

## ABSTRACT

Title of Thesis: “WHAT’S SPANISH FOR AIDS?”: LATINO  
ACTIVISM AGAINST RACIALLY  
EXCLUSIVE HIV/AIDS HEALTHCARE  
OUTREACH IN WASHINGTON, D.C., 1981-  
1995

Elizabeth Jane Brandli, Master of Arts, History,  
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Thesis Directed By: Professor Karin Roseblatt, Department of  
History

This research examines the racially exclusive health outreach practices in Washington, D.C. during the HIV/AIDS crisis that created barriers to healthcare for Latino residents. After analyzing the ways in which mainstream organizations failed to disseminate educational materials within Latino communities, this thesis turns to the ways in which Latino activists combatted exclusion and performed healthcare outreach within their communities. Finally, this research considers the national significance of the D.C. region on Latino HIV/AIDS outreach and the importance of immigrants and transregional migrants to the nation’s capital.

“WHAT’S SPANISH FOR AIDS?”: LATINO ACTIVISM AGAINST  
RACIALLY EXCLUSIVE HIV/AIDS HEALTHCARE OUTREACH IN  
WASHINGTON, D.C., 1981-1995

by

Elizabeth Jane Brandli

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Advisory Committee:  
Professor Karin Roseblatt, Chair  
Assistant Professor Chantel Rodríguez  
Professor Robyn Muncy

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## Introduction

Sometime in the mid- to late 1980s, Michael Rodriguez and his partner, Brad Veloz, met an El Salvadorian immigrant named Roberto. All three men joined Enlace, a newly formed Latino gay and lesbian organization that started in 1987 in Washington, D.C. Rodriguez recounted how Roberto was the first gay Latino he knew living with AIDS. Rodriguez used to visit Roberto in his apartment down in Virginia.<sup>1</sup> Roberto had other people that came to administer medicines and help him around his home, but he needed someone to talk to. Rodriguez stated, “He said all I want is someone just to come and talk to me, so I did that for a while. I would just sit there and he would just talk to me and we would talk to each other.”<sup>2</sup> Roberto wanted to converse with a fellow gay Latino, someone with whom he could speak to in Spanish.<sup>3</sup>

Roberto’s desire to connect with someone ‘like’ him succinctly encapsulates the feelings of isolation and loneliness articulated by many gay and lesbian Latinos living in Washington, D.C. during the 1980s. D.C. gay and lesbian organizations throughout the 1980s primarily focused on the social, physical, and legal needs of white, U.S.-born homosexuals. The added burden of being more or less homebound, living with an almost certainly fatal disease, and relying on others for care undoubtedly exacerbated Roberto’s feelings of solitude. Perhaps Roberto craved aspects of the familiar for comfort, or maybe AIDS related fatigue made dealing with people in English too exhausting. Whatever the reason, his close contact and friendship with Michael Rodriguez made a lasting impression, long after his death. Rodriguez acknowledged, “Roberto, I think, really opened

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<sup>1</sup> A note on terminology: I chose to use Latino throughout my thesis rather than the more commonly used Latinx. I did so because many of the activists I spoke to, or whose words I read in the archives, actively identified as Latino or Latina. At this time, the term is emerging and ‘Hispanic’ is falling out of fashion. Additionally, I use gay, lesbian, and homosexual rather than queer or LGBT since those were the terms predominantly used during this time period (though queer and LGBT appear in the 1990s).

<sup>2</sup> Interview with Brad Veloz and Michael Rodriguez, Rainbow History Project, 2001.

<sup>3</sup> Ibid.

our eyes to the pandemic that was lurking.”<sup>4</sup> Though Roberto was the first Latino they knew with AIDS, he certainly would not be the last. Later in their interview, Michael and his partner Brad recalled unconsciously building a shrine to the people they lost to AIDS in just a few years. They initially collected and compiled obituaries or trinkets in a corner of their home, but the sheer amount of loss became too overwhelming and they stopped for their own emotional well-being. They mentioned that by the time they gave up collecting remembrances they had lost more than fifty close, personal friends.<sup>5</sup>

This research draws from Jennifer Brier’s *Infectious Ideas*, a work that uses the HIV/AIDS crisis as a tool to analyze the existing political climate of the 1980s and argues that despite prevailing notions of the 80s as a conservative decade, a strong radical and progressive political culture existed that laid the groundwork for AIDS activists to make claims on the state. In turn, I use the AIDS epidemic as a lens through which to examine the existing racial hierarchies and power dynamics of the gay and lesbian community in Washington, D.C. during the 1980s and 1990s that coincided with a spike in immigration from Latin America, particularly the Central American peninsula. While racially exclusive practices existed within the gay and lesbian community prior to the start of the AIDS crisis, the epidemic exacerbated these persisting inequalities by limiting access to critical health services. Within the D.C. area, efforts to stymie the spread of HIV/AIDS infection rates primarily targeted the gay and bisexual community through ‘mainstream’ publications and organizations. With Ronald Reagan as President, early AIDS outreach efforts received funding primarily from private donors since limited funding could be obtained from the Federal Government. Reagan never publicly acknowledged the AIDS epidemic

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

until 1986, five years after the crisis started.<sup>6</sup> Given the economic disparity between whites, African-Americans, and Latinos, especially non-U.S. born Latinos, much of the funding from private donors came from white, gay communities. As a result, studies on HIV/AIDS reduction and transmission almost exclusively targeted white, gay-male communities in an effort to understand the social and scientific reasons behind the spreading virus and which outreach tactics and preventative measures yielded the best results. To make matters worse, white HIV/AIDS activists throughout the United States often perceived discussions of racial inequality within mainstream health clinics and outreach efforts to be divisive and detract from their efforts to make universal claims on the state as ‘at risk’ homosexuals. This misperception on behalf of the white, gay community kept many organizations and activist collectives from critically engaging in analyses of how racial inequality within their organizations translated to inequality in care amongst marginalized communities.<sup>7</sup> I argue that despite these challenges, Latino activists engaged in an intersectional activism that took into consideration the devastating effects poverty and ‘illegality’ had on access to healthcare while also pushing for gay and lesbian Latino inclusion.

This thesis begins in 1981, with the official start of the epidemic, and ends in 1995, right before advanced medications became increasingly available and death rates began to decline.<sup>8</sup> Though the Center for Disease Control (CDC) chose 1981 as the start of the Acquired Immunodeficiency Syndrome (AIDS) Crisis, Africa, Europe, and the United States saw cases of people wasting away from untreatable and persistent opportunistic infections throughout the late 1970s. The start of the

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<sup>6</sup> For more information on his inaction see Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic*, (New York: St. Martin’s Press, 1987), Martin Duberman, *Hold Tight Gently: Michael Callen, Essex Hemphill, and the Battlefield of AIDS*, (New York: The New Press, 2014), and Tamar W. Carroll, *Mobilizing New York: AIDS, Antipoverty, and Feminist Activism*, (Chapel Hill, NC: The University of North Carolina Press, 2015).

<sup>7</sup> For more information see Susan M. Chambré, *Fighting for Our Lives: New York’s AIDS Community and the Politics of Disease*, (New Brunswick, NJ: Rutgers University Press, 2006).

<sup>8</sup> Raymond A. Smith and Patricia D. Siplon, *Drugs into Bodies: Global AIDS Treatment Activism*, Westport, CT: Praeger Publishers, 2006), 42-45.



epidemic confused and disheartened the medical and at-risk communities. It was unclear why and how people were dying. Individuals suffered from odd, persistent diseases, such as Kaposi's sarcoma (a cancer of the blood vessels which causes purple skin lesions) and *Pneumocystis pneumonia* (pneumonia caused by a fungus).<sup>9</sup> Even after researchers confirmed that a lowered CD4 cell count and an elevated CD8 cell count correlated with increased rates of opportunistic infections and perpetually swollen lymph nodes, they still had no idea how to successfully treat and care for their immunocompromised patients.<sup>10</sup> CD4 cells, or white blood cells known as T cells, help the body fight off infections and maintain health.<sup>11</sup> It took even longer to locate and understand the cause of the abnormal cell counts, Human Immunodeficiency Virus (HIV), which depletes the body's white blood cell count and led to the body being unable to fight off the aforementioned infections.

As Jamie L. Feldman stated, "AIDS the disease began as an inchoate collection of signs and symptoms recognized by a few physicians as being distinct from other diseases."<sup>12</sup> The medical community initially had no name for HIV or AIDS. Because of the slow scientific and medicinal innovation, people with AIDS encountered limited access to healthcare and few treatment options at the start of the epidemic. In fact, the first HIV test designed to identify immunodeficiency was not developed until 1984, three years after the epidemic began.<sup>13</sup> At the start, they did not even have a name for the disease and people struggled to articulate the issue. Clinics were unsure how to deal with AIDS patients and many doctors were scared to treat them. Death rates climbed throughout the 1980s and into 1990s with 1995 witnessing the greatest number of AIDS related

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<sup>9</sup> Ronald Bayer and Gerald M. Oppenheimer, *AIDS Doctors: Voices from the Epidemic*, (Oxford: Oxford University Press, 2000), 15-17.

<sup>10</sup> *Ibid*, 18.

<sup>11</sup> Jamie L. Feldman, *Plague Doctors: Responding to the AIDS Epidemic in France and America*, (Westport, CT: Bergin & Garvey, 1995).

<sup>12</sup> *Ibid*, 55.

<sup>13</sup> Bayer and Oppenheimer, 32.

deaths at over 50,000.<sup>14</sup> 1996 saw a dramatic decrease in AIDS related deaths due to the development of highly active antiretroviral therapy (HAART).<sup>15</sup> HAART significantly slowed down the progression of HIV to AIDS, keeping individuals healthy and with relatively normal CD4 counts for a longer period of time. I chose to end my thesis in 1995 since, “between 1995 and 1997, AIDS death rates in the United States declined by more than two-thirds” marking an end to the full-blown epidemic even though AIDS remains an issue today.<sup>16</sup>

This thesis seeks to rectify the current focus on racial disparity within historiography on HIV/AIDS healthcare that ignores the Latino population of Washington, D.C., both U.S.-born Latinos and immigrants. Through the unique racial makeup of D.C., which in the 1980s contained a large African-American community and a growing Latino and Central American population, I examine how binary racial discourse created barriers to healthcare for Latino PWAs and prevented adequate educational materials from being disseminated within their communities. While healthcare is central to this research, I primarily discuss how HIV/AIDS preventative and educational information was disseminated through the gay and lesbian community and the disparity within monolingual, white materials. The emphasis on outreach comes from the nature of healthcare research. Most of the materials I found were public health pamphlets or recounts of fundraising events. Clinical records of patients were not available due to privacy laws, so I focus on activism within the Latino community and healthcare access rather than direct medical care. Activists were primarily concerned with stopping the spread of HIV/AIDS due to the continued lack of comprehensive treatments. Additionally, I focus on the actions of groups and organizations since individual names were not always recorded. Though many of the activists I mention came from

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<sup>14</sup> CDC Statistics: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00046531.htm>.

<sup>15</sup> Smith and Siplon, 42-43.

<sup>16</sup> Ibid, 42.

California or Texas and were U.S.-born Latinos, many undocumented Latinos did live in the D.C. region. As regional transplants, Latino activists from the Southwest and West Coast tended to be better educated and more financially stable than recent immigrants. Many of them worked tirelessly to try and stop the spread of HIV and AIDS within the broader Latino community, but doing so meant having to listen to and learn from both documented and undocumented immigrants.

The first chapter examines two institutions that constructed and circulated racial discourses within the gay and lesbian community of Washington D.C., the *Washington Blade* and the Whitman-Walker Clinic. The *Blade* served the gay and lesbian community of D.C. as the leading news source with information pertaining to its homosexual constituents and focused primarily on the white, homo-normative gay and lesbian community. Once the AIDS crisis began, African-American gay community leaders used the *Blade*'s readers' forum as a way to point out the lack of resources allocated to serving their community. As issues pertaining to the African-American gay community began to receive more coverage, the binary racial understanding of the mainstream lesbian and gay community became more visible within mainstream literature. "Black" stood for all racial minorities. However, as African-American leaders fought against their exclusion from healthcare facilities, input on legislation, and outreach efforts, they concomitantly began to challenge the racial binary by distinguishing themselves from the Latino and Asian communities and highlighted racial exclusion on both macro and micro levels.

The classified section of the *Blade* provided gays and lesbians with a safe location to meet likeminded individuals for casual sex or romantic partnerships. However, unsurprisingly, the classifieds also exposed the racist tendencies of the community as gay white men (GWM) posted frequently seeking only white respondents. Alternatively, some GWM, like the following poster, fetishized racial minorities and sought to consume their bodies: "GWM, chubby, 260, would like

to meet muscular black or Hispanic Gays.”<sup>17</sup> Another anonymous poster, who self-identified as “Americano, 32,” attempted to connect with Spanish speaking Latinos by writing “en busca de joven Latino, 25 o menos, para amor y relacion (*sic*).”<sup>18</sup> Drawing from Horacio N. Roque Ramírez’s analysis of San Francisco’s *Bay Area Reporter* (BAR) obituaries which, much like the classifieds, helped construct race within the gay and lesbian community during the AIDS crisis.<sup>19</sup> As Ramírez articulated, though the obituaries he analyzed reflected only a tiny portion of Latino AIDS related deaths, “They are openings into larger histories of gay Latino culture, queer male desires, and intersecting histories of race, sexuality, and culture through regional and national gay Latino memory.”<sup>20</sup> This thesis seeks to capture such openings within the D.C. community, despite a dearth of available resources.

The Whitman-Walker Clinic (WWC), the second crucial component of chapter one, became the preeminent HIV/AIDS clinic within the D.C. metropolitan area and initially served, unsurprisingly, a predominantly white population. Like many of the top HIV/AIDS clinics across the country that responded quickly to the spread of AIDS, Whitman-Walker began in the 1970s as a venereal disease clinic that targeted the gay community.<sup>21</sup> Though the Latino population of Washington, D.C. grew exponentially throughout the HIV/AIDS epidemic, WWC made few concerted efforts to reach the at-risk Latino community in a manner that appropriately acknowledged racial and cultural differences. The exclusion documented and perpetuated by these

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<sup>17</sup>Anonymous, “Classifieds: GDLKG GWM,” *Washington Blade* (Washington, D.C.), July 3, 1987.

<sup>18</sup>Anonymous, “Classifieds: Americano, 32,” *Washington Blade* (Washington, D.C.), April 25, 1986. “Looking for a young Latino, 25 or younger, for love and relationship.”

<sup>19</sup>Horacio N. Roque Ramírez, “Gay Latino Histories/ Dying to be Remembered: AIDS Obituaries, Public Memory, and the Queer Latino Archive,” in *Beyond El Barrio: Everyday Life in Latina/o America*, eds. Gina Perez, Frank Guridy, and Adrian Burgos (New York City: New York University Press, 2010).

<sup>20</sup> *Ibid*, 113.

<sup>21</sup> for more information see works on Callen-Lorde in New York City and clinics in San Francisco. Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis*, (Chapel Hill, NC: University of North Carolina Press, 2009), and Duberman, *Hold Tight Gently*.

two gay and lesbian community bastions situates and explicates the actions of Latino activists in the late-80s and early-90s.

The second chapter turns its focus to the Latino led organizations that chipped away at the exclusionary racial practices of these two dominant institutions and the tactics they used in order to disseminate HIV/AIDS care to their community. This section asks how Latino activists conceptualized their community and what forms of knowledge they brought to HIV/AIDS clinics, non-profits, and coalition building efforts. As historians have already articulated, the AIDS epidemic saw a renegotiation of knowledge and power between scientists, medical practitioners, people living with AIDS, and activists. Knowledge about AIDS was not disseminated exclusively in a “top-down” manner, but constructed through information sharing across disciplines and with the help of “laypeople.”<sup>22</sup> However, I argue that these works continue to obscure the specific types of knowledge held by racial minorities, particularly the Latino community within the Washington, D.C. context, and privilege those of the white community. Furthermore, I assert that this negotiation of power and constitution of knowledge about HIV/AIDS normalized the white experience in a way that perpetuated a racial binary that only understood blackness as a category in opposition to whiteness.

In October of 1987, hundreds of thousands of gays and lesbians from around the United States converged on Washington, D.C. for the Second National March on Washington for Lesbian and Gay Rights.<sup>23</sup> Despite the rhetoric of a relatively progressive platform that encouraged gender parity in leadership and racial equality, minorities within the gay and lesbian community still found themselves underrepresented. Members of Enlace recalled how Latino organizations from Texas

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<sup>22</sup> Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*, (Berkeley: University of California Press, 1996).

<sup>23</sup> Amin Ghaziani, *The Dividends of Dissent: How Conflict and Culture Work in Lesbian and Gay Marches on Washington*, (Chicago, IL: The University of Chicago Press, 2008).

and California contacted them prior to the march asking them to host out-of-towners.<sup>24</sup> This collective and national coalition building launched the National Latino Lesbian and Gay Organization (LLEGÓ) at the march, the subject of the third chapter. These two organizations, Enlace and LLEGO, organized bilingual educational campaigns specifically designed to target the Latino community and LLEGO even provided monetary support of local, grassroots organizations conducting HIV/AIDS outreach. Though these two groups operated in different ways, one being primarily a local organization and the other a national one, a commitment to HIV/AIDS outreach remained a core tenant of both institutions. The third chapter examines the national significance of LLEGO.

### **D.C.'s Changing Demographics and Existing Gay and Lesbian Community**

Washington, D.C.'s population demographics changed drastically between 1980, a year prior to the start of the AIDS epidemic, and 1990, just before stable and reliable treatments became available. The overall population fell by 31,433, but the 'Hispanic' population grew by 85 percent. Though D.C.'s population remained majority African-American from 1980-1990, the black population dropped by 49,302 residents, an 11 percent decrease. The Hispanic population grew from 17,679 to 32,710 in a mere ten years. Moreover, 45% of the Latino population came from Central America, with 34% coming specifically from El Salvador.<sup>25</sup> Of this growing Latino population, 32% reported not speaking English well or at all.<sup>26</sup> Within the total population of D.C., only 10% of people reported receiving less than a 9<sup>th</sup> grade education compared to 33% of 'Hispanics.' The poverty rate in D.C. was 16.9% while Latinos experienced poverty at a rate of

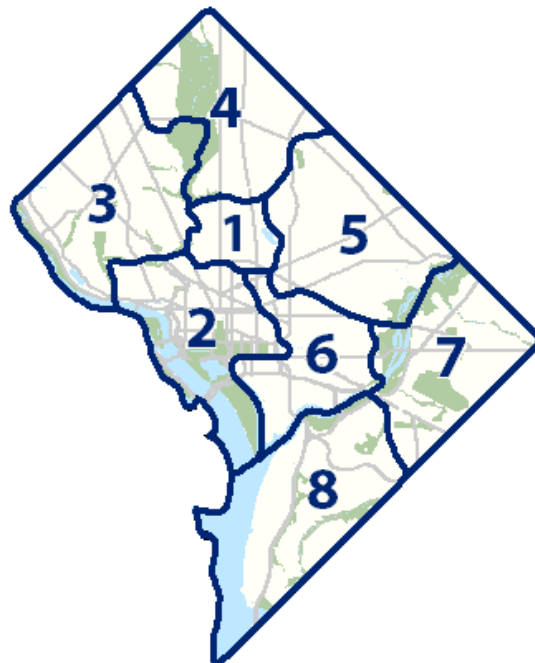
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<sup>24</sup> Interview with Brad Veloz and Michael Rodriguez, Ric Mendoza Gleason, interview by Rainbow History Project, Washington, D.C., 2003.

<sup>25</sup> Report on 1990 Census Data: Hispanic Origin Population in Washington, D.C., 1993, Box 1, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>26</sup> Ibid.

20.4%. Latino families experiencing high poverty rates were disproportionately female-led households with children.<sup>27</sup> Even though Whitman-Walker and the *Blade* focused largely on the white, gay community, the white population of D.C., at its highest in this ten-year period, never reached even half of the African-American population.<sup>28</sup> These statistics demonstrate that instead of being the majority, Caucasian gays and lesbians were actually a very dominant and vocal minority in the D.C. region with more extensive resources.



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In spite of the diversifying population, D.C.'s neighborhoods were largely segregated during the time period under scrutiny. The growing 'Hispanic,' or Latino, population lived almost exclusively in Ward 1, which encompassed neighborhoods such as Mount Pleasant, Adams Morgan, and Columbia Heights. Previously known as a black neighborhood, Ward 1's Hispanic population grew by 131 percent over this ten-year period, while its African-American population

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<sup>27</sup> Ibid.

<sup>28</sup> District of Columbia 1980-1990 Population Comparison Table in *Report on 1990 Census Data: Hispanic Origin Population in Washington, D.C.*, 1993, Box 1, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>29</sup> Image taken from the D.C. Office of Planning - <https://planning.dc.gov/page/neighborhood-planning-01>.

fell by 18.3 percent. Despite its emphasis on white gays, from 1980-1987, Whitman-Walker was located in Ward 1 in Adams Morgan. It later relocated to the neighborhood of Cardozo, still in Ward 1. In 1990, Ward 3, however, was home to 73,602 white residents and only 4,782 African-Americans. Wards 4, 5, 6, 7, and 8 all contained a predominantly black population, most Wards housing more than 70,000 African-Americans in 1980. These statistics illustrate the extreme segregation of D.C. and how regionally concentrated the Latino population was during the 1980s and 1990s. Furthermore, it highlights the insular nature of different ‘racial’ categories within the city. As I will demonstrate throughout this thesis, these racially exclusive practices impacted African-American and Latino access to healthcare during the HIV/AIDS epidemic.

