed four DVDs of the County’s Public Information Office’s public service announcements (PSAs) that featured interviews between County officials, ASO members, and physicians. The County’s PSAs on AIDS provided tremendous insight into County AIDS education and prevention efforts as well as insight into the role of the individuals interviewed. I was also fortunate to have access to several years of *We The People*, a gay and lesbian periodical printed out of West County. This primary source was used to gain a sense of the content of a County gay periodical during the AIDS epidemic as well as to measure that content with that of the urban gay press within the areas of politics and AIDS education.

Terminology used in this thesis was approached using the language based in the 1980s and 1990s. I used the term “gay and lesbian community” when referring to the GLBT or queer community, sometimes using “gay community” alone rather than delineating between the two entities. AIDS and HIV/AIDS were often used interchangeably despite one being the causal agent of the syndrome and AIDS as what was known as the disease. This method was to avoid repetition in overusing either term. The interviewees in the chapters on West County and Media Responses referred to the disease as AIDS. HIV was mostly used in chapter three, the institutional responses, as most of the healthcare workers I interviewed referred to it as “HIV.” My terminology in all three chapters reflects both the historical language and the language most commonly used by the responders to the disease.
In chapter one, I examine West County responses to AIDS through the areas of volunteerism, advocacy, and activism. West County’s gay and lesbian community were hardest hit by the AIDS epidemic and as a result volunteerism played heavily in the initial responses to the disease when local government remained on the periphery of the epidemic and there was no treatment for the disease. This was a small community whose size demanded a multi-role approach to caring for people with AIDS and toward education and prevention. Volunteers frequently became AIDS advocates and then formed local ASOS in addition to being members of the local ACT UP chapter. This chapter is comprised of many of the oral histories I conducted and as a result, gives a personalized account of the epidemic in West County and Sonoma County in general. The ACT UP/Sonoma section is comparatively analyzed against national and urban chapters of the organization to show commonalities and differences between the rural and urban chapters of ACT UP. In this comparison, the distinct qualities of ACT UP/Sonoma and its reflection of West County are revealed.

Chapter two offers a media analysis of local print media’s coverage of the AIDS epidemic. This analysis was explored through the use of local newspaper archives, scholarly media analysis, and two interviews with reporters from the Santa Rosa Press Democrat. One reporter in particular, Susan Swartz, covered the epidemic at length. I also compared the work of columnist Carol Belove in the Petaluma Argus-Courier with Randy Shilts’ work in the San Francisco Chronicle as a study in journalistic bias and its manifestations in both rural and urban newspapers. The issue of media coverage of “innocent victims” versus those of gay men and IV drug users was characterized in local, Starcross Monastery’s mission to foster and adopt AIDS babies. The local and national
media coverage of Starcross was demonstrative of the bias and sensationalism that existed during the first decade of the epidemic and this chapter addresses how those characteristics were reflected in the local press.

The third chapter of my thesis explores the County’s institutional responses to the AIDS epidemic and the contributions of individuals that created and implemented successful approaches to combatting HIV. The impact of the Family Practice Residency program at Community hospital in Santa Rosa was integral to the success of physicians like Dr. Marshall Kubota who used his training from the program to specialize in AIDS care. Family practice medicine became one of the County’s most effective medical responses to the AIDS crisis. Also examined are the PSAs produced through the County Information Office in an interview format. These PSAs demonstrate the County’s approach to AIDS education and prevention as well as revealing issues of homophobia and AIDS-related stigma within the interviews themselves. Also in this chapter are the failures of institutions that provided the stimulus for change in AIDS patient care and education.

A Sonoma County Commission on AIDS employee recently commented, “No one cares about AIDS anymore, and that’s a mistake.” While the employee’s words were made within the context of future epidemics and the failure to learn from lessons passed, I believe this statement applies to the need for a broader historical study of AIDS and rural AIDS in particular. In order to achieve a more inclusive perspective of this disease and the varied cultural and social responses to it, more studies of individuals and communities outside of the urban perspective are needed. My thesis endeavored to make

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27 Theresa Lombardi, interview by author, Santa Rosa, September 15, 2017.
a historical contribution through a local and rural analysis of the AIDS epidemic in Sonoma County.
Chapter 1: AIDS, Advocacy, and Activism in West County

“I wish you could be more true to your demographic profile. Life is confusing enough.”

Kit Mariah and Edy Sallee were Guerneville residents and founding members of ACT UP/Sonoma and advocates for AIDS patients in the County. During the epidemic, they kept small lists on their refrigerator with the names of friends who had died from the disease. Eventually the names numbered over fifty friends and the lists became too numerous and a constant reminder of their losses. Mariah described the emotional toll of losing so many friends in a short period of time. “You open the paper and every week there was somebody that you knew that died. And then, even after supposedly people weren’t dying anymore, there was a couple of people whom we were close to that died.”

Mariah and Sallee’s losses to AIDS were a recurrent theme for West County residents, particularly within the gay and lesbian community where gay men were at high risk for infection in the first decade of the epidemic.

Mariah and Sallee moved to West County for the redwoods, the river, and the gay friendly atmosphere. Their experiences were reflective of many gay men and lesbians who were attracted to the region’s natural beauty and reputation as a gay resort. Many of West County’s residents were college educated and had participated in the social movements of the 1960s and 1970s including feminism and gay liberation. By the time AIDS appeared in the County in 1981, this community had become a politically astute

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2 Kit Mariah and Edy Sallee, interview by author, Guerneville, December 1, 2017.

3 Ibid.

4 Ibid.
and socially aware population capable of creating AIDS Service Organizations (ASOs) and executing AIDS activist responses that were sophisticated and reflected the needs of their community. The gay community in San Francisco and their responses to AIDS influenced West County’s community efforts, although this was predominately in the form of inspiration and shared experiences through combatting the disease. West County’s gay men and lesbians were fiercely protective of their community and dedicated toward the creation of grassroots and activist organizations for people with AIDS (PWAs). Ultimately, this community played an integral role in Sonoma County’s responses to the epidemic.

This region of Sonoma County and its tolerance toward gays and lesbians began long before the 1980s and the AIDS epidemic. Framed by towering redwoods and populated with funky bungalows, resorts, and bars, the region’s natural landscape and hidden dwellings gave the illusion of isolation from the larger Sonoma County towns of Santa Rosa and Petaluma, despite only a thirty-mile separation. West County as a vacation destination began at the turn of the 20th century with wealthy San Franciscans seeking respite from city life. In the 1950s, the region became a family friendly resort destination, easily accessible by automobile, with inexpensive local hotels, campsites, and rental cottages.\(^5\) In 1958, lesbian nightclub performer and San Francisco resident, Kay Caroll, opened the first known, gay dance bar, the Vieux Carr.\(^6\) A tourist handbook


description of the bar euphemistically explained, “This place is different.”\textsuperscript{7} The Vieux Carr is often recognized as the beginning of the gay bar and resort scene that gained popularity in the 1970s.

The 1960s and 1970s counter culture movements brought straight and gay alike from San Francisco to the region that became known for partying and cruising, particularly during the weekend, summer months. The shift to a more gay-centric West County occurred during the mid-1970s with the repeal of California’s sodomy laws that had repressed the rights of gay individuals and businesses alike.\textsuperscript{8} The abandonment of California’s sodomy laws in conjunction with the gay liberation movement and the rural desirability of West County as a gay resort destination roughly 70 miles from San Francisco by automobile, ultimately led to the popularity of the region. The first resorts and restaurants catered mostly to white, gay men and lesbians that included the bar, The Rusty Nail, known as a “safe roadhouse,” for Sonoma County deputies “stepping out on their wives.”\textsuperscript{9} The bar also had notoriety as a bus stopover that ran between the Castro neighborhood in San Francisco and the West County town of Rio Nido.\textsuperscript{10} This popularity of West County to gay men and lesbians from San Francisco was portrayed in a 1979

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\textsuperscript{7} Wolf, “Rainbow Over the Bridge,” 2.
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\textsuperscript{10} Ibid.
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*Newsweek* article entitled, “Where the Boys Are,” that referred to Guerneville and surrounding resorts as a “gay boom town.”

In addition to being a gay resort destination, West County was a permanent residence for individuals seeking a rural, gay tolerant community. The individuals that participated in the supporting oral histories were diverse in origin from urban centers on the East Coast to San Francisco and locals from Santa Rosa. Edy Sallee, a lesbian from Washington D.C., describes Guerneville as a town where, “It was ok to be gay. It really was a mecca. And we kept the town going because the gay community would come up [from San Francisco] and support all the motels and restaurants.” Salle’s partner, Kit Mariah compared the experience of being gay in Guerneville with that of the more conservative Sonoma County town of Healdsburg. “When we lived in Healdsburg we went to the video store, back when they had videos, and we wanted to sign up for their video club. We tried to put both of our names on it and they said, ‘You can’t have two names on it. You’re not married. You two are just friends.’ And then we moved to Guerneville and it’s like, ‘well do you want anyone else on your card?’” Sallee also related that outside of San Francisco, Guerneville was one of the few towns in Sonoma County where you could walk down the street with your partner holding hands.

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12 Mariah, Sallee, interview.

13 Ibid.

14 Ibid.
Mariah and Sallee’s descriptions of Guerneville, particularly in their comparison to other less, gay friendly towns in the County, run contrary to the rural stereotype of pervasive conservatism, particularly with regard to sexual and gender identity. Historians Pippa Holloway and Elizabeth Catte confirm that rural areas are often perceived in scholarly and popular press as being immersed in homophobia, violence, and secrecy surrounding sexual identity.\textsuperscript{15} Furthermore, Holloway and Catte argue that many rural counties are diverse in their political and religious beliefs, ethnicity, and sexuality and gender identity.\textsuperscript{16} While many residents of West County self-identified as living in a rural area, their backgrounds and experiences also suggest an urban perspective. This is relevant in that the grassroots and activist efforts during the AIDS epidemic required a politicization of the community’s needs to County and healthcare entities. As a result, West County responses to AIDS ran contrary to rural stereotypes and instead presented diverse approaches to caring for people with AIDS.

Grassroots efforts in West County toward AIDS occurred concurrently with having to overcome the fear and stigma associated with the disease. West County was typical of most regions in the country for having reluctance and fear over being stigmatized as a person with AIDS or as someone who had contact with an infected individual. As a result, a small number of West County residents spread the word to whoever would listen about the disease that was impacting their community. West County nurse Carol Owens describes her desperation in her attempts to engage the


\textsuperscript{16} Ibid.
community around AIDS. “I just think I kept bringing it up and bringing it up and bringing it up! Everywhere I went! And saying, something horrible is happening here and we gotta do something!”17 The recalcitrance Owens experienced from the gay and lesbian community in responding to the disease was not the result of rural isolation, but rather the fear of being associated with a stigma-related, mostly fatal disease that in the early years, appeared to afflict mainly gay, white, men.

In a manner similar to Owens, Larry Kramer, an early founder of New York’s first ASO, the Gay Men’s Health Crisis and an early organizer of the AIDS direct action group, ACT UP, also recalls the reluctance and fear from New York City’s gay community in recognizing the threat that AIDS posed to gay men and the lack of government response and medical intervention. In Kramer’s 1983 letter to the gay publication the New York Native, entitled “1,112 and Counting,” Kramer expressed his outrage at the lack of awareness on the part of the gay community toward AIDS and the lack of response on behalf of the Food and Drug Administration, the Reagan administration, and New York city bureaucracy. “If this article doesn’t scare the shit out of you, we’re in real trouble. If this article doesn’t rouse you to anger, fury, rage, and action, gay men may have no future on this earth. Our continued existence depends on just how angry you can get.”18 As with Owens’ refusal to stop talking about AIDS to community members in West County, Kramer’s article was a rallying cry to the gay


community in New York city to motivate and become activists on their own behalf. The efforts of Owens and Kramer signify the extent of the fear of stigma and reprisal that existed in the gay community as a result of AIDS being equated by the public at large with homosexuality and sexual promiscuity.¹⁹

Within a national context of AIDS stigma, conservative politicians and religious leaders such as political advisor and commentator, Patrick J. Buchanan, also blamed gay men for the spread of AIDS by declaring the disease a punishment from God for being homosexual. In 1983 Buchanan stated, “the poor homosexuals…have declared war upon nature, and now nature is exacting an awful retribution.”²⁰ Buchanan’s views were similarly reflected locally in Sonoma County residents’ opinions on preventing the spread of AIDS. In a 1986 letter to the editor in the Santa Rosa Press Democrat, a resident argued for the case against homosexuality and sex outside of marriage. “I’m willing to say that premarital and extramarital sex are wrong because my God has said so throughout the Bible. I suppose that may make me intolerant, a conservative, a radical, or some other ‘terrible’ kind of person, but I’m not worried about catching AIDS from my wife or from drugs either. If people kept sex within marriage, both problems could be wiped out very quickly.”²¹ In the 1980s, such was the environment of profound fear and

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stigma facing gay and lesbian communities alike in cities such as San Francisco and rural counties such as Sonoma.

Within this environment of fear surrounding AIDS and anger at the government for its lack of intervention, gay and lesbian communities became more united and political in their efforts to advocate for gay rights and against the stigma surrounding the disease. By 1986, the cumulative number of AIDS cases [since 1981] in the United States was approximately 30,000 of which roughly half were fatalities. San Francisco in proportion had a cumulative total of AIDS cases of 2,900. Sonoma County had a cumulative total of 100 cases that by 1990 reached nearly 600. A side effect of this growing epidemic was the use of political agendas that sought to limit the civil rights of gays and lesbians through the AIDS crisis. For example, the conservative political activist, Lyndon LaRouche called for the quarantining of HIV positive individuals as part of his conservative political platform that garnered significant support from California voters. Political agendas during this time were also reflected in the inaction of

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23 Ibid.


government such as the five-year silence from the Reagan Administration about the epidemic.26

In the early months and years of the epidemic, nearly a decade prior to a local government response of any form was a demand for communication and attention toward West County individuals with AIDS. Community volunteer Larry “Orny” Wilcox recalls caring for an AIDS patient during the early 1980s when there were no organizations to provide AIDS services or a clear epidemiology of the disease. “There was no Face To Face, no Commission on AIDS, no Food For Thought, and no AIDS physicians or physicians who had an inkling.”27 AIDS service organizations were nonprofit entities that were the first to advocate for patients and their loved ones in the areas of treatment, domestic care and education among many other services. In Sonoma County the first ASO was Face to Face, staffed entirely by volunteers many of who were students, nurses, and concerned citizens who recognized an urgent need in the community to assist people with AIDS. ASOs in general were critical to the care and prevention of AIDS and historian Steven Epstein contends that “the appearance of these organizations marked simultaneous attempts to provide services to people suffering from the syndrome, relay relevant information rapidly to gay men at risk, and serve as an organized voice regarding questions of public policy.”28 ASOs were a vital resource in in caring for people with

26 Armstrong, Forging Gay Identities, 149.

27 Larry “Orny” Wilcox, in “Where Would We Be.”

AIDS, a disease that from the early to late 1980s had no medical treatment beyond palliative care.

In contrast to Sonoma County’s Face to Face were the larger ASOs of San Francisco and New York. The San Francisco AIDS Foundation and New York’s, Gay Men’s Health Crisis were also formed out of gay and lesbian volunteerism and activism. These organizations were heavily supported by a large gay political and professional community and through the contributions of wealthy, private donors, and city allocations. Face to Face in the 1980s was also funded by private donors but at a significantly smaller level. Community volunteerism was the mechanism that originally fueled Face to Face and continued its mission until the late 1980s when government funding was finally allocated to ASOs.

The volunteers who advocated for Face to Face clients performed critical services that included, domestic assistance, communication with friends and relatives, and providing personal care. This care often involved kindnesses outside of transportation to doctor’s appointments and meal preparation. Nancy Tello, a petite woman, describes taking a seriously ill client out on her motorcycle for fresh air and a ride through the redwoods. The client was barely ambulatory but Tello managed to seat him on her motorcycle and then strapped his body to hers for stability. She recounts the ride as peaceful, with her client raising his arms above his head periodically to mimic flying. Tello’s work with AIDS patients in West County was reflective of the diverse care that


30 Nancy Tello, interview by author, Forestville, January 8, 2018.

31 Ibid.
volunteers provided for their clients as well as the bond that often existed between client and advocate. The ability for the gay and lesbian community to provide this care depended upon cooperation with one another and a commitment to provide services for their West County neighbors.

