The Paradox of Inclusion: Queer Women and the Women's Health Movement, 1960s-1980s

Delaney Koontz
Department of History
The University of Colorado at Boulder

Under the Supervision of:
Primary Advisor: Dr. Phoebe Young, Department of History
Honors Council Representative: Dr. Sungyun Lim, Department of History
Outside Reader: Dr. Alison Hatch, Arts & Sciences Honors Program

Defense Date: April 5, 2022

Table of Contents

Introduction

In 1960, the FDA approved a contraceptive pill called Enovid, to which many attribute the beginning of the second women's rights movement in the United States. Three years later, Betty Friedan released *The Feminine Mystique*, inspiring women across the nation to form grassroots movements in the fight for a variety of rights. Like the rest of the women's rights movement, the women's health movement was based on grassroots organization. Sandra Morgen describes the movement as widespread and national, yet with many points of emergence.[1] Seemingly simultaneously, multiple foundational events occurred that inspired the appearance of many groups centered around women's health, thus marking the beginning of the nationwide movement for women's health.

In 1969, a group of women in Boston formed, calling themselves "the doctor's group." In this group, they discussed the ways in which they felt wronged by the male-dominated medical field. They decided to compile their thoughts into a pamphlet called *Women and their Bodies*, printed and sold for $0.35 in 1970. The group, now called the Boston Women's Health Book Collective, revised, expanded, and republished this pamphlet into a book called *Our Bodies, Ourselves* in 1971. This book focused on several topics, such as pregnancy, childbirth, birth control, sexually transmitted diseases, and abortion. Over the next 40 years, the Boston Women's Health Book Collective would release an additional nine editions of *Our Bodies, Ourselves*.

In Spring of 1969, at a meeting for "Voters Committed to Change" in Chicago, several women shared stories of their experiences when trying to obtain a safe and legal abortion. Unsurprisingly, their stories demonstrated the massive difficulties women faced when trying to get an abortion. From these conversations, the Abortion and Counseling Service of Liberation

---

[1] Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Jersey: Rutgers University Press, 2002), 13, https://archive.org/details/intoourownhandsw0000morg/page/13/mode/1up?q=emergence

formed an organization called “Jane." Women seeking abortions would leave a message for “Jane”, and one of their members would return their call and assist the woman calling in acquiring a safe, yet illegal, abortion. Eventually, Janes learned and began performing abortions themselves to make them more affordable. Four years later, the Supreme Court legalized abortion in *Roe v. Wade*, and Jane shut down.[2]

In April 1971, Carol Downer demonstrated how to do a vaginal self-examination to a group of women at Everywoman’s Bookstore in Los Angeles. This demonstration was a catalyst for change to come: suddenly women were practicing self-exams with each other weekly and teaching their peers how to examine themselves. Then, Downer, along with Lorraine Rothman traveled around the country, showing women how to do self-exams and menstrual extraction, which was a technique used to extract the entire menses at once.[3] In 1972, they opened one of the first women’s clinics in the country: Los Angeles Feminist Women’s Health Center.[4]

In 1969, Barbara Seaman exposed the dangerous side effects of oral contraceptives, and the failure of the drug companies to inform patients of these side effects, in her study *The Doctors’ Case Against the Pill*. Simultaneously, Belita Cowan exposed the side effects of the morning-after pill. Once Seaman and Cowan met, they began discussing the possibility of forming a lobbying group dedicated to women’s health issues. And thus, in 1974, the National Women’s Health Network was founded.[5]

These four events, along with many others, catalyzed the beginnings of the women’s health movement. The women’s health movement was at its core a grassroots movement, focusing on these main aspects of women’s health: education, clinics, abortion, and birth control.

---

[2] Ibid., 5-7.

[3] Rebecca Grant, “What Is Menstrual Extraction? Inside The Controversial Technique That Could Help Women,” *Mic*, 2016, https://www.mic.com/articles/148568/what-is-menstrual-extraction-inside-the-controversial-technique-that-could-help-women.

[4] Morgen, *Into Our Hands*, 7-8.

[5] Ibid., 9-10.