The census demonstrated that slightly more “Hispanics” were never married or had absent spouses than “non-Hispanics.”<sup>30</sup> Though the reason for this was not specified it is possible that many spouses were left behind given the large number of Central American refugees. While these statistics do not shed light on sexual orientation or gender identity, they do illustrate the potential rupture to family-life created by immigration to the U.S. Generally, both Hispanic and non-Hispanic populations showed that the age of District residents was heavily concentrated by people in their late twenties and early thirties. This could be due to economic opportunities that brought people to D.C. and also demonstrates the ability of young adults to leave their country or state of origin.

A long history of gay and lesbian migration to Washington, D.C. existed despite queer historiography’s focus on New York and San Francisco as homosexual epicenters. Post-World War II, D.C.’s gay culture changed drastically as a result of the increased consolidation of a

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<sup>30</sup> Ipums Abacus Beta (variables, Hispanic, Marital Status, place: District of Columbia, Time: 1980-1990) - <https://usa.abacus.ipums.org/#/tabulator/>



‘homosexual identity,’ partially due to the solidification the U.S. bureaucratic state and its policing of normativity through immigration, welfare services, and the military.<sup>31</sup> The growing industrial wartime economy brought large numbers of black and white Americans to the nation’s capital, a migratory pattern that continued during the post-war boom. Gays and lesbians continued to frequent traditional meeting grounds for company, such as secluded parks, but also developed new tactics for meeting one another in public.

An expanding bar scene and decreased regulations on drag facilitated a burgeoning gay culture in post-WWII D.C. As the demographic statistics of 1980 demonstrated, neighborhoods throughout D.C. were extremely segregated. Some white bars even banned clothing “more likely to be worn by African Americans.”<sup>32</sup> The gay and lesbian community created social spaces that were equally segregated, developing what Genny Beemyn articulated as two distinct gay and lesbian communities. They also noted that black gay men, bisexuals, and lesbians, all knew one another and partied together. This more gender-inclusive community differed greatly from the white homosexual community. White gay-male spaces sought to exclude not only African-American males but lesbians as well. They intentionally denied entry to black men and lesbians of all races to their bars and restaurants.<sup>33</sup> This exclusionary practice of barring African-Americans and lesbians continued well into the 1970s, even after legal segregation ended in 1965.

In October of 1971, “the collective leadership of the Washington Gay Community” signed a petition to boycott a newly opened gay club called Lost and Found. These organizations banded together to protest the bar’s requirement that African-Americans provide two forms of legal

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<sup>31</sup> See Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America*, (Princeton, NJ: Princeton University Press, 2009) and John D’Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940-1970*, (Chicago, IL: The University of Chicago Press, 1983) for the consolidation of homosexual identity and Genny Beemyn, *A Queer Capital: A History of Gay Life in Washington, D.C.*, (New York: Routledge Taylor & Francis Group, 2015) for the change.

<sup>32</sup> Beemyn, 205.

<sup>33</sup> Beemyn, 105

identification to enter. The manager of the Lost and Found went so far as to acknowledge to the gay and lesbian community that they enacted the policy with the intent to exclude as many black men as possible, since white men were systematically not asked for any ID at the door.<sup>34</sup> The gay organizations that chose to sign the petition were not exclusively African-American coalitions, demonstrating that a faction of white homosexuals espoused a commitment to fighting racism within the gay community. While many white gays and lesbians were involved in organizations that opposed racist practices, this thesis examines the ways that systemic inequality and a binary racial discourse in D.C. contributed to African-American exclusion which acted as a precursor to Latino exclusion in the 1980s once immigration from Central America increased.

Another significant and unique aspect of Washington's gay and lesbian community was the impact of Lavender Scare paranoia. While homosexuals around the country faced persecution throughout the Lavender Scare, the high concentration of federal employees in D.C. meant that a large number of gays and lesbians were employed by the federal government. David K. Johnson argued that the Lavender Scare, not the Red Scare, "enjoyed the backing of the Republican Party leadership" and solidified federal powers of exclusion.<sup>35</sup> To support this assertion, Johnson notes that the Red Scare resulted in significantly fewer removals, all of which were conducted publicly. The public spectacle of the trials served to instill fear in communists and would-be-communists, rather than to fully eradicate any trace of communism. In contrast, thousands of gays and lesbians were quietly and systematically fired from the federal government. Their cases conducted in private, these individuals had few opportunities to contest their removal. These secret and

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<sup>34</sup> Fellow Gay People: Why are we picketing the Lost and Found?, October 17, 1971, Folder 16, Box II, Series II, David Aiken Papers, Rainbow History Project Archives, Historical Society of Washington, D.C., Washington D.C.

<sup>35</sup> David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government*, (Chicago: The University of Chicago Press, 2004), 25.

anonymous purges irrevocably changed the U.S. gay and lesbian community, especially in D.C. by creating a culture of fear that led to stronger homosexual resistance.

In 1957, the army fired Frank Kameny, on the grounds of homosexuality.<sup>36</sup> A well-educated astronomer, Kameny chose to fight against homosexual exclusion. Though his case was rejected by the Supreme Court, Kameny founded a chapter of the Mattachine Society in D.C. in 1961 and helped mobilize the gay community against Lavender Scare purges. He organized protests throughout the nation's capital, even going so far as to picket the white house in 1965 and denouncing the U.S., Cuba, and Russia as equally oppressive to their gay and lesbian citizens. Johnson argues that Kameny and the Lavender Scare radicalized D.C.'s homosexuals well before the Stonewall Riots of 1969 and that D.C. gays and lesbians became an influential political block by 1980 when they helped elect Mayor Marion Barry, the mayor of D.C. for most of the HIV/AIDS epidemic.<sup>37</sup>

Washington homosexuals mobilized effectively against anti-sodomy laws. As early as 1974, a D.C. judge named David L. Norman ruled that sodomy charges could only be levied against an individual that forcibly committed acts of sodomy (i.e. rape through sodomy) and not acts engaged in by two consenting adults.<sup>38</sup> For comparison, the Supreme Court upheld the constitutionality of anti-sodomy laws in 14 states in the 1986 case *Bowers v. Hardwick*, a decision that would not be overturned until 2003. Before the start of the AIDS epidemic, the gay community of D.C. enjoyed a relatively progressive environment, largely brought about by the extremely repressive Lavender Scare and activists responses to the state. However, as previously observed through African-American exclusion from gay bars and clubs, racial lines deeply divided the community and gender

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<sup>36</sup> Ibid, 179.

<sup>37</sup> Ibid, 211-214.

<sup>38</sup> Civil, David L. Aiken, January 21, 1974, Folder 4, Box I, Series II, David Aiken Papers, Rainbow History Project Archives, Historical Society of Washington, D.C., Washington D.C.

kept white lesbians separate from white gay men. Kameny, the holder of a Ph.D. from Harvard, was able to leverage the white community's vast resources against the U.S. government despite the fact that losing his job greatly limited his own financial freedom.

It is within this context, this racial divide, that the growing gay and lesbian Latino population of 1980 found themselves situated. The well-established white and black gay communities benefitted from supportive social networks and previously existing gay organizations at the start of the HIV/AIDS crisis. For example, in 1978 the D.C. and Baltimore Coalition of Black Gays started, becoming "the nation's first long-standing LGBT political organization."<sup>39</sup> Eventually, the National Coalition of Black Gays emerged from the aforementioned organization in 1979 and selected D.C. as its headquarters. African-Americans even began organizing a separate black gay pride the same weekend as pride to celebrate their intersecting identities.<sup>40</sup> D.C. gays founded a chapter of the national organization Black and White Men Together, which dedicated its time to fighting racism within the community. Though they claimed to be an organization for people of all "hues," their very name felt exclusionary to many.<sup>41</sup>

Though African-American homosexuals continued to face considerable racism from gay, white spaces throughout the 70s, 80s, and 90s, they developed a strong community that allowed them to contest the exclusionary practices of Whitman-Walker and the *Blade* during the early years of the AIDS epidemic. Gay and lesbian Latinos in D.C. faced the added challenge of creating entirely new social and political resources for their community, largely populated by Central American immigrants, while organizing against a disease that disproportionately targeted their

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<sup>39</sup> Beemny, 207

<sup>40</sup> Ibid.

<sup>41</sup> Black & White Men Together: Washington D.C., BWMT is a Gay Interracial Group for All People, Undated, Folder 35, Box II, Subseries VII, Black and White Men Together (BWMT), Rainbow History Project Archives, Historical Society of Washington, D.C., Washington D.C.

community members. From the start, Latino activists deployed an intersectional agenda that addressed the lack of HIV/AIDS healthcare for their community members while understanding the many compounding factors that kept Latinos away from clinics. Additionally, much like the African-American community, lesbian and gay Latinos were committed to working together and Latina lesbians did not face the same level of exclusion from gay Latino men as did white lesbians.<sup>42</sup>

Though a strong gay and lesbian Latino community did not exist in Washington, D.C. in the 1970s, areas with higher Latino populations, such as Texas and California, experienced a surge in gay and lesbian Latino activism during the late 1970s and early 1980s. For example, Dennis Medina recalled that the Gay Chicano Caucus in Houston formed in 1980 as a response to mainstream racial exclusion.<sup>43</sup> Medina later used his experience organizing within the gay and lesbian Latino community when he became an integral member of Enlace and LLEGO. D.C.'s Latino gay and lesbian community did not organize as cohesively until the late 1980s and early 1990s due to the small population living in D.C.

### **Historiography & Methodology & Significance**

Since historians have shied away from dealing with Latino gay and lesbian communities in Washington, D.C., as well as Latino AIDS activism on a national scale, this thesis seeks to put multiple historiographies into conversation with one another. Primarily, historiography on AIDS activism that focuses on a generalized 'white' gay population and treats Latino activism as a subset of activists' efforts, and biomedical discussions of community knowledge.

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<sup>42</sup> Letitia Gomez, Interview with Sarah Geselowitz, Oral History Project, November 3, 2001.

<sup>43</sup> Dennis Medina, "We Are a Part of the History of Texas That You Must Not Exclude!" in *Queer Brown Voices: Personal Narratives of Latina/o LGBT Activism*, eds Uriel Quesada, Letitia Gomez, Salvador Vidal-Ortiz (Austin: University of Texas Press, 2015), 51.

In 1988, Randy Shilts wrote the first historical work on the AIDS epidemic: *And the Band Played on: Politics, People, and the AIDS Epidemic*. Published before the crux of the crisis, Shilts' seminal book details the struggle within the scientific community to identify the best practices for preventing and researching a disease they did not understand, as well as activists' efforts to push for policy reform. Shilts stresses how Reagan's failure to appropriately address the AIDS epidemic was a 'call to arms' for AIDS activists who challenged his continued silence as the death toll rose. In doing so, Shilts re-envisioned a concrete white identity for the gay community where all gay people experienced the same type, and level, of persecution from the government. The inaction of the Reagan administration remained central to historiographical works on HIV/AIDS throughout the 1990s.

Sociologist Howard Lune, analyzed the efforts of New York City AIDS activists and argued that discrete organizations, like ACT-UP, Gay Men's Health Crisis, and ADAPT (Alcohol and Other Drug Abuse Prevention Team) created 'urban action networks' that allowed them to quickly mobilize for protests on a large scale, despite their limited interactions on a day-to-day basis. While Lune acknowledges that 'gay' organizations tended to focus on transmission between white men and organizations like ADAPT targeted racial minorities, he does not investigate the tactics used gay and lesbian Latinos to reach their community.<sup>44</sup> In 2014, historian Martin Duberman began a conversation on different HIV/AIDS outreach tactics within the gay community by comparing the efforts of Michael Callen, a New York based white HIV + activist, and Essex Hemphill, a D.C. based African-American HIV + poet and activist. This dual biography, however, perpetuates a racially binary discourse that excludes Latino activists and their efforts.<sup>45</sup> *Beyond Queer Brown*

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<sup>44</sup> Howard Lune, *Urban Action Networks: HIV/AIDS and Community Organizing in New York City*, (Lanham, Maryland: Rowman & Littlefield Publishers, Inc., 2007).

<sup>45</sup> Duberman.

*Voices*, an ethnographic work of personal essays and oral interviews conducted with national and local activists, no works specifically address the impact of HIV/AIDS on the Latino community of Washington, D.C.

The types of opportunistic infections Latinos were prone to developing and the socio-economic reasons they might differ from those within Caucasian and African-American communities remains unanalyzed by historians. One has to look beyond the field of history in order to locate relevant literature. For example, public health professionals published a collection of essays in 2009 called *HIV/AIDS in U.S. Communities of Color* to help physicians and mental health professionals better understand their minority patients. Claudia Martorell's contribution briefly summarizes some of the contemporary issues faced by Latinos with HIV/AIDS.<sup>46</sup> Works like Martorell's rely on statistics that approach the AIDS epidemic within the Latino community from the present, showing the continued increase of HIV/AIDS nationwide. These quantitative studies are concerned with the prevention of future HIV/AIDS infections rather than with how, and why, HIV/AIDS spread so quickly within the Latino community or the actions of activists. However, as HIV/AIDS continues, to spread within the community it is important to consider the historical reasons behind such an obvious inequitable distribution of medical resources and preventative materials. As Martorell points out, "AIDS cases among Latinos increased by 130% between 1993 and 2001, while whites experienced a 68% increase."<sup>47</sup> Another notable public health work by Jesus Ramirez-Valles documents the actions taken by Latino activists in Chicago and San Francisco to fight HIV/AIDS within their communities.<sup>48</sup> Ramirez-Valles, however,

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<sup>46</sup>Claudia Martorell, "HIV/AIDS and the Latino Populations in the U.S.: Epidemiology, Prevention, and Barriers to Care and Treatment," in *HIV/AIDS in U.S. Communities of Color*, eds. Valerie Stone, Bisola Ojikutu, M. Keither Rawlings, and Kimberly Y. Smith, (New York: Springer Dordrecht Heidelberg, 2009), 23-31.

<sup>47</sup> *Ibid*, 24.

<sup>48</sup> Jesus Ramirez-Valles, *Compañeros: Latino Activists in the Face of AIDS*, (Illinois: University of Illinois Press, 2011).

focuses more on belonging to and building communities rather than the systemic exclusion of Latinos from U.S. racial discourse and healthcare services.

More critical of the medical practitioners involved in the HIV/AIDS crisis than Shilts, Ronald Bayer and Gerald M. Oppenheimer published *AIDS Doctors: Voices from the Epidemic*, which drew from oral histories of doctors active during the crisis. The stigmatization of AIDS patients was so great that many had difficulty finding a provider offering care to HIV positive individuals. Rather than writing a “hagiography” of those willing to care for PWAs, Oppenheimer and Bayer assert that while many doctors undertook treatment of AIDS patients for selfless reasons, others effectively built their careers on HIV/AIDS and benefitted greatly from their personal expertise.<sup>49</sup>

Other works on the development of HIV/AIDS treatments and the creation of biomedical knowledge have emphasized the interplay between activists, people with AIDS, scientists, and medical professionals in the struggle to develop treatment options and understand what exactly was killing so many young, gay men. As Steven Epstein argues, scientific knowledge about what caused HIV, how the virus progressed to the development of AIDS, and what killed people were contested questions throughout the early years of the epidemic. Epstein points out that both laypeople and scientists contributed to an understanding of “certainty” about the disease.<sup>50</sup> Those living with AIDS, as well as activists caring for and observing people with AIDS, forced medical professionals and researchers to accept and validate their rudimentary forms of scientific knowledge.

This research draws from scholarship on the U.S. construction of race as a binary in order to demonstrate how such rhetoric excluded Latinos from HIV/AIDS care. Genny Beemyn argues that

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<sup>49</sup>Bayer and Oppenheimer, *AIDS Doctors*, Shilts, *And the Band Played on*, and Raymond A. Smith and Patricia D. Siplon, *Drugs into Bodies*.

<sup>50</sup>Epstein, *Impure Science*, 4.



segregation plagued the gay and lesbian community of Washington, D.C. from the late nineteenth century resulting in distinct gay communities and cultures.<sup>51</sup> Their study on race in D.C., however, focuses exclusively on African-American and white communities and does not mention the growing Latino gay and lesbian community of the 1980s and 1990s. Siobhan Somerville analyzes how the United States constructed a “color line” which created a clear dichotomy between white and black communities. Her work highlights how binary racial discourse within the United States became intricately linked with white preoccupations of African-American sexuality and sexual practices.<sup>52</sup> Somerville and Beemyn both illuminate how U.S. racial politics constructed race in such a way that positioned black and white communities against one another. When the AIDS epidemic began, the legacy of segregation within D.C. and the fusion of racial, sexual, and gendered identities produced an uneven distribution of services and outreach efforts. My research analyzes how a binary discourse within D.C. constructed exclusionary healthcare outreach practices and created barriers to care for Latino residents, and in turn how activists fought against such inequality.

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<sup>51</sup> Genny Beemyn, *A Queer Capital: A History of Gay Life in Washington, D.C.*, (New York: Routledge Taylor & Francis Group, 2015).

<sup>52</sup> Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, NC: Duke University Press, 2000).

## Chapter 1

### White Networks of Care: Racial Misunderstanding and a Lack of Commitment to Diversity

#### Intro

On July 10<sup>th</sup>, 1981, a “rare form of pneumonia” contracted by five gay men in Los Angeles made front-page news at *The Washington Blade*, the leading gay and lesbian newspaper of Washington, D.C.<sup>53</sup> A separate article in the same issue reported twenty-six cases of a “rare form of cancer,” Kaposi’s sarcoma, found in gay men living in New York City and California.<sup>54</sup> These two pieces unknowingly heralded what would later become known as the “AIDS epidemic” to the Washington, D.C. gay and lesbian community. Though the AIDS epidemic in the United States originated outside of the D.C. area, it quickly overtook *The Washington Blade*’s news coverage and deeply affected the lives of Washington’s gay constituents. Reports on the successes or failures of non-profit organizations and health clinics lobbying for grant money to fund AIDS research permeated subsequent issues, as did coverage of AIDS-related insurance problems and the obituaries of a disproportionately young gay-male population.

Founded in the early 1970s to provide judgement-free venereal disease treatment to gay men, D.C.’s Whitman-Walker Clinic quickly expanded its services to include AIDS-related care at the start of the epidemic, becoming one of the premier HIV/AIDS treatment facilities in D.C. The clinic, which both employed and served mostly white men, received considerable financial support from the government and private donors to develop HIV/AIDS prevention and treatment programs. Understandably, African-American leaders within the gay community publicly denounced the

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<sup>53</sup> Janis Kelly, “Rare, Fatal Pneumonia Hits Gay Men,” *Washington Blade* (Washington, D.C.), July 10, 1981. Digital Collection.

<sup>54</sup> Steve Martz, “Cancer Deaths Reported,” *Washington Blade* (Washington, D.C.), July 10, 1981. Digital Collection.

racially exclusive practices of local clinics, particularly the Whitman-Walker Clinic, in the pages of *The Washington Blade*. The contentious debates within the *Blade* over the racially exclusive distribution of HIV/AIDS preventative, educational materials and supportive care reflected and reproduced a racial hierarchy within the gay and lesbian D.C. community.

Ignoring the existence of a significant Latino population, the *Blade* portrayed the gay and lesbian community as comprised entirely of black and white members. This discourse systematically denied the existence of non-white and non-black homosexuals and thus failed to address the particular needs of D.C.'s Latino community, which swelled in the 1980s as thousands of Central Americans fled violent military coups. By propagating the perceived opposition of African-American and white homosexuals to one another, the *Blade* fortified a binary racial discourse within the gay and lesbian community. Articles conflated Latino and African-American communities which underscored the fact that the gay and lesbian community understood minorities as simply non-white rather than as distinct ethnic and cultural groups. This conflation resulted in HIV/AIDS outreach to Latinos being conducted by white organizations in the same manner they orchestrated outreach to the African-American community.

This chapter contends that the binary racial discourse of the 1980s and 1990s Washington, D.C. gay and lesbian community served as one of the greatest barrier to HIV/AIDS healthcare for Latino residents. This binary elided the specific needs of the Latino community and assumed that outreach to African-Americans and Latinos could be undertaken in the same manner, effectively creating barriers to care by ignoring linguistic and cultural differences. To understand how the mainstream, white gay and lesbian community constructed race along a black and white linear line this chapter examines both *Washington Blade* articles and Whitman-Walker Clinic records. How did the community talk about, or fail to talk about, the Latino population? Both the *Blade* and

Whitman-Walker served as bastions that united the mainstream gay and lesbian community of D.C. and, as such, the *Blade* wrote extensively about the practices of the WWC. This chapter begins by temporally situating the HIV/AIDS health crisis and the struggle within the gay community to cope with an ever-increasing body count before transitioning to an analysis of how WWC and the *Blade* deployed racially exclusive discourse which manifested in exclusionary practices.

### **1.1 Washington, D.C.’s Initial Response to the AIDS Crisis**

As investigative journalist Randy Shilts illustrated in *And the Band Played On*, confusion permeated the early years of the epidemic as doctors, health clinics, and the gay and lesbian community scrambled to understand why a disproportionately young, homosexual male population wasted away and died of bizarre and seemingly drug-resistant diseases.<sup>55</sup> Initially, medical practitioners and researchers referred to AIDS as “Gay Related Immune Disorder,” which indicated a presumption that AIDS only affected the gay community, an assumption Latino activists would combat within their community well into the 1990s.<sup>56</sup> The *Washington Blade* during the early years of the HIV/AIDS crisis reflected that same confusion and panic. In July of 1983, one reporter explained that “AIDS patients are dying because their immune systems are *permanently* nonfunctional. It’s as simple and complicated as that. It’s simple because researchers know *what* is killing AIDS patients (the opportunistic diseases to which they are suddenly vulnerable because their immune systems can’t fight them off), but they don’t know *why*.”<sup>57</sup> Two years after the start of the epidemic, medical professionals remained just as unsure how to prevent the spread of HIV/AIDS and treat those living with AIDS.