Cooperation between the gay and lesbian community ultimately evolved out of the AIDS epidemic. In the 1970s there was a separation between the two communities due to differing goals related to gay liberation, sexuality, and feminism. The presence of AIDS in West County also created an additional divide between the two groups that emanated from fear and stigma associated with the disease. These issues were exacerbated by the lack of information on disease transmissibility during the early 1980s and resulted in tension and suspicion within the two communities until the epidemiology confirmed HIV as the causal agent and defined the risk groups and behaviors. Carol Owens was an early founder of Face to Face who describes the lack of communication between the two communities over AIDS. “It’s important to remember in our lives as gay and lesbian people [that we] didn’t hang out together then. They weren’t very close to each other.”

Owens relates that the gay community also experienced internal fears of stigmatization surrounding AIDS and that if one man became ill, he would subsequently be isolated from the community by other men fearful of contracting the disease.

The divide between the gay and lesbian communities in the County lessened during the mid-1980s as the increased need to care for the sick and dying coincided with the lack of a local government response and effective medications. Cultural anthropologist Esther Newton studied the relationship between gay and lesbian

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32 Owens, “Where Would We Be.”
communities within the small region of Cherry Grove on New York’s Fire Island. Newton refers to the period when gays and lesbians united under AIDS as a period of détente and “Even love between lesbians and gay men in the wake of the AIDS epidemic.”³³ West County’s gay and lesbian communities in particular, responded out of the need to assist their friends and loved ones in the form of volunteerism. Kit Mariah relates attending to a friend dying from AIDS during that time. “We got a call from somebody in San Francisco that a mutual friend in Petaluma was found almost dead by PG&E when they came to see why the bill hadn’t been paid and could we go and take care of him? We knew nothing [about AIDS]. We were wearing rubber gloves and using Lysol.”³⁴ Mariah’s recollection is demonstrative of the lack of information in the initial years of caring for individuals with AIDS as well as the extreme isolation experienced by some in Sonoma County during the epidemic.

West County’s dynamic of a gay and lesbian community that united to care for their own was not solely a rural or small town occurrence during the AIDS epidemic. Scholars Robert A. Padgug and Gerald M. Oppenheimer describe the gay community as first responders to the disease in urban centers such as New York and San Francisco. “The severity of the epidemic, the large numbers of members of the community who have contracted the disease or who are HIV positive, and the unwillingness or inability of major elements of the wider society to provide these services required the gay community


³⁴ Mariah, Sallee, interview.
to do so.” Padgug and Oppenheimer’s contention highlights the strength and organization of urban and rural gay communities alike in their common struggle for funding, medical expertise, and prevention methods against AIDS.

In addition to providing AIDS services to the West County community was a commonality of goals that existed between lesbians and gays during the epidemic that incorporated the area of gay rights. Sociologist Nancy Stoller argues that many lesbians believed in AIDS work as the disease was intertwined with the fight against homophobia and discrimination and was perceived as work that would benefit gays, lesbians, and minorities in general. Stoller also contends that there were lesbians, typically those of an older generation, who chose not to engage in AIDS advocacy out of a belief that there were more serious health issues facing women, such as breast cancer. As with urban lesbians and AIDS advocacy, lesbians in West County were also divided between those willing to contribute to the cause of AIDS and those that abstained, on the argument that AIDS was “a guy’s issue.” It is unclear whether or not there were West County lesbians who permanently resisted AIDS volunteerism, however, what is known is that many


37 Ibid.

38 Ibid., 29.

39 Mariah, Sallee, interview.
West County lesbians were among the first individuals to advocate and care for individuals with AIDS in professional, volunteer, and activist capacities.

An AIDS food bank in Guerneville was evidence of West County volunteerism toward the creation of ASOs. Food for Thought was formed through the grassroots efforts of founder Betsy Van Dyke and a handful of friends. Van Dyke was exposed to the world of AIDS through her advocacy work at Face To Face. As with Carol Owens’ recognition in the need for AIDS information to be rapidly and frequently disseminated throughout West County, Van Dyke also recognized a need in feeding AIDS patients who were undernourished or unable to shop for groceries as a result of having the disease. The idea of a food bank arose when Van Dyke and two other women were visiting a patient in West County who was severely ill with AIDS and who was given a box of food on a weekly basis. This inspired the concept of a regular food delivery service to AIDS patients and a food bank that were founded in 1988. Volunteers for the ASO became known as “Food Fairies,” and delivered food to patients regardless of income or drug or alcohol dependencies.

Van Dyke readily admits to the scarcity of expertise available during early operations of the ASO. “We didn’t have a clue as to what we were doing. To determine who had what positions, an imaginary hat box was passed around and people picked the

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40 Betsy Van Dyke, in “Where Would We Be.”

41 Ibid.

42 Dan Perdios, “An Interview with Betsy Van Dyke,” *We The People* (Guerneville, CA), November 1993.
Van Dyke was emblematic of West County, AIDS workers who were exposed to patient advocacy through their work at Face to Face and who later recognized additional needs in the community for other services such as Food For Thought’s food bank. Van Dyke’s work is also illustrative of the fluidity in AIDS volunteerism and advocacy that occurred early in the epidemic in small communities such as West County, when resources, knowledge, and expertise about the disease were slow to emerge.

West County’s community based-efforts in early AIDS responses such as Face to Face and Food for Thought reveal a multi-purpose approach to volunteerism and advocacy. The region’s low-population density and relative geographic isolation from San Francisco, dictated that responses to AIDS not be limited to the categories of advocate, activist, volunteer, or healthcare worker as the need for these individuals often involved a cross-over between roles. Volunteers worked as activists on protests, participated in County ASOs, held jobs in the media and healthcare fields, all toward the goal of contributing wherever help was needed at any given time. This was in evidence through the contributions toward AIDS awareness and patient care by Carol Owens who as a nurse and member of the community identified an early and urgent need to participate. This multi-involvement was the basis for non-medical AIDS care not only in West County but in Sonoma County at large until the late 1980s and early 1990s when funding needs and infection rates dictated an activist response.

Activism in the County during the late 1980s grew out of the absence of a local government response to the epidemic toward ASOs that were experiencing funding shortages, that placing their services and care for AIDS patients at risk. However, there

43 Perdios, “An Interview.”
were national legal and political challenges also experienced in this time frame by gays
and lesbians that threatened their civil rights and subsequently advanced their
contributions in AIDS activism. The United States Supreme Court upholding of
Georgia’s anti-sodomy laws in the Bowers v. Hardwick (1986) decision was the
motivation for many in the gay and lesbian community to become their own advocates
and activists against AIDS. Sociologist Elizabeth Armstrong explains this move toward
activism. “Emanating from the highest echelons of the state and amidst increasingly
repressive legislation, government negligence, and the ever-increasing AIDS deaths, the
Hardwick ruling shocked lesbians and gay men into a greater recognition of the life-
threatening nature of state-sponsored and socially sanctioned homophobia.” The
language of the Hardwick ruling clearly defines the denial of inclusivity toward
homosexuals and privacy. “Against a background in which many States have
criminalized sodomy and still do, to claim that a right to engage in such conduct is
‘deeply rooted in this Nation's history and tradition’ or ‘implicit in the concept of ordered
liberty’ is, at best, facetious.” The Hardwick ruling against equal rights to privacy also
resonated in the fears of West County residents.

Details of the arrest of Michael Hardwick and the subsequent judgment by the
Supreme Court were written about in the July 1, 1986 edition of the Santa Rosa Press
Democrat. In the article entitled, “Gays: Ruling Violates ‘Personal Dignity,’” a

44 Perdios, “An Interview.”

45 Ibid.

46 Bowers v. Hardwick, 478 U.S. 186, Legal Information Institute, Cornell Law
Guerneville resident voiced her fears and the fears of the gay and lesbian community as a result of the decision. “I’d look for it [sodomy law] in the next six months. It’s a kick in the stomach. Those battles were fought ten years ago. We’re tired of fighting for our lives. But, if we stop, the price is going to be too high.”

This statement highlights the impact of a national case on rural regions such as West County whose residents also struggled for continued gay rights within the imperative of caring for their community during the AIDS epidemic. The Hardwick ruling, the rise in AIDS cases and fatalities, and the lack of government support, contributed to the formation of Sonoma County AIDS Service Organizations and the AIDS activism that accompanied them.

The NAMES Project Memorial Quilt exhibit in Santa Rosa in 1989 served as the focal point around which funding issues, activism, and cooperation between County agencies and ASOs was initiated. Despite the significant efforts of West County’s ASOs and its residents in meeting the needs of AIDS patients, funding inadequacies and rising infection rates severely hampered the efforts of grassroots organizations to provide services. San Francisco political activist Cleve Jones conceived the NAMES Project in 1985 during the yearly candlelight vigil for slain, gay, San Francisco Supervisor Harvey Milk and Mayor George Moscone. Jones had ties to West County as a vacationer and later a homeowner in 1993 when he retreated to Ville Grande in West County, sick with AIDS, and seeking a retreat and a place to recover with the help of new antiretrovirals.


As with the efforts of Larry Kramer in New York and Carol Owens in Guerneville in the promotion of action toward AIDS, Jones had become frustrated and angry at the lack of the Castro district’s response to the disease and the overall sense that nothing was to be done. Jones stated his frustration to a friend. “If this [the Castro] was just a graveyard with a thousand corpses lying in the sun, then people would look at it and they would understand and if they were human beings they’d have to respond.” During the vigil, Jones handed out poster boards and markers and requested that people write the names of those who had died of AIDS and place them against the wall of the old Federal building in San Francisco. Jones remarked that the placards resembled a quilt, something homey and comforting that would serve as a memorial and reminder of the 1000 individuals who had died that year of AIDS in San Francisco.

Former National Institutes for Health historian, Victoria Harden describes the NAMES Project as “the most tangible manifestation of the lives lost to AIDS.” While Harden’s description reflects the power of memorialization in the Quilt, it does not fully demonstrate the enormous impact of the quilt to solidify a common purpose in AIDS work in communities struggling to find their own solutions to dealing with the epidemic. The 1989 NAMES Project exhibit in Sonoma County was an example of the power of

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49 Jones, *Stitching a Revolution*, x.

50 Ibid.

51 Ibid., 107.

52 Ibid.

memorialization in the AIDS epidemic to inspire community action and cooperation, and awareness toward the crisis. Rick Dean, Executive Director of Face to Face, initiated bringing the AIDS Memorial Quilt to the County fairgrounds. Dean believed that the quilts brought the community together in a common understanding of AIDS in the County. “A lot of organizations were just trying to get started and the quilt project, bringing the quilt project here, really gave them visibility. About a 1000 panels [were] here and in hindsight it was one of the best things we ever did. I think it really was the first time the general public could be invited in to really get a sense of what the epidemic meant here in Sonoma County.”

Dean’s statement was representative of Sonoma County’s need to identify as a larger part of the AIDS epidemic that was not limited to the gay and lesbian community in West County.

The meaning attached to the quilts in the NAMES Project facilitated the coming together of Sonoma County over the AIDS epidemic. Without recognition of funding needs and the valuable services being provided by the County ASOs by the Board of Supervisors, the response to AIDS was disjointed at best and without a united front to adequately address the needs of AIDS patients. In addition, the NAMES Project exhibit in the county gave members of the gay and lesbian community already active in AIDS work, County visibility not only as mourners but as a collective force toward their work in AIDS services. Journalist Richard Goldstein addresses the power of the NAMES Project to convey the gay community outside of a media context where gays and lesbian were often portrayed stereotypically. Goldstein states that the NAMES Project contributed to “An image of gay culture in the face of the crisis very different from the

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54 Rick Dean, “Where Would We Be.”
assumptions of prime-time artifacts.” The NAMES Project exhibit at the Sonoma County fairgrounds brought commonality and cohesiveness to the County around AIDS but also served as an informative source of gay life in the County through the visual representation of quilts created to reflect those who had died from the disease.

To go beyond the memorialization of the quilts, the physical exhibit space itself created an environment where activists, volunteers, county officials, and exhibit visitors were gathered together in one place creating a forced intimacy between the groups. This physicality fostered working relationships and friendships that did not exist prior to the travelling exhibit’s arrival in Sonoma County. Betsy Van Dyke described the gathering of the various entities within the pavilion.

ACT UP/Sonoma was on one side and we [Food For Thought] were way over on the other side. We felt like the under dogs in the situation and we would go back and forth and visit each other and there was the Commission [Sonoma County Commission on AIDS] who had a table right on the main entry. Everyone was all thrown together in the same room and we all had to behave in a respectable manner to one another. A lot of rapport was developed in the course of that event and a lot of relationships were formed.

Van Dyke’s recollection of individuals coming together over the cause of AIDS through the NAMES Project exhibit demonstrates the ability of small, rural populations to act cohesively under the cause of fighting AIDS. This was particularly true of the gay and lesbian communities’ ability to unite as activists and create a Sonoma County branch of the direct action advocacy group, ACT UP.

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56 Van Dyke, “Where Would We Be.”
Activism around the NAMES project was also exhibited on a national scale. In 1988, prior to the Sonoma County exhibit, the quilts were on display at the Capitol Mall in Washington, D.C. and was followed by a protest of 1000 demonstrators against what was termed the “Federal Death Administration,” for which the demonstrators were condemning the inadequate response of the FDA toward the AIDS crisis.\(^{57}\) The protest led to two hundred arrests by gloved police officers concerned about contracting HIV from the demonstrators.\(^{58}\) ACT UP/Sonoma later duplicated this negative optic of a police force fearful of contracting AIDS through casual contact, in a Sonoma County protest. A demonstrator argued that the protest following the NAMES Project exhibit in D.C., “Marked a turning point in both recognition by the government of the seriousness and legitimacy of our demands and national awareness of the AIDS activist movement.”\(^{59}\) This quote is illustrative of the power of the NAMES Project to unite and inspire AIDS activists in both urban and rural contexts to enact change in AIDS perception and to facilitate government responses toward the disease.

The formation of the direct action group ACT UP (AIDS Coalition to Unleash Power) was the culmination of gay and lesbian outrage at the inadequate government response toward AIDS that began in the early 1980s with the threat of confrontational activism in high profile areas such as Wall Street and Washington D.C. by community


\(^{58}\) Ibid.

\(^{59}\) Ibid.
leaders like Larry Kramer.\textsuperscript{60} ACT UP began to materialize in 1986 and 1987 in response to the anger against the \textit{Hardwick} ruling. In major cities across the country, this anger was combined with that of rage about AIDS.\textsuperscript{61} Sociologist Deborah Gould notes that within months of the \textit{Hardwick} ruling, “Numerous direct action AIDS groups appeared throughout the country.”\textsuperscript{62} In San Francisco, gay and lesbian communities formed Citizens for Medical Injustice and in 1986 staged a sit-in at California Governor Deukmejian’s office to protest his veto of the anti-discrimination AIDS bill.\textsuperscript{63}

Many gay men and lesbians were experiencing rage at the homophobia and fear expressed by American politicians, physicians, and the clergy toward the gay community during the AIDS crisis. San Francisco activist, John Wahl was an advocate for protesting the \textit{Hardwick} ruling and the AIDS crisis and he addressed the hesitancy and ambivalence on the part of gay men and lesbians to participate in confrontational activism. “You have to be vocal, you have to be confrontive (sic), you have to be angry, you have to absolutely never accept second class humanity or second class citizenship for any reason whatsoever, not even tactical reasons…There are no tactics that are unacceptable or unusable if we find ourselves in a war situation.”\textsuperscript{64} The formation of ACT UP was the result of the growing rage and fear in the gay and lesbian community, at the loss of rights

\textsuperscript{60} Deborah B. Gould, \textit{Moving Politics: Emotion and ACT UP’s Fight Against AIDS} (Chicago: The University of Chicago Press, 2009), 95.

\textsuperscript{61} Ibid., 127.

\textsuperscript{62} Ibid., 128.