Simultaneously, several other such grassroots movements and organizations arose that focused on more radical rights for queer women. Although there had been other lesbian organizations earlier in the century, such as the Daughters of Bilitis in the 1950s and 60s, the Stonewall Riot of June 28, 1969, ignited a more radical, open movement towards gay and lesbian liberation. Gay men and lesbians around the country united to lobby and campaign against anti-gay initiatives. They fought for the right to be open about their sexuality at work and opposed the campaigns of Anita Bryant, who wanted to repeal anti-discrimination laws.[6] The movement worked to combat the overt and malicious homophobia present in the broader "women's movement," which was characterized by leaders such as Betty Friedan calling lesbians the "lavender menace" and claiming that their involvement in the women's movement was not wanted.[7] The movement was also incredibly transphobic; lesbian women and transgender women often butted heads at the forefront of the movement itself.[8]

Lesbian activism itself was divided into two different perceptions of lesbianism. Older middle and working-class lesbians, who were at the center of quiet activism in the 1950s and 60s, only to gather in lesbian bars and softball leagues, followed the essentialist belief: they believed they had been born gay.[9] Younger, more radical lesbians stemmed from the women's movement to form the lesbian-feminist movement. These women believed that the only way one could be a true feminist was to denounce any semblance of the patriarchal society that led to the oppression of women, including heterosexuality. They thus chose to become lesbians in the name of feminism.[10]

---

[6] Lillian Faderman, *Odd girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America* (New York: Columbia University Press, 2012), 199.

[7] Rachel Shteir, "Why We Can't Stop Talking About Betty Friedan," *New York Times,* February 3, 2021.

[8] Alyssa A. Samek, "Violence and Identity Politics: 1970s lesbian feminist discourse and Robin Morgan's 1973 West Coast Lesbian Conference keymote address," *Communication and Critical/Cultural Studies* 13, no. 3 (January 2016): 235, https://doi.org/10.1080/14791420.2015.1127400.

[9] Faderman, *Odd Girls*, 189.

[10] Ibid.

As these two factions of lesbians blended into one large group of queer women, the social aspect of a queer woman's life began to mold to fit both of these lifestyles. The prevalence of bars and softball leagues as places for lesbians to gather "inconspicuously" remained intact as the times transitioned from the more conservative 1950s into the radical and free 1970s. Lesbians and other queer women frequented designated bars and formed softball leagues to create a sense of community amongst them. The feeling of liberation permeated throughout the community as well, so that non-monogamy became increasingly popular among lesbians. As a result of these trends, both alcoholism and venereal disease were quite prevalent within the queer community.

On the one hand, the women's health movement was a bustling grassroots organization that emerged from several different points, all converging on the clinical and educational aspects of women's health that had been to this point largely ignored. On the other hand, lesbian movements had been arising since the 1950s and 60s, and the 1970s saw an uprising in the radical lesbian movement; new identities within lesbianism arose and objectives shifted to fit this new identity. Where do these two movements converge upon one another? What happened when queer women encountered the women's health movement? How did women health activists engage with the lesbian community?

This thesis examines the intersection between the women's health movement and lesbian/queer women in the US between the 1960s and 1980s. Based on research into these questions from the first publication of *Our Bodies, Ourselves* to the onset of the AIDS crisis, I argue that the women's health movement marginalized queer women through a paradox of implicit exclusion and explicit inclusion. Queer women were initially implicitly excluded from the publications of the women's health movement, namely, *Our Bodies, Ourselves*. Then, as a result of a push to include queer women, sectors of the women's health movement made the

effort to explicitly include lesbians through the introduction of lesbian-specific publications or clinic days. However, this explicit inclusion only led to more implicit exclusion from the other areas of the movement, because these efforts of inclusion were often insufficient, and created the perception of a lesser "need" to include queer populations elsewhere. I will also argue that these different sectors had an impact on the ways in which queer women were treated in other areas. By the early 1980s, we see an increased sense of inclusion of queer women in *Our Bodies, Ourselves*. However, the exclusion in the earlier versions had already embedded itself in the women's health clinics. Furthermore, the legalization of abortion and the AIDS epidemic emphasized this exclusion and escalating tensions led to hostility towards queer women, and the further marginalization of queer women from the women's health movement.[11]

I use the word "marginalization" because it encompasses a broader array of conditions that queer women experienced within the women's health movement. Marginalization, in the way I am using it, includes overt, concrete examples of exclusion as well as the more inconspicuous ways in which lesbian health issues were pushed into the periphery, or simply ignored, as a result of the already existing stigma and perception of queer people. This term better describes the more subtle homophobia and exclusion that permeated the entire movement. While it is certainly possible that there were women within the broader women's health movement that were malicious towards queer women, there was no evidence in my source base that demonstrated the sense of malevolence towards queer women like there was at the forefront of the broader women's movement.