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<sup>55</sup> Shilts, 133.

<sup>56</sup> Lune, Chapter 1.

<sup>57</sup> Margot Joan Fromer, “Research on AIDS: No Miracles Yet,” *Washington Blade* (Washington, D.C.), July 22, 1983.

Healthcare facilities felt the uncertainty of the disease just as poignantly as the larger gay and lesbian community. In mid-1983, the WWC released a handbook in an attempt to protect and guide those responding to and working with AIDS patients. It contained information on the stages of grief experienced by people living with AIDS, intake forms, support services guidelines and more. Revealing the perplexity felt by the gay and lesbian community, one section opened, “Many volunteers from the Fund have expressed understandable fears of contracting AIDS from their clients.”<sup>58</sup> While it became evident early on in the crisis that certain individuals were more prone to HIV/AIDS infection, doctors speculated that the frequent use of poppers within the gay community resulted in weakened immune systems and/or “gay cancer.”<sup>59</sup> No one could concretely identify the cause of or mode of transmission for AIDS, which forced health workers to take extreme precautions when in contact with HIV/AIDS patients. Identifying a correlation between the two, the WWC instructed staff and volunteers working with HIV/AIDS patients to follow the precautionary procedures established for intimate, professional contact with patients with Hepatitis B. They assured staff that neither Hepatitis B nor AIDS were spread through coughing, handshakes, airborne agents, and more, but that “In a carrier of Hepatitis B the virus is present in the blood, semen, urine, saliva, stool, and even tears” and, as such, WWC recommended that volunteers refrain even from using the same dishes as their clients without washing them thoroughly.<sup>60</sup> Guidelines advocated against “wet kisses” and using “the same toilet seat as your client.”<sup>61</sup> These extreme measures emphasized the uncertainty and fear of the early-mid 1980s.

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<sup>58</sup> *Medical guidelines for AIDS Education Fund Volunteers*, May 1983, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>59</sup> Shilts, *And the Band Played On*. A popper is the colloquial term used for alkyl nitrite, a drug popular amongst the gay-male community due to its ability to relax the muscles of the anus. Those considered high risk for contracting HIV/AIDS were called “4H,” homosexuals, Haitians, heroin users, and hemophiliacs.

<sup>60</sup> *Medical guidelines for AIDS Education Fund Volunteers*.

<sup>61</sup> *Ibid.*

The Food and Drug Administration (FDA) did not approve the first drug proven to inhibit the progression of HIV, azidothymidine (AZT), until 1987. This meant that medical professionals in the early 1980s could only treat the opportunistic diseases contracted by AIDS patients rather than the underlying cause of said complications.<sup>62</sup> However, even if doctors successfully fought one or two bouts of opportunistic infections, such as *Pneumocystis pneumonia*, many patients died from complications deriving from continued antibiotic use and perpetual illness, such as strained kidneys and weakened hearts. Because of the debilitating nature of the disease and the familial abandonment experienced by many HIV positive gay men, Whitman-Walker and similar clinics across the country offered supportive services that extended beyond medical treatment options. One common service called “Buddy Support” involved volunteers visiting patients at their homes and helping them with day to day tasks they could no longer perform due to AIDS related fatigue. Buddies cooked, cleaned, bought groceries, and provided transportation.<sup>63</sup> They also provided assistance connecting patients to legal counsel, therapy, religious/ spiritual guidance, and funerary planning.<sup>64</sup> Spanish-speaking AIDS patients often found it difficult to access adequate services through the buddy system since the Clinic recruited volunteers from primarily English-speaking communities.<sup>65</sup> The relationship Michael Rodriguez and Brad Veloz developed with Roberto best illustrates the isolating and exclusionary nature of English-only services and the need for Latino-specific healthcare.

## **1.2 Racial Exclusion During the Start of the Epidemic**

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<sup>62</sup> Shilts, 102.

<sup>63</sup> *AIDS Education Fund Services, Medical guidelines for AIDS Education Fund Volunteers*, May 1983, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>64</sup> *Ibid.*

<sup>65</sup> Interview with Brad Veloz and Michael Rodriguez, Rainbow History Project, 2003.

Mirroring the schematic nature in which scientists and medical providers discovered, obtained, and circulated information on HIV/AIDS, Whitman-Walker's AIDS programs and outreach efforts initially lacked any cohesive structure. The Clinic released the following statement in 1985: "AIDS projects developed one at a time as needs were identified. There has not been enough clarity in the relationship among the projects, nor are there clearly delineated lines of authority among staff people and/or volunteers associated with them."<sup>66</sup> The disjointed nature of Whitman-Walker during the early years of the epidemic was clearly exemplified not only in the lack of coordination among their programs but in their outreach efforts to racial minorities. In April of 1984, at a conference on lesbian and gay health in Georgia, WWC presented information on their Aids Education Fund program. The presentation detailed the history of the Fund, the purpose, model, and services it provided. Of note is the fact that, though the Fund started in February of 1983, the Clinic waited seven months until September of 1983 to conduct outreach efforts to the "black/third world community."<sup>67</sup> WWC's delayed response to the effects of the virus in minority communities indicated not only a priority to service white, gay males but an assumption that the gay community homogeneously experienced the impact of HIV/AIDS.

Evidence indicating an unofficial exclusion of Latinos from the Whitman-Walker Clinic can be found in their 1984 request for \$22,500 from the D.C. Commission of Public Health. To justify the need for additional AIDS funding, the Clinic detailed the rapid growth of AIDS cases in D.C. They earmarked "outreach to Black, Hispanic, and other racial minorities" as the first area dedicated for growth in 1985.<sup>68</sup> Though Whitman-Walker maintained that black, gay males

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<sup>66</sup> *Report to the Executive Committee AIDS Study Group*, October 17, 1985, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund II, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>67</sup> *Ibid.*

<sup>68</sup> *Proposal for Funding AIDS Services for Fiscal Year 1985*, September 5, 1984, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

constituted roughly 50% of AIDS cases in Washington, D.C. they acknowledged that their caseload contained only eight people of color, 7 African-Americans and 1 Latino, seemingly incongruous figures.<sup>69</sup> Despite their majority white AIDS patient base, the Clinic chose to validate the cultural competency of their outreach efforts to the Commission of Public Health by asserting they “consulted with the leaders of the affected communities.”<sup>70</sup> On the surface, including “Black, Hispanic, and other racial minorities” in the funding proposal indicated a willingness to engage with and listen to the needs of diverse, non-white communities as did reaching out to leaders within the minority communities. However, though they nominally targeted “Hispanics” when drafting their funding proposal, in reality the Clinic’s plan of action aggregated all non-white patients into one “minority” and treated them as indecipherable from one another. Because of this, they primarily advertised events and programs in majority black-populated spaces. For example, in February 1986 WWC hosted a “Minority Outreach AIDS Forum” called “Weekend of Caring.” The summary report kept by Jim Graham made clear that “minority” really meant African-American. WWC only provided African-American community publications with flyers and promotional materials. Gay and lesbian organizations targeted by WWC included “Black and White Men Together, Hughes-Roosevelt Democratic Club, and the D.C. Coalition of Black Gay Men and Women.”<sup>71</sup> The Clinic not only undertook outreach to minorities, including the ‘Hispanic’ community, in a way that most effectively reached African-American gays, but records indicated that the WWC only requested feedback on their 1984 funding proposal and outreach plan

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<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

<sup>71</sup> *Summary Report on The Minority Outreach AIDS Forum: “Weekend of Caring”*, February 15, 1986, Subseries III, Box IV, AIDS Risk Reduction 1986, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.



from black, gay leaders.<sup>72</sup> This exemplified the Clinic's assumption that all racial minorities faced the same barriers to HIV/AIDS care and universally felt the effects of the virus. One African-American community leader even responded to WWC's request for feedback with a subject line titled, "Proposal for Outreach to Blacks and Others on AIDS."<sup>73</sup> The "Others" were all those that failed to fit comfortably with D.C.'s black and white binary. The proposal made no mention of combatting linguistic barriers or attempting to reach undocumented immigrants too afraid of deportation to seek out healthcare.

The Clinic received numerous and varied responses on their 1984 funding proposal from the consulted leaders of the African-American gay community. Some individuals, like the WWC at large, focused exclusively on the issues of the Black community while others accentuated the need for increased input from the 'Hispanic' community and an awareness of cultural differences between minority populations. Lawrence Washington, the Vice President of the D.C. Coalition of Black Gay Men and Women, called for more "Black's, Hispanic's, and 3<sup>rd</sup> World person's in prominent outreach positions, i.e. in charge of volunteer recruitment."<sup>74</sup> For Washington, the Whitman-Walker Clinic's proposal failed adequately to promote the voices of all racial minorities and to devise distinct strategies of outreach and inclusion that would effectively reach their individual communities. In his opinion, volunteers and leaders of all minorities were needed to successfully reach their communities. He also recommended partnering with foundations that

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<sup>72</sup> *Review of Whitman-Walker Clinic-AIDS Education Fund Proposal for Outreach to Blacks, Hispanics and other Racial Minorities*, August 28, 1984, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>73</sup> Letter from Mel Boozer to David Naylor in Response to *Review of Whitman-Walker Clinic-AIDS Education Fund Proposal for Outreach to Blacks, Hispanics and other Racial Minorities*, August 31, 1984, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>74</sup> Notes from Lawrence in response to *Review of Whitman-Walker Clinic-AIDS Education Fund Proposal for Outreach to Blacks, Hispanics and other Racial Minorities*, Undated, 1984, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

“serve the interests of the Black’s and Hispanic’s (*sic*)” demonstrating an intersectional approach to HIV/AIDS outreach.<sup>75</sup> Jim Mercer, a well-known gay, African-American attorney in the D.C. metropolitan area who later served as the associate director of the D.C. Office of Human Rights, suggested offering testing sites within both black and Hispanic communities.<sup>76</sup> Such a suggestion articulated a concrete understanding that these two communities did not always live, work, or socialize in the same spaces and faced unique challenges traveling to clinics.

In spite of recommendations from black gay activists to address African-American and Latino health needs with more specificity, the Clinic submitted a proposal to the Commission of Public Health that varied little from the one they circulated amongst the gay, black community leaders. They did not take Mercer or Washington’s recommendations into account. The ramifications of failing to reach the Latino population of D.C. would become more evident in following years as high HIV infection rates plagued the rapidly growing Latino community.

WWC’s publicity efforts within the African-American community proved to be relatively effective, undoubtedly due to their contact with black, gay leaders and that community’s already well-established networks for care. The first week of April 1986, of the 100 patients seen by WWC’s STD control program 63 of them identified as black, but only one as Hispanic.<sup>77</sup> Though the Clinic more successfully reached the African-American community, leaders continued to denounce their limited efforts. In many instances, the African-American gay community’s demand for equal access to healthcare was portrayed as divisive. For example, Chi Hughes, the director of WWC’s AIDS Education and Minority Outreach program resigned from the position in 1986 as a

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<sup>75</sup> Ibid.

<sup>76</sup> Jim Mercer to in response to *Review of Whitman-Walker Clinic-AIDS Education Fund Proposal for Outreach to Blacks, Hispanics and other Racial Minorities*, September 4, 1984, Subseries III, Box I, Whitman-Walker Clinic: AIDS education fund III, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>77</sup> *GMVDC Week 86-14 for period April 1,3,5, 1986*, April 1986, Subseries III, Box IV, AIDS Risk Reduction 1986, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

result of increased tension between white and black gay and lesbian interests. She stated that, “The negative energy doesn’t make you feel good about what you’re doing.”<sup>78</sup> Hughes only held the position for nine months before abdicating due to stress. Rick Harding’s article in the *Blade* emphasized the need for black gays to cooperate with the Clinic. This discourse continued to exclude Latinos both from healthcare facilities and mainstream conversations on HIV/AIDS and pitted the black community against the much more resource rich Whitman-Walker Clinic.

### **1.3 “It was all just about African-Americans back then”<sup>79</sup>**

When asked if he recalled any news coverage of either Latino or Asian homosexuals in the *Blade*, Nicolas Shi, an El Salvadoran immigrant of Asian descent, responded saying perhaps he had seen one or two articles on Latino gay and lesbians, but could not recall an instance where they mentioned Asians. Thirty years later, the dearth of non-black racial minorities represented within the *Blade* remained imprinted in Shi’s memory. In contrast, he recalled that issues pertaining to the African-American gay community received substantial coverage. This recollection did not blame the African-American community for any coverage they rightfully received in the *Blade*, but rather underscored the entrenchment of racially exclusive language that hindered outreach to both Latinos and Asians. As Genny Beemyn aptly articulated, “Studies involving white people too often normalize whiteness and ignore the significant role of race in their lives.”<sup>80</sup>

*The Washington Blade* normalized whiteness in quotidian ways and news articles only mentioned whiteness in contrast to blackness. For example, article titles such as “Black Gays Meet with Fauntroy to Discuss Role in his Campaign” and “Black Gays Voice Anger, Frustration over

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<sup>78</sup> Rick Harding, “Clinic Minority Outreach Director Hughes Resigns,” *Washington Blade* (Washington, D.C.), April 25, 1986.

<sup>79</sup> Nicolas Shi, interview by author, Washington, D.C., November 5, 2018.

<sup>80</sup> Genny Beemyn, *A Queer Capital*, 3.

AIDS Budget” demonstrated to the community that ‘gay’ on its own really meant ‘white.’<sup>81</sup> The gay and lesbian community assumed a person’s race to be white unless otherwise specified. In contrast, typical titles such as “Gays Angered over Sodomy ‘Saga’” indicated a universal gay identity that failed to account for intersecting identities.<sup>82</sup> While conducting research, I did not find any articles that mentioned ‘white gays.’ The underlying assumption that Latinos fell somewhere between blackness and whiteness can clearly be seen in the conflation of racial minority communities and normalized the contrast of whiteness to blackness.

An example of this constructed binary within the gay and lesbian D.C. community appeared, for instance in the February 28<sup>th</sup>, 1986 issue of the *Blade*. A front-page story asserted that African-Americans comprised roughly half of the Washington, D.C. AIDS cases but only, at most, thirty percent of the AIDS program caseload at the Whitman-Walker Clinic. The author used interviews with African-American gay leaders and staff members of the WWC to highlight the disparity of care between the black and white communities. The *Blade* argued that the structure of the black gay community differed greatly from that of the white gay community due to familial obligations leading to an increased “closetedness,” a contributing factor that stopped gay men from seeking out HIV care.<sup>83</sup> Black leaders in turn countered that Clinic programs failed to reach their community with safe-sex education, HIV testing, and treatment options due to a combined lack of commitment and understanding of effective outreach to non-white individuals. Clinic officials retorted that African-Americans refused to partner with them in order to reach their own community, transferring blame from themselves. This piece placed the two communities in

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<sup>81</sup> Lou Chibbaro Jr., “Black Gays Meet with Fauntroy to Discuss Role in his Campaign,” *Washington Blade* (Washington, D.C.), April 6, 1990.

<sup>82</sup> Lou Chibbaro Jr., “Gay’s Angered over Sodomy ‘Saga,’” *Washington Blade* (Washington, D.C.), February 7, 1992. And Lou Chibbaro Jr., “Black Gay Voice Anger, Frustration over AIDS Budget,” *Washington Blade* (Washington, D.C.), June 8, 1990.

<sup>83</sup> Rick Harding, “Clinic isn’t reaching black gays with AIDS: Black Gay leaders search for a way to help the ailing,” *Washington Blade* (Washington, D.C.), February 28, 1986.

opposition to one another in the struggle to fight increasing HIV/AIDS transmission rates, rather than situating them as potential allies. The author of this piece not only structured the report in a way that placed white and black homosexuals in opposition to one another, but went so far as to ask “Why does a racial dichotomy exist over AIDS support in Washington?”<sup>84</sup> As evidenced by the use of the word “dichotomy,” the existence of Latinos with HIV/AIDS, or even of gay Latinos who might be at risk of contracting HIV/AIDS, remained un-acknowledged in 1986.

Another example that firmly entrenched and demonstrated a racially binary discourse within the gay and lesbian D.C. community appeared two years later on the front-page of the September 2<sup>nd</sup>, 1988 issue. The D.C. Public Health Commissioner, Reed Tuckson, invited leaders of the black gay community to his office asking for suggestions to help curb the increasing HIV/AIDS rates within the African-American community. Attendees articulated similar concerns to those voiced by black, gay leaders in the aforementioned article from 1986. Black, gay leaders continued to struggle against a “homophobic attitude within a black Baptist town” and to highlight the established familial networks in which black, gay men, unlike the white-gay community comprising mostly regional transplants, remained rooted.<sup>85</sup> The nearly two-page article contrasted the white and black gay communities against one another, going so far as to quote a *Washington Post* article that quoted Whitman-Walker’s deputy administrator as saying the black, gay community should “either shut up or join what’s existing.”<sup>86</sup> The corresponding *Washington Post* article also focused on the black, gay community, but did mention the fact that “Hispanics”

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<sup>84</sup> Ibid.

<sup>85</sup> Lisa M. Keen, “Tuckson to carry the ball in getting AIDS info to blacks,” *Washington Blade* (Washington, D.C.), September 2, 1988.

<sup>86</sup> Ibid.

comprised fifteen percent of the national AIDS cases reported to the Center for Disease Control (CDC), even though they made up only six percent of the total population.<sup>87</sup>

Though the *Blade* reiterated Whitman-Walker's attempts to hire more African-American staff many times, black community leaders repeatedly asserted their efforts to do so fell short. In fact, as far back as fall 1984, Lawrence Washington, wrote to the *Blade* in response to a previously published article that detailed the hiring process of a new program manager for the AIDS Education Fund at WWC. Washington took issue with replacing a perfectly qualified staff member, who effectively created and defined the job requirements for himself at the beginning of the epidemic. In addition, Washington reprimanded the Clinic for not actively encouraging African-Americans to apply. Clearly the tension between the white and black gay communities dissipated very little from 1984 to 1986. Washington, however, drew attention to the lack of "Hispanic" representation at the Clinic and suggested that WWC decided not to interview one qualified candidate due to his "Hispanic surname."<sup>88</sup> Unsurprisingly, Whitman-Walker's current president, Dusty Cunningham, publicly denied Washington's assertion that the hiring process was biased and non-inclusive.<sup>89</sup> However, Washington's observations pointed to yet another issue within the Clinic. Not only did WWC demonstrate a general disinterest in outreach to racial minorities, but they chose to promote and employ an unequal number of white individuals given the racial breakdown of Washington, D.C. in the 1980s.

#### **1.4 Whitman-Walker CDC Grant**

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<sup>87</sup> Sandra G. Boodman, "AIDS Spreading Faster Among D.C. Blacks; Officials Fear Education Efforts Failing," *Washington Post* (Washington, D.C.), August 8, 1988.

<sup>88</sup> Lawrence Washington, "Is there fairness?" *Washington Blade* (Washington, D.C.), October 5, 1984. Digital Collection.

<sup>89</sup> Dusty Cunningham, "Dusty Cunningham, president of Whitman-Walker Clinic responds," *Washington Blade* (Washington, D.C.), October 5, 1984. Digital Collection.

In January 1990, the *Blade* announced that Whitman-Walker won a major grant for AIDS education to the black and Latino communities.<sup>90</sup> The Center for Disease Control (CDC) awarded WWC one of 63 contracts designed to improve “AIDS prevention education in racial minority communities.”<sup>91</sup> The author’s detailed description of the black and Latino individuals at risk for HIV/AIDS focused on drug users, prostitutes, and gay and bisexual men who cruised for sex in illicit, public places. WWC’s proposed program to target at-risk African-Americans and Latinos focused entirely on these illicit activities in which they supposedly engaged. Non-white cruising, for Whitman-Walker and the *Blade*, carried a negative connotation and potential threat. In contrast, the *Blade* ran a myriad of articles about the fight to decriminalize sodomy and cruising which normalized the sexual practices of exclusively white gay-males. The WWC’s proposed program intended to reach the black and Latino population through perceived degenerate locations, the court system and street cruising. The demonstrated racialization of black and Latino gay and bisexual men took for granted that they primarily engaged in risky, criminal behavior. The *Blade*’s report and the Whitman-Walker Clinic’s focus on illicit activities passed judgement on the sexual and recreational practices of African-American and Latino men by drawing a correlation between their behavior and a perceived, and assumed, criminality.

The article stated that “Persons arrested or convicted for sex or drug-related offenses will, in some cases, be allowed to attend AIDS prevention seminars in lieu of incarceration or as a condition of their probation.”<sup>92</sup> This quotation indicated a potential partnership with law enforcement in order to target black and Latino gay and bisexual males. At a time when police

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<sup>90</sup> Lisa M. Keen, “Clinic wins \$600,000 for AIDS education to black, Latino sexual minorities,” *Washington Blade* (Washington, D.C.), January 12, 1990. Microfilm, Special Collections Division, District of Columbia Public Library.

<sup>91</sup> *Ibid.*

<sup>92</sup> *Ibid.*

violence against gay men remained prevalent, this directive contained the potential to place non-white gay and bisexual men in increased danger, rather than keeping them safe from contracting HIV/AIDS. Furthermore, the *Blade* and WWC depicted black and Latino males as participants in the same type of clandestine behavior, making no reference to how their communities, sexual practices, and health needs potentially diverged from one another.<sup>93</sup> Apart from the problematic conflation of black and Latino men and the association of both with criminality and risky sexual behavior, the author also asserted that by this time in 1990, over fifty percent of the WWC's AIDS patients were black or Latino. The increased number of minority patients reflected the rapid spread of HIV/AIDS within black and Latino communities. While more black and Latino patients sought out care at WWC by 1990, preventative outreach continued to negatively stereotype racial minorities and misunderstand or misrepresent their communities.