\textsuperscript{63} Ibid.

\textsuperscript{64} Ibid., 123.
and the lack of government action. Wahl, Kramer, and others called for a militant, activist response to the AIDS crisis.\textsuperscript{65}

Many early ACT UP members had also participated in the gay and lesbian liberation movements of the 1970s as well as the Student Non-Violent Coordinating Committee (SNCC), Students for a Democratic Society (SDS), and the feminist movement.\textsuperscript{66} This familiarity with social movements expanded to the fight for rights as gay and lesbian individuals then translated their experiences with social justice to the fight against the AIDS crisis.\textsuperscript{67} While originating in New York City, ACT UP chapters emerged in the late 1980s in San Francisco, Chicago, and other urban centers as well as rural regions, such as Sonoma County and spanned over eighty chapters at the height of its existence.\textsuperscript{68} ACT UP actions typically involved loud, theatrical protests that included “die-ins” and civil disobedience, often resulting in arrests.\textsuperscript{69}

In addition to the anger over government inactivity, was the frustration felt by many in the community over pervasive opinions that AIDS was a “gay plague.” This AIDS stereotype contributed to discrimination against gay men in the areas of healthcare, housing, and employment during the crisis. ACT UP was a response to this rage over

\textsuperscript{65} Gould, \textit{Moving Politics}, 131.  
\textsuperscript{66} Stoller, \textit{Lessons from the Damned}, 113.  
\textsuperscript{68} Gould, \textit{Moving Politics} 4.  
\textsuperscript{69} Ibid.
these inequalities and the limited attention by the government and mainstream media to gay men’s plight.

The formation of the Sonoma County chapter of ACT UP played a pivotal role in AIDS direct actions against County, healthcare providers, and others in seeking to enact AIDS funding, evoke AIDS awareness, in revealing discriminatory practices. Sonoma County Supervisors at that time were concerned that funding ASOS to become larger and more efficient service providers of AIDS care would only draw people with the disease from other cities to Sonoma County seeking services.\(^{70}\) ACT UP/Sonoma later proved to be the stimulus that motivated the Board of Supervisors to take a participatory role in finding solutions to the epidemic.

As with the enabling of various service groups to engage during and after the NAMES Project exhibit, the Quilt also facilitated the founding of ACT UP/Sonoma. At the exhibit, several individuals from ACT UP/San Francisco connected with interested West County residents who ultimately formed their own chapter consisting of roughly ten members. The first meeting of ACT UP/Sonoma was held at Face to Face in Guerneville. Rawn Clark of the activist group relates the power of the Quilt to unite the group. “The event that pushed us into creating ACT UP/Sonoma was the AIDS quilt. That was really a deeply moving experience for us. For all of us. All of us in the Monday night group, (of ACT UP) we went to see the quilt together. That really pushed us over the edge.”\(^{71}\) Clark and others’ response to the NAMES Project illustrates how ACT UP had moved beyond the candlelight vigils of the mid-1980s and the Quilt exhibits to “offer an alternative to

\(^{70}\) Mariah, Sallee, interview.

\(^{71}\) Rawn Clark, “Where Would We Be.”
As with the Hardwick ruling in 1986, gay and lesbian communities like those of West County, experienced a diminishing equality in rights as well as fear and anger over the AIDS epidemic, and a lackluster government response to the crisis. This dynamic contributed to the formation of activists groups such as ACT UP/Sonoma and other rural and urban chapters that would more intensely bring awareness to the epidemic through direct actions.

Sonoma County was not alone in rural regions that experienced a shortage of government support during the AIDS epidemic and who were subsequently forced to form their own support organizations and activist groups. As with Sonoma County’s high third highest infection rate among California’s counties during the 1980s, Provincetown, Massachusetts also experienced the highest rate of AIDS in their state during the 1980s. In 1982, the Provincetown AIDS Support Group was formed to assist people with AIDS, their friends, and family members and by 1986, gay activists formed a local chapter of ACT UP/Provincetown. Historian Steven Epstein refers to the creation of support and activist groups as “The first social movement in the United States to accomplish the large-scale conversion of disease ‘victims’ into activist experts.” While Epstein does not refer specifically to urban environments with regard to this phenomenon, the experiences of individuals in West County and Provincetown provide evidence that the formation of AIDS support and activist groups was not limited to the urban environment

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74 Ibid., 120.

and was in fact a crucial element to providing for the care of people with AIDS as well as education and prevention efforts to the entire population.

Members of the small, ACT UP/Sonoma chapter were well versed in the methods of direct action by the time of the AIDS crisis. Experience in both urban and rural social justice actions provided the training and exposure to these members who then lent their expertise to local ACT UP actions. For example, some members were trained in non-violence tactics through the movements against United States’ policies in El Salvador and Nicaragua, that later translated into ACT UP direct actions in the County.\textsuperscript{76} Sonoma County ACT UP members’ experience in social justice movements of the 1970s and early 1980s mirrors urban ACT UP chapters whose members had also gained experience through participation in gay liberation, feminism, and other social movements that ultimately prepared them for AIDS advocacy and the direct confrontational actions of the late 1980s.

In addition to the influence of social justice movements on ACT UP/Sonoma, was the inspiration and lessons learned from the San Francisco chapter of ACT UP. Lessons learned typically involved strategic uses of the media during protests. Members of ACT UP/Sonoma refer to San Francisco’s organization and its use of the media and strategic contacts for ensuring the presence of press coverage during demonstrations.\textsuperscript{77} San Francisco’s chapter also influenced the formation and actions of ACT UP/Sonoma through inspiration. ACT UP/Sonoma members were motivated and emboldened by San Francisco’s large numbers of protesters that met in large venues to speak often and freely

\textsuperscript{76} Mariah, Sallee, interview.

\textsuperscript{77} Ibid.
using microphones.\textsuperscript{78} Sonoma members in contrast, met in a West County garage, sat on the floor, and politely took turns to raise issues and ideas, adhering to the mutual agreement that all decisions on direct actions were reached by consensus.\textsuperscript{79}

ACT UP/Sonoma incorporated San Francisco’s press tactics into their own chapter and processes. The members became adept at alerting their local media contact prior to a protest as part of their process. In this same manner, a member of ACT UP/Sonoma was a reporter for the local mainstream and gay print media and would send out press releases regarding impending actions against the County and healthcare providers suspected of discriminating against people with AIDS.\textsuperscript{80} While the reporter’s dual role as a journalist and an activist may have been a conflict of interest, it is conceivable given the small, tightly-knit nature of Sonoma County, that this conflict was deliberately overlooked. The reporter’s dual roles with media and activism were also similar to the nature of volunteers, activists, and healthcare workers who served multiple roles in the epidemic out of a need for manpower and a high number of AIDS cases.

While ACT UP/San Francisco influenced the much smaller Sonoma chapter on political and media strategies and served as a source of inspiration, ACT UP/Sonoma had characteristics that were unique to their chapter and reflected West County’s natural environment and “gay positive” culture. Sonoma’s chapter carried the upside down, pink triangle image of the ACT UP movement but also carried a banner of their own depicting

\textsuperscript{78} Mariah, Sallee, interview.

\textsuperscript{79} Ibid.

\textsuperscript{80} Ibid.
the redwoods of West County that read, “Out of the redwoods, into the streets.” In addition to the banner, was a homegrown song, unique to the Sonoma chapter, entitled “Nature, peace, justice and sex.” The lyrics are as follows and again reflect West County culture and the peace and justice movement that was active prior and during the AIDS crisis. “Nature, peace, justice, and sex. All we ever wanted, was nature, peace, justice and sex. Nature, peace, justice, and sex. Nature, peace, justice, and sex. All they tried to deny us was nature, peace, justice, and sex. We will fight for the right to nature, peace, justice, and sex.” Sallee, an ACT UP/Sonoma member explains that the lyrics were meant to convey the importance of nature to those who lived in Sonoma County. “In other words we wanted to be close to nature. We wanted peace in our lives. We wanted justice. And we wanted sex.” The inclusion of sex into the song is significant in that it reflects how AIDS threatened sexual expression through the sexual transmission of HIV, and therefore endangered a basic component of gay liberation. These lyrics demonstrate the expression of individuality and unique characteristics of West County culture and environment within their chapter of ACT UP.

ACT UP/Sonoma’s song also clarifies the desire for sex in conjunction with justice around AIDS treatment and funding policies. Brier posits that the desire for sexual liberation in part fueled AIDS activism and that most members of ACT UP were adamant

81 Mariah, Sallee, interview.
82 Ibid.
83 Ibid.
84 Ibid.
85 Ibid.
against the idea that AIDS would be the end of gay sex.\textsuperscript{86} Brier’s argument also demonstrates the duality of those in the crisis who argued for “safe sex” against those who believed in abstinence during the epidemic.\textsuperscript{87} ACT UP/Sonoma’s theme song and redwood banner demonstrate the ability of the group to cultivate a chapter that reflected Sonoma County and more specifically West County culture, but also to convey a purpose and sophistication in their activism by taking it out of the country and publicly, into the streets.

ACT UP/Sonoma protests in the County began in the late 1980s out of fear of the disease and out of necessity due to the lack of County funding and response. Protests of healthcare providers who denied treatment and the County Board of Supervisors who denied adequate AIDS funding became the targets of the chapter’s protests. Rick Dean describes the dire nature of Sonoma County ASOs during this time that precipitated the direct actions.

It was a crazy time, you know back in ’89 or in ’88, funding wise. We had no idea, number one, where the epidemic was going to go, how large it was going to get, how long we [Face to Face] would have to be around, what funding meant. All that we knew was the cases were doubling before our eyes and we knew we needed to prepare to grow to meet the needs. With County money not coming, we hadn’t seen it coming, we’d been talking to them, we’d been negotiating with them, we were hopeful, but it wasn’t on the horizon. Federal money was unheard of at that time. There was a tiny bit of state money trickling in but we were really counting on individuals and it wasn’t enough and we really needed some county support.\textsuperscript{88}

\textsuperscript{86} Brier, \textit{Infectious Ideas}, 161.

\textsuperscript{87} Ibid.

\textsuperscript{88} Dean, “Where Would We Be.”
Funding inadequacies during this period in the County’s epidemic were mirrored in urban areas as well. Sonoma County’s first AIDS patient was identified in 1981 the same year that AIDS patients were identified in New York, San Francisco, and Los Angeles. Federal funding was not released until 1986 to these cities and adequate county funding for AIDS was not made available to Sonoma County ASOs until 1989, eight years after the first AIDS case.

The first ACT UP/Sonoma protest occurred on March 13, 1989. It involved a direct action against a local dental practice, Empire Dental Center in Santa Rosa that had denied care to patients identifying as HIV positive. The receptionist, who turned away an HIV positive patient explained, “Well, you see, it has been explained to me that if we would see patients with HIV, we would have to replace all the carpet in here. We would have to steam clean our entire room, you know. And we just got new carpet. We couldn’t possibly do that.”[^89] ACT UP/Sonoma responded with an action that used giant placards in the shape of teeth with the ACT UP/Sonoma logo printed on the front and picketed around the dental office.[^90] The Santa Rosa *Press Democrat* interviewed a dentist from the practice after the demonstration. Dr. Ronald E. Pranin justified the discrimination against HIV individuals by arguing that healthcare guidelines regarding HIV/AIDS were inadequate in protecting himself and his staff.[^91] Unlike later protests, the Empire Dental action disbanded when threats of arrests were made. Later actions, such as the Board of

[^89]: Mariah, Sallee, interview.

[^90]: Clark, “Where Would We Be.”

Supervisors demonstration were more sophisticated in their theatrical presentation and preparedness for arrests. This was a characteristic of activism that evolved during the AIDS epidemic when the risks toward providing services or medications to patients grew greater without government assistance.

The lack of County funding to Face to Face and other ASOs gave rise to the ACT UP/Sonoma action that involved the commandeering of the Board of Supervisors’ chambers. The chapter’s action was to force the Supervisors to enact a yearly line item for the funding of Face to Face. This action drew considerable media coverage and facilitated the conversation about AIDS in Sonoma County and government responsibility. The protest involved ten ACT UP/Sonoma members, dressed as grim reapers who upon entering the Supervisors’ meeting threw red confetti at the supervisors and yelled, “you’re killing us, you’re killing us!” The original plan was for the ACT UP members to be arrested immediately, but the supervisors fled the room in fear. ACT UP/Sonoma member Rawn Clark describes the somewhat comical circumstances and the events that ensued. “We threw chopped up red confetti at the Board of Supervisors while they were all sitting up there looking very efficient and they totally freaked out. First they thought we had thrown blood on them. They immediately cleared all of the people in the audience out of the room [and then] told us to leave and when we wouldn’t, they left! And so there we were. In the Board of Supervisors offices. All by ourselves.” The protestors were arrested hours later but during the time of their action were treated respectfully and kindly by sheriff’s department officers. ACT UP/Sonoma member

92 Saludes, “Group Protests.”

93 Ibid.
Mariah recalls the protest. “We held the chambers for 8 hours. And they’d let us go in and out, to go to the bathroom or whatever or the vending machines (laughing). They apparently did not want to arrest us.”

Mariah recalled that the reasons for the arrests taking several hours after the occupation of the Supervisors’ chambers was due to the sheriff’s officers’ fear of contracting AIDS from the protesters. This protest was a more dramatic and sophisticated action for ACT UP/Sonoma than that of the earlier Empire Dental protest and was similar to that of large, urban protests that took place in the late 1980s that utilized theater and “die-ins” as part of ACT UP’s direct actions.

The Board of Supervisors’ protest utilized the theatrical accompaniments of grim reaper masks and a “die-in” outside the offices where protesters lie “dead” among chalk outlines of their bodies as a means of changing public perception and local policy toward AIDS. Urban ACT UP protests facilitated change in government policies in the form of shorter drug trials and the use of experimental medications for AIDS patients. In a similar manner, ACT UP/Sonoma’s Board of Supervisors’ demonstration resulted in a yearly budget line item for ASO funding to Face to Face and paved the way for larger sums of money that were secured for additional HIV clinics and ASOs in the County. The former manager of Sonoma County’s HIV program credits this demonstration with her appointment and the implementation of broader and more substantive HIV/AIDS programs in the County.

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94 Kit Mariah, “Where Would We Be.”

95 Mariah, Sallee, interview.

96 DiVerde, interview.

97 Patricia Kuta, interview by author, Santa Rosa, CA, January 3, 2018.
The gay and lesbian community of West County was small and insular, however the AIDS epidemic forced the community to act within by caring for residents with AIDS but also outside the community with less liberal players crucial to the epidemic. This included interacting with the County Board of Supervisors over their prolonging of the release of desperately needed funding. ACT UP/Sonoma, while a chapter of a national, AIDS activist group, was unique in the writing of their theme song and banner that reflected the group’s love of the natural environment intertwined with their demand for justice and sexual expression. West County activists looked to San Francisco for inspiration in their own chapter, however, the members largely rejected the opinions of outside, urban AIDS consultants on combatting the disease in West County. Community members perceived these outsiders as thinking of Sonoma County residents as “country bumpkins” who denied the importance of West County’s experiences in finding local solutions to AIDS in their community.  

The preponderance of AIDS cases in the County during the first decade of the epidemic was centered on the white, gay male community in West County. This therefore warranted a cohesive response from the community itself to problem solve and provide whatever was necessary to address the epidemic from within. West County’s responses to the AIDS epidemic reflected the advocacy and activist experiences of the community that were achieved in previous decades during the Counter Culture revolution, feminism, and gay liberation. West County residents created sophisticated responses to the epidemic in the form of ASOs and direct actions that were not demonstrative of regional stereotypes

98 Mariah, Sallee, interview.
that suggested an inability to problem solve due to geographic isolation, homophobia, and the lack of supportive social systems. West County’s gay and lesbian community devised unique and crucial solutions to the AIDS epidemic that were integral to the larger Sonoma County responses against the disease.