---

[11] In this paper, the word "queer" refers to any woman who doesn't have a "traditional" heterosexual identity. Thus, any woman who identifies as lesbian, bisexual fulfill this category. Unfortunately, as a result of the lesbian movement being adamantly anti-transgender, there are not enough sources on the state of transgender health care at this time to contribute in any meaningful way to this paper. Additionally, "feminism" refers to the ideology that women are equal to men. This term is not exclusionary; feminism, as it will be referred to in this paper, is the idea that all women, regardless of sexual or gender identity, are equal to men.

There has been plenty of research examining the divisions within the women's health movement and the broader women's rights movement, but a great deal of it has focused on racial divides rather than on queer women. For example, Anne Valk's essay "Fighting for Abortion as a 'Health Right' in Washington, D.C." highlights how the divide between black feminists in the Citywide Welfare Alliance (CWA) and white feminists in the Women's Liberation Movement (WLM) strengthened the fight for abortion rights by forming a coalition between their two groups.[12] Benita Roth emphasized the lack of cohesiveness between different racial groups in the fight for health rights in her book *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave*.[13] Jennifer Nelson's entire book *Women of Color and the Reproductive Movement* argues that the different goals between white women and black women were incredibly advantageous because it gave all of these different feminist groups a common goal.[14] As these examples suggest, the current scholarship on the women's health movement has been largely focused on the racial divisions within the women's health movement, and whether or not these divisions were beneficial in the fight for abortion rights. However, the state of queer women in the women's health movement is simply glossed over in both queer historiography and historiography surrounding the women's health movement.

Insofar as this question has been addressed, there has been some debate among scholars over whether queer women were actually excluded from the movement. Much of what is missing from the scholarship revolves around concrete investigation into whether or not queer women were marginalized. Most of the historiography lacks adequate evidence and reasoning behind the

---

[12] Anne Valk, "Fighting for Abortion as a 'Health Right' in Washington, D.C.," in *Feminist Coalitions: Historical Perspectives on Second-Wave Feminism in the United States*, ed. Stephanie Gilmore (Chicago: University of Chicago Press, 2008), 138.

[13] Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave,* (New York: Cambridge University Press, 2004) 178-179.

[14] Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003) 7.

claims. The scholarship that does include more evidence argues that queer women were excluded from the women's health movement. However, it is generally glossed over; there is no investigation into the process: how exactly queer women were marginalized from the women's health movement. This thesis aims to fill that hole and to explore how queer women were ignored in the women's health movement, as well as what social factors existed in order to ensure this marginalization. I will argue that the queer population wasn't intentionally marginalized from the women's health movement, but their health needs were largely ignored as a result of social factors like heterosexism; this marginalization is seen in the implicit exclusion/explicit inclusion paradox discussed above. Furthermore, I will argue that lesbians' specific health needs were ignored in both the clinical and educational aspects of the women's health movement and that the ways that these two sectors treated queer women were connected, and the exclusion established in one can be seen in the other. Finally, I will discuss the ways in which this marginalization escalated in light of the legalization of abortion and the AIDS epidemic.

There were and continue to be health needs that affect lesbians differently than they do other populations, as a result of the culture surrounding lesbianism. For example, drug usage and alcoholism was more prevalent in the lesbian population as a result of the heavily important bar scene for lesbian culture.[15] Furthermore, mental health issues were of massive importance in the lesbian community as a result of pressures behind coming out, as well as the consequences if one does so. These issues with mental health can also be related back to an overuse of alcohol and

[15] Faderman, *Odd Girls,* 163.

drugs. While the issue of venereal disease was not exclusive to lesbians, there was a misconception that lesbians were unaffected by venereal disease, which is untrue.[16]

Historiography on the involvement of queer populations in the women's health movement of the 1970s falls into two categories; queer historiography and historiography on the women's health movement. Historians within each of these classes disagree on whether or not the queer population was marginalized from the women's health movement. There is no consensus on the involvement of the queer population in the women's health movement; analyses range from the queer population being central to the movement to queer populations being completely absent. Furthermore, there doesn't seem to be an evolution in the historiography on the marginalization of queer women, or lack thereof, from the women's health movement. Although many of the following historiographies do make reference to one another, they do not converse in relation to queer women and the women's health movement, only about the women's health movement on the whole.