One of Whitman-Walker's strategies to reach racial minorities involved producing "wallet-sized information cards" to distribute at cruising sites. This idea succinctly demonstrated how the gay and lesbian community remained unaware of potential cultural differences between African-Americans and Latinos and how to best distribute HIV/AIDS preventative and educational materials accordingly. Neither the *Blade* nor the WWC referenced any potential linguistic barriers that the Latino community might encounter when interacting with Whitman-Walker staff, educational and preventative materials, or attending English-based workshops. The failure of the WWC and the *Blade* to mention printing cards in Spanish normalized English much in the same way as whiteness. Furthermore, the emphasis on reaching convicts no doubt reduced the target Latino population since arrested undocumented immigrants faced consequences beyond the scope of reduced probationary time or community service for attending risk-reduction classes. While

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<sup>93</sup> Ibid.



documented immigrants and U.S. born citizens comprised a large portion of the Latino community of D.C. in the 1980s and 1990s, so too did those without papers. As this research will address later, citizenship status played a determining factor for many in the decision to seek HIV/AIDS testing, treatment, and preventative education.

### **1.5 Blade Coverage**

The normalization of whiteness pervaded other articles within the *Blade*, despite a slight increase in coverage of Latino activism and bilingual organizations after their formation in 1987. This white normativity continued to obscure Latino specific forms of knowledge and universalized the needs of white, gay men with AIDS. The *Blade* chose to print an article on December 14, 1990 by New York columnist and minister James Roche entitled “Gays held hostage to the ‘isms.’” In this piece, Roche railed against intersectional activism that he felt detracted from gay men’s ability to focus on themselves. Though he never specified that the gay men in question were, or should have been, white, the resistance Roche displayed towards including “sexism, racism, ableism, ageism, sizeism, or some other ‘ism’” in activist platforms indicated that the default race of gay men, for Roche, was Caucasian.<sup>94</sup> As Roche stated, “Homophobia is being unable to have an organization that deals exclusively with the special social needs of only Gay men with AIDS.”<sup>95</sup> Not only did Roche obscure the existence of lesbians living with AIDS, but he assumed that communities of color experienced HIV/AIDS in identical ways to the white, gay community.

While Roche lived in Brooklyn, NY and was not a direct member of the D.C. gay and lesbian community, the *Blade* chose to print his article indicating that white normativity pervaded the social consciousness of at least a segment of D.C. gays and lesbians. Indeed, six months earlier in June 1990, attorney Ronald Davis accused Whitman-Walker of having “lost” its mission. Davis

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<sup>94</sup> Jeff Roche “Isms,” *Washington Blade* (Washington, D.C.), December 14, 1990.

<sup>95</sup> *Ibid.*

resented the Clinic for its attempts to offer comprehensive HIV/AIDS care to a more diverse community and believed they should only provide services to gay men. Again, though Davis never specified that the Clinic should only serve white people and chose to focus on heterosexuals as WWC's problem, he under understood the "issues" of the Clinic to stem from their acceptance of city funds that sponsored HIV/AIDS education and treatment. He believed these funds diverted attention away from specifically gay-male experiences.<sup>96</sup>

Both Davis and Roche understood homosexuality and, conversely, homophobia, in strictly universal terms. They saw homosexuality as homogenous, rather than multifaceted. To them, homosexuality stood on its own as a marginalized category where race didn't impact access to health care. This furthered the erasure of gays and lesbians of color by ignoring the many ways gay and lesbian African-Americans, Asians, and Latinos experienced marginalization. Unsurprisingly, the response printed in the *Blade* contradicting Roche's argument was written by a Jewish lesbian and not a white, gay man. She bluntly stated that "only a white man could have the arrogance to assert that oppression can be so neatly partitioned; for the rest of us (which means most of us), statements such as "No, don't bring up racism now, that will have to wait until another meeting, right now we're talking about *Gay* issues" are absurd because they erase and devalue our experiences as people who are *both* Gay and Jewish, or African-American."<sup>97</sup> Even Karen Endor, the author, did not broach the intersecting nature of race and healthcare, but did encourage readers to consider the discrimination faced within the gay and lesbian community by racial minorities and differently abled individuals.

## **Conclusion**

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<sup>96</sup> Ronald Davis, "Whitman-Walker's Lost Mission," *Washington Blade* (Washington, D.C.), June 15 1990.

<sup>97</sup> Karen Endor, "Importance of 'isms,'" *Washington Blade* (Washington, D.C.), January 4, 1991.

This chapter argued that Washington, D.C.'s gay and lesbian community constructed race along a black/white binary that excluded Latinos from much needed HIV/AIDS services during the AIDS epidemic of the 1980s and 1990s. Through a reading of selected articles in *The Washington Blade*, this section demonstrated the exclusive racial discourse and outright exclusion against which Latino activists had to fight in order to provide services to their community. Using the Whitman-Walker Clinic as a case study, this chapter showed how Latino specific health needs remained unacknowledged throughout the 1980s.

Finding the voices of Latino HIV/AIDS activists during the 1980s and 1990s within these institutions proved to be a significant challenge. Many Whitman-Walker documents referenced individuals without any explanation of their roles or affiliation with the Clinic. The next chapter, therefore, will draw from the oral interviews and additional archival research I conducted in the fall of 2018 in order to more concretely correlate activists' actions with changing racial discourse in Washington, D.C. To better understand Whitman-Walker Clinic's place in the community, I situate its actions next to the efforts of Latino run organizations and health clinics that started in 1987. Furthermore, I address the specific barriers to care faced by Latino residents more thoroughly and demonstrate the ways in which they combatted discrimination.

## Chapter 2

### Against Exclusion: Latino AIDS Activists Challenge the Racial Hierarchy

#### 2.1 Intro

The AIDS epidemic began what scholars have framed as a renegotiation of power within the public health arena between scientists, health practitioners, activists, and people with AIDS.<sup>98</sup> While scientists and medical providers continued to produce and circulate knowledge of the disease, those who cared for infected partners, friends, and family members also contributed to the creation of knowledge on AIDS by observing, documenting, and reporting how the disease progressed. Active care-givers, people with AIDS, and members of high risk groups known as the 4-H (homosexuals, hemophiliacs, Haitians, and intravenous drug users (heroin)) engaged in activism that forced researchers and providers to accept their knowledge base as legitimate and earned small victories during an otherwise bleak period of activism. In addition, the types of knowledge accepted as legitimate source bases changed. Knowledge of behaviors, sexual practices, and risk factors were seen as integral to preventing and treating AIDS. The initial uncertainty scientists experienced regarding what exactly caused the opportunistic infections and, later, suppressed T4-cell counts, meant that the general public questioned the validity of and extent to which science possessed the potential to stop the growing epidemic.<sup>99</sup> Behavioral and communal forms of knowledge became validated source bases from which researchers and medical practitioners drew.

This legitimization of layman's knowledge is visible through the process by which private and public actors developed and marketed azidothymidine (AZT), the first drug that notably slowed

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<sup>98</sup> Epstein, Howe, and Chambré.

<sup>99</sup> Laurie Garrett, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance*, (New York: Farrar, Straus, and Giroux Press, 1994).

the progression of HIV to AIDS. PWAs and other activists directly impacted both the public and private sectors and demanded policy revisions to speed along drug trials. Though the Food and Drug Administration (FDA) initially required companies testing and developing HIV/AIDS drugs to follow the previously established standard protocols, which involved extensive drug trials and waiting periods, activists argued for policy change to speed up the process. As the body count continued to climb throughout the mid-late 1980s and it became apparent that AZT might effectively reduce the progression of HIV, activists pressured the government to relax the stringent testing regulations. They argued that the high death-rate of people living with HIV/AIDS nullified the risks associated with using an untested drug and that equipping people with potentially lifesaving medicines was more important.<sup>100</sup> Furthermore, they pointed out that AZT had been developed roughly twenty years ago in the 1960s and fully tested as a failed cancer drug. It was known to be safe, the only uncertainty was whether or not it would actually hinder the progression of HIV to AIDS.

Their demonstrations proved effective and the FDA allowed AZT to hit the market at a record speed. However, PWAs and those that cared for them encountered additional roadblocks to getting drugs into bodies.<sup>101</sup> Burroughs Wellcome, the pharmaceutical company that patented AZT, set the price astronomically high—ten thousand dollars for one year's supply.<sup>102</sup> At a time when most PWAs could not work due to AIDS related fatigue and before the Ryan White Care Act of 1990<sup>103</sup>, the cost acted as another barrier to care. The AIDS Coalition to Unleash Power (ACT-UP), which formed in New York in March 1987 and spawned chapters nationwide, staged its initial protest in

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<sup>100</sup> Smith and Siplon, *Drugs into Bodies*.

<sup>101</sup> Smith and Siplon.

<sup>102</sup> Patricia D. Siplon, *AIDS and the Policy Struggle in the United States*, (Washington, D.C.: Georgetown University Press, 2002), 19.

<sup>103</sup> The Ryan White Comprehensive AIDS Resources Emergency Act started in August of 1990. A federally funded program, Ryan White allots grants to state governments for them to disperse to local organizations. This act drastically increased federal AIDS funding in 1990.

the streets of New York City demanding that the government intervene on behalf of PWAs to lower AZT prices. Through a combination of stopping traffic and impacting business, as well as their understanding of what PWAs could, realistically, afford, ACT-UP in conjunction with other activist organizations succeeded in getting the price of AZT lowered.

These instances of renegotiated power and the legitimization of layman's knowledge demonstrated a groundbreaking shift within the field of public health. As scholars have asserted, the AIDS epidemic came at a time when both scientists and the general public believed that science had solved the majority of health issues. Scientists' inability to solve the AIDS crisis shocked the world and broke many people's faith in both science and medicine.<sup>104</sup> Activists and PWAs shared what they knew about the virus and the social and behavioral factors that helped it spread. The intertwined nature of activists, PWAs, medical providers, and scientific researchers, along with their mutual construction of knowledge and information throughout the AIDS crisis has already been documented by scholars. I argue, however, that the groundbreaking opening of communication channels between researchers and laypeople during the AIDS crisis normalized whiteness by legitimizing only white experiences and white needs. In this manner, the segregated hierarchy of knowledge remained relatively unchallenged by 'mainstream' activist organizations. The presentation of PWA needs to researchers and medical professionals reified white community knowledge and solidified whiteness as "normal." Cultural differences that influenced high/low risk habits that deviated from standard white experiences did not receive the same treatment.

After our formal interview concluded, activist Letitia Gomez intimated to me that Jim Graham, Executive Director of WWC, took her out to coffee during the late 1980s or early 1990s to 'pick her brain' for advice on how to better reach Latinos. By this point in the AIDS epidemic, Enlace,

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<sup>104</sup> Laurie Garrett, *The Coming Plague*.

Salud, and other Latino run organizations had become competitive with WWC for grant money earmarked for minority outreach.<sup>105</sup> This chapter demonstrates that external pressures and competition for resources forced the WWC to restructure their HIV/AIDS outreach to Latinos and incorporate a more comprehensive and culturally sensitive approach to Latino care. It also investigates how Latino activists countered the de-legitimization of the community knowledge they brought to clinics and organizations and chipped away at the racial binary already explored in the first chapter. How did Latino activists counteract the normalization of whiteness within HIV/AIDS activism? What forms of knowledge did they bring to the table about their community? How did Latino barriers to HIV/AIDS care differ from the ‘mainstream’ gay and lesbian community? What happened when the knowledge held by communities of color, in this case primarily the Latino community, was systematically discredited or overlooked?

## **2.2 Salud, Inc.**

Salud, Inc. began in 1987, six years after the start of the epidemic, as the first clinic in D.C. dedicated to offering bilingual HIV/AIDS care specifically for the Latino community.<sup>106</sup> Located in Ward 1, Salud fostered a welcoming environment for the Latino community, heterosexuals as well as homosexuals. Despite the fact that the English-only paper largely targeted the white, gay community, Salud even published advertisements for their services within the *Washington Blade*. Perhaps staff members hoped English speakers or bilingual individuals would share information with Spanish speakers, or perhaps they hoped Spanish speakers grabbed free copies of the *Blade* to peruse the handful of personal Ads in Spanish.

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<sup>105</sup> Conversation by author with Letitia Gomez

<sup>106</sup>Letitia Gomez, interview with author, and José Gutiérrez, interview with author, Washington, D.C., January 7 2019. CARECEN is now the Central American Resource Center.

In September of 1988, the *Blade* announced that the District’s Office of Latino Affairs (OLA) received federal grant money to distribute to organizations combating HIV/AIDS within the “Hispanic” community.<sup>107</sup> The OLA administered \$50,000 to Salud for preventative educational AIDS materials. “The grant calls for Salud staffers to make presentations at apartment buildings with large Latino populations, night schools, and individual homes.”<sup>108</sup> The article mentioned that they also received \$10,000 to staff a bilingual AIDS hotline. Salud was one of only three organizations awarded money from OLA and competed with ten other institutions for the funds. The reporter, Mark Sullivan, mentioned that in order to compete for the \$80,000 available through OLA, each community based organization had to submit a plan of action that detailed “creative” ways to educate the Latino community.<sup>109</sup> That Salud won 60 of the 80 thousand available undoubtedly meant their proposal encompassed the “creative” spirit the award committee sought to foster. In this manner, Salud’s intended use of homes, apartments, and night schools as locations for educational presentations demonstrated a unique understanding of what barriers the Latino community might have obtaining such resources. Rather than holding events at locations that may have been impossible for people to attend when working long hours, or due to fear of deportation, Salud proposed traveling to the at-risk communities.<sup>110</sup>

Evidence of their success appeared in a June 1<sup>st</sup> issue of the *Blade*. A regular section in the *Blade* called “Out in Numbers” featured Salud and its accomplishments. The author, Naina Ayya, claimed that Salud conducted “street outreach at popular bars on Gay nights, alongside *tertulias* or “home parties” to which Gay and bisexual men are invited.”<sup>111</sup> The *Blade* consistently printed

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<sup>107</sup>Mark Sullivan, “D.C. Office of Latino Affairs Announces AIDS Grants,” *Washington Blade* (Washington, D.C.), September 30, 1988.

<sup>108</sup>Ibid.

<sup>109</sup>Ibid.

<sup>110</sup> Letitia Gomez, interview with author— she mentioned the difficulty for lower-income people working multiple jobs to attend HIV/AIDS preventative talks or clinic events.

<sup>111</sup> Naina Ayya, “Out in Numbers,” *Washington Blade* (Washington, D.C.), June 1, 1990.



only a handful of short, succinct articles on the Latino gay and lesbian community throughout the 1980s and 1990s, with a slight increase in representation appearing in the late 1980s once Latino organizations like Salud formed. However, this article, which contained the voices of Salud's staff, notably differed from the article mentioned in chapter one from January 1990 that focused on Whitman-Walker's efforts to target the black and Latino population, demonstrating a difference between how Salud articulated the needs of the gay and lesbian Latino community and how Whitman-Walker chose to represent them.<sup>112</sup> Though short, this article illustrated the ability of Latino activists to understand where their community members would be most susceptible to outreach efforts. Ayya also paraphrased the clinic administrator, José Perez saying that even "if the openly Gay attitude of several Salud staff members makes some clients squirm, it provides a welcoming atmosphere for Gay men and Lesbians."<sup>113</sup> Salud went out of its way to include gays and lesbians as staff and volunteers in order to target those within the Latino community at high-risk for HIV/AIDS infection. A case manager named Henry Adams-Buxo was quoted admitting that case management at Salud had to be undertaken differently than in most places due to the large population of undocumented immigrants. It could be difficult to maintain "confidentiality for HIV-infected people who are undocumented" and Salud often had to figure out creative solutions to care for their clientele. As Letitia Gomez stated, "and if they were undocumented they had no healthcare so Salud would try and link them to physicians."<sup>114</sup> Only a handful of providers in the D.C. area were comfortable working with HIV positive people due to the stigma of the disease and the uncertainty of how it spread. Additionally, among the limited number of doctors working with PWAs, fewer still were willing to treat undocumented immigrants. These issues

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<sup>112</sup> Lisa M. Keen, "Clinic wins \$600,000 for AIDS education to black, Latino sexual minorities," *Washington Blade* (Washington, D.C.), January 12, 1990.

<sup>113</sup> Naina Ayya, "Out in Numbers," *Washington Blade* (Washington, D.C.), June 1, 1990.

<sup>114</sup> Letitia Gomez, interview with author.

represented a cultural and social knowledge that mainstream clinics, like Whitman-Walker, failed to consider.

A unique tactic Salud used to reach their community members with HIV/AIDS materials was to repurpose an old-school bus as an “AIDS prevention mobile unit.”<sup>115</sup> Salud staffed the bus with bilingual volunteers that could reach Spanish speaking visitors. The bus carried volunteers, educational pamphlets, VCR, and television to “malls, health fairs, festivals, and worksites in the D.C. area.”<sup>116</sup> Sometimes, doctors and nurses even rode along. The volunteers played AIDS prevention videos on the television set and handed out condoms to interested parties. The article claimed that the mobile unit helped roughly ten people a day. That Salud chose to visit worksites demonstrated their understanding of the economic problems faced by the Latino community. Many undocumented, and even documented, Latinos faced indigence that barred access to HIV/AIDS healthcare.

Salud’s commitment to undocumented immigrants was evident early on in their tenure as the only bilingual AIDS clinic in D.C. After a fundraiser that netted over \$1,000 to help Salud continue to provide educational outreach within the Latino community, Alex Compagnet, the executive director, was quoted in the *Blade* saying they offered “support groups, a speaker’s bureau, a hotline, educational materials, and other assistance to Latino and Hispanic people with AIDS, some of whom cannot ask the government for help because they are undocumented.”<sup>117</sup> Compagnet understood how immigration status impacted one’s ability to access medical care and preventative materials. The same article mentioned how Dolores Gracia, the project coordinator

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<sup>115</sup> Yvette Gibson, “AIDS Prevention Mobile Unit,” *Washington Blade* (Washington, D.C.), August 24 1990.

<sup>116</sup> *Ibid.*

<sup>117</sup> Doug Hinckle, “Fundraiser Helps Latino AIDS Office,” *Washington Blade* (Washington, D.C.), August 19, 1988.

of Salud, donated her inheritance to launch an international AIDS hotline.<sup>118</sup> The advertisement run by the *Blade* listed two numbers, one for inside D.C. and one for outside. The long-distance and international number was 1-800-322-SIDA, SIDA being the translation for AIDS in Spanish.<sup>119</sup> This demonstrated a commitment to stopping the spread of HIV/AIDS among Latinos, regardless of their country of origin, immigration status, or even location.

One of the longest articles covering Salud that appeared in the *Washington Blade* reported on a pageant they held to raise money for one of Salud's projects, the Julio Santos Project. According to the author, Hector Jimenez, Julio Santos was a person with AIDS that helped found Salud in 1987. The Santos Project provided "emergency funds for rent, clothes, food, and medicines" to Latinos living with AIDS.<sup>120</sup> Jimenez made a point to include the fact that it also assisted survivors left behind in the wake of a loved one's passing, indicating a comprehensive approach to caring for the broader community. Though Jimenez painted the pageant, or the "Miss Gay Hispanidad contest" as a glamorous evening replete with a costume and evening gown competitions and a talent show where individuals danced flamenco and salsa, the evening also incorporated an educational component. The pageant finalists were asked questions about safe-sex practices and their importance. This event again demonstrated the tactics Latino activists deployed in order to reach their community, typically mixing culturally specific elements, such as Latino music and dances, and education. Jimenez even mentioned the fact that the crowd of over three hundred attendees, most likely a mix of both heterosexual and homosexual Latinos, African-Americans, and Caucasians, listened attentively as finalists broached topics such as homophobia and AIDS.

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<sup>118</sup> Ibid, Doug Hinckle thought Gracia's name was printed as Garcia, a subsequent issue noted that Garcia was a misprint.

<sup>119</sup> "Latino AIDS Helpline," *Washington Blade* (Washington, D.C.), March 17, 1989.

<sup>120</sup> Hector Jimenez, "Salud Holds a Pageant with a Purpose," *Washington Blade* (Washington, D.C.), November 2, 1990.

Such intersectional activism sought to link multiple communities, white, Latino, gay, and straight, together in the fight against AIDS. That Frank Yurrita, an activist from Whitman-Walker whose efforts will be discussed later, sat on the judges' panel for the pageant emphasized the interconnected nature of Latino AIDS activists' efforts and the coalition building and resource sharing practices in which they engaged.<sup>121</sup>

Latinos encountered many barriers when attempting to access culturally sensitive healthcare during the AIDS epidemic. Resources like those offered at Salud helped combat the normalized white tactics found within mainstream institutions. Salud attempted to offset the unintentional exclusion Latinos faced from monolingual advertisements and health clinics. For example, the *Washington Blade* published multiple notifications over the years seeking drug trial applicants at numerous clinics, including Johns Hopkins in Baltimore. One request, from September of 1990, took an entire page and listed drug trials recruiting participants at Georgetown University, George Washington University, Johns Hopkins, and Whitman-Walker, among others.<sup>122</sup> Each study listed the stringent requirements applicants had to meet in order to qualify for the drug trials. These trials were listed exclusively in English, since the *Blade* published only English language articles, and would have been difficult for non-citizens to access. Issues of documentation status and monolingualism kept Latino immigrants from accessing these cutting-edge medical treatments. When interviewed, a former Salud employee mentioned that even in the early 1990s, even after AZT became available, it was still difficult for many Latinos to access well known medications. They did not qualify for Medicaid and could not afford the medication “cocktails.”<sup>123</sup> Services

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<sup>121</sup> Ibid.