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Chapter 2: Local Media Responds to AIDS

“It would be dishonest not to say we couldn’t sell the AIDS story early on because it was about gays.”1

In early 1986, the residents of Starcross Monastery made the decision to foster infants born with AIDS. Starcross was a small, Catholic lay monastery whose residents included Brother Tolbert McCarroll and several nuns. The monastery was situated in an unincorporated, rural region of northwest Sonoma County that raised fruit and Christmas trees to support themselves economically. The attention that ensued following their announcement took on the elements of a local and national media storm. The Starcross Monastery story struck similar chords to coverage of Ryan White’s expulsion from middle school in 1984 when he disclosed that he had contracted AIDS through a blood transfusion. Local newspapers picked up the AIDS babies story as did the San Francisco Chronicle, People magazine, Newsweek, and ABC’s Primetime Live with Diane Sawyer. The Starcross story of AIDS babies personified the appeal and bias attached to the “innocent AIDS victim” over those individuals such as gay men, minorities, and IV drug users who contracted AIDS through socially stigmatized, high-risk behavior. The story also highlighted the discrimination and fear associated with the disease and in doing so reflected the power of the media during the epidemic to inform, ignite, and shape perceptions about AIDS.

As a local and national news story, the adoption of AIDS babies by Starcross Monastery bridged the rural and urban divide in media coverage of AIDS, and in doing

so, demonstrated that a sentimental, AIDS-related story was not limited by geography in its appeal and ability to go national. The example of Starcross and the role of media responses to AIDS are illustrative of the spectacle and informative nature of the media’s role in the crisis. AIDS is often described as the first “modern” epidemic due in part to the large role and influence that the print media and television played in delivering information about the disease to the American public. During the initial years of the disease, most AIDS stories were science-based and concerned the discovery of diseases such as Kaposi’s sarcoma and Pneumocystis pneumonia being uncharacteristically discovered in young, gay men.2 From 1982 to 1985, news stories typically reflected one of four high risk groups that included gay men and referred to the new disease as ‘gay cancer,’ and ‘vilifying homosexuals as other.’”3 Media coverage of the disease declined until 1985 when public interest peaked at Rock Hudson’s disclosure of AIDS.4 The media’s coverage of Hudson’s death during that same year revealed that public interest in AIDS had increased and while these stories were often sensationalized, this type of reporting opened the doors to AIDS-related stories that began appearing on the front

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pages of local and national newspapers and the evening news.\textsuperscript{5} By the late 1980s, news stories about AIDS discussed sexual morality and implied the risk to the heterosexual population.\textsuperscript{6} This theme was replaced in the 1990s with “complacency and routinization.”\textsuperscript{7}

At the local level, Sonoma County print journalists endeavored to write stories involving AIDS from a uniquely local perspective. Sonoma County had the third highest rate of AIDS infections in the state and of those three, Sonoma was the only rural county.\textsuperscript{8} This infection rate created an opportunity for the local media to report on the experiences of individuals and issues in their community related to AIDS. In the case of the County’s print media response, it was San Francisco’s press coverage of AIDS-related stories in Sonoma County that spurred local journalists to cover their own stories rather than allowing San Francisco’s media to be the County’s foremost voice on the local AIDS epidemic. This local ownership of AIDS-related stories was similar in approach to West County’s rejection of the opinions of outside AIDS experts wanting to define their community’s responses to the epidemic from an urban perspective. This commonality in media responses and approaches to AIDS advocacy and activism was a unique aspect of the County’s history where urban influence collided with rural culture to shape responses to AIDS from a uniquely local perspective. However, there were also


\textsuperscript{6} Epstein, review of “Moral Threats,” 191.

\textsuperscript{7} Ibid.

\textsuperscript{8} Marshal Kubota, interview by author, Santa Rosa, January 2, 2018.
commonalities to media approaches between urban and rural reporters and contributors that suggest a deeper, personalized bias that was influential in shaping public opinions and beliefs toward the AIDS epidemic.

Prior to 1985, wire services such as the Associated Press and large urban newspapers like the New York Times and the San Francisco Chronicle were the main sources for stories about AIDS that appeared in both urban and rural regions of the country. Local papers like the Santa Rosa Press Democrat initially relied on these news outlets for their stories about AIDS that often were occurring outside of the County. Even when scientists had identified HIV/AIDS and the virus’ causalities in the early 1980s, there was what NBC science correspondent, Robert Bazell described as “a natural squeamishness about most things sexual” on the part of the media and the public about AIDS. Americans are accustomed to living in a society where they are bombarded by sexual imagery, particularly by advertisers, but as media scholar Larry Gross argues, Americans remain “unusually prudish about any direct mention of sex or sex-related terms.”

By 1983, while AIDS was a part of the public consciousness and conversation, polls showed that few Americans believed the disease would reach epidemic proportions. Scholar and gay rights activist Dennis Altman contends that despite the

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10 Ibid., 100.

public’s relative remove surrounding AIDS, the media continued to cover the disease.¹²

“Medical stories are particularly attractive to the media, and where they can be linked to both high fatalities and stigmatized sexuality, we have all the ingredients for banner headlines.”¹³ This interest by the media was not necessarily to educate but also to entertain, drawing from areas such as drama, human interest, and controversy.¹⁴ Stories covered in local newspapers like the Press Democrat often reflected these interests and by 1986, the Santa Rosa paper began publishing stories about AIDS that were written by their own journalists that covered County residents, local politics, services, and discriminatory practices.

Sonoma County was home to the largest of three daily local newspapers. The Santa Rosa Press Democrat claimed the largest newspaper in circulation in the North Bay area.¹⁵ Purchased from the Pearson Family in 1985 by The New York Times, the Press Democrat enjoyed the height of newspaper readership in the 1980s, a decade and a half prior to the advent of the Internet and the resulting decline in newspaper circulation. Press Democrat reporter Chris Smith describes the twenty five year period of New York Times ownership as “going great guns, with eighteen to twenty pages of classifieds and nothing but growth, growth, growth.”¹⁶ Smith’s comment is significant in that the money


¹³ Ibid.


¹⁵ Chris Smith, interview by author, Santa Rosa, December 12, 2017.

¹⁶ Ibid.
and growth enjoyed by the *Press Democrat* during this time also coincided with the AIDS epidemic and therefore allowed for more coverage to be devoted to the rising crisis. Readership of the *Press Democrat* for this time was roughly 100,000 readers within a County population of approximately 300,000.17 The *Press Democrat* viewed their primary competition in this era as large, urban dailies such as the *San Francisco Chronicle* and the *Oakland Tribune*, not smaller local papers in the County.18 This indicates an educated demographic in the *Press Democrat’s* readership that was socially conscious of salient issues of the period that impacted the County on a local level such as AIDS, homelessness, and drug abuse.

There were additional factors that contributed to the reporting of AIDS in the mainstream print media that influenced the public’s perception of the disease. These included the lack of medical reporters and the stigmas attached to AIDS that frequently persisted in newsrooms. Media analyst James Kinsella argued that in most media outlets, there were typically no medical reporters or reporters specifically assigned to an AIDS beat that resulted in fewer newspaper articles about AIDS.19 This shortage in manpower was exacerbated by homophobia in the newsroom that justified the lack of AIDS coverage by reasoning that AIDS and homosexuals “would not interest the great majority


18 Smith, interview.

of ‘family newspaper readers.’” Kinsella also argues that this combination of factors created a dynamic where journalists interested in covering AIDS were forced to educate themselves about the disease, the topic, and individual patients, that resulted in the reporter’s personalized perspective toward the story. This perspective and approach toward AIDS reporting yielded not only subtle interpretations and representations of the topic outside of the scope of medical reporting but also frequently included the personalized biases of the reporters themselves.

The Press Democrat was an example of a newsroom that was without an assigned medical reporter. This vacancy allowed for reporter Susan Swartz to write about AIDS from a personalized perspective on the sociological and human-interest aspects of the crisis. Swartz was drawn to the paper’s young newsroom and environment that offered multiple opportunities for features and news reporting. Prior to her coverage of AIDS-related stories, Swartz wrote about social issues such as homelessness, Medi-Cal funding to nursing homes, and the expansion of the County hospital. With the 1985 New York Times purchase of the paper and an infusion of capital, the possibility of more in-depth, controversial stories, such as those about AIDS, became a reality. Swartz and another reporter were flown to the East Coast to AIDS conferences and to the Centers for Disease Control in Atlanta to cover national news for a local readership. But the desire of Press Democrat journalists to cover and write their own AIDS stories was also a form of push

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20 Kinsella, “Covering the Plague.”

21 Ibid.

22 Susan Swartz, interview by author, Sebastopol, February 6, 2018.

23 Ibid.
back against the *San Francisco Chronicle* and other urban papers that had served as the primary news source for AIDS stories in Sonoma County.

Swartz relates that *Press Democrat* journalists took issue with urban papers in their attempts to define the Sonoma County AIDS epidemic. This local journalistic ownership over Sonoma County AIDS stories created a regional forum with which to learn the latest disease statistics in the County, local discriminatory practices, medical advances in treatment and education, and of course, human-interest stories. Swartz’s approaches to AIDS stories utilized the familiarity and intimacy she developed with her subjects that offered her readers a human and local perspective on the disease. Swartz’s local reporting on AIDS marked a distinct difference from typical AIDS stories of the decade that had focused on the clinical aspects of the disease, fatality rates, and infection protocols.

Swartz’s approach relied in part on the sources available in family practitioners and medical personnel in the County who dealt with AIDS, such as Dr. Marshall Kubota, an AIDS expert in the County and one of the first physicians to make an AIDS diagnosis. In fact, medical sources would often contact Swartz with essential medical news that warranted publishing in the *Press Democrat*. When Swartz embarked upon writing about a local resident living with AIDS, she reached out to Carol Owens at Face to Face, to find someone with HIV/AIDS willing to be interviewed by a member of the mainstream press. In a similar manner to West County's community that served in multiple capacities with AIDS advocacy, healthcare, and protest, Swartz and other *Press  

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24 Swartz, interview.

25 Ibid.
Democrat reporters were able to utilize sources within the County for expert information in writing their stories.\textsuperscript{26} The relationships between the media, the medical establishment, and the West County community define an interconnectedness that influenced and constructed the County’s responses to AIDS.

In 1986, the \textit{Press Democrat} made a dramatic departure from the two other County dailies by localizing the topic of AIDS through the experiences of a West County man with AIDS. Written by Susan Swartz, the three part series “Living with AIDS,” offered a local, human interest perspective to the disease and utilized its introduction to print the number of County AIDS cases and fatalities to date. The series focused on a Sonoma County man dubbed, “Steven,” a pseudonym for Jeffrey Nathan Andrew, who requested anonymity until his death out of a fear of workplace recrimination. Andrew worked as a hairdresser in Santa Rosa and when he finally admitted to having AIDS, learned that with the exception of his boss, his co-workers did not want to continue working with him.\textsuperscript{27} Swartz notes that during this era, reporters were not using the names of individuals who were HIV positive or that had AIDS. “People were justifiably worried that if their name was in the paper and they had AIDS that they would be shunned.”\textsuperscript{28} Swartz met Andrew at his home in Forestville and the two hit it off immediately when they discovered they were wearing the same pants.\textsuperscript{29} Andrew deepened his familiarity and story by connecting Swartz to his parents in New York, his psychiatrist, and his

\textsuperscript{26} Swartz, interview.

\textsuperscript{27} Ibid.

\textsuperscript{28} Ibid.

\textsuperscript{29} Ibid.
former lover so that Swartz would have more insight into his life and struggle with AIDS.\textsuperscript{30}

Swartz describes the experience of interviewing Andrew for the “Steven” series. “It was a really lovely relationship. We talked about everything, we talked about the movies, we talked about books and then we’d do an interview. I was very careful with him because I so appreciated the opportunity to be with this person who knew he was dying.”\textsuperscript{31} Swartz’s experience with Andrew from a reporter’s perspective reveals the bond they developed through the interview process that included casual time together discussing everyday interests as well as Andrew’s disease. Swartz summarized the experience. “It's not something you always think about when you get into journalism. You don’t know that you're going to kind of crawl into somebody's life like that and that was pretty wonderful.”\textsuperscript{32} Swartz’s relationship with Jeffrey and their ability to connect in a professional and friendly manner lent a personalized tone to Swartz’s reporting on AIDS that was not in evidence in the County’s other mainstream newspapers.

Swartz’s first article on Andrew in the “Steven” series was entitled “Crazies Strike AIDS Sufferer.” It described a disturbing account of Andrew’s AIDS-related dementia that he termed “the crazies.”\textsuperscript{33} Andrew’s symptoms were the combination of the neurological side effects of AIDS and the flu. In his dementia, Andrew described

\begin{itemize}
\item \textsuperscript{30} Swartz, interview.
\item \textsuperscript{31} Ibid.
\item \textsuperscript{32} Ibid.
\end{itemize}
believing with utmost certainty that his friends were poisoning him and that the 1986, failed, California AIDS initiative for mandatory quarantining had passed.\textsuperscript{34} The title to this particular story was sensationalistic and also suggested that AIDS sufferers may be mentally ill. The sub-title however, “Doctors Discover Two-Thirds of Victims are Hit by Dementia,” was informative and medical-based without the sensationalism of the article’s title and supports Altman’s argument that AIDS stories were often appealing in their ability to combine the medical with the dramatic.\textsuperscript{35}

Swartz’s article on AIDS-related dementia was demonstrative of a news story about AIDS that was sensationalistic, but encompassed the areas of human interest and information. In other words, Swartz’s article connected these categories and in doing so, appealed to a broader range of readers beyond those only interested in human interest, medicine, or sensationalism. This expansive approach was unique for a County media response as most AIDS stories written during the epidemic adhered to one or two categories in their reporting.

This broad approach to AIDS journalism was also evidenced in urban newspapers such as the \textit{San Francisco Chronicle}, and the work of journalist, Randy Shilts. For example, Shilts’ column, “AIDS: The Inside Story,” was similar to Swartz’s in the use of multiple themes in AIDS stories that Shilts demonstrated by integrating politics and

\textsuperscript{34} Swartz, “Doctors Discover.”

\textsuperscript{35} Altman, \textit{AIDS in the Mind}, 19.
medicine from a local perspective within a larger, national context.\textsuperscript{36} Shilts’ column, “Killing People with Kindness,” incorporated the use of a sensational title with the controversial issue of the failure of AIDS advocacy groups to recommend that high-risk individuals be tested for the AIDS antibody.\textsuperscript{37} Shilts’ argument was based on a “lead by example” approach by commending the San Francisco AIDS Foundation for its break from neutrality on the issue and its promotion of the test against that other AIDS advocacy groups.\textsuperscript{38} Shilts and Swartz’s similar use of sensational titles as a prelude to a substantive, AIDS-related, story reveals a sophistication in readership in both the \textit{Chronicle} and the \textit{Press Democrat}. More importantly, the \textit{Times} ownership and funding of the \textit{Press Democrat} allowed for a more nuanced response to the AIDS crisis that differentiated it from other, local dailies, more closely resembling the reporting approach of the \textit{Chronicle}.

In contrast to Swartz’s social and human-interest approach to AIDS reporting was the work of Carol Belove’s AIDS advice column in the \textit{Petaluma Argus-Courier} that ran monthly in 1989 and 1990. The \textit{Argus-Courier} was a County daily published 23 miles south of the \textit{Press Democrat} and was also purchased by the \textit{New York Times} in 1985. A rehabilitation, vocational counselor by profession, Belove also held a position on the

\begin{footnotesize}
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\item\textsuperscript{37} Ibid.
\item\textsuperscript{38} Ibid.
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Sonoma County Commission on AIDS and worked with HIV positive employees with employment discrimination. Journalistically different from Swartz’s news stories about AIDS, columns such as Belove’s offered the writer’s opinion and within this context, Belove was able to personalize the disease through a focus on women and AIDS.\textsuperscript{39} Belove’s media response to the AIDS epidemic exemplified a normalizing bias that was also exclusionary through its focus on women and heterosexuals that minimized the impact of AIDS on the marginalized populations of Sonoma County.