<sup>122</sup> Nick Bartolomeo, “Volunteers Sought for D.C. Area AIDS Drug Studies,” *Washington Blade* (Washington, D.C.), September 28, 1990.

<sup>123</sup> José Gutiérrez, interview with author, Washington, D.C., January 2019. Cocktails refers to the combinations of antiretroviral medications available to maintain healthy T4 cell levels.

offered by Salud, as well as their efforts to find physicians with the willingness and the resources to find treatment options for undocumented immigrants, demonstrated their commitment to finding alternative forms of care than those more widely available to the non-Latino HIV positive community. The next section of this chapter turns to the political component of Salud, an activist organization started to support Salud in its attempt to perform HIV/AIDS outreach to gay and lesbian Latinos.

### **2.3 Enlace**

Enlace, which means “link” in Spanish, began as a connection between the heterosexual and homosexual Latino communities. Letitia Gomez, who joined Enlace not long after its inception in 1987, recalled that Alex Compagnet, the director of Salud, reached out to gay and lesbian Latinos to form a group that would bridge the two communities and assist Salud in providing HIV/AIDS preventative education. Gomez remembered, “Alex thought that in order to reach the gay community he needed a gay arm so to speak. So that’s how Enlace got started. So, it was to help Salud initially but very quickly morphed into this organization that was really all about the gays and ultimately LGBT.”<sup>124</sup> While Gomez articulated the trajectory of Enlace as moving away from Salud and HIV/AIDS education to becoming a more specifically gay and lesbian organization, *Noticias de Enlace* (Enlace’s newsletters) demonstrated that the organization remained committed to fighting HIV/AIDS within the Latino gay and lesbian community throughout its tenure in D.C.

Enlace emphasized community building and outreach to Latino gay and lesbians within Washington’s metropolitan region. They attempted to educate the mainstream gay and lesbian community on Latino specific issues, as well as combating homophobia within the Latino community.<sup>125</sup> To counter the monolingual exclusion within the Whitman-Walker Clinic,

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<sup>124</sup> Letitia Gomez, interview by author, Washington, D.C., October 1, 2018.

<sup>125</sup> Ibid.

members of Enlace partnered with WWC to start HOLA-Gay in the summer of 1990.<sup>126</sup> HOLA-Gay, a Spanish-language spinoff of the Whitman-Walker Clinic's Gay and Lesbian Hotline, served as a resource for Spanish-speaking Latinos in the Washington, D.C. area. HOLA-Gay offered advice, referrals, and support for a variety of gay and lesbian related questions. Judging from Enlace's continued requests for volunteers in their newsletter, *Noticias de Enlace*, they staffed the hotline almost entirely with volunteer labor. This meant that HOLA-Gay only operated on Thursdays while the English-speaking Gay and Lesbian Hotline ran seven days a week. This disparity highlighted the deeply embedded racial hierarchy of the gay and lesbian community. The Enlace/Whitman-Walker collaboration demonstrated a concerted effort on the part of Latino activists to reach members of their community in the face of outreach practices that failed to address their specific needs. In contrast, in spite of the fact that Whitman-Walker received a large CDC grant to disseminate HIV/AIDS preventative and educational materials to the Latino and African-American communities, it would take another two years for WWC to initiate a sub-committee dedicated to listening to Latino recommendations.

Enlace also sought to ameliorate some of the financial strain felt by Latino led organizations dedicated to fighting HIV/AIDS within the community. In 1990, Enlace hosted a party for Carnival called Grito de Carnival. Enlace frequently held events that had cultural components both in order to educate the mainstream gay and lesbian community and to create a safe space for themselves to party and assert an intersectional gay and lesbian Latino identity. Beyond the educational, community linking mission, and festive opportunities, Enlace also raised money to support causes important to their community. For example, after Grito de Carnival, Enlace donated \$100 to

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<sup>126</sup> "Hotline Partnership," *Noticias de Enlace* (Washington, D.C.) May/June 1990. Available at the Rainbow History Project.

Salud's Julio Santos House.<sup>127</sup> When asked if Enlace used events like Grito de Carnival in order to combat burnout within their activist body, Gomez responded that "We were trying to create community, create visibility and this is what I learned in Texas working with Denis, social events bring people out. If you get them out you can also stick a pamphlet in their hand or take a moment to talk about the work that Salud is doing, or a march that is happening, so it's an organizing tool."<sup>128</sup> Activists capitalized on their ability to use cultural events to reach their targeted at-risk population, rather than directing their efforts to perceived criminal activities, like the efforts undertaken by the Whitman-Walker Clinic with their CDC grant money in 1990. They knew what types of events would appeal to their own community and how to encourage preventative measures in public spaces.

In addition to Grito Carnival, Enlace held an event called La Fiesta Tropical June 11, 1989. The group published advertisements billing the evening as "The **Real** Salsa Dance Night!!"<sup>129</sup> The emphasis on "**Real**" undoubtedly came from a collectively disappointing experience many of Enlace's members had at Lost and Found in Southeast. Lost and Found heralded an evening event as "salsa southeast."<sup>130</sup> Lost and Found, the predominantly gay white male bar that excluded African-Americans in 1971, hired a Latino DJ to play a handful of salsa songs before returning to their typical, popular American music. Gomez remembered gathering a group of gay and lesbian Latinos to attend the disappointing salsa night. She stated, "After that we decided to organize our own parties."<sup>131</sup> Read within this context, the bolded "**Real**" within the *Blade*'s advertisement, as well as the inclusion of both English and Spanish in the text, represented Enlace members asserting

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<sup>127</sup> "Enlace Minutes, February 13, 1990," *Noticias de Enlace* (Washington D.C.), March/April 1990.

<sup>128</sup> Letitia Gomez, interview with author – this conversation is in reference to her activism prior to her move to D.C.

<sup>129</sup> "La Fiesta Tropical," *Washington Blade* (Washington, D.C.), June 2 1989.

<sup>130</sup> Letitia Gomez, interview with author, October 1, 2018.

<sup>131</sup> *Ibid.*

a clear Latino/a identity within the mainstream gay and lesbian community. It denoted an understanding of the social needs activist felt as well as the misrepresentation of “Latino” culture within the mainstream gay and lesbian community. Other events produced by Enlace included a Baile Tropical to celebrate its fifth anniversary in 1992 and Christmas party in 1993 where members were instructed to bring canned foods and toys to donate to La Comunidad Latina.<sup>132</sup> The intertwined nature of holiday festivities and charitable donations to outside organizations was indicative of their core collective values. Members of Enlace understood the needs of the broader Latino community and how those needs impacted the lives of gay and lesbian Latinos. They also held a membership dance party for Hispanic Heritage Month in October 1992 called Enlace Orgullo (Enlace pride), as well as “¡Un Gran Baile!” which they billed as “Orgullo Latino/ Orgullo Gay” demonstrating their intersecting identities.<sup>133</sup>

In 1991, Enlace co-hosted a “Baile de los Muertos” with The D.C. Coalition of Black Lesbians and Gays. Their ability to organize events together, as two minority gay and lesbian communities, illustrated the value placed on coalition building held by both Enlace and the Coalition of Black Lesbians and Gays. The cohosts printed flyers half in Spanish and half in English in order to reach the membership bases of both groups.<sup>134</sup>

Though interviewed activists sometimes struggled to recollect precise names and dates, those involved with Enlace all distinctly remember the parties. Ric Mendoza recalled, “We would put on dances and different things.”<sup>135</sup> Letitia Gomez mentioned that for years after Enlace folded, outsiders would ask about upcoming dances and events. Even Nicolas Shi, who participated in the

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<sup>132</sup> “La Gran Parranda Navideña,” *El Noticiero de Enlace* (Washington D.C.), Noviembre del 1993.

<sup>133</sup> ¡Un Gran Baile!, October 13, 1992, Enlace: Washington, D.C. Metropolitan Area Latino Lesbian and Gay Coalition Records, 1991-1993, 14, The Rainbow History Project, digitized.

<sup>134</sup> Baile de los Muertos, October 26, 1991, Enlace: Washington, D.C. Metropolitan Area Latino Lesbian and Gay Coalition Records, 1991-1993, 14, The Rainbow History Project, digitized.

<sup>135</sup> Ric Mendoza, Interview with Rainbow History Project, February 28, 2001.



gay and lesbian Asian groups rather than the Latino ones, remembered their parties being the best because of their music. While Shi's impression of the gay and lesbian Latino community was that they often disbanded groups quickly since there were so many nations represented and each had its own culture, he did mention that "the one thing that brought them together was music."<sup>136</sup> It should be noted that, though records do not support the idea that Latino groups broke up due to national or regional conflict, many of the groups were short-lived and reorganized under different names. Shi and Mendoza both mentioned seeing the same people marching in parades (pride, etc.) from year to year, but that the organization names were often different every few years.

Just like their names denoted, Enlace members remained dedicated to a form of activism grounded in the multifaceted needs of their community, serving as a link to unite Latino people of differing backgrounds that faced various obstacles. As Gomez pointed out, most of Enlace's founding members were college-educated, many with advanced degrees. Initially, most of the members were born in the United States and came to D.C. not as immigrants but as regional transplants. Many of them, primarily Chicanos/as, moved from California or Texas for jobs with the Federal Government. Given the fact that out homosexuals were still barred from the military, a surprising number of gay and lesbian Latinos served, in some capacity, in the armed forces.<sup>137</sup> Personal essays and oral interviews compiled in *Queer Brown Voices* show that a significant number of these regional transplants had parents involved in the League of United Latin American Citizens (LULAC) and recalled witnessing their parents' activism as children. Coming from Texas and California, many of them parted with a vibrant and robust gay and lesbian Latino community only to find themselves isolated within D.C.'s binary dichotomy. When Gomez first moved to

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<sup>136</sup> Nicolas Shi, interview with author, November 5, 2018.

<sup>137</sup> Letitia Gomez, interview with author, and Brad Veloz and Ric Mendoza Gleason interviews, Rainbow History Project.

D.C., she recalled that after the March on Washington in October of 1987 she did not meet any other LGBT Latinos until joining some friends from Texas around Christmastime for a tamalada.<sup>138</sup> After that, she became involved in Enlace and met many more. These founding members of Salud's "gay-arm," Enlace, showed a general commitment to an intersectional activism that had strong ties to groups back home in Texas and California.

While many Chicanos and other Latino regional transplants may have initially joined Enlace seeking out the camaraderie they previously experienced in locations with higher Latino populations, the organization morphed into an activist group whose scope of vision extended beyond the needs of U.S.-born Latinos with college degrees. Gomez remembered that originally Enlace conducted most of their meetings in English since the majority of members were bilingual. However, they demonstrated a willingness to engage with and learn from Latinos of different backgrounds since, once someone suggested they conduct their meetings in Spanish and English in order avoid alienating non-English speakers, they undertook a concerted effort conduct all business in both Spanish and English.<sup>139</sup> Their Noticias de Enlace contained English and Spanish translations for each story and advertisement, and they worked with Salud to help translate and distribute HIV/AIDS pamphlets in Spanish.

This intersectional activism, where a well-educated group of bilingual Latinos could reach undocumented Latinos and direct them to HIV/AIDS care, was not limited to their compatriots in the gay and lesbian Latino community of D.C. When asked if Enlace worked within the immigrant community on issues outside of HIV/AIDS Gomez said, "I'm going to say not specifically...because there were immigrants among us it was just something that we didn't think

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<sup>138</sup> A tamalada is the communal act of making tamales with friends and family.

<sup>139</sup> Letitia Gomez, interview with author, October 1, 2018.

about at the time and we didn't call it out and do something specific."<sup>140</sup> She said that perhaps, back in the 80s when Reagan was president they protested over the Temporary Protected Status (El Salvador not having been added despite the ongoing Civil War), but that was it. She also mentioned doing specific, targeted direct actions but that they never "devoted a lot of time to those issues."<sup>141</sup> Evidence of these direct-action campaigns survived in an Enlace newsletter which documented that later on April 25, 1992, Enlace members "marched with hundreds of representatives of the Salvadoran community under rain-filled skies to demonstrate our support of the extensions of the Temporary Protection Status."<sup>142</sup>

While it may not have been on the forefront of Enlace's agenda, activists demonstrated a willingness to support the broader Latino community in ways that were not directly related to gay and lesbian issues. Perhaps, compared to contemporary movements supporting undocumented immigrants or immigration reform, the efforts of Enlace activists regarding issues of immigration seem insignificant in their memories. However, the same article mentioned two leading Latino activists involved with the Latino Civil Rights Task Force, Pedro Avilés and Juan Milanes, voicing "their gratitude for Enlace's continued support and involvement."<sup>143</sup> This recognition does not discredit Gomez's assertion that immigration policies were not Enlace's priority, but simply credits the intersectional scope in which these activists worked and their ability to join forces at opportune moments with outside organizations.

Enlace connected Salvadoran specific immigration challenges to the gay and lesbian community's own troubles with immigration by asserting the following: "As an organization that represents Latino Lesbians and Gays, Enlace is well-aware of discriminatory immigration policies

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<sup>140</sup> Ibid.

<sup>141</sup> Letitia Gomez interview with author.

<sup>142</sup> "Enlace Marches On," *Noticias de Enlace* (Washington, D.C.) Mayo/Junio, 1992.

<sup>143</sup> Ibid.

and stands firm in its support of the extension of the TPS.”<sup>144</sup> Though by 1992 Enlace had several gay Salvadorans in its midst who would have been impacted by both anti-Salvadoran policies and anti-homosexual ones, this statement underscored the intertwined nature of problems facing the Latino community. Salvadorans, along with gays and lesbians of all Latino backgrounds experienced problematic immigration policies and considerable challenges applying for citizenship. This intersectional approach to organizing demonstrated Enlace activists’ knowledge and understanding about the Latino community that mainstream institutions, such as Whitman-Walker, found difficult to grasp. Enlace members willingly educated themselves on the diverse needs of the D.C. Latino community during the 1980s and 1990s and knew that single issue platforms insufficiently addressed their community. Furthermore, they knew how to better target the high-risk Latino population, many of them either gay or bisexual men who had sex with men, then their non-Latino counterparts.

Enlace members emphatically identified as part of the LGBT community in their newsletters and campaigns, as did many gays and lesbians during the AIDS crisis. Not only did the label ‘homosexual’ offer political currency, it provided a sense of community to many. However, the concept of “closetedness” was a cultural construction that would not have translated to the entire Latino community. Scholars such as Carlos Decena have articulated that Latino sexual identities cannot be understood through mainstream American discourses and that often homosexuality is tacitly understood within the Latino community but not articulated.<sup>145</sup> For Decena, “coming out” is a uniquely North American construct. Though Enlace was founded as a gay organization and they actively fought against the stereotype that there were no Latino gays, they also focused on

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<sup>144</sup> Ibid.

<sup>145</sup> Carlos Ulises Decena, *Tacit Subjects: Belonging and Same-Sex Desire Among Dominican Immigrant Men*, (Durham: Duke University Press, 2011).

HIV/AIDS outreach to the Latino community as a whole. Their preventative materials geared towards Latinos would undoubtedly have reached people whose sexual practices could not be constrained by North American definitions.

Enlace disbanded in the summer of 1994 following a seven-year run as one of the leading gay and lesbian Latino organizations in Washington, D.C.<sup>146</sup> The fate of HOLA-Gay, the Spanish language hotline created by Enlace and Whitman-Walker, concerned Enlace members so much so that they took the requisite steps needed to turn HOLA-Gay into its own independent entity. Additionally, they pledged to donate the remaining funds belonging to Enlace to HOLA-Gay once the group formally disbanded.<sup>147</sup> According to a series of articles published in the *Blade*, Enlace shut down due to the community's general disinterest in running for office on the organization's board. The five board members in charge in 1994 when Enlace disbanded told Maria Marcianelli, a *Blade* reporter, that the organization was too large for five people to maintain alone. Per Enlace guidelines, the board typically consisted of nine members but four resigned earlier that year. Enlace board members sent mailers and flyers to the organization's constituents asking for a minimum of five people to run for office or they would have to demobilize.<sup>148</sup>

Despite their recruitment efforts, Enlace could not find enough people willing to lead the organization by the election deadline. Ric Mendoza, who was serving as the current treasurer, told Marcianelli that Enlace's issues began when they "stopped getting new blood."<sup>149</sup> Though not explicitly stated in such direct terms, the board members appeared to suffer from burnout which manifested within the article as being inordinately tasked with running an organization intended to be managed by nearly double their leadership. A member of Enlace responded to the *Blade's*

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<sup>146</sup> Will O'Bryan, "Metro News: Gay Latino Group Folds," *Washington Blade* (Washington, D.C.), July 1, 1994.

<sup>147</sup> *Ibid.*

<sup>148</sup> Maria Marcianelli "Gay Latino Group May Disband" *Washington Blade* (Washington, D.C.) June 10, 1994.

<sup>149</sup> *Ibid.*

article regarding the potential end of the organization and reminisced about the group's positive impact within the D.C. gay and lesbian community, as well as their outreach specifically to Latinos. Perhaps part of the reason these smaller groups like Enlace could not maintain a consistent and supportive membership base stemmed from the fact that many immigrants did not identify as homosexual, regardless of their sexual practices. Another possible reason could be that these groups tended to function in such an intersectional manner that activists participated in a multitude of projects and organizations. For example, the subject of the third chapter, LLEGO, was run by many of the same people that ran Enlace. Though Enlace was forced to cease operations from a lack of people willing to take over leadership, the community remembered their parties for years to come.

#### **2.4 Latino Activism within the Whitman-Walker**

As the efforts of the Whitman-Walker Clinic outlined in chapter 1 continued to fail to reach the Latino community, their HIV/AIDS Program Steering Committee recommended the formation of a Latino Advisory Committee to guide their efforts.<sup>150</sup> The Steering Committee made this recommendation a full two years into the 3-year CDC grant to undertake outreach within the black and Latino communities. A handful of Latino employees and volunteers of the WWC responded positively and undertook the development of the new committee in November 1992.<sup>151</sup> Those in attendance included Eda Valero-Figueira, Chair; the aforementioned Frank Yurrita, Staff Liaison; Melvin Pineda, AIDS Services; Carla Uriona, Schwartz Housing; Omar Centurion, Latino Services; Ricardo Caldera, Medical Services; and Tomas Gomez and Leonardo Ortega, Volunteers.

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<sup>150</sup> LAC Meeting Minutes, November 19<sup>th</sup>, 1992, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>151</sup> Ibid.

Originally titled the “Hispanic Advisory Committee” at its inception in 1992, the committee quickly changed its name to the Latino Advisory Committee in January of 1993 to reflect their understanding of their shared identity.<sup>152</sup> The committee defined “Latino” as “persons of Latin American and Hispanic descent, including speakers of Portuguese.”<sup>153</sup> After the initial meeting, those in attendance mailed invitations for their next meeting to the rest of WWC’s Latino staff and volunteers. The records available indicated that the committee chose to send letters in Spanish rather than in English. The use of Spanish can be interpreted as an assertion of an inclusive cultural identity that separated them from other racial minorities and the beginning of a shift within the racial and cultural politics of the Clinic.

Their first organizational meeting underscored the mainstream community’s lack of understanding of the barriers Latinos encountered accessing comprehensive healthcare. Participants articulated their goal as future advocates for “appropriate services” and the need for increased bilingual volunteer staff. Linguistic issues played a central role at their initial meeting. The committee called for an examination of “current services to Hispanic clients to evaluate their cultural appropriateness,” emphasizing their sense of exclusion from the Clinic’s current efforts to reach Latinos. Additionally, the potential lack of funding for Latino-specific HIV/AIDS programs concerned those in attendance. The committee decided to consider the “number of Hispanic HIV/AIDs related contracts awarded to the Clinic” and expressed an interest in partnering with local Latino businesses in fundraising efforts. Those in attendance attempted to reframe the racial politics of the Clinic by fostering Latino programs in their own terms.<sup>154</sup>

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<sup>152</sup> LAC Meeting Minutes, January 25<sup>th</sup> 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>153</sup> LAC Rules and Procedures, No Date approximately January 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>154</sup> LAC Meeting Minutes, November 19<sup>th</sup>, 1992

Though the Whitman-Walker Clinic instigated the formation of LAC through its HIV/AIDS Steering Committee and recognized the need for Latino input in order to effectively reach the community, considerable tension existed between LAC and the rest of WWC. The sub-committee convened on February 8, 1993 to draft a plan of action. One notable issue brought to the attention of the members was the issue of cultural sensitivity training at WWC. Action item number three stated, “Staff training on cultural sensitivity is much needed. The Clinic is supposedly doing something on this, but it is not at all clear.”<sup>155</sup> Though brief, this loaded statement indicated that, in spite of LAC’s formation, the Clinic failed to consult them on how best to train staff and volunteers to provide culturally competent care for Latinos. This tension was indicative of a persistent racial hierarchy that failed to legitimize Latino activism.