In the same manner as Swartz’s “Steven,” Belove referred to individuals in her column under pseudonyms or by first name only, stressing, “AIDS was spread only by people,” and “The disease was as present in Petaluma as it was around the world.”\textsuperscript{40} This normative tone was most likely used as a tool to reduce the fear and stigma associated with people with AIDS, but neglected to mention that the highest proportion of AIDS cases in the County was thirty seven miles away in West County.\textsuperscript{41}

In the column, Belove adopted a neighborly, local perspective to discussing the types of people with AIDS. “As you look around your community you may find that those infected include the single mother next door, your barber, your favorite grocery clerk, local business contacts, your doctor or your dentist.”\textsuperscript{42} Belove omits gay men, bisexuals, and racial minorities in her mention of populations at risk for AIDS.

\textsuperscript{39} Swartz, interview.


\textsuperscript{41} Kubota, interview.

\textsuperscript{42} Belove “Education Key.”
time of her column, the rising rates of new infection were highest among non-identified gay men and racial minorities. Belove’s seemingly non-judgmental and inclusive approach to women and the risk of HIV/AIDS was also narrowly defined and belied by her statement that “Many still believe that good girls don’t get AIDS.” This outdated cliché challenged the reader’s perceptions about who gets AIDS, but it also served to define the populations Belove hoped to include and stereotypes those she omits. This was a distinctly different type of response from Swartz’s incorporation of the residents of West County, Santa Rosa, and others that delivered a more inclusive and accurate understanding of the regional epidemic. Alternatively, Belove’s viewpoint reflected her local and personal bias and may have influenced her readership’s opinions and beliefs about HIV/AIDS.

Six months into her column “Living with AIDS,” Belove admitted publicly to having the disease. The columnist’s admission supports much of the approach behind her personalized bias that appears in her work. In “Columnist Discloses She Has AIDS,” Belove admitted to her lingering fear that “her community – Petaluma – will ostracize her and that her hard won business will crumble.” In fact, the responses in the Argus-

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Courier to Belove’s struggle of secretly living with AIDS, mirrored the marked emphasis on Belove’s status as a devoted mother of two, a respected business woman, and a heterosexual who was infected over a decade earlier while serving in the Peace Corps in Africa. A fellow columnist and replacement for Belove wrote in his column after her death, that she was a “heterosexual woman who abhorred needles and who could count the number of her partners in the last ten years on one hand!” Belove’s perspective in her columns was now shaped by her status and bias as a person with AIDS.

Kinsella argues in 1988 of the influence of personalized approaches in the reporting of AIDS. This dynamic Kinsella contends, forced an “initiative-based,” and individualized, personalized approach to AIDS writing that was inherently biased. Today, Kinsella’s argument of personal bias in AIDS journalism may be expanded to include the personal biases of reporters and media contributors who concealed their HIV status or illness while reporting on the AIDS epidemic. This bias is observed in the work of both Carole Belove at the Argus-Courier and Randy Shilts at the Chronicle. This parallel that exists in Belove and Shilts’ biases originates from the homophobia and stigma associated with AIDS and the resulting fears of workplace discrimination, loss of credibility, and judgment from friends and loved ones that both Belove and Shilts faced.

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48 Kinsella, “Covering the Plague,” 466.

49 Ibid.
These commonalities cross the boundaries between urban and suburban, journalist and lay columnist, straight and gay, and male and female.

Belove’s admission of AIDS addresses a broader aspect of the influence of the media when a reporter has the disease itself. With Belove’s public declaration of AIDS came an even stronger emphasis in interviews and in her column on women and the disease and as a result of this focus, a perpetuation of the disease’s associated stigmas toward gay men, IV drug users, and the poor. Belove’s statements “I’ve come to realize there’s got to be a clean, straight, middle-class voice in this. A lot of people who might not listen to a gay man might listen to me. They might listen to a professional woman who might easily, as anybody else, might be them.” Belove’s language became less obtuse and more forthright and exclusionary after her admission of AIDS which was demonstrative of her bias in the use of her heterosexuality, gender, race, and class to qualify her as an individual most equipped to educate the Argus-Courier’s readership about AIDS.

Belove and the Argus-Courier’s responses to AIDS reflect the personal bias that resulted from Belove’s having the disease. As a result, messages to their readership were distinctly separate from those of the Press Democrat and wire services. Belove’s column argued inclusivity through the use of her own HIV status as proof that “anyone can get AIDS,” and in contrast, the Press Democrat utilized human interest combined with social issues and diversity as responses to the epidemic. These contrasting media approaches

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50 Wright, “Columnist Discloses She Has AIDS.”

51 Ibid.
to AIDS indicate that the two readerships might have had very different understandings of the AIDS epidemic through the influence of the mainstream media in the County.

As with Carole Belove, journalist Randy Shilts concealed his HIV positive status while actively reporting on the AIDS epidemic in San Francisco. Shilts was diagnosed in 1985 and concealed his disease until 1993, a year prior to his death from AIDS-related complications.\(^{52}\) Shilts’ prolific reporting on AIDS in the *Chronicle* and in his book, *And The Band Played On*, has been widely praised and criticized for his perspective on the political, medical, and highly emotional and personal aspects of the epidemic in San Francisco. The *Chronicle* gave Shilts and other reporters a forum for writing about the disease openly and explicitly in an era when even the *New York Times* resisted substituting the word “gay” for the ubiquitous “homosexual” until 1987.\(^{53}\) The criticism of Shilts resides in part on the influence of his personal bias on AIDS historicism, most notably “Patient Zero,” the AIDS human origin theory. This thesis focuses on the “Patient Zero” controversy as it was reported on by Shilts after his HIV positive diagnosis and prior to his admission of that status, and therefore comes under the scrutiny of a biased perspective in a manner similar to Belove’s.

The “Patient Zero” theory that Shilts wrote about in the *Chronicle* and featured prominently in *The Band* was the myth of a single human origin for AIDS in the United States. The moniker and the myth were attributed to a gay, Air Canada flight attendant


named Gaétan Dugas, who frequented New York and San Francisco’s gay social scene during the 1970s and early 1980s. Originally named “Patient O” by William Darrow, an investigator at the Centers for Disease Control, Dugas’ label morphed into “Patient Zero.” Darrow contends that “Patient O” was labeled as such to define the origin of transmissibility between the West and East coasts and not to define a single, United States, human origin. Historian Richard McKay argues that this myth contributed to the identity of the disease as “gay,” and was portrayed in Shilts’ book as a means of placing blame on an individual for the deaths in the gay community that were rapidly occurring during the time Shilts’ book was researched and written. Historian Phillip Tiemeyer also contends that Shilts’ book sensationalized and demonized the idea that there was one individual responsible for starting the AIDS epidemic and that the idea of a “Patient Zero” generated media attention for over a decade, not to mention brisk book sales for Shilts. This myth and its ability to persist historically and in popular culture, contributed to the early perceptions of AIDS as a “gay disease.” Shilts’ bias toward the perpetuation of this myth as an explanation for the brutality of the epidemic Shilts witnessed in his community may have been a means of making intellectual sense of the losses Shilts endured and was experiencing through his own illness.


55 Ibid.

56 Ibid., 165.

Shilts and Belove also shared similar fears and misgivings over the possibility of professional backlash through the acknowledgment of their HIV statuses. Shilts’ hesitation arose from the lack of acceptance he experienced as a young, gay journalist at the Chronicle. “Nobody believed I was qualified to cover anything except gay stuff. Of course, it was assumed that since I was a homosexual, that’s the only thing, I know how to cover. At the same time they didn’t believe I was qualified to cover gay stuff either, because of course I would be shamelessly biased.”

However, responses after the disclosure of Shilts’ HIV status indicates his concerns of being perceived as biased extended beyond those of being a gay writer.

Shilts also declined any suggestions of becoming an AIDS activist or affiliated with activism in the city. “Every gay writer who tests positive ends up being an activist, and I don’t want to be an activist. I wanted to keep on being a reporter.” While Shilts may have withheld his status out of a motivation to maintain journalistic integrity, he was nonetheless biased in his coverage of the AIDS epidemic from his personalized perspective of gay, white men in cities, particularly San Francisco. Shilts emphasized what he deemed was his contribution to AIDS journalism in the documentary Reporter Zero. “There is a tendency to put anyone who acknowledges that he is HIV positive into a role as an advocate. That has never been a role I have felt comfortable in, and even now, even though I am open about having AIDS, I am still avoiding being an advocate

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58 Alwood, Straight News, 175.

about it. What I have to offer the world is facts and information about it, and so that’s what I want to continue to do.”\(^{60}\) Despite this perspective, Shilts’ demonizing of Gaétan Dugas as the originator of the AIDS epidemic and his version of the epidemic that largely excluded women, racial minorities, and IV drug users from the history of AIDS, directly correlates to his personal bias by ignoring the rising statistics of these groups and the science that denied the validity of “Patient Zero.”

The bias demonstrated in the contributions of Belove and Shilts’ however did not occur without cause as there was extreme stigma associated with people with AIDS that can be interpreted in the larger historical context of the government’s response to the disease. Then President Ronald Reagan echoed AIDS-related stigmas in his first public acknowledgment of the disease in 1987 at the American Foundation for AIDS Research Awards (AMFAR), five years after the discovery of HIV/AIDS. Reagan’s comments on AIDS were value-laden toward those at risk for the disease and made no mention of gay men, at the time, the highest risk group for contracting AIDS.\(^{61}\) Reagan stated at the Award show “And wherever you have self-respect and mutual respect, you don’t have drug abuse and sexual promiscuity, which of course are the two major causes of AIDS.”\(^{62}\) Reagan also emphasized that any government sanctioned AIDS education would not be without a moral context.\(^{63}\) Reagan’s AMFAR speech is illustrative of the pervasive

\(^{60}\) Stoner, “Reconsidering Randy Shilts,” 18.


\(^{63}\) Ibid., 3.
stigma and misinformation that was attached to the AIDS epidemic.

The coverage of AIDS in the mainstream press during this time was a blurring of the lines in biases between gender, sexual identity and region. Belove and Shilts concealed their illnesses in order to continue writing about the epidemic from what they deemed were authoritative positions and most likely influential ones as well. In the case of Belove, it is difficult to measure the extent of her influence on the *Argus-Courier* readership’s perception of AIDS. While the small amount of work she produced is strongly suggestive of personal and local biases, perhaps even homophobia, it is beyond the scope of this thesis to measure in-depth the impact of her work. However, with Shilts the evidence of his bias and influence is apparent in the pervasiveness of the “Patient Zero” hypothesis that despite medical evidence persisted throughout the 1980s and 1990s and in his widely read book, *The Band*, and in his *Chronicle* columns.

Media responses to AIDS were not confined to the mainstream print media. The gay press played an integral role during the AIDS epidemic in the dissemination of political, medical, and social issues surrounding the gay and lesbian communities. The gay press’ responses to the crisis were often more explicit in language and more radicalized politically than mainstream press stories on AIDS. In fact, the gay press in the United States evolved out of the negativity and misrepresentation of gays and lesbians in the mainstream press. The *New York Times* ran its first front page story on gays and lesbians in 1963 where they were described as “deviants, who were condemned to a life

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The Stonewall Riots in 1969 and the gay liberation movement that followed resulted in a significant increase in gay and lesbian newspapers and magazines in the 1970s and 1980s that included such entities as, The New York Native and the Bay Area Reporter.

The 1980s and the AIDS crisis further mobilized and radicalized the gay press toward stories and columns that were relatable to the gay and lesbian community. The first AIDS-related story was published in the New York Native on May 18, 1981. The Native, The Advocate, The Sentinel and dozens of other gay newspapers and magazines followed suit by responding to the AIDS epidemic through a perspective that was uniquely formed through the gay and lesbian experiences in 1970s gay liberation.

Historian Jennifer Brier contends that this experience in liberation created responses to AIDS by “explicitly rejecting what they perceived as homophobic silence by the national media and political establishment.” The resulting media response from the gay and lesbian press was a representation and reflection of the struggles of many gay and lesbian communities not covered by mainstream media.

Sonoma County’s gay press was included in the print media responses to AIDS within its own gay and lesbian community of West County. West County’s monthly newspaper, We the People (WTP) was first published in 1988 by a group of community

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65 Alwood, Straight News, 6.

66 D’Emilio, Gay Press, location 101.


68 Ibid.
activists and was one representation of the gay press in the County. The Redwood Empire, Lesbian, Gay, and Bisexual Education Project published its first edition of the paper that was composed of a mere ten pages of news stories, columns and classifieds.69

The first issue of WTP contained a voter chart for the 1988 presidential election and the candidate’s stances on AIDS-related and gay and lesbian issues.70 These criteria included positions on AIDS education, funding, HIV testing and support of gay and lesbian civil rights.71 Positions fell within party lines with Republican George H.W. Bush supporting education at the local level while also stressing family values and morality while Democrat Michael Dukakis supported comprehensive AIDS education but was “very troubled’ by the explicitness of a Boston AIDS group, gay, safe sex brochure.” 72 This table of political comparisons on AIDS was demonstrative of the highly politicized nature of the AIDS epidemic.

The politicization of AIDS arose from the epidemiology of the disease that identified marginalized populations such as gay men and exacerbated the homophobia that existed prior to the discovery of the disease’s causalities. The struggles to obtain funding for medical research, education, and service organizations through government entities at all levels further politicized the nature of the AIDS epidemic. These issues


71 “1988 Presidential Candidates,” We the People.

72 Ibid.
were divided along party lines particularly in light of the social and political conservatism in the Reagan administration in the 1980s and the Republican Party’s association with the Christian Right. Shortfalls in government responses to funding therefore generated activism and protest, often in the form of articles expressed in the gay press.

The AIDS-related stories in *We the People* however, fell outside of the realm of characteristics commonly represented in the gay press. Aside from the political candidate table in the previous paragraph, most AIDS-related articles in *WTP* from 1988 to 1990 were similar in tone to that of the *Press Democrat’s* coverage of the epidemic. For example, during the AIDS crisis there was language explicitness in the gay press and safe sex education materials, which were largely absent in the mainstream media’s description of these guidelines. Sociologist Elizabeth Armstrong describes the explicit nature of safe sex practices as, “language that appealed to gay men’s sensibilities, defining sex as both positive and important, and safer sex as erotic.”

In the two-year period of examination of *WTP* articles, the stories on HIV transmission and safe sex were without this explicitness. To further illustrate, an article on the controversy surrounding the safety of oral sex and HIV transmission addressed a reader’s concern that *WTP* was not thoroughly presenting the facts. The response to the reader was in the form of recitations of numerous medical journals presenting scholarly findings that inevitably lost the point of whether oral sex was considered safe.

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There are theories as to why some gay media shied away from descriptive safe sex practices during the early years of HIV/AIDS. The gay press may have feared backlash from advertisers that owned gay bars, restaurants, and clubs where promiscuity was prevalent.\textsuperscript{75} In addition, there was a divide within many gay communities among proponents of safe sex or abstinence and opponents who believed this stance was a reversal of the gains of sex and gay liberation achieved during the 1970s.\textsuperscript{76} Lastly, there was a lack of information as to how much of the gay and lesbian community actually received their information on HIV/AIDS through the gay press.\textsuperscript{77}

Other gay print media however did address the controversial issues of safe sex and gay liberation during this time. \textit{The New York Native} addressed this issue by publishing an article advocating keeping the bathhouses open to allow for safe sex practices to be posted in those venues as a means of educating the community while not restricting gay liberties.\textsuperscript{78} Historian Steven Epstein argues for the importance of the gay press during the AIDS crisis because of their significant role, “in the construction of knowledge-empowered communities” that challenged the “top-down” approach in the dissemination of scientific knowledge.”\textsuperscript{79} While West County’s \textit{We the People} may have experienced some of these scenarios, particularly in light of its status as a popular, gay

\textsuperscript{75} Alwood, \textit{Straight News}, 220.

\textsuperscript{76} Ibid.

\textsuperscript{77} Ibid., 200.

\textsuperscript{78} Ibid.

resort destination on the edges of a rural and suburban county, it is unclear why a readership and community heavily committed to the development of AIDS service organizations, advocacy, and direct action was not reflected in *We The People* and as a result, did not typify the gay press nor reflect the diverse responses to the AIDS crisis and an alternative to the mainstream media.

Sonoma County media responses to the AIDS crisis also include the media storm that ensued out of the Starcross community and its mission to foster and adopt babies with AIDS from across the nation and Romania during the late 1980s and early 1990s. Despite the relatively low-rate of infections among infants and children this did not diminish the media exposure given to Starcross. For example, statistically during this period, the rate of new HIV infections in California among infants and children below thirteen years of age totaled 163 cases out of 23,102 cases of HIV overall.\(^80\) Statistics aside, the media found the Starcross story irresistible. The majority of media attention in the County on Starcross was focused in the mainstream and gay press but nationally the community was also featured prominently in print media and the evening news. The media’s coverage of Starcross and its mission to foster babies with AIDS demonstrates brought attention to an isolated, rural community’s struggle to provide care for AIDS patients and in doing so, to increase awareness to AIDS in general through a sympathetic form.

Since its inception, Starcross’ intent to bring babies with AIDS into their community created discord. At a September 1986 community meeting brought by Starcross to inform their Annapolis neighbors of their mission to foster AIDS babies,

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AIDS-related fears were immediately voiced in the rural community. Starcross’ Sister Mary related the fear expressed by one attendee. “She was so terrified of AIDS she won’t drive through Guerneville. She said there was nothing I could say, or a doctor or government could say, to reassure her she wasn’t at risk.” A year later, uproar was caused over Starcross’ being turned away from the local landfill to dispose of their trash containing the infant’s diapers. AIDS discrimination in the form of a refusal of medical care followed suit in 1988 when the Annapolis, Volunteer Fire Department refused to respond to a call from Starcross requesting assistance for one of their AIDS babies suffering breathing difficulties. The baby was attended to by another fire department twenty minutes away but ultimately died, two days later of AIDS-related complications. Brother Toby received a letter in response to a television piece on Starcross that commented on the farm’s cows appearing “skimpy and bloated,” with the implication that Starcross would be better served in caring for its livestock than its infants with AIDS.

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84 Ibid.

The local mainstream and gay press heavily covered these issues of AIDS discrimination, stigma, and fear that faced Starcross, typically with sensational headlines to draw the reader in to the sympathetic story about AIDS in infants. Letters of outrage to the editor over the treatment directed at Starcross confirmed that the stories written about the community had an impact on Sonoma County’s print readership that was not in evidence in similar stories or letters featuring discrimination toward adults with the disease. Despite the Starcross coverage in the late 1980s, this focus that singled out infants with AIDS brings to mind a reflection of NBC News Correspondent Robert Bazell in 1983. “It would be dishonest not to say we couldn’t sell the AIDS story early on because it was about gays.”\textsuperscript{86} The media attention on Starcross’ mission toward infants with AIDS demonstrates the disdain, fear, and prejudice toward people with AIDS in rural Sonoma County.

In addition to the local media’s response to Starcross and AIDS babies was the use of the media by Brother Toby to spread awareness and support for his cause and for AIDS in general. Tolbert McCarroll, aka Brother Toby, was not simply a rural Christmas tree farmer in northwest Sonoma County. A former labor attorney in Oregon, Brother Toby was experienced in activism from the Civil Rights era and before settling in Annapolis was a member of the Humanist Institute in San Francisco. As a resident of Sonoma County, he served on the Commission on AIDS and participated in AIDS activism. Despite the helicopters landing in his pasture and having to be informed whom CNN was (he thought it was a religious organization), McCarroll understood the necessity of the media in garnering support and awareness for his cause, noting that a

\textsuperscript{86} Cook and Colby, “The Mass-Mediated Epidemic,” 112.
photograph of their first AIDS infant in the newspaper immediately lessened the uproar over AIDS.\textsuperscript{87} Conversely, McCarroll also referred to the media as “ghouls,” obsessed with the topic of death.\textsuperscript{88}

The media onslaught that involved interviews with McCarroll and the sisters resulted in stories that were picked up by \textit{People Magazine}, \textit{Newsweek} and ABC/World News Tonight. This media exposure elevated what was originally a local interest story to a national sensation. McCarroll eventually requested privacy from the press and resented the need for the media when “government leadership in finding support for AIDS,” would have given him more time to spend with his foster children.\textsuperscript{89}

Locally, Starcross and AIDS babies became a media phenomenon as evidenced by the amount of coverage the topic received in the three County dailies and the gay press in West County. The \textit{Press Democrat} columnist, Gaye LeBaron, wrote about Starcross, “I guess it would be that it is a few people and their extended family, tucked away in the northwest corner of Sonoma County, saving the world in small segments.”\textsuperscript{90} Randy Shilts echoed these sentiments in his contribution to the introduction to McCarroll’s book, \textit{Morning Glory Babies}. “Just when I felt I had lost all hope for our nation’s ability to ultimately face this challenge, I read this book and found I had new hope again.”\textsuperscript{91}

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\textsuperscript{87} Swartz, “At Starcross.”
\textsuperscript{88} Ibid.
\textsuperscript{89} McCarroll, \textit{Morning Glory Babies}, 36.
\textsuperscript{91} Randy Shilts, introduction to \textit{Morning Glory Babies}, xiii.
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sentimentalities conveyed in these comments about Starcross indicate not only the use of the story of AIDS infants to elicit concern for AIDS in general but also that the media responses in the County and nationally over this story became a case of the “media covering the media.”\textsuperscript{92} This term refers to the influence of the media on the scientific community and the sensationalistic stories that draw so much attention there is overlap between news agencies covering each other’s stories. This was evidenced by the news coverage of Rock Hudson’s death from AIDS-related complications, Ryan White’s contracting AIDS through a blood transfusion, and Starcross’ mission to foster infants with the disease.

Regardless of the region of the country these media responses to the epidemic reveal an extreme interest in the so-called innocent and the famous “victims” of AIDS. Responses to AIDS in the form of ministering to ill babies provided the reader with hope, a way of mentally brokering the AIDS crisis by focusing on the innocent, the yet uncomplicated “victims” of the disease. The articles about the innocent are without the message of risky sexual behaviors, needles, or the implications of a heterosexual epidemic. These media responses are also without fear. Fear related to homophobia, infection risks, and social recrimination. These articles appear stigma free and therefore more palatable in comparison to articles on adults with AIDS. However these stories are stigmatizing nonetheless in their omission of HIV transmission, infection and the marginalized populations of AIDS patients and those at risk. Sonoma County’s Starcross community was able to use this form of extreme media attention in their story and in doing so, lay bare the motivations and the role of both the local and national media in its

\textsuperscript{92} Epstein, \textit{Impure Science}, 140.
portrayal of the AIDS crisis in Sonoma County and beyond.

The AIDS epidemic was perceived and constructed most often through media responses and its ability to alter public perception to the political, social, and medical components that accompanied the disease. In Sonoma County, the epidemic itself created an opportunity for local reporters to cover their own stories about AIDS, in their own voice and perspective, separate from the coverage of outside urban media outlets. Sonoma County’s own media responses to the AIDS epidemic reveal characteristics associated with AIDS reporting found in both rural and urban landscapes. These include the influence of personal bias derived from the non-medical reporter’s connections made with chosen AIDS-related topics or individuals. Bias was also in evidence with media contributors who concealed their HIV status or illness while actively covering the crisis. This bias was apparent in the work of Carol Belove as well as Randy Shilts and reveals pervasive fears of discrimination regardless of readerships in rural Petaluma or urban, liberal, San Francisco. West County’s gay press coverage of AIDS revealed a similar approach to the coverage offered by the Press Democrat with a few exceptions and it is unknown if other gay press outlets in the County covered the epidemic with more radicalism and explicitness typified in the gay press during this time. Overall, Sonoma County’s media responses to AIDS reflected not only the perspective of individuals with HIV/AIDS but the journalists who covered them as well.

“Just as a playwright chooses a theme and manages plot development, so a particular society constructs a characteristic response to an epidemic.”

In October of 1982, five months after completing his family practice residency, Dr. Marshall Kubota diagnosed his first case of immune deficiency syndrome at the Russian River Health Center (RRHC) in the Sonoma County town of Guerneville. Kubota’s diagnosis occurred one year after a similar case was made in Los Angeles County. It was at the Russian River Health Center that Kubota translated his training as a family practitioner to an HIV/AIDS specialist through his experience treating a diverse patient population.

Kubota was a third generation, Japanese American, who was raised in Fresno, California and attended medical school in the Midwest. He came to Sonoma County while serving in the National Public Health Service in return for two years of medical school tuition. Guerneville in the 1980s was qualified by the Public Health Service to be a medically underserved region and Kubota knowing that the Health Service could assign doctors to “some very desolate areas in the United States,” chose Guerneville and the RRHC for his assignment. Five years into the epidemic, Kubota declined an assignment with the National Health Service Corps that would have placed him with a position at the Centers for Disease Control in Atlanta, Georgia. In an auspicious opportunity for Sonoma County, a Ku Klux Klan rally in Macon, Georgia, just north of Atlanta, decided Kubota’s


3 Ibid.
future. “I was married and had my ‘hafu,’ my half-Japanese children, and my wife said, ‘we’re not going to Atlanta.”’ Kubota’s career as a family practitioner and HIV specialist began at Santa Rosa Community Hospital and their HIV clinic where Kubota became not only the authority on HIV/AIDS medical care in Sonoma County but also its most visible representative.

Sonoma County’s institutions constituted County hospitals and HIV clinics, the County Public Information Office for education and prevention messages, an AIDS Program Coordinator, and Santa Rosa’s Kaiser Permanente. These institutional responses began in the early 1980s with the Family Residency program that trained local physicians on HIV/AIDS treatment protocols. Following soon thereafter was the creation of the County’s HIV clinic that operated as an outpatient clinic and provided services from HIV testing to patient counseling. In 1986, the County Public Information Office began interviews with physicians and local officials on the current state of Sonoma County and the AIDS epidemic that were released on public access television as AIDS public service announcements. The County’s Commission on AIDS was formed in 1988 to act as link between services, clients, and business. An AIDS Program Coordinator was hired in 1990 out of a County recognition of the need for early intervention services and a desire to coordinate medical and social services. Santa Rosa’s Kaiser Permanente also recognized by 1990 that AIDS treatment protocols needed to be improved and as a result, the treatment of AIDS at Kaiser Santa Rosa became more patient focused and less driven by traditional methods that failed to address the stigma and individual needs associated with HIV/AIDS. These institutions were driven by a broad spectrum of laypersons and

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4 Kubota, interview.
professionals, whose contributions toward Sonoma County’s AIDS epidemic reflected the needs of their rural environment.

In considering the rural institutional response to AIDS in Sonoma County, it is relevant to first examine what has been considered “rural” in the impediments to HIV care from that era. This is an integral component in examining the limitations of geographic labels in AIDS responses particularly against the varied demographic of Sonoma County. Typically, rural counties had the following characteristics known to impede care to HIV patients: geographic isolation, low population density, and social systems that excluded gays and lesbians.⁵ Included in these characteristics was the importance of religion and congregations in social support networks.⁶ However, religious institutions and social support systems were often value-laden against gays and lesbians.⁷ This particular rural context suggests that high-risk groups for HIV such as gay men who resided in rural regions of the country were subject to social and medical isolation and therefore at risk not only for HIV infection but also for insufficient healthcare once infected with the virus.

Regions of Sonoma County were in fact rural and isolated, however, the culture of the County presents a different interpretation of rural that was outside those regions heavily influenced by value-laden, religious and social systems. Sonoma County

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⁶ Ibid.

⁷ Ibid.
physician Scott Eberle contends that the County’s institutional responses to HIV/AIDS succeeded through what Eberle describes as “the region’s unique strengths – a relatively visible and involved gay and lesbian community and a relatively tolerant general community that is concerned about the overall impact of AIDS.”

The County’s general community’s “tolerance” of the gay and lesbian community most likely stemmed from three decades of environmentalism, the back to the land movement, and the strong reaction and subsequent activism of all three communities against the 1978 Briggs Initiative that sought to ban homosexuals and gay rights supporters from teaching in California public schools. This activism created an opportunity for Sonoma’s communities to interact and unite under common causes. This created the strengths of the County that proved imperative to the success of the County’s institutional responses to the AIDS epidemic.

Federal funding for HIV/AIDS was also an issue for the rural and urban designation given to counties. This funding was initially focused on the urban “epicenters” of the disease leaving rural regions at a deficit for providing services to their patients. Sonoma County was one region hindered by the lack of dedicated HIV funds and as a result was forced to integrate its HIV care into its existing healthcare systems.

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11 Ibid.
In addition, the “second wave” of the epidemic in the late 1980s that included women and racial minorities at risk for the disease, exacerbated the ability to provide adequate care to patients. This left physicians and healthcare systems inundated with AIDS cases that was further complicated by the highly specialized nature of infections and the lack of physicians trained to confront the epidemic. Sonoma County’s institutional responses to these deficits reflected the healthcare community’s ability to integrate existing services with urban responses as a means of managing the local epidemic.

Historian Charles Rosenberg summarizes the nature of a response to epidemics that argues for a determined effort. “Recognition implies collective action. One of the characteristics of an epidemic is in fact the pressure it generates for decisive and visible response.” Rosenberg’s statement is applicable to the institutional and individual approaches that were necessary to combat the AIDS epidemic in Sonoma County. The work of Kubota and others embodied Sonoma County’s institutional approaches that often differed from urban responses to the crisis out of the needs that arose from a rural population. These approaches included the specialization of family practice physicians to treat complex conditions and illnesses related to the disease and a cross-disciplinary approach to meet the specialized needs of the AIDS patient.

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The Santa Rosa Family Practice Residency program at Community Hospital trained physicians in the County who became the primary care givers to people with HIV/AIDS. Established in 1938, the Residency program was and remains affiliated with UCSF’s Department of Family and Community Medicine. Originally the program and facility were used to meet the needs of Sonoma County’s indigent population that was comprised of the poor, recent immigrants, and also served as a tuberculosis asylum. Sonoma County was unlike urban areas such as San Francisco that were equipped with teaching hospitals, medical specialists, and adequate care centers. The County’s rural demographic and inadequate funding demanded a smaller, cohesive approach that utilized family practitioners in the role of specialized HIV care. The incorporation of the County’s strengths and the specialization of physicians who treated all ages and illnesses in their practices allowed for a strategy that was focused on HIV issues most endemic to the County.

The Family Medicine residency played a significant role in training physicians to not only care for a wide range of patients that utilized comprehensive and specialized rotations from obstetrics to surgery, but in the diagnosis and care of patients with HIV/AIDS. In contrast, HIV care in San Francisco was represented through a highly specialized approach that attracted many different clinicians within a wide array of specialties. These included but were not limited to, infectious disease specialists,


16 Kubota, interview.

17 Ibid.
oncologists, and hematologists, many of whom were gay men, who ended up specializing in HIV/AIDS medicine. According to Kubota there were several infectious disease physicians in Sonoma County, but typically these practitioners only worked in hospitals and not in an outpatient capacity, a characteristic of HIV care at that time. Kubota notes that these specialists were content to have the weight of HIV care on family practitioners that were “willing to do the work.” The delineation between the use of family physicians for the treatment of HIV/AIDS in Sonoma County and the use of multiple specialties and clinicians in San Francisco marks a significant difference between the institutional healthcare responses of the two regions.

Data from the 1980s shows that the smaller the size of a community, the more likely it was that family practitioners would be the ones to provide HIV care. This same study advised family practitioners to become specialized in HIV as “the likelihood of encountering at least one AIDS patient in a family practice setting was rapidly increasing.” This study affirms Kubota’s approach to effectively addressing HIV care.

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18 Kubota, interview.

19 Ibid.

20 Ibid.


22 Ibid.
with a small medical community and a rising number of AIDS infections within a rural demographic.

The practice of family medicine has been described as a public service field. This was opposed to that of internists who are often drawn to their specialty out of a fascination with science or an attraction to a higher salary. Former Kaiser Santa Rosa nurse, Terry Winter, described family practitioners as “Willing to get their hands dirty.” The family medicine specialty was an integral component to meeting the needs of a rural community with a growing HIV/AIDS population and a need for specialized healthcare.