In May of 1993, Tomás Gonzalez, the acting chair of LAC, received a response from Hunter T. Carter, the Chair of the Whitman-Walker HIV/AIDS Program Steering committee. Gonzalez had sent Carter a letter announcing the committee’s formation and outlining its goals and action plan. Carter first congratulated Gonzalez on the successful start of the committee and expressed his willingness to work with LAC to address the health needs of the Latino community. Carter’s tone quickly changed, however, as he conveyed his concerns regarding the actions and goals of the committee. According to Carter, the committee “has clearly envisioned activities beyond the scope of just the HIV/AIDS Program.”<sup>156</sup> LAC members anticipated the scope of their work extending beyond just the Whitman-Walker Clinic as indicated by their plans to solicit external donations from Latino organizations, help with the upcoming AIDS walk, and organize a

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<sup>155</sup> LAC Meeting Minutes, February 8<sup>th</sup> 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>156</sup> Letter from Hunter Carter to Tomás Gonzalez, May 20<sup>th</sup>, 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.



fundraising event with Pedro Porro, a Latino artist.<sup>157</sup> Members of LAC not only sought out external funding as a way to offset the paucity of money allotted to Latino outreach, they also ensured visibility for gay and lesbian Latinos by participating in events like the AIDS Walk. Latino organizations in D.C., such as Salud and Enlace, practiced expansive coalition building techniques as a way to counter the limited resources available to their community. LAC members continued this practice at Whitman-Walker in order to maximize the impact of their efforts. In this manner, they attempted to restructure the existing racial hierarchy to create a space for themselves. LAC's leadership methods differed substantially from those of the Whitman-Walker Clinic and resulted in tensions between Latino and non-Latino staff.

Carter's concern that the committee was not functioning exactly as the HIV/AIDS Program Steering Committee had envisioned can be read as a fear of losing control over a racial minority. Carter's desire to maintain authority over the Steering Committee, regardless of its inability to reach Latinos with AIDS, exposed his determination to preserve the existing racial hierarchy. Carter asserted in his letter that the Clinic felt, "it is crucial that the Steering Committee begin to receive your reports and recommendations, even if they begin with small ones, right away. Much time has already passed. In order to make a difference, and to have a concrete impact on the Clinic's responsiveness to the Latino community, more action and less preparation is required."<sup>158</sup> This quotation illuminated WWC's desire to control exactly how LAC operated. LAC members were concerned with creating an enduring Latino program within WWC, not quick and incomplete fixes. The Steering Committee understood the duties of the Latino Advisory Committee based on its own needs and the ways in which already established Whitman-Walker programs functioned.

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<sup>157</sup>LAC Meeting Minutes, May 10, 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>158</sup> Letter from Hunter Carter.

The Latino Advisory Committee discussed the letter from Carter at their next meeting. They decided it was imperative to respond to Carter as quickly as possible and the committee elected four current members, Luis, Eduardo, Humberto, and Tomás to draft a response together. Though the committee failed to record their last names, Tomás signed the final letter as Tomás Gonzalez. The collective action undertaken in this instance demonstrated the values at the core of the committee's actions. Their response to Hunter Carter on July 13, 1993 resisted Carter's prescriptive involvement in LAC's affairs. "The Committee's first area of concern is your desire to define who and what the committee is and who you are in relation to the committee."<sup>159</sup> Committed to working with the HIV/AIDS Program and improving services for and outreach to the Latino community at Whitman-Walker, they refused to see external activism, such as fundraising, as "incompatible with this central focus."<sup>160</sup> The committee clearly articulated that coalition building were not a distraction from the Whitman-Walker HIV/AIDS Program. Perhaps the tension between Latino employees and volunteers and non-Latino staff at the Whitman-Walker Clinic derived from opposing goals. It is clear that LAC's objective was to reduce HIV/AIDS infection rates among the Latino community of Washington, D.C., whereas WWC's goal was to expand their services to the Latino community. While these objectives overlapped, Hunter Carter perceived the external work of LAC as an over-reach of the committee's responsibilities, even abilities. Perhaps the Clinic feared further competition over grant money.

The use of language as a tool to preserve the hierarchy of the Clinic can be seen in a memorandum from Jim Graham, the executive director of WWC, to Frank Yurrita, which stated the following:

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<sup>159</sup> Letter to Hunter Carter from LAC, July 13<sup>th</sup> 1993, Subseries VII, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>160</sup> Ibid.

I read with interest your memo of yesterday proposing expenditures of dedicated AIDSWALK '93 monies. The mission of advisory committees is to make recommendations to the administration of the Clinic. They do not, generally, make decisions on behalf of the Clinic. In this instance, I would like you to re-write the memorandum with that understanding in mind.<sup>161</sup>

It is important to note that the original memo from Yurrita ended with the phrase “This matter is subject to your final approval, so please let me know as soon as possible so I can inform the proper parties.”<sup>162</sup> Jim Graham’s abrasive letter, which chastised Yurrita for stepping too far out of his assumed advisory role, attempted to subvert the actions of the Latino Advisory Committee. Graham expressed his desire to control LAC by demanding deferential treatment from its members. While neither Graham nor Carter ever mentioned whiteness in their exchanges, a clear attempt to constrain the development of the Latino Advisory Committee in a way that fit into comfortable racial politics can be observed through these missives.

## **2.5 WWC Activists and Language – The Creation the Office of Latino Programs/Affairs**

In February of 1993, the Executive Directors of Whitman-Walker and three other health clinics, Salud, La Clínica del Pueblo, and the Latin American Youth Center, petitioned Councilmember Frank Smith, Jr. regarding proposed city-wide budget cuts to a grant that helped fund HIV/AIDS services for Latinos. The money divided between these four clinics, totaling \$149,100, was the only grant within the city specifically allotted to preventative services within the Latino community. Naturally, the four clinics hoped to convince councilman Smith to secure additional funding. The Executive Director of Whitman-Walker of course was the aforementioned Jim Graham.

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<sup>161</sup> Memorandum from Jim Graham to Frank Yurrita, August 16<sup>th</sup> 1994, Whitman-Walker Office of Latino Affairs, Subseries III, Box 30, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>162</sup> Memorandum from Frank Yurrita to Jim Graham, August 15<sup>th</sup> 1994, Whitman-Walker Office of Latino Affairs, Subseries III, Box 30, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

The final copy sent to Frank Smith, Jr. highlighted the issues of language, culturally insensitive preventative educational materials, and lack of funding dedicated specifically to the Latino population as factors that kept Latinos from receiving comprehensive care. Their efforts gestured towards a slight shift within the racial politics of D.C., one that began to acknowledge and comprehend cultural differences between racial minorities and created a space for additional communities.<sup>163</sup> This change can be viewed as a direct result of the six years of activism undertaken by members of Enlace, Salud, LLEGO, and La Clínica del Pueblo.

Frank Yurrita's dedication to community outreach played an important role in the Clinic's changing treatment of Latinos. Yurrita helped draft the letter to the district Councilmember. He not only asserted that the Latino population of D.C. had grown substantially, but even stated "All District Latinos/as resident pay taxes regardless of their legal status."<sup>164</sup> Yurrita portrayed the Latino community as contributors to D.C.'s economy, not as criminals and prostitutes. Furthermore, the attention paid to legal status acknowledged that immigration shaped the collective consciousness of the D.C. Latino community, regardless of individual citizenship status or country of origin.<sup>165</sup> Yurrita claimed a right to healthcare and to existence within public programs for the Latino community through an articulation of their financial contributions. He highlighted the large number of immigrants and the legal barriers to care for "illegal" immigrants, which perpetuated the spread of HIV within the D.C. area. Yurrita even mentioned how difficult it could be to accurately count the number of Latinos living with AIDS in D.C. since fear of

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<sup>163</sup> Letter from Jim Graham, Alex Compagnet, Laurie Kaplan, and Juan Romagoza to Frank Smith, Jr. February 18<sup>th</sup> 1993, Whitman-Walker Clinic: Latino Coalition, Subseries III, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>164</sup> Draft of letter to Frank Smith, Jr., Undated, Approximately February 1993 Whitman-Walker Clinic: Latino Coalition, Subseries III, Box 11, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>165</sup> For more on this idea, see Jesus Ramirez-Valles, *Compañeros: Latino Activists in the Face of AIDS*, (Chicago, IL: University of Illinois Press, 2011).

deportation kept many undocumented immigrants from seeking treatment. He addressed linguistic and cultural barriers, but issues of documentation remained central to his argument. The Latino community in Yurrita's letter was one with distinct health needs and unique fears that hindered access to care.<sup>166</sup>

The language used by Yurrita created a strong sense of concrete characteristics that defined the Latino community and obstructed the efforts of HIV/AIDS outreach in D.C. While the four Executive Directors chose to submit a letter to councilman Smith that contained more subdued language, a clearly intersectional approach to Latino healthcare began to emerge at WWC. Absent from their letter were references to tax-paying, undocumented Latinos, but so were references to "illegal" immigrants. That the clinic representatives did not engage in discourses of legal vs. illegal perhaps indicated an unwillingness to criminalize its Latino constituents when interacting with Ward 1's representative. The articulation of a distinct Latino community within WWC by activists clearly impacted the Clinic's understanding of racial inequality and its re-articulation of Latino health needs that shifted away from a criminalization of racial minorities and their sexual practices.<sup>167</sup>

Perhaps the most notable shift in the Clinic's outreach to Latinos occurred in 1995 when they decided to open an "Office of Latino Services."<sup>168</sup> Rather than simply consulting an advisory committee, the Whitman-Walker Clinic understood the need for a whole department dedicated to reaching Latinos in culturally sensitive ways. Perhaps the formation in August 1993 of a "coalition of black and Latino organizations" that competed with Whitman-Walker for a two-million-dollar government AIDS contract forced them to finally address their limited efforts within minority

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<sup>166</sup> Draft of Letter to Frank Smith, Jr.

<sup>167</sup> Letters to Frank Smith, Jr.

<sup>168</sup> Pamela Constable, "Auction Raises Money for Whitman-Walker to Raise Its Profile in Community," *Washington Post* (Washington, D.C.), November 12, 1998.

communities for fear of losing valuable resources.<sup>169</sup> However, the direct actions of activists definitely impacted the Clinic's decision.

Originally billed as the Office of Latino Affairs, the current LAC Chair, Alexandra Hernandez, sent WWC a proposal with LAC's goals for the office in 1994. LAC's "Statement of Need" for the new department highlighted the increasing Latino population of the region, heavily comprised of Central American immigrants. The Latino Advisory Committee asserted that, "Most of the Central American immigrants are undocumented and tend to go to great lengths to avoid contact with government."<sup>170</sup> They referenced poverty, low literacy rates in both Spanish and English, and the persistent notion that HIV/AIDS was a "gay disease" as obstacles to reaching the Latino population. They also noted that high rates of sexual experience existed among teenagers "in their home countries" and that this "high level of sexual activity prevails among immigrant teenagers." This statement displayed a concerted effort to reach Latinos in a way that understood differing cultures and sexual identities. In addition to teenage sexual experiences, the document mentioned "a number of undocumented males and females can earn a living through prostitution."<sup>171</sup> Many of the men engaging in prostitution had sex with other men.

LAC made additional demands on the Whitman-Walker Clinic that deviated from and advanced previous recommendations. For example, they called for the Clinic to "promote the hiring of bilingual direct service professionals" and "to promote the hiring of Hispanic/Latinos at all levels." LAC also suggested creating an emergency fund for undocumented Latinos, acknowledging the intersecting issues of HIV, immigration status, and financial stress. The

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<sup>169</sup> Lou Chibbaro, Jr., "New Coalition Hopes to Secure Key AIDS Funds," *Washington Blade* (Washington, D.C.), August 27, 1993. (Microfilm)

<sup>170</sup> Draft of Latino Affairs Office Proposal from Alexandra Hernandez to Jim Graham, June 1<sup>st</sup> 1994, Whitman-Walker Clinic: Office of Latino Affairs, Subseries III, Box 30, Whitman-Walker Clinic: Latino Coalition, Jim Graham's Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>171</sup> *Ibid.*

recommendations made by LAC resulted not only in increased dissemination of HIV/AIDS preventative and educational materials throughout the Latino community, but opened up jobs within Whitman-Walker earmarked for bilingual personnel.<sup>172</sup> In fact, by 1998, the Office of Latino Services expanded the bilingual staff at the Clinic so effectively that they employed “25 bilingual doctors, social workers, and other medical aides.”<sup>173</sup> Calling for increased upper-level positions for Spanish-speakers challenged the racial hierarchy of the Clinic in a clear attempt to rupture power inequalities. Notably, LAC included a section dedicated to contacting external agencies focused on Latino services, a clear commitment to coalition building and intersectional activism.

Whitman-Walker received considerable support from the Latino community in response to the inception of the Office of Latino Affairs (OLA). On August 11, 1994, Pedro Avilés, still the Director of the Latino Civil Rights Task Force, sent Jim Graham a letter applauding the WWC for creating an Office of Latino Affairs/Programs.<sup>174</sup> Undoubtedly, the LAC’s persistence paid off. In fact, Frank Yurrita became the first director of the program at LAC’s recommendation showing WWC’s willingness to hire from within.<sup>175</sup> Interestingly enough, representatives from numerous agencies, such as Casa del Pueblo, the D.C. Mayor’s Office of Latino Affairs, and the Council of Latino Agencies all sent nearly identical letters in late-July and early-August of 1994. The actions of these grassroots organizations underscored the lack of healthcare programs devoted to the Latino community. Though the body of the letters were nearly identical, the authors deviated from one another when affirming their support and offering assistance should the Clinic require it. Pedro

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<sup>172</sup> Ibid.

<sup>173</sup> Pamela Constable, “Auction Raises Money for Whitman-Walker to Raise Its Profile in Community,” *Washington Post* (Washington, D.C.), November 12, 1998.

<sup>174</sup> Letter from Pedro Aviles to Jim Graham, August 11<sup>th</sup> 1994, Whitman-Walker Clinic: Office of Latino Affairs, Subseries III, Box 30, Whitman-Walker Clinic: Latino Coalition, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.

<sup>175</sup> Ibid.

Avilés, for example, stated that “The LCRTF and other community-based organizations that serve Latinos applaud your efforts, and at the same time we commit ourselves to monitor the progress of this valuable program.”<sup>176</sup> The notion of monitoring the program’s progress underscored Avilés’s potential skepticism of the efficacy of Whitman-Walker to establish a lasting and culturally sensitive program for Latino clients.

## **2.6 La Clinica del Pueblo**

One of the oldest health clinics that focused on Latinos in D.C., La Clinica del Pueblo began in 1983 as a project initiated by CARECEN and “a coalition of North and Central Americans.”<sup>177</sup> It is unclear from the archives consulted whether or not the coalition extended beyond CARECEN, though documents from both the District’s Office of Latino Affairs (OLA) and Whitman-Walker mention the “coalition.” Unlike Salud, which started as an HIV/AIDS clinic, La Clinica expanded its services to include testing and treatment options as the epidemic continued to drastically impact the Latino community. They provided free, bilingual medical care to Latinos living within the D.C. area. Employees and volunteers at la Clinica recognized the distinct health needs, and the socioeconomic factors that contributed to such needs, of the Latino community. Not only did la Clinica prioritize bilingual services to ensure Spanish-speaking only clients could access their services, but like Salud they also emphasized the interrelated barriers to healthcare encountered by the Latino community in Washington, D.C. La Clinica articulated the following as barriers to comprehensive health care: “a lack of health insurance, linguistic isolation, illiteracy, profoundly different cultural mores, and an intense fear of deportation (even Latinos with documentation have

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<sup>176</sup> Letter from Pedro Aviles to Jim Graham.

<sup>177</sup> Separation of La Clinica del Pueblo, fax from Peter Shields to Jim Graham, November 28, 1994, Whitman-Walker Clinic: La Clinica del Pueblo, Subseries VII, Box II, Jim Graham’s Papers, Special Collections Research Center, George Washington University, Washington, D.C.



misguided beliefs that they can be deported if they use insurance or entitlements).”<sup>178</sup> This type of demographic knowledge represented the type of community understanding often dismissed by mainstream, white clinics and organizations. In addition, the “different cultural mores” mentioned by La Clinica most likely indicated an understanding of how Latino sexual practices differed from those of their white counterparts, both heterosexual and homosexual. As previously stated, LAC members at Whitman-Walker used similar language to assert a distinct Latino identity that similarly highlighted how immigrant sexual practices differed from those of the white community.

In 1995, La Clinica officially separated from CARECEN. The two organizations chose to split from one another in an effort to restructure their administrative departments and streamline services. La Clinica continued to offer medical care to the Latino community, free of charge, while CARECEN maintained its legal caseloads and social workers.<sup>179</sup> CARECEN served almost exclusively Central Americans, the majority of whom came from El Salvador, and helped individuals navigate the foreign legal system of the United States. Their services included helping individuals petition for asylum and residency, as well as enrolling them in public services. La Clinica, on the other hand, served the broader Latino community of D.C., though still disproportionately Central American. As the Clinic’s Director stated to Jim Graham in a letter announcing the split and requesting guidance from Whitman-Walker, “CARECEN has primarily focused on Central American refugee issues and clients, while La Clinica cares for all those who walk through its doors, including Latinos from South America, Central America, Mexico, Puerto Rico, Cuba, as well as African Americans, Asian Americans, and Caucasian Americans.”<sup>180</sup>

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<sup>178</sup> La Clinica del Pueblo & the Eugene and Agnes Meyer Foundation: Robert Wood Johnson Local Initiatives Funding Partners Concept Paper, Box 4, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>179</sup> Separation of Clinica from CARACEN, October 1995, Box 4, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>180</sup> Fax from Peter Shields to Jim Graham regarding the Separation of La Clinica del Pueblo, Box 4, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

Though the clients served at La Clinica were, and remain, primarily Central American and, even more specifically, El Salvadoran, the patient population and staff were diverse in additional ways.<sup>181</sup> As José Gutiérrez, a former employee of La Clinica and a gay Latino activist involved in outside activist organizations like LLEGÓ, asserted, the gay and lesbian Latino community during the 1980s and 1990s in D.C. faced a lot of discrimination and stigma from the heterosexual Latino community.<sup>182</sup> The word “stigma” peppered our conversation and underscored his recollections of homosexual Latino exclusion from mainstream gay and lesbian organizations as well as the broader Latino heterosexual community. That being said, he only had positive things to say about La Clinica, indicating that they strove to create a welcoming and accepting environment for all. This co-mingling of heterosexual and homosexual identities within the clinic and the welcoming environment it fostered demonstrated the intersectional nature through which Latino activists organized.<sup>183</sup>

One reason La Clinica separated from CARECEN, apart from streamlining services and making clear delineations between goals and strategies for accomplishing them, was a lack of funding. Gutiérrez recounted how Latino organizations during the 90s spent a great deal of time applying for funding from federal and local governments.<sup>184</sup> He remembered there never being enough money to support bilingual services. Unfortunately, Gutiérrez’s recollections are supported by OLA and WWC archives. A consequence of failing to legitimize Latino community knowledge that impacted their access to healthcare was insufficient funding for Latino-centered organizations.

When Peter Shields, M.D., the Medical Director of La Clinica del Pueblo wrote to Jim Graham, still the Executive Director of Whitman-Walker, he did so not only to announce the

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<sup>181</sup> cite statistics of patient breakdown.

<sup>182</sup> José Gutiérrez, interview with author, January 7, 2019.

<sup>183</sup> Ibid.

<sup>184</sup> Ibid.

separation of La Clinica and CARECEN, but to ask for help funding their new endeavor. Shields contacted Graham in November of 1994 to solicit aid in order to build a “cash reserve” for the separation.<sup>185</sup> La Clinica intended to raise the cash reserve specifically for “HIV-related services in the Latino community.”<sup>186</sup> Shields proposed that Whitman-Walker either organize a fundraising event or a mailing campaign for La Clinica. Shields stated “For the latter, you could either do the mailing for us or provide us with mailing labels.”<sup>187</sup> Asking for the mailing labels demonstrated that La Clinica’s staff was capable of executing the campaign, but did not have as extensive a list of donors to use.

La Clinica’s lack of resources highlighted in Shields’ letter exemplifies the ways in which Latino outreach and Latino organizational efforts were discredited in favor of more mainstream tactics and institutions. Though the *Washington Blade* published a handful of articles in the 1990s that detailed the fiscal struggles of Whitman-Walker, La Clinica clearly experienced equally, if not more, severe monetary issues. As scholars have already articulated, raising funds for HIV/AIDS treatment in the 1990s became a career for many former activists.<sup>188</sup> Some have lamented the “professionalization” of HIV/AIDS benefits and the white-collar fundraising dinners that emerged. These benefits were largely attended by wealthy white gay men, further normalizing whiteness as the public face of the gay and lesbian, at this point LGBT or Queer, community. Though Shields’s remark to Jim Graham did not mention this systemic inequality, the implicit limited number of donors at La Clinica demonstrated the additional barriers that Latino led organizations battled. Mainstream and predominantly white institutions not only raised more money through extravagant events, but subsequently controlled how the majority of those funds

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<sup>185</sup> Separation of La Clinica del Pueblo, fax from Peter Shields to Jim Graham.

<sup>186</sup> Ibid.

<sup>187</sup> Ibid.

<sup>188</sup> Sources include Howard Lune and Susan Chambré.

were distributed. This allowed for such organizations to choose exactly how they undertook outreach to the Latino community. In contrast, Latino organizations often struggled to raise substantial funds as its members tended to make significantly less money. A report from the Mayor's Office of Latino Affairs stated that in D.C. in 1986, 3% of whites lived in poverty and 22% of African-American, compared with 35% of Latinos.<sup>189</sup>

Additionally, Shields requested that WWC send someone to train staff at La Clinica on how to manage government contracts and grants from outside organizations. One of the contracts he mentioned actually came directly from the Whitman-Walker Clinic. Documentation available through the records of the District's Office of Latino Affairs indicated that the money for this contract came from the D.C. government's Agency for HIV/AIDS (AHA).<sup>190</sup> OLA files contained an undated report, probably from 1994, on services offered to the entire Latino community within the D.C. metropolitan area. Notably, D.C.'s Agency for HIV/AIDS increased their financial support of the Whitman-Walker Clinic for "Hispanic education."<sup>191</sup> The report mentioned that "AHA provided \$378,334 in Ryan White Title I grant funds to CBOs that have Latino components."<sup>192</sup> Though the increased funding dedicated to programs targeting Latinos demonstrated a commitment to outreach amongst minority populations, the fact that AHA primarily chose to allocate money through CBOs (community based organizations) with Latino components and not simply to Latino organizations forced Latinos to conform to white normativity in order to receive money. They trusted WWC's judgement to reallocate funding for Latinos.