Early responses to HIV in Sonoma County often involved the individual efforts and sacrifices necessary to meet the needs of the County that were created through inadequate funding and staffing. This was also evidenced in the advocacy work of West County volunteers in forming AIDS Service Organizations such as Face to Face and Food for Thought. In the same manner as volunteerism was used in the County to serve multiple roles in the epidemic, were the efforts of healthcare workers. Eberle explains the burden of responsibility in providing HIV care in the County during the early 1980s. “One physician was identified as the local ‘AIDS doctor,’ providing over half of Sonoma County’s HIV care.” Eberle’s description fits that of Marshall Kubota and his responses to the crisis. Sonoma County physician Danny Toub credits Kubota and others for the HIV specialization among family practitioners in the County and cites their

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24 Ibid.

25 Ibid.

26 Eberle, “Beyond the Urban,” 2.
accomplishments toward HIV care as being one of the unique aspects of the County’s institutional responses to the epidemic. Toub describes Kubota’s path toward specialization. “He finished his residency in ’79 and took a job to repay his student loans out in Guerneville and ended up being forced to learn about HIV and become a specialist and advocate.” Toub described the grueling schedule involved in Kubota’s dual role in HIV and family practice during the epidemic. “He was waking up early in the morning and he would go see ten, twelve, thirteen people in the hospital before the clinic opened at nine A.M. Then he would drive out to Guerneville and take care of people during the day and then go do home visits in the evening.” Kubota’s skill and tenacity toward the translation of family medicine to HIV/AIDS care was demonstrative of the individual effort within the institutional framework that was the basis for HIV care in Sonoma County during the first decade of the epidemic.

Institutional approaches to HIV in Sonoma County were also influenced by San Francisco’s responses to the epidemic. When asked how Kubota educated himself about AIDS, he replied, “Oh well, I did a little bit of reading and I spent two weeks on Ward 86.” Ward 86 was the first HIV clinic established in 1983 at San Francisco General Hospital in conjunction with UCSF and San Francisco healthcare professionals.

27 Danny Toub, interview by author, Santa Rosa, November 30, 2017.

28 Ibid.

29 Ibid.

30 Kubota, interview.

Kubota’s training on Ward 86 is significant in that the physicians and healthcare workers that participated in the clinic were responsible for establishing the groundbreaking and innovative San Francisco Model of HIV Care. This model was based on an interdisciplinary approach to HIV/AIDS care that included doctors, nurses, nutritionists, social workers, etc. and was strategically used as a template for the care and education of patients and communities on AIDS throughout the world.\(^\text{32}\)

The multi-disciplinary approach to HIV patient care and education was evidenced throughout Sonoma County’s institutional responses. Most predominantly this approach was found in the County’s HIV Clinic that provided testing and counseling services as well as in the County’s ASOs that provided patient advocacy and outreach, and the Commission on AIDS that connected services with patients and providers. Kubota’s early exposure to urban clinicians, attendance at national and international conferences, and continued self-education provided an expertise in the diagnosing and care of HIV/AIDS. The influence of San Francisco’s Model contributed to these institutional responses to the epidemic in Sonoma County.\(^\text{33}\)

Health Communication campaigns were another component to the institutional response to AIDS in Sonoma County, the nation, and throughout the world. Education and prevention outreach were the primary defense against the disease particularly in the


\(^{33}\) Toub, interview.
years prior to 1992 and 1996 when effective antiretrovirals were introduced.\textsuperscript{34} Since HIV was largely spread through adult behaviors such as sexual contact and IV drug use, this necessitated forms of behavior modification through education.\textsuperscript{35} Historically, methods of mandatory testing, reporting, and quarantining were enacted against minority populations like Irish immigrants during the cholera epidemic in the early 19\textsuperscript{th} century and against prostitutes and immigrants during the syphilis outbreak in the late nineteen teens.\textsuperscript{36} In regard to the gay and lesbian community, the social movements of the 1960s, 1970s, and gay liberation strengthened the resistance against institutions previously feared and avoided, in this case, the institution of Public Health. Traditional public health methodologies therefore were recognized as a potentially disastrous approach to the AIDS epidemic that might lead to non-compliance and the further spread of the disease.\textsuperscript{37} As a result, education was seen as the most efficacious solution to achieving cooperation among high-risk groups in combatting the spread of HIV.

County HIV education and prevention was also a necessary characteristic of the institutional responses to the crisis. HIV education was delivered in part in the form of public service announcements (PSAs) through the County Public Information Office. These PSAs provide insight into the Office’s ability to convey pertinent information related to the County’s ongoing response to AIDS in its communities.

\textsuperscript{35} Ibid.
\textsuperscript{36} Ibid.
\textsuperscript{37} Ibid.
PSAs were institutional responses that addressed HIV/AIDS through education and prevention mediums typically in the form of television advertisements or posters that were able to disseminate health information to a broad audience. The Centers for Disease Control released the first government sponsored AIDS education campaign entitled “America Responds to AIDS,” that ran from 1987 to 1996. This campaign took an expansive approach with messages tailored to race, gender, sexuality, and age using the messages of acceptance, responsibility, and consequences that bore the tag line, “Everyone is at risk.” State and local public health departments also generated PSAs that specifically targeted their communities. These messages varied in their approach with some using explicit language and images about sexuality while others took a more clinical and conservative response. Sonoma County’s PSAs on local public television fell into the latter category that utilized a distinctly bureaucratic and measured tone.

Sonoma County’s PSAs were produced in the form of informational interviews that were created by the Public Information Office (now the County Administrator’s Office) and aired on public access television, C.A.T.V. channel 6, in Santa Rosa. Hosted by Public Information Officer, R.F. “Rich” McGlinchey, the series entitled “Sonoma County in the 70s, 80s and 90s,” was designed by McGlinchey who argued that “local

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40 Ibid.
government was the last, dark, continent.” McGlinchey asserted that the public had little idea of either their local government or how to make the government accountable to the voters. These half hour shows were produced to familiarize County residents with the role of their government agencies, officials, and the salient challenges facing the County during the three decades it aired. These announcements focused on themes such as agriculture, volunteerism, veterans’ affairs, anti-smoking campaigns, and AIDS in Sonoma County. The PSAs provide historical insight into the culture of the County and how issues such as HIV/AIDS were perceived, interpreted, and presented to the local public television audience.

The Public Information Office produced four televised PSA interviews that focused exclusively on the County’s responses to HIV/AIDS. Beginning in 1986 and continuing into 1992, the interviews served as HIV prevention and education messages as well as citing disease statistics in the County, and conducting discussions of risk groups for the disease and high-risk behaviors. The interviews were staged in a casual setting complete with houseplants, poor lighting, and upbeat music. However, the casual appearance of the set belied the awkward relationship between the host and his interviewees and resulted in a PSA that poorly conveyed the message of AIDS education.

The first AIDS informational interview appeared in April of 1986 when County responses were still in their nascence and infection rates were continuing to increase. Steve Parker, the director of the Sonoma County AIDS Project and Robin Estep, the


42 Ibid.
director of the County’s ASO, Face to Face, were the guests for the PSA, entitled “The AIDS Project in Sonoma County and how it works.” Most apparent in the interview was McGlinchey’s discomfort over the topic itself. McGlinchey struggled in the introduction in which he avoided the word “AIDS.” When describing the growing burden of the disease on the County and its high fatality rate, blurted out, “OK, enough levity, because we’re talking about a problem that really is, well, it’s a bugger.” McGlinchey’s terminology for the growing AIDS crisis in the County may be interpreted in two ways. It is unlikely that McGlinchey’s use of the word “bugger” was a sodomy reference. Rather the word, his phrasing, and body language suggest his knowledge of the stigma, fear, and highly charged nature of the disease. Most likely, McGlinchey had little experience discussing the topic prior to the interview. In addition, McGlinchey’s sensitivity to the topic may also have been exacerbated by his middle age, which may have isolated him from having contact with the subject. These PSAs may have represented the first County attempts to educate the populace on HIV/AIDS and therefore would not have been thoroughly researched in terms of what served as an effective and engaging PSA for Sonoma County viewers.

In contrast to Sonoma County’s first PSA on HIV were PSAs produced during the same time period that were engaging visually and in their message of education and prevention. To illustrate, a PSA from the Massachusetts’ Department of Public Health in the 1980s, used the striking imagery of a man being dressed in a suit and tie with audio

43 Steve Parker and Robin Estep interviewed by Rich McGlinchey, Sonoma County in the 80s, Video, April 1986, Sonoma County Office of Public Information, Sonoma County History and Genealogy Library.

44 Ibid.
that informs the viewer that “Mark” never worried about getting dates in high school or good grades.”45 The camera pans to “Mark,” deceased and lying in an open casket with the tagline, “And he never worried about getting AIDS.”46 Through its stark imagery and surprise reveal, this PSA engages the viewer out of curiosity, only to reveal the outcome of death as an effective way to appeal to adolescents and young adults who were not engaging in safe sex and risking a fatal outcome by not worrying about AIDS. This PSA also managed to convey the message about the risks of unsafe sexual behavior while never mentioning the word “sex.” This is an important aspect about AIDS PSAs that need not necessarily involve the awkwardness and stigma surrounding the topic of AIDS and safe sex to deliver effective content on the risks of AIDS and safe sex.

This PSA’s efficacy stands in stark contrast to the Sonoma County’s 1986 interview with McGlinchey, Parker, and Estep. It was unknown at the time that Parker was gay and possibly HIV positive. Parker’s undisclosed sexual identity may have contributed to the uncomfortable atmosphere of the interview. In 1989, Parker disclosed he was HIV positive on the front page of the Press Democrat and later died from AIDS-related complications in 1993. In the interview, Parker appears ill at ease answering McGlinchey’s question of, “Tell us about the I.V. drug users and the prostitutes in Sonoma County. Is there really a threat of the disease transmission from these groups?”47 While Parker bureaucratically cites County statistics and high-risk groups and behaviors,


46 Ibid.

47 Parker, Estep, interview by McGlinchey.
he appears altogether removed from the subject matter.\textsuperscript{48} The gay community in West County, the population most impacted by the AIDS epidemic at that time, was never discussed in the interview, however gay men as a risk group were.

There may be historical explanations for Parker’s disconnection from a topic he dealt with on a day-to-day basis as the director of the Sonoma County AIDS project. Parker may have been uncomfortable dealing with McGlinchey’s awkwardness, and he may also have felt stigmatized as a gay man discussing AIDS. Unlike the Massachusetts, “Get the Facts” PSA, Parker and the Public Information office may not yet have known an effective strategy for publicly dispensing AIDS prevention and education in the County. In addition, the interview format made for a more personal and difficult conversation in contrast to the fictionalized PSA.

This interview also addresses the difficulty during the AIDS epidemic of being openly gay and HIV positive. There were gay men during this time period that chose not to come out as gay if they were HIV positive.\textsuperscript{49} In other words, there was a difference between “out and gay,” and “out and gay and HIV positive.”\textsuperscript{50} This was a double stigmatization where the reality of disclosing one’s sexuality and also being infected with HIV was too much of a risk both professionally and personally. This was evidenced in the fears of Carol Belove and Randy Shilts for whom disclosing the disease was a tremendous risk toward workplace and personal recrimination. In addition, there were rumors of homophobia among County officials that would have negatively have impacted

\textsuperscript{48} Parker, Estep, interview by McGlinchey.

\textsuperscript{49} Steven DiVerde, interview by author, Guerneville, January 16, 2018.

\textsuperscript{50} Ibid.
Parker and other gay men who worked for the County on HIV/AIDS related issues. These rumors while unsubstantiated suggest that gay men and particularly gay men who were HIV positive may have had to deal with homophobia in their workplace that led them to conceal both their sexual identity and their HIV status.

The “Sonoma County” PSA series not only reflected an institutional approach to HIV education and prevention, but the interviews themselves also revealed conflicts between the County and AIDS service organizations around the issue of funding and cooperation. These were relevant issues in the County during the late 1980s when significant grants from the state had yet to be granted, thereby creating tension between the various County agencies and ASOs. The interview with Steve Parker and Robin Estep was illustrative of the tension that existed between Face to Face and the County. For example, during the interview, Estep described the organization of Face to Face as bare bones, consisting of the work of volunteers and students who as “concerned citizens” organized to provide emotional and physical support for the growing number of people in Sonoma County with AIDS. Estep’s description of Face to Face implies shortcomings by the County toward the ASO. When questioned by McGlinchey what Face to Face needed for the future Estep replied, “Something I would like to stress is that we need full cooperation of the other agencies in this county around the issue of AIDS. This County needs to get together to provide full services to people with AIDS. We can’t provide our services without the assistance of other agencies.” Parker does not address Estep’s

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51 Kuta, interview
52 Parker, Estep, interview by McGlinchey.
53 Ibid.
concerns and nor is he asked to by the host, but Estep’s statements warranted a response from Parker. This interview was filmed in 1986, and reflects the divide between the County and ASOs prior to the formation of the Commission on AIDS in 1988 and the subsequent efforts to create cohesion between the County and HIV services.\(^{54}\)

The County’s Information Office also incorporated federally produced AIDS PSAs within “Sonoma County” interviews that were of lighter fare. For example, one interview focused on the 1988 Sonoma County Fair with McGlinchey interviewing fair officials. The interview features details of the fair that included livestock judging, fiddler shows, a mustache contest, bubblegum blowing, and a family look alike contest.\(^{55}\) The break in the interview that usually consisted of content advertising a local farm stand instead ran a PSA featuring rock musician, Pat Benatar on the importance of AIDS education. In the PSA, Benatar stressed prevention and education and urged the viewer to “Learn the facts about AIDS.”\(^{56}\) This PSA’s run time was less than a minute but was effective in its message and represents the Public Information Office’s efforts to incorporate AIDS education into non-HIV/AIDS interviews, such as an upcoming County fair. The airing of the Benatar PSA in 1988 may also reflect the new influences of the County’s Commission on AIDS that was created the same year to serve as a

\(^{54}\) Kuta, interview.


\(^{56}\) Moore, Engdahl and Lynch interviewed by Rich McGlinchey.
partnership between HIV services and County agencies toward the goals of increasing public education and prevention messages and increased services to people with HIV.

In 1990, the AIDS epidemic in Sonoma County had reached a level of gravity that threatened the County’s ability to provide AIDS services. The number of cumulative diagnosed AIDS infections had risen to approximately 600 cases with a cumulative number of deaths in the County at 323. This new level qualified the County for a sizable state grant that allowed for the hiring of an AIDS Program Coordinator to establish early intervention services and organize the centralization of medical and social services. Pat Kuta was hired for this position through her background in non-profits and anti-violence along with a Master’s in Public Health. Like Kubota in his use of family practice and specialization to care for HIV patients, Kuta used her training and education to interface with County officials and grass roots organizations and became known among some of her peers as the “Czarina.” For example, Kuta as a County agent was in charge of communicating with the ASOs, Face to Face and Food for Thought. These ASOs “distrusted the County” due to the shelving of early recommendations for support that were made by the Commission on AIDS to the County Board of Supervisors in the late 1980s. The lack of support for ASOs and their services necessary to sustain people with AIDS inspired the ACT UP/Sonoma protest at the County Board of Supervisors

58 Kuta, interview.
59 Ibid.
60 Ibid.
meeting in 1989. Kuta credits this activism with the creation of her position with the County.\textsuperscript{61}

County employers during this time period were also contacting County officials of their concerns about employees with HIV/AIDS in the workplace. Employees were disclosing their HIV status at their workplace and employers became alarmed and were concerned how to handle the situations.\textsuperscript{62} According to Kuta, “employers were freaking out.”\textsuperscript{63} These situations included restaurant owners and a school with a second grade teacher who disclosed his HIV status at work.\textsuperscript{64} The issue of school districts and HIV positive employees was particularly significant due to the County’s high number of independent school districts that numbered between twenty-five and thirty and that were created to accommodate the numerous farming communities in the County.\textsuperscript{65} Community meetings were convened in response to employer concerns along with education outreach that addressed the epidemic in the workplace. Kuta described the relationship during that time that was developed between the County, clients, businesses, and ASOs, “As being small enough to keep everyone honest.”\textsuperscript{66} Her statement speaks to the tightly woven nature of Sonoma County’s institutional responses as well as the implementation of a multi-disciplinary approach to the AIDS crisis.