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<sup>189</sup> Latino Experience, Undated, Box 1, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>190</sup> Letter from Saul A. Solorzano to Ayo Bryant, Mary 29, 1995, Box 4, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>191</sup> Highlights of District of Columbia Services Targeting Latinos, Undated, Box 1, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>192</sup> Ibid.

This reallocation of money for services was not entirely atypical of non-profits offering HIV/AIDS services during the crisis. For example, La Clinica entered into an agreement with Andromeda, a mental health clinic that served the Latino and African-American HIV positive population, contingent on the continued receipt of AHA funds to both clinics, where La Clinica and Andromeda agreed to send patients to one another for services not offered at their respective clinics. This contract stipulated that Andromeda and La Clinica would provide services to each other's patients at the rate of \$80.00 per appointment, and that La Clinica would provide psychiatric medications through their pharmacy to clients of Andromeda. The two organizations organized a joint group therapy for people living with AIDS that would alternate locations biweekly to accommodate patients and split the work load. While it was not uncommon for local organizations to collaborate during the AIDS epidemic in order to provide quality care with limited resources to those in need, the distribution of Ryan White money to CBOs, such as WWC, with Latino components, rather than directly to Latino organizations, perpetuated unequal power concentrated in mainstream organizations.

In 1995, the summer before its split from CARECEN, La Clinica experienced drastic budget difficulties that nearly forced them to close. According to Juan Romagoza, M.D., and Peter Shields, M.D., La Clinica failed to receive a year's worth of payments totaling \$67,917.29 from D.C.'s Office of HIV/AIDS. Faxes to the city's comptroller became increasingly panicked in tone as staff at La Clinica stressed their inability to pay employees or purchase medical supplies. They acknowledged that city budget cuts placed the Office of HIV/AIDS in a precarious position and that there were "many other agencies that are seriously threatened because of the current fiscal crisis." However, they asserted that "we face the utmost urgency in receiving these monies," indicating that unlike other clinics that may have had additional funding sources, La Clinica had

none.<sup>193</sup> They were running out of options. Fiscal inequality plagued not only the clients at Latino operated clinics, but the clinics themselves. In contrast, Whitman-Walker raised over \$175,000 in 1986 from its first AIDS walkathon, demonstrating the significant income differences between the Latino and non-Latino communities.<sup>194</sup> Despite these fiscal challenges, La Clinica dedicated itself to providing health care where the “policies and programs of the clinic are developed within the context of the political and economic climate here and in Central America.”<sup>195</sup>

## **2.7 Activism within the Heterosexual Latino Community**

In May 1991, a riot erupted in the heavily Latino populated neighborhood of Mount Pleasant protesting the police shooting of a Salvadoran man who had been stopped for public intoxication or disorderly conduct. The rioting lasted for several days and resulted in numerous arrests and injuries.<sup>196</sup> The Mount Pleasant riot marked a turning point for the Latino community of Washington, D.C. Leaders within the community formed the Latino Civil Rights Task Force to work with the district government to combat discrimination within and by the police force as well as additional issues Latinos faced living within D.C. Letitia Gomez remembered the impetus for and purpose of the Task Force as such, “As a result of the riot there was a task force formed called the Latino Civil Rights Task Force. And the Civil Rights Task Force was there to organize Latinos within the community and also within the city because there had been a rash of arrests of Latinos and of course we had the riots so there was tension between the D.C. government and the Latino community.”<sup>197</sup> Given the intersectional nature of gay and lesbian Latino organizations and activist groups, it is unsurprising that some members of Enlace joined the Latino Civil Rights Task Force.

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<sup>193</sup> Fax to Godfrey Atley from Peter Shields, May 23, 1995, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>194</sup> Doug Hinckle, “3,000 Walker Raise \$175,000+ for AIDS,” *Washington Blade*, (Washington, D.C.), July 3, 1987.

<sup>195</sup> Proposal to the OLA for Tuesday Night Clinic (clinica records)

<sup>196</sup> For more on the riots themselves, see Gabriella Gahlia Modan, *Turf Wars: Discourse, Diversity, and the Politics of Place*, (Malden, MA: Blackwell Publishing, 2007).

<sup>197</sup> Letitia Gomez, interview with author, October 1, 2018.

Letitia Gomez ran on a slate for the board of the LCRTF while continuing as an active member of both Enlace and LLEGO.

Though Enlace members like Gomez dedicated their time to addressing inequalities faced by both the gay and lesbian community and the Latino community, they did not always experience such reciprocity from groups and organizations they joined. Gomez recalled another member of Enlace, Judith Arandes, making an appearance on a Spanish radio station in 1988 to counter their assertion that Latino homosexuals did not exist. The long-term commitment of Enlace members to intersectional activism is documented not only through the memories of former members but through newspapers and congressional hearings. For example, Sandra G. Boodman interviewed Arandes for a *Washington Post* article in 1988 along with Salud's Alex Compagnet. Boodman quoted Arandes talking about the fiscal challenges faced by undocumented Latino immigrants and how many men engaged in prostitution as a means to survive. "They don't need a work permit from the INS {Immigration and Naturalization Service} to do this."<sup>198</sup> This high-risk behavior, though not necessarily indicative of one's sexual orientation or identity, resulted in high HIV/AIDS infection rates among undocumented Latino men—something Enlace members understood.

In July of 1991, Nick Bartolomeo of the *Blade* reported Yolanda Santiago, the current president of Enlace, joined the steering committee of the Latino Civil Rights Task Force. Bartolomeo reported that Ric Mendoza, another Enlace member and Task Force representative, claimed that "the group approved Santiago for the position after the Task Force Expressed a strong desire for Gay representation from ENLACE."<sup>199</sup> However, when Gomez ran on a slate for the Task Force

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<sup>198</sup> Sandra Boodman, "Hispanic Culture Redefines AIDS Fight; Communication Problems, Moral Traditions Hinder Efforts," *Washington Post*, (Washington, D.C.), December 28, 1987.

<sup>199</sup> Nick Bartolomeo, "Metro News" *Washington Blade* (Washington, D.C.), July 19, 1991.

board, her name already widely recognizable within the Latino community due to her activism and involvement in Enlace, she did not receive the same initial welcome. She recalled “one of the slates ran an anti-gay campaign” in response to her candidacy.<sup>200</sup> While gay and lesbian Latino activists dedicated their time to combating homophobia and racism, they encountered resistance and exclusion within both the heterosexual Latino community and the white gay and lesbian one. That being said, many activists interviewed, like Letitia Gomez and José Gutiérrez, noted the broader Latino community as becoming more welcoming and accepting of homosexuality during the 1990s. Gomez won a seat on the board of the Latino Civil Rights Task Force in spite of the homophobic slurs and “got the most votes of everyone on my slate, and that was surprising.”<sup>201</sup>

Though lesbian and gay Latino activists faced discrimination from two communities, their unwavering commitment paid off. Not only did Gomez win despite homophobic rhetoric, but she mentioned the District’s OLA donating funds to help the Latino GLBT History Project in D.C. Though she wasn’t sure exactly when OLA began supporting the History Project, it became an active participant in the fight against HIV/AIDS infection rates in the early 1990s. In 1991, Linea Directa, an educational television program initiated by OLA and broadcast on Spanish-language stations, produced a comprehensive video on AIDS. Other videos released in the fiscal year of 1991 included information on “Immigration—Temporary Protected Status for Salvadorans” and “Occupational Health and Safety.”<sup>202</sup> The production of these videos demonstrated a concerted effort on the part of Latino activists, both heterosexual and homosexual, to operate on an intersectional platform that took into account the complicated barriers Latinos faced to healthcare, housing, food security, and more.

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<sup>200</sup> Letitia Gomez, interview with author, October 1, 2018.

<sup>201</sup> Ibid.

<sup>202</sup> Linea Directa: List of Programs, Undated, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.



OLA did not film another video on AIDS until the fiscal year of 1994. At that time, however, they produced four videos on HIV/AIDS, with titles such as “AIDS—Latino Men” and “AIDS—Latino Women.”<sup>203</sup> These titles acknowledged the different social and cultural factors involved in HIV transmission within the Latino community and how men and women contracted the virus in a myriad of ways. In the same manner that representatives of different Latino agencies and health clinics voiced their support of Whitman-Walker’s Office of Latino Affairs, Frank Yurrita, Pedro Avilés, Juan Romagoza, M.D., and Lori Kaplan (of the Latin American Youth Center) wrote to express their support of La Linea Directa’s videos in June 1995. Like the previous demonstration of support, their letters deviated from one another very little and each highlighted the importance of HIV/AIDS educational videos. Frank Yurrita went so far as to assert that WWC “still makes extensive use of “Linea Directa” programs as teaching tools in our HIV/AIDS community training workshops.”<sup>204</sup> The involvement of the Office of Latino Affairs in HIV/AIDS preventative materials, as well as the support it received for doing so from primarily heterosexual organizations like the Latino Civil Rights Task Force, indicated that, while homophobia and stigma persisted within the Latino community, activists and leaders recognized the intersectional activism required to fight HIV/AIDS within their community.

The multitude of barriers to adequate healthcare experienced by gay, lesbian, and heterosexual Latinos differed from those faced by African-American and white communities. La Clinica’s 1994 Annual Report blamed increased anti-immigrant sentiment in D.C. that fostered fear of deportation and kept individuals from accessing healthcare. While these hurdles persisted, they acknowledged that, despite their cash-flow challenges, La Clinica expanded its HIV services significantly in

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<sup>203</sup> Ibid.

<sup>204</sup> Letter from Frank Yurrita to Manuel Uriarte, June 14, 1995, Box 4, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

1994. They referenced the hiring of Juana Martin, a former social worker “with extensive experience in homeless issues and HIV” as a pivotal moment for the clinic.<sup>205</sup> Under her direction, they expanded their HIV services and even offered nutrition counseling. La Clinica even undertook the process of collecting and analyzing “epidemiological data for 1,131 clients who received HIV counseling and testing over a one year period. The statistics clearly showed that we were reaching marginal clients, i.e., those that do not speak English (48%), are illiterate (48%), have no health insurance (83%), have low incomes or are unemployed (33%), and have behavioral risk factors (66% stated that they never used condoms).”<sup>206</sup> This data demonstrated the additional barriers that Latinos faced, exacerbated by a racial discourse that excluded them and their community’s needs, but also illustrated the knowledge that activists and Latino leaders possessed about their community.

La Clinica understood the needs of the Latino community well enough to ask about literacy, bilingual/monolingual ability, lack of health insurance (often tied to immigration status), fiscal security, and risky sexual behaviors. As previously seen, this information and knowledge did not translate to funding for programs to address the specific needs of the Latino HIV positive or at-risk population. According to Gutiérrez, “one of the main barriers and limitations was getting funding to provide bilingual services for HIV/AIDS. We went a few times to HIV/AIDS meetings to get funding for La Clinica.”<sup>207</sup> The meetings mentioned by Gutiérrez most likely requested additional funds from the D.C. government through the Ryan White Act, or took place with private donors in order to secure funds outside of the tight HIV/AIDS budgets of the local and federal governments. For example, when La Clinica split from CARECEN, they submitted a proposal for

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<sup>205</sup> Fax of the 1994 La Clinica Annual Report to Manual Uriarte from Peter Shields, December 8, 1995, Office on Latino Affairs, District of Columbia Office of Public Records, Washington, D.C.

<sup>206</sup> Ibid.

<sup>207</sup> José Gutiérrez, interview with author, January 7, 2019.

a matching grant they received from the Eugene and Agnes Meyer Foundation for a four-year grant of \$500,000 from the Robert Wood Johnson Foundation.

## **2.8 Conclusion**

This chapter examined the tactics used by gay and lesbian Latino activists during the AIDS epidemic and demonstrated their commitment to culturally sensitive HIV/AIDS care in the face of continued exclusion. The use of Spanish language materials indicated that, while staff members at Salud and La Clinica were bilingual, they recognized that many people lacked the support system to learn English. Furthermore, Latino activists emphasized connecting with at-risk individuals in convenient locations where they felt safe. The next chapter turns to activists' efforts to mobilize nationally and how they impacted gay and lesbian Latino life nationwide.

## Chapter 3

### Ya LLEGÓ: National Activism in a Regional Context

#### 3.1 Intro

This research began by looking at two (primarily white) institutions within the D.C. metropolitan area, the Whitman-Walker Clinic and the *Washington Blade* to analyze how racially exclusive language failed to acknowledge the existence of a rapidly growing Latino population with distinct health related needs. The second chapter examined the systems of community-based knowledge that Latino activists brought to HIV/AIDS outreach and the specific tactics they employed to effectively communicate with their community. This chapter magnifies their local efforts by demonstrating how Latinos employed knowledge of their community on a national scale and created networks that transcended regional boundaries. It asserts that the National Latino Lesbian and Gay Organization (LLEGO) played an integral role in fighting HIV/AIDS within the gay Latino community until its closure in 2004 and should be considered as influential as comparable mainstream organizations, such as ACT-UP which lasted for a shorter time. ACT-UP focused exclusively on HIV/AIDS policy and undertook flashy protests intended to influence public opinion and draw attention to the government's failure to address the crisis. Both ACT-UP and LLEGO focused on policy change on a national level, though ACT-UP eventually split into different factions due to internal disagreements. Housing Works, which evolved out of ACT-UP's minority leadership, eventually focused on direct services and providing adequate living spaces to people with AIDS since homelessness remained a central issue to non-white HIV positive individuals.<sup>208</sup> LLEGO, on the other hand, maintained a relatively united front and encouraged

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<sup>208</sup> Lune, 75.

LGBT Latino political mobilization, especially against HIV/AIDS, for seventeen years before closing its doors due to substantial financial troubles.

Moisés Agosto-Rosario moved from Puerto Rico to New York City in 1988 to seek out better treatment options after discovering he was HIV positive. He became involved in New York's ACT-UP and described the first meeting he attended, where activists chanted "ACT UP, fight back, fight AIDS" as a "religious experience."<sup>209</sup> He acknowledged that at this point, he did not fully understand the racial politics of the United States and the dearth of people of color initially did not stand out to him as particularly problematic. He quickly learned, however, that the lack of non-white voices correlated with a lack of outreach efforts within Latino, Asian, and African-American communities and became a founding member of ACT-UP's Latino Caucus. Agosto-Rosario noticed not only an absence of Latino voices, but a disparity within Latino knowledge of virology, bacteriology, and the ability to understand the scientific literature on the continually developing treatments which translated to less feedback on clinical trials by Latinos. He decided to dedicate his free-time to learning the scientific terminology needed to communicate with medical professionals and disseminate information on drug trials and advanced practices of care. His work with ACT-UP and the publication he founded in New York, *SIDAAhora*, drew the attention of LLEGO members. They invited him to D.C. for an "AIDS clinical trials training."<sup>210</sup>

Eventually, Agosto-Rosario helped develop the Treatment Advocacy and Education Department at the National Minority AIDS Council and relocated to D.C. LLEGO's initial invitation to D.C., however, clearly articulated their far-reaching network. While Agosto-Rosario did become an integral member of the D.C. gay and lesbian Latino community and organized on

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<sup>209</sup> Moisés Agosto-Rosario, "Latinas/os and the AIDS Treatment Advocacy Movement," in *Queer Brown Voices: Personal Narratives of Latina/o LGBT Activism*, eds. Uriel Quesada, Letitia Gomez, Salvador Vidal-Ortiz (Austin: University of Texas Press, 2015), 173.

<sup>210</sup> *Ibid*, 178.

a national level through the National Minority AIDS Council, LLEGO sought to include him in a clinical trials training that would positively impact the New York community when he still operated on a predominantly regional and local level. Headquartered in Washington, D.C., LLEGO helped unite small, grassroots organizations across the country and provided them with resources and knowledge in order to better combat HIV/AIDS within the Latino community.

When included in the literature on national organizations, people of color are often viewed as a subset of mainstream, national efforts. This partial inclusion mirrors the ways in which institutions treated minorities, as evidenced through Agosto-Rosario's experiences at ACT-UP. In reality, both African-American and Latino gays and lesbians participated in nationwide coalitions, like LLEGO, the National Minority AIDS Council, and The National Coalition for Black Lesbians and Gays, that changed how local, grassroots organizations conducted HIV/AIDS outreach. Given the intersectional nature of Latino AIDS activism, it is perhaps unsurprising that founding members of Enlace helped head LLEGO in D.C. This section focuses specifically on LLEGO and what it meant for a minority population to create such an extensive network nationwide. Furthermore, how did the headquarters situated in Washington, D.C. impact their efforts, if at all? What does it mean for a minority population with a large portion of undocumented and/or non-citizens to unite across the United States? How did native-born U.S. Latinos make claims against the state that opened up healthcare access for foreign born and undocumented Latinos? Did this national organization of gay and lesbian Latinos impact how mainstream clinics and institutions performed outreach efforts and culturally sensitive healthcare towards Latino communities?

The archives consulted for this portion of my research were limited and incomplete. Though the Benson Manuscripts Collection at The University of Texas at Austin contains 38 linear feet of LLEGO documents, only 250 pages of content have been digitized. Lacking the resources to visit

Austin, I rely on news articles published in the *Blade*, information from *Noticias de Enlace*, and oral histories to fill in the archival gaps.

### 3.2 LLEGO Begins – Significance of the Organization

The National Gay and Lesbian Latino Organization, LLEGO, began, as previously stated, in 1987 as a result of a series of meetings between Latino activists nationwide, though primarily in California and Texas. The desire to develop a Latino national organization started months before the Second March on Washington in October of 1987, but the solid formation of the group happened the day before the march. Originally called the National Latino/a Lesbian and Gay Activists (NLLGA), the group changed its name shortly after it started “because the acronym, NLLGA, when pronounced, meant “buttocks” in Spanish.”<sup>211</sup> Brad Veloz and Michael Rodriguez remembered the meeting being “tremendous” and something that opened their eyes to “another world out there.”<sup>212</sup> They also had strong memories of Enlace’s role in the formation of LLEGO. Latino activists from across the country asked Enlace to help organize housing, hand out flyers, and provide meals for visiting gay and lesbian Latinos at the March. Veloz and Rodriguez recalled hosting roughly fifteen lesbians, remembering how energetic and excited the vibe was.

Creating LLEGO, according to Dennis Medina, “seemed like the natural next step.”<sup>213</sup> An informational pamphlet distributed by LLEGO after its non-profit incorporation articulated its goals as such: “LLEGO is an organization dedicated to building a national network of lesbian and gay Latinas(os) to aid in addressing our concerns locally, state-wide and nationally. LLEGO was formed to educate and sensitize ourselves as well as our Latino and non-Latino communities on

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<sup>211</sup> Letitia Gomez, “No te rajes – Don’t Back Down! Daring to Be Out and Visible,” in *Queer Brown Voices: Personal Narratives of Latina/o LGBT Activism*, eds. Uriel Quesada, Letitia Gomez, Salvador Vidal-Ortiz (Austin: University of Texas Press, 2015), 128.

<sup>212</sup> Interview with Brad Veloz and Michael Rodriguez, Rainbow History Project, 2001.

<sup>213</sup> Dennis Medina, *Queer Brown Voices*, 58.

issues related to homophobia, sexism, and discrimination.”<sup>214</sup> They also stressed the importance of promoting “artistic and educational expressions that explore our history, struggles and contributions to our communities.”<sup>215</sup> Though LLEGO, much like Enlace, remained focused on combating homophobia within the Latino community and demonstrating a strong Latino presence within the gay and lesbian community, they also highlighted the issue of devastating HIV/AIDS infection rates.

Like many of the community-based organizations mentioned in the previous two chapters, LLEGO experienced financial setbacks during the early 1990s. An early recipient of CDC funds to perform HIV/AIDS outreach to the Latino community, LLEGO lost the grant money shortly thereafter due to “a change in the way the CDC awarded AIDS prevention program grants to community-based organizations.”<sup>216</sup> For unspecified reasons, LLEGO no longer qualified for CDC grant money. In 1995 when Letitia Gomez temporarily stepped down from LLEGO’s leadership, she told *Blade* reporter José Zuniga that the organization nearly closed its doors in the early 1990s as a result of the funding cut. During LLEGO’s financial crisis, she worked as a part-time executive director helping LLEGO ultimately regain CDC grant money in 1993, restoring the nonprofit to its fully functioning capacity. By 1995, LLEGO boasted a membership base of over 800.<sup>217</sup>

LLEGO operated on what could be considered a radical platform dedicated to gender, racial, and sexual equality. With Latino visibility and gay and lesbian equality at the forefront of their operation, the organization extended voting privileges and decision making power to voting members—defined as anyone who identified as “Lesbian, Gay, Bisexual, Transsexual,

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<sup>214</sup> Latino (a) Lesbian & Gay Organization (LLEGO) Fact Sheet, Undated, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>215</sup> Ibid.

<sup>216</sup> José Zuniga, “Letitia Gómez is ‘LLEGO’s guiding light,’” *Washington Blade* (Washington, D.C.), August 11 1995.

<sup>217</sup> Ibid.



Transperson, or Tranvestite orientation and the Latina(o), Chicana(o), Mexican, Puerto Rican, Cuban, Central American, South American, Caribbean, Hispanic, or Spanish ethnic origin.”<sup>218</sup> While LLEGO members created a safe-space for their converging identities and ensured that the voices of LGBT Latino/a individuals would be central to the organization, they opened the section on membership in their by-laws by stating everyone, regardless of race, gender, and sexuality, was welcome to join the coalition and perform the role of “ally, honorary, contributing, advisory and other categories.”<sup>219</sup> Such rhetoric demonstrated a deep commitment to inclusion and equality, combined with a concerted effort to protect LGBT Latino voices and organizational tactics, rather than permitting white or heterosexual members to dominate conversations and meetings. Foundational members also articulated a commitment to coalition building among other gay and lesbian organizations, emphasizing their desire to build and maintain relationships with other groups geared towards people of color. In fact, the impetus for starting LLEGO emerged from a conference in 1986 for “3<sup>rd</sup> World People of Color” in California.<sup>220</sup> The year after the March on Washington, in 1988, LLEGO and the Coalition of Black Lesbians and Gays held a conference at the University of California, Los Angeles. While each organization hosted its own events, they did participate in a joint lunch, demonstrating their mutual commitment to cross-cultural coalition building.

Despite their commitment to unity, members understood their community not as a monolithic group, but one with diverse needs and multiple perspectives. They advocated for looking beyond their differences and banding together to deal with the more divisive issues, such as classism and

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<sup>218</sup> Draft By-Laws, page 3, Undated, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>219</sup> Ibid.

<sup>220</sup> Letitia Gomez Interview with Author—She couldn’t remember if it was LA or San Francisco.

nationalism.<sup>221</sup> To ensure the recognition of their diverse needs, LLEGO divided the greater United States into four regions, each with its own regional headquarters and two national representatives. In line with their commitment to diversity, LLEGO decided that each region should have gender parity in representation, allowing a spot for one man and one woman.<sup>222</sup> Members decided the national headquarters for the whole institution should be located in Washington, D.C., making the nation's capital central to the entire operation.

### **3.3 HIV/AIDS Work within the Community**

LLEGO employed a diverse set of tactics to combat rising HIV/AIDS infection rates within the Latino community. Unlike previously mentioned Latino led organizations, such as La Clinica del Pueblo and Salud, LLEGO operated on a much larger scale and did not offer direct services. Additionally, La Clinica and Salud dealt with a significant number of gay and lesbian Latinos, but remained predominantly heterosexual. LLEGO, much like Enlace on a local level, sought to unite gay and lesbian (and later, LGBT) Latinos socially and politically. That HIV/AIDS action plans became central components of their by-laws demonstrated the social and political environment of the time. As Gomez stated, “activism to me is really about being out, being heard, and being present and making our presence known.”<sup>223</sup> LLEGO reflected the intertwined nature of HIV/AIDS work and gay and lesbian activism during the 1980s and 1990s. Being visible meant addressing the issue of HIV/AIDS. With so many young, gay and bisexual Latino men dying from AIDS, LLEGO undertook concerted efforts to connect visibility and HIV/AIDS education and outreach.

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<sup>221</sup> Draft By-Laws, page 25.

<sup>222</sup> Letitia Gomez, Interview with Author.

<sup>223</sup> Ibid.

When LLEGO members convened in Houston, Texas from May 21-25, 1992, they articulated the organization's identity as "a national network dedicated to the development of leadership, the advancement of a Latina/o lesbian and gay agenda, and the formulation of a national HIV/AIDS policy that reflects the needs and concerns of gay and lesbian Latinas/os."<sup>224</sup> They noted that one of their current projects included a joint venture with the National Task Force on AIDS Prevention to develop a Spanish-language workshop titled "Sensual, Saludable Y Más Seguro" that targeted bisexual and gay Latino men.<sup>225</sup> Unlike the local, D.C. community based organizations that focused on getting condoms and (Spanish) pamphlets into Latino hands, like Enlace, LLEGO was committed to policy development to change how Latinos engaged with health facilities and informational materials. At the same conference in 1992, Moisés Agosto-Rosario presented at a day-long panel called "Treatment Options & Experimental Clinical Trials Institute."<sup>226</sup> LLEGO sought to provide attendees with knowledge on HIV/AIDS medical developments and to help them hone their fundraising, resource development, and leadership skills. Not only was LLEGO developing powerful networks throughout the country, they were solidifying what it meant to be LGBT and Latino. In doing so, they developed a national political contingent of Latino LGBT activists that understood the ramifications of invisibility.

### **3.4 The CDC**

In 1993, LLEGO won a \$420,000 grant from the Center for Disease Control (CDC). The CDC grant money funded a newly developed program called Training Assistance and Training on AIDS Projects (TATA). According to Sidney Brinkley who covered the award for the *Washington Blade*,

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<sup>224</sup> El Primer Encuentro Nacional, Agenda for the 90's: *Salud, Cultura y Raíces*, Our Survival in the Face of HIV/AIDS, may 21-25, 1992, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>225</sup> Ibid.

<sup>226</sup> Ibid.

the TATA money would help the organization “offer technical assistance to the more than 75 Gay Latino groups around the country.”<sup>227</sup> Though still a relatively young organization, LLEGO succeeded in developing strong national relationships within its different regional locations and hosted several conferences. Brinkley made sure to mention the fact that LLEGO was the first gay Latino group to receive CDC funds. Additionally, LLEGO “struck an agreement with that organization (National Task Force on AIDS Prevention) in which NGLTF will now refer all inquiries they receive from Gay Latinos to LLEGO.”<sup>228</sup> This appeared to be a continuation of a previous policy established in 1988 where “LLEGO was subcontracted by the National Minority AIDS Council to provide culturally sensitive workshops and AIDS education to the Latino Gay community.”<sup>229</sup> That other organizations agreed to refer clients to LLEGO, and that they managed to win such a large grant from the CDC, demonstrated that this institution had, in a very short period of time, fortified its position at a national level. A few years earlier, the palpable need for an organization focused on HIV/AIDS within the gay, Latino community could be felt at a reception that introduced their board members held in 1989 at “the National Conference of HIV Infection and AIDS among Racial and Ethnic Minorities.”<sup>230</sup> Doug Hinkle reported that “the reception was so well attended by that the crowd overflowed into the hall.”<sup>231</sup>

In 1995, LLEGO and the CDC collaborated to release *La Guía: A Resource Guide for Lesbian, Gay, Bisexual, and Transgender Latinos*. Published in Washington, D.C., LLEGO and the CDC compiled *La Guía* to direct LGBT Latinos to clinics and organizations within their geographical region that could offer competent, culturally sensitive healthcare. Many of the organizations listed

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<sup>227</sup> Sidney Brinkley, “LLEGO Wins CDC Grant,” *Washington Blade*, (Washington, D.C.), November 5 1993.

<sup>228</sup> Ibid.

<sup>229</sup> Naina Ayya, “Out in Numbers: LLEGO,” *Washington Blade*, (Washington, D.C.), February 2, 1990.

<sup>230</sup> Doug Hinkel, “LLEGO to ‘fight for human rights,’” *Washington Blade*, (Washington, D.C.), August 18, 1989.

<sup>231</sup> Ibid.

received LLEGO funding through TATA. Money from the CDC and LLEGO supported TATA's efforts to combat HIV/AIDS within the Latino community by allowing them to donate funds to HIV/AIDS preventative and educational projects. This guide included a variety of resources designed to serve the LGBT Latino community, but an overarching trend towards HIV/AIDS services was visible within the pages.<sup>232</sup>

This publication offers insight into the types of programs developed by Latino organizations around the country. For example, the Tarzana Treatment Center AIDS Education and Prevention Project located in Tarzana, CA boasted a mobile HIV testing unit much like Salud's renovated school bus. The blurb they sent in for *la Guía* mentioned targeting undocumented and recently immigrated Latinos, as well as prison pre-release planning. The prison pre-release planning undertaken by the Tarzana Treatment Center demonstrated community knowledge of systemic inequalities that resulted in high rates of incarceration amongst the Latino population. However, unlike Whitman-Walker's intention to target African-American and Latino bisexual and gay men in the court system which presumed criminality, this program sought to help rehabilitate rather than punish.<sup>233</sup>

Like the previously mentioned organizations based in Washington, D.C., those included within the *Guía* emphasized connecting with other Latino LGBT individuals, combatting homophobia within the Latino community, culture, art, and HIV/AIDS prevention and education.<sup>234</sup> The act of compiling this list with institutions dedicated to LGBT Latinos, their phone numbers, email addresses, and, when applicable, websites, across the country served to unite the broader LGBT

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<sup>232</sup> *La Guía: A Resource Guide for Lesbian, Gay, Bisexual and Transgender Latinos*, A National Latino/a Lesbian and Gay Organization & CDC National AIDS Clearinghouse Collaborative Project, May 1995, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>233</sup> *Ibid.*

<sup>234</sup> *Ibid.* – groups like Club Antorcha in Cambridge, MA, Entre Hermano in Seattle, WA, and Lesbianas Latinas de Tucson in Tucson AZ- to name just a few to give a perspective of the wide range of data collected.

Latino community within the U.S. and Puerto Rico. Furthermore, the diversity of organizations LLEGO chose to include denoted a commitment to intersectional activism. With a strong emphasis on HIV/AIDS prevention, and much of their funding dedicated specifically to HIV/AIDS education, LLEGO never lost sight of its other goals. The intended audience of their resource guide was anyone that fit into the broad category of LGBT Latino, not just those in need of HIV care.

LLEGO held a press conference on May 24, 1995 in order to address newly released statistics by the CDC that showed “communities of color continue to be hardest hit by AIDS.”<sup>235</sup> This press release coincided with their third national conference in D.C., the first two have been held in 1992 and 1993 in Houston, Texas and San José, California respectively.<sup>236</sup> The CDC’s research claimed that a lack of culturally sensitive programs geared towards gay and bisexual Latino men resulted in the high national rates of HIV/AIDS infection within the community. This study quantitatively supported what activists at LLEGO already knew. LLEGO had been partnering with outside organizations for years to train staff on culturally sensitive methods for prevention outreach. In D.C. in 1991, they joined the National Institute of Allergies and Infectious Diseases to train thirty staff members from programs across the country that offered Latino HIV preventative programs.<sup>237</sup> Not only did they host a training in D.C., but the California Department of Health subcontracted LLEGO to “develop a bilingual community-wide awareness campaign of Alternative Test

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<sup>235</sup> Press Conference to Address Disproportionate Impact of HIV/AIDS on Latino/a Community: New Study Finds Lack of Behavioral Research, Culturally Appropriate Prevention Programs for Latino Gay & Bisexual Men, May 24, 1995, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>236</sup> Tercer Encuentro Nacional: The National Latino/a Lesbian & Gay Organization, Undated, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

<sup>237</sup> El Segundo Encuentro Nacional: The National Latino/a Lesbian and Gay Organization (LLEGO), Undated, San Antonio Lesbian and Gay Assembly Records, University of Texas at San Antonio Libraries Special Collections, San Antonio, Texas, Digitized.

Sites.”<sup>238</sup> LLEGO had been producing culturally sensitive materials well before the CDC study acknowledged racial inequality within the healthcare sector.

### **3.5 The importance of D.C. and transregional activism**

From the beginning, LLEGO dedicated itself to connecting LGBT Latinos across the greater United States, including Puerto Rico. However, the position of its headquarters in Washington, D.C. was significant due to the proximity to the Federal Government and the large Central American immigrant population. Since the gay and lesbian Latino community in D.C. lacked established networks of care prior to the epidemic, activists rushed to foster community during the HIV/AIDS epidemic.<sup>239</sup> Naturally, LLEGO’s membership base in D.C. initially consisted primarily of Enlace’s constituents. For example, Letitia Gomez acted as the executive director for several years and her name appears consistently on LLEGO’s publications and records. Other previously mentioned individuals, like Brad Veloz and his partner Michael Rodríguez, participated in both Enlace and LLEGO. Interestingly enough, Veloz and Rodríguez moved back to Texas where Veloz was elected to the San Antonio Community Action Advisory Board and became the first openly gay representative in the local community. The Board advised the city on how best to offer emergency housing, food, and bill assistance for needy residents. At the time of his election, Veloz was serving as the Southwest Region Representative of LLEGO. As an active member of LLEGO’s Texas chapter, he continued linking regional gay and lesbian groups to national efforts.<sup>240</sup>

Though the D.C. Latino community was still relatively small and isolated compared to cities across the country with larger and more established communities, D.C. gay and lesbian Latinos

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<sup>238</sup> Ibid.

<sup>239</sup> For more information on some established communities see Jennifer Brier or Howard Lune.

<sup>240</sup> “San Antonio Quick Note: Openly gay Latino candidate elected to San Antonio city board position,” *New Voice* (San Antonio, Texas), August 5, 1993.

directly impacted local LGBT Latino organizations in other regions through disbursing grant money from the CDC and participating in activism on a federal level. Though HIV/AIDS education remained central to their mission, LLEGO members advocated for additional issues pertaining to the LGBT Latino community. For example, on June 20, 1994, Letitia Gomez testified before the Subcommittee on Select Education and Civil Rights at a hearing held in New York City. The hearing, titled “Employment Discrimination Against Gay Men and Lesbians,” focused on the fact that “currently no Federal protection against job discrimination on the basis of sexual orientation” existed within the United States.<sup>241</sup>

Still serving as the Executive Director in 1994, Gomez argued that gay and lesbian Latinos faced more employment discrimination than their white and African-American counterparts due to the fact that “Latinos are viewed as foreigners.”<sup>242</sup> She recounted the poignant employment struggles of Angela Romero, a member of Denver’s police force. Due to the lack of job protection experienced by gays and lesbians in the 1980s, Romero found it very difficult to fight the prejudice and biases she experienced daily as a police officer. Gomez reported that “the local American Civil Liberties Union would not take her case” and that “her fellow officers would not respond to her calls for backup.”<sup>243</sup> While Romero was able to keep her job due to Denver’s passage of a civil rights ordinance, she suffered through four years of “emotional and mental torment” as a result of her status as a second-class citizen. Gomez concluded by urging the committee to consider adopting legislation to protect LGBT individuals from employment discrimination. Additionally, she stated very clearly that such legislation would not be giving gay, lesbian, bisexual, and

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<sup>241</sup> U.S. Congress, House of Representatives, Committee on Education and Labor, *Employment Discrimination against gay men and Lesbians Before the Subcommittee Select Education and Civil Right*, 103 Congress, 2<sup>nd</sup> Sess., 1994, 44-47.

<sup>242</sup> Ibid.

<sup>243</sup> Ibid.



transgender citizens special accommodations, but would simply afford them the same rights as everyone else. Her participation in this congressional hearing illustrated the LLEGO's commitment to intersectional activism. Furthermore, it demonstrates the involvement of LGBT Latinos in the national struggle for equal rights and shows how the D.C. community, though smaller in number than California or New York, participated in and impacted the community nationwide.

Letitia Gomez was not the only LLEGO member to testify before Congress. On September 16, 1994, LLEGO's Director of AIDS Program, Martín Ornelas-Quintero, who later served as LLEGO's Executive Director, testified before the Human Resources and Intergovernmental Relations Subcommittee on the disproportionate impact of HIV/AIDS within the Latino community.<sup>244</sup> Ornelas-Quintero argued that the greatest challenge the Latino/a community faced in the United States was a lack of political visibility. He also asserted that the diversity within communities of color led to agencies failing to specifically address the needs of the Latino community. He stated that "unfortunately, when you look at funding that is allocated for AIDS services, you see that this community does not receive funding commensurate with the numbers infected."<sup>245</sup> Before Congress, he called for a redistribution of the available HIV/AIDS education and prevention resources and for the development of new programs within local communities to address the "social, cultural, and linguistic needs" of individual communities.<sup>246</sup>

Testifying before Congress on the lack of HIV/AIDS funding targeting the Latino community, LLEGO continued to push for monetary inclusion during the AIDS crisis. Even though by 1994

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<sup>244</sup> Ornelas-Quintero was the executive director of LLEGO in 2001 David Kirby, "Coming to American to be Gay: For gays and lesbians from Latin America, coming out often means joining the sexual migration to the U.S." *Advocate* (Baton Rouge, Louisiana), March 27 2001.

<sup>245</sup> U.S. Congress, House of Representatives, Committee on Government Operations House of Representatives, *AIDS and HIV Infection in the African American Community Before the Subcommittee on Human Resources and Intergovernmental Relations*, 103 Congress, 2<sup>nd</sup> Sess., 1994, 106-109.

<sup>246</sup> *Ibid.*

LLEGO had recovered from the initial loss of CDC grant money in the early 1990s and won additional funds, financial inequality plagued Latino led organizations. Both Gomez's and Ornelas-Quintero's participation in congressional hearings demonstrated how localized D.C. gay and lesbian politics helped influence national efforts to combat homophobia, racism, and HIV/AIDS infection rates within the Latino community.

On a local level, LLEGO members made appearances on public radio and television stations in order to address the heterosexual Latino population and highlight the existence of LGBT Latinos. One member described being interviewed by Peter Jennings for the PBS *AIDS Quarterly* show. She said, "several Latinos who from the Kansas City area came up to us at the conference and said, "I thought I was the only one."<sup>247</sup> (*sic*) These actions served a dual purpose, they increased visibility of gay and lesbian Latinos, but also provided a space for activists to highlight the impact of HIV/AIDS within the community.

### **3.6 Chapter 3 Conclusion**

Though histories of ACT-UP eclipse other stories of regional and national HIV/AIDS activism, I demonstrated that LLEGO members effectively fought against policy inequality for both the LGBT community and the Latino community. They impacted local, grassroots Latino organizations by providing funding for HIV/AIDS services through CDC grant money. Furthermore, LLEGO helped solidify a distinct LGBT Latino identity through its conferences that united activists from across the country and stressed unity in the face of cultural differences.

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<sup>247</sup> Naina Ayya, "Out in Numbers: LLEGO," *Washington Blade*, (Washington, D.C.), February 2, 1990.

## CONCLUSION:

### Where Do We Go from Here?

This thesis reconstructed and situated the efforts of Latino activists in Washington, D.C. during the AIDS epidemic while linking their struggles to broader racial exclusion from the gay and lesbian community. Even though the Latino community in D.C. was smaller and comprised largely of recent immigrants, I argued that activists used knowledge regarding immigration issues, language barriers, and identity differences to successfully challenge racially exclusive discourses and healthcare practices throughout the AIDS crisis. Their dedication resulted in the formation of the Office of Latino Services at the Whitman-Walker Clinic and increased media coverage of their actions in the leading lesbian and gay newspaper, *The Washington Blade*. Activists and health care institutions struggled against fiscal inequality in order to provide educational preventative materials and life-saving treatments to their community.

Despite a lack of gay and lesbian Latino resources prior to the start of the epidemic, Latino activists succeeded in creating safe-spaces for themselves that acknowledged their intersectional identities while performing HIV/AIDS education and outreach to the broader Latino community. They banded together with outside organizations at crucial moments to support the immigrant community and fight back against gay and lesbian employment discrimination. They even founded and maintained a long-lasting national organization that fought against racism, homophobia, and HIV/AIDS. The efforts of Latino gay and lesbian activists in D.C. helped win CDC contracts to fund local, grassroots organizations across the country. D.C., therefore, can be seen as an important location to study gay and lesbian Latino history during the AIDS crisis, even though places like New York, Texas, and California had larger Latino populations.

There were a few challenges I encountered throughout this project. Very little has been written on HIV/AIDS or the gay and lesbian community in the D.C. region. As such, this project first had to undertake the task of reconstructing the impact of AIDS on D.C. before being able to address Latino-specific barriers to health care. Additionally, given the sensitive nature of this project, records from health clinics such as Whitman-Walker and La Clinica del Pueblo were woefully incomplete. I had to rely exclusively on second-hand documents, such as the *Blade*, for information on Salud since I never found a repository of their documents. There are significant gaps in information pertaining to these clinics. Their structure and exact ways of conducting outreach were difficult to recreate. Only large scale campaigns were mentioned in the *Blade* or recorded in their own newsletters. The dates and locations of safe-sex parties held by Enlace were not kept and I knew of them only through oral interviews. The high number of AIDS activists that passed away from AIDS meant that I was only able to conduct three oral interviews and all three activists that I spoke with arrived in D.C. at drastically different times and participated in different organizations. These limited records obscured the lived reality of AIDS within the Latino community. Much of the source material focused on how to best stop the spread of HIV in D.C., but did not contain the voices of people with AIDS or their loved ones. Out of necessity, this thesis focused on public health and activism rather than the lives, and often deaths, of HIV positive Latinos. These records do, however, allow one to see the resilience and resistance of activists in the face of a health crisis and the measured efforts they took to try and help their community.

Despite these challenges, I found more sources than I anticipated and did not have ample time to incorporate everything into one thesis. The issue of Asian Latinos facing discrimination within Latino organizations was touched on minimally within this thesis, despite evidence that at least

two Asian Latinos attended their meetings.<sup>248</sup> Letitia Gomez mentioned in our interview that racism was, and continues to be, a problem within the Latino community. She remembered staffing an informational booth at the black, gay D.C. pride in the 1990s and having two Afro-Latinos express their surprise that Enlace was acknowledging their identity.<sup>249</sup> There is room for future scholarship to more critically address racial exclusion with the D.C. gay and lesbian community as well as HIV/AIDS healthcare.

Additionally, the differences between U.S. and Latin American understandings of sexual identity and the relation of identity to HIV/AIDS care deserves a deeper analysis though it did not entirely fit into the parameters of this study. It is my hope that this research will pave the way for future scholars to conduct studies of Latinos during the AIDS crisis and the intersecting issues that kept, and still keep, many Latinos from accessing culturally sensitive educational materials and antiviral medications.

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<sup>248</sup> Ric Mendoza mentioned having an Asian friend that felt excluded from Enlace in his interview with the Rainbow History Project and Nicolas Shi articulated similar issues to me and to the RHP.

<sup>249</sup> Letitia Gomez, interview with author.

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