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\textsuperscript{61} Kuta, interview.
\textsuperscript{62} Ibid.
\textsuperscript{63} Ibid.
\textsuperscript{64} Ibid.
\textsuperscript{65} Ibid.
\textsuperscript{66} Ibid.
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The interconnectedness of Sonoma County’s responses to AIDS however, does not negate the existence of stigma, homophobia, and fear that was attached to the disease. These issues were a prevailing theme during the AIDS epidemic locally, nationally, and around the world and continue on some level today. There is ample evidence of healthcare and workplace discrimination in the County. Empire Dental’s refusal to care for HIV positive individuals caused ACT UP/Sonoma’s first direct action. The Press Democrat’s Susan Swartz used a pseudonym for Jeffrey Nathan Andrew in her “Steven” series out of Andrew’s fear of workplace recrimination that was borne out when he finally disclosed his status. There were also rumors of homophobia directed at members of the Board of Supervisors during that time. In response to discrimination and in avoidance of future malfeasance, the Commission on AIDS developed anti-discrimination ordinances that were adopted by many cities in the County.67 These ordinances, educational and employer outreach, in conjunction with the high level of cooperation between County offices, worked toward decreasing the number of occurrences of discriminatory incidences in the County.

In 1992, Sonoma County’s total number of infections rose above seven hundred cumulative diagnosed cases and as a result, the County was given the federal designation as an Eligible Metropolitan Area (EMA).68 This status was also awarded to Dutchess County, New York and Marin County in California due to its large prison population from San Quentin. The EMA designation was typically assigned to urban centers yet

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67 Kuta, interview.

Sonoma County’s need qualified it for additional funds toward HIV/AIDS including those of the federally funded Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.69

A 1992, “Sonoma County in the 90s” PSA reflected the issues of funding and infection rates pertinent to the County’s situation during that time. The interview featured host McGlinchey and guests Dr. Alan Nishikawa, a non-profit and health programs developer and Dr. Jeff Doutt, the chairman of the Commission on AIDS and Dean of the School of Business and Economics at Sonoma State University. Unlike the 1986 PSA with Steve Parker and Robin Estep that dealt primarily with HIV/AIDS prevention and education, this 1992 PSA reflected the early 1990s issues facing the County and the nation regarding the lackluster response for funding from the Bush administration. Nishikawa commented on the issue. “The Bush administration has only actually allocated a fraction of the funds that were authorized by Congress to be spent towards waging this battle against AIDS. So the response at the federal level in particular has been too little too late.”70 Nishikawa’s statement reflects the divide that existed in the previous Reagan administration as well, that viewed AIDS either as a public health issue or a moral issue. This divide may have also contributed to the inadequate funding from the Bush


70 Alan Nishikawa and Jeff Doutt interviewed by Rich McGlinchey, Sonoma County in the 90s, Video, June 5, 1992, Sonoma County Office of Public Information, Sonoma County History and Genealogy Library.
administration that was ultimately increased during the Clinton presidency. Also gone from the PSA of 1986 was the uncomfortable dialogue and body language that was replaced by a business-like funding and infection statistics discussion. The 1992 PSA was reflective of the education and prevention efforts that resulted in a lower infection rate among gay men but not reflective of the rising numbers of racial minorities and women in the “second wave” of the epidemic. For this reason, the 1992 PSA focused on the dire nature of funding needs toward County services and ASOs.

Institutional responses included those that resulted from institutional inadequacies toward people with HIV/AIDS. One inadequacy was evidenced in Sonoma County in the form of buyers’ clubs created to meet the needs of a population without effective pharmaceutical interventions for HIV. Buyers’ clubs were community-generated entities that offered non-FDA approved pharmaceuticals and alternative therapies often imported from around the world.

The formation of these clubs was created in response to the paucity of treatments available for the disease. AZT (azidothymidine), an antiretroviral, did not become available, as a treatment until 1987 and at the same time was prohibitively expensive and frequently ineffective. As a result, individuals with AIDS were without a medical solution outside of palliative care until more effective antiretroviral medications became available in 1992 and 1996. Sociologist Howard Lune notes that these clubs “collated

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research on possible treatments, debunking some, accepting others with side-effect warnings, and published fact sheets and newsletters to those seeking information and options.”  

Medications and therapies were purchased or smuggled into the country often at cost for the patient.

In many ways, buyers’ clubs were the last resort for relief and hope for people with HIV/AIDS. Kubota described the first five years after a clinical diagnosis of AIDS was made and no treatment for the disease was available. “People were trying all kinds of things. Mushrooms, herbal remedies, and heating the blood. There were all kinds of bizarre treatments going on. Natural remedies, but you know, that was as good as what we had!”

Buyers’ clubs were a stopgap solution to the shortcomings of federal regulations regarding the drawn out approval process for new medications.

Additional inadequacies that led to the use of buyers’ clubs were the lack of a definitive test for HIV. Kubota emphasizes that there was not a test for the virus until 1985. “We couldn’t say with certainty that someone had AIDS, so mostly it was just treating the things we could.”

Terry Winter explains that during the epidemic, Sonoma County residents with HIV/AIDS would turn to buyers’ clubs. “Many patients knew about things of that sort and would let us know what was going on. We encouraged them to be transparent because that would help with their care. There were a variety of medications. Some of them prescription, some herbal, there was interleukin (an

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73 Lune, *Urban Action Networks*, 52.
74 Ibid.
75 Kubota, interview.
76 Ibid.
autoimmune therapy), a variety of things that people were experimenting with. Some seemed to have promise.” The use of buyers’ clubs by AIDS patients during the epidemic was indicative of healthcare institutions’ deficiencies during that time.

Activism against healthcare institutions was also demonstrated in the County in protests against the HMO, Kaiser Permanente’s, Santa Rosa hospital. During the late 1980s, Kaiser HIV patients protested against the lack of cohesive healthcare services. Nurse Terry Winter describes Kaiser’s lack of preparedness in dealing with the rising numbers of AIDS patients on medical, social, and psychiatric levels. “It was kind of a fiasco. It was a very unpleasant experience and the administrators may or may not admit to this, but Kaiser had a very bad reputation for the care of HIV at that point.” Winter describes Kaiser’s practice at that time as being uncoordinated where patients were given to whatever physician was available without regard to the competency of the physician and their ability to treat the disease. This dynamic created fear and a lack of confidence in both patients and practitioners and led to the patient activism against the hospital. Winter describes the environment at that time. “The patients would often act out for a variety of reasons that may or may not have been justified. There would be shouting matches in the front line of the pharmacy or in the exam room. Real, real, management problems that would require security and what not. People were unhappy. It was not good

77 Winter, interview.
78 Ibid.
79 Ibid.
80 Ibid.
81 Ibid.
for the staff, it certainly wasn’t good for the patients and it wasn’t good for the reputation of Kaiser. “As a result of the turmoil, Kaiser patients in Santa Rosa formed the Kaiser HIV Action Group (KHAG) that publicly leveled allegations of inadequate HIV care at the hospital.”

KHAG’s direct actions were in the form of protests and media attention. The group demonstrated in front of Kaiser hospital and used the local media to generate a public response drawing attention to the facility’s inadequacies in HIV care. According to Winter, these protests drew awareness to the insufficient HIV care at Kaiser through which Winter used to further his agenda of creating a coordinated HIV/AIDS care effort at the facility. Winter attended KHAG meetings and facilitated their grievances to administrators when Winter deemed the timing was most beneficial to the activists and his agenda. What resulted from patient activism and Winter’s efforts were policies where HIV patients were paired with physicians and other healthcare workers most comfortable and qualified to deal with patients’ needs. This included identifying bilingual caregivers as well as specialists in the areas of psychiatry, social workers, nutritionists, and pharmacists. Winter contends that Kaiser’s revised approach to HIV care resulted in fewer hospitalizations, healthier patients, and happy Kaiser employees.

82 Winter, interview.
83 Ibid.
84 Ibid.
85 Ibid.
86 Ibid.
Kaiser’s implementation of a patient-centric HIV program was a form of a “bottom-up” approach to HIV/AIDS healthcare that was the result of patient activism setting agendas for patient care. In the case of Kaiser Santa Rosa, patients causing mayhem within the hospital and protests outside and in the media, provided the stimulus for Kaiser caregivers such as Winter to facilitate a more effective program of HIV care.\footnote{Winter, interview.} This approach was more visibly demonstrated by ACT UP’s 1990 protest of the National Institute of Health’s offices in Maryland. ACT UP protested the length of clinical trials for AIDS-related medications, the lack of transparency in NIH research, and for expanded definitions of the disease.\footnote{“Fight Back, Fight AIDS,” NIH, U.S. National Library of Medicine, last modified June 1, 2017, accessed March 23, 2018, https://www.nlm.nih.gov/exhibition/survivingandthriving/exhibition-fight-back-fight-aids.html.} ACT UP’s protests resulted in changes to regulations and a new regiment of medications in 1996.\footnote{NIH, “Fight Back.”} ACT UP’s large-scale protests at the NIH share commonalities with the activist efforts of HIV patients at Kaiser Santa Rosa, through a “bottom up” approach that was effective in altering national and local policies and protocols toward the care of patients with HIV/AIDS.

On a local and national level, the AIDS epidemic forced institutions to revise and implement programs that addressed the specialized needs of HIV/AIDS patients. Sonoma County was able to meet these needs through the specialization and training of the Family Medicine program at Community hospital and Kaiser Santa Rosa’s HIV care. However, it was the County’s demographic that included a significant gay and lesbian community combined with a relatively supportive and informed population that defined Sonoma
County beyond a rural region with regard to its institutional responses to AIDS. San Francisco’s Model of Care influenced the County’s healthcare institutions, but the Family Practice program was the particularly innovative aspect of the institutional response to HIV in Sonoma County.

The County’s education outreach through PSAs, while sparse in content and delivery in comparison to those of Massachusetts and the CDC’s, were unique in their presentation and content and therefore provide valuable historical insight into the County and its evolving efforts at communicating to the local audience messages about AIDS education and prevention. The County’s efforts as well evolved to address employers and school districts in addition to creating cohesion between County offices and services with the goal of streamlining processes, delivering HIV services, and preventing discrimination. Finally, AIDS activism in the form of patient rebellion forced institutions like Kaiser Santa Rosa, a healthcare facility with a poor reputation of care and administration, to abandon its inadequate procedures in favor of programs uniquely developed to meet the needs of its HIV/AIDS patients and caregivers.
Conclusion: AIDS and Sonoma County – Where do we go from here?

Throughout my research I was reminded of Historian John Howard’s study of rural, queer, Mississippians. Howard argued that it was not that these people were different because they were queer and lived in the rural South, it was that they were different because they were specifically queer Mississippians.\(^1\) Howard’s assertion that differences in sexual identity between urban and rural regions could be shaped as the result of a region’s culture and characteristics, resonated with me during my own rural research on responses to AIDS in Sonoma County.\(^2\) The County’s low-population density, large agricultural presence, and Russian river resort area all contributed to a rural presence and self-identity. This rural identity was reflected in West County’s politically astute gay and lesbian community that was dedicated to finding solutions to the crisis in the absence of medical and government interventions. This community was largely supported by a relatively liberal population that contributed to the County’s responses as well both through the media interpretation of the disease and institutional responses. Sonoma County’s responses to the AIDS epidemic were unique as a result of efforts to create solutions to the epidemic that reflected the needs of the County’s population.

The AIDS epidemic in a rural County like Sonoma in the 1980s, created opportunities for individuals to devise and implement approaches to the disease that specifically addressed the County’s needs. West County’s Carol Owens and Betsy Van Dyke were evidence of grassroots efforts in creating AIDS service organizations like Face to Face and Food for Thought. Both ASOs began with the efforts of these two


\(^2\) Ibid.
women in West County and resulted in AIDS services that benefitted the entire County.
The same was true for the creation of ACT UP/Sonoma whose members numbered less
than a dozen but whose protests of discriminatory healthcare providers and the County
Board of Supervisors resulted in significant changes to the perception of HIV/AIDS in
the County. This was achieved in the increased awareness of the transmission of HIV
between healthcare workers and patients and in the funding increase from the Board of
Supervisors to Face to Face to continue providing services to people with AIDS. ACT
UP/Sonoma’s individualized approach to AIDS activism was rooted in the environment
and the social justice movement and reflected in the cultural artifacts of their banner and
song that were representative of their ties to nature and their appeal for justice and sex
amidst the AIDS crisis.

AIDS and the media were a significant component to the perception of AIDS and
the individuals most afflicted by the disease. This was true in urban print media and of
Sonoma County newspapers like the Press Democrat and the Petaluma Argus-Courier
whose coverage of the epidemic varied according to their readership suggesting that there
were differences between the two populations in education, political opinions, and
attitudes toward gays and lesbians. Susan Swartz’s “Steven” series and Carole Belove’s
column “Living with AIDS” took very different approaches toward tolerance and stigma.
The coverage of Starcross Monastery’s “AIDS babies,” conveyed a high level of
sympathy toward a small group of infants infected with HIV/AIDS that was not
evidenced by the coverage of adults with the disease, particularly gay men. However, the
coverage of Starcross increased the awareness of the disease not only through the local
media but in the national coverage of the monastery’s mission as well.
Individual efforts against the AIDS epidemic were evidenced in the work of Marshall Kubota and others within the County’s institutions. Kubota as a family physician developed the trust of the West County community hardest hit by the epidemic through his work at the Russian River Health Center. Using the skills developed in the family residency program at Community Hospital, Kubota and others became specialized in HIV care. This was critical in a county that lacked the specialists found in urban centers and who provided care for people with AIDS. As a result, Kubota became a visible and respected physician often appearing in the local newspapers. In this manner, Kubota became the face of AIDS responses in the County.

My thesis argued that rural responses to AIDS differed from those of cities due to individual and community efforts that were forced by the epidemic to conceive and implement responses that specifically reflected Sonoma County’s experiences during the AIDS epidemic. An alternate interpretation might argue that Sonoma County individuals who responded to the epidemic were previously influenced by urban culture and ideas prior to living in the County and the AIDS epidemic, and that as a result, rurality was less a factor in approaches to the crisis than the prevalence of urban influence in various communities in Sonoma County.

Alternate interpretations to my thesis also suggest the limitations in my approach. There are several missing perspectives to the AIDS epidemic in Sonoma County in my thesis. The first are residents who had no direct involvement with the epidemic or the responses to it. The perceptions of those who viewed themselves as outside of the epidemic would be useful to a more-nuanced rural argument. Were these individuals isolated geographically, how did they identify sexually, and why did they perceive
themselves as being outside an epidemic? How would this perspective impact the idea that if one person has AIDS, we all have AIDS?

The perspectives of racial minorities in the County particularly the Latino and Native American communities were largely unavailable but are nonetheless an important perspective of the AIDS epidemic. This may have been due to the individuals I interviewed and their lack of access to minority populations in the County. In addition, the reporting of HIV/AIDS in these populations was problematic in that the cultural implications for minorities being identified with the disease within their communities often led to shame and being ostracized from their families and friends. As with urban historical scholarship that focused on gay men during the first decade of the epidemic and did not fully include minorities until the late 1980s and 1990s, this may be the case with rural AIDS as well.

A political study of rural counties during the AIDS epidemic would also be beneficial toward understanding the rise in political and religious conservatism that was evidenced nationally beginning in the 1980s. California politics included a conservative element that existed in counties like Sonoma as well. The Board of Supervisors’ reluctance in responding to the County ASOs’ funding needs may have been based in political opposition to the County’s democratic majority and those sympathetic to the plight of West County during the epidemic. A political analysis of Sonoma County during the crisis may add additional elements to the responses I chose to focus on.

Finally, the oral histories I conducted were the foundation for my thesis and ultimately my interpretation of Sonoma County’s responses to the AIDS epidemic. I met with these individuals in their living rooms, offices, and in bakeries to listen to their
experiences and sometimes to witness their pain over the losses they endured during the AIDS crisis. Conducting these oral histories allowed for me to be in the physical presence of these individuals whose humor, ego, and at times, reticence were part of my overall interpretation of their responses to the AIDS epidemic. For this reason, my historical interpretation will obviously differ from subsequent reviews of these oral histories. Conducting, transcribing, and interpreting these interviews was the most challenging and rewarding aspect of my work that I hope was evident in the final result.
Bibliography