Some of both queer historians and historians of the women's health movement argue that the queer population was at the forefront of the women's health movement. For example, David Shneer and Caryn Aviv argue that lesbians were at the absolute center of the women's health movement. They write that "members of the feminist health movement and lesbian activists began self-publishing pamphlets about lesbian sex."[17] They claim that the women's health movement and pamphlets such as *Our Bodies, Ourselves* were about lesbian sex, which would indicate that the health movement itself was about queer populations. Not only do they make the

[16] "Lesbian Health Issues: An Annotated Bibliography," September 1977, Health, April 1972-June 28, 1993 and undated, Folder No. 05800, File 1, Lesbian Herstory Archives: Subject Files, LGBTQ History and Culture since 1940 Pt 1, Gale Primary Sources.

[17] Caryn Aviv and David Shneer, *American Queer, Now and Then* (New York: Routeledge, 2006), 92.

claim that queer populations were not excluded from the women's health movement, they also insinuate that lesbians were completely central to the movement.

Similarly, queer historian Eve Sedgwick argues that the women's health movement was revolutionary, rather than exclusionary, for queer folks. When discussing the role of feminism in breast cancer in queer women, Sedgwick writes, "I'd single out, in this connection, the contributions of the women's health movement of the 70s- its trenchant analyses, its grass-roots and antiracist politics, its publications, the attitudes and institutions it built and some of the careers it seems to have inspired."[18] By emphasizing the women's health movement of the 1970s in a discussion about breast cancer in queer women, Sedgwick demonstrates the importance of the women's health movement in queer health. This importance indicates that the queer population was certainly included in the women's health movement since it was so essential to queer health.

Historians of the women's health movement also claim that the queer population was included in the women's health movement. For example, Michelle Murphy emphasizes this view in her book *Seizing the Means of Reproduction: Entanglements of Feminism, Health and Technoscience*. She quotes the Boston Women Health Book Collective's (BWHBC) forward, which states, "In some ways, learning about our womanhood from the inside out has allowed us to cross over the socially created barriers of race, color, income, and class, and to feel a sense of identity with all women in the experience of being female."[19] Here, Murphy writes that "variety was nonetheless bound together through the common category of 'women.'"[20] Since BWHBC claims to cross over socially created barriers, they claim to include queer women in this

[18] Eve Kosofsky Sedgwick, *Tendencies* (Durham: Duke University Press, 1993), 13.
[19] Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Durham: Duke University Press, 2012), 84.
[20] Ibid.

unification across these barriers. By not contesting this claim, Murphy argues that the BWHBC is correct in this claim and that the queer population was included in the women's health movement and *Our Bodies, Ourselves*.

On the other hand, there are other historians that argue that the women's health movement excluded queer populations. For example, queer historian A. Finn Enke (formerly Anne Enke) argues in their book *Finding the Movement: Sexuality, Contested Space, and Feminist Activism* that the women's health movement, specifically women's health clinics, excluded the queer population. They write, "Although many of the proponents of self-help sexual health care were lesbian-identified women, the establishment of service-oriented clinics contributed to heteronormative bias within the nascent feminist health movement."[21] Enke highlights the heteronormativity present in the clinical setting in order to demonstrate the exclusion of the queer population. By assuming heterosexuality, the queer community is automatically marginalized because there is an assumption that they wouldn't be there in the first place. By creating these spaces in a way that doesn't include the needs of the queer population, they are implicitly excluded.

Several women's health movement historians argue that the women's health movement excluded queer women. Carol Weisman is one such historian. In her book *Women's Health Care: Activist Traditions and Institutional Change,* Weisman explains, "Although the movement attempted to address the needs of special groups (especially lesbians, minority women, and poor women)... the evidence suggests relatively few movement participants were poor, rural, or older."[22] Weisman indicates that the women's health movement failed to include these groups in

[21] Anne Enke, *Finding the Movement: Sexuality, Contested Space, and Feminist Activism* (Durham: Duke University Press, 2007), 200.

[22] Carol S. Weisman *Women's Healthcare: Activist Traditions and Institutional Change* (Baltimore: Johns Hopkins University Press, 1998), 73.

either the clinical or educational realm, although the movement attempted to include these groups because relatively few members were part of these minorities. Furthermore, Weisman states, "Lesbian women and women with disabilities have also formed organizations with health advocacy efforts."[23] The fact that lesbian women were forced to form their own advocacy groups suggests that they didn't find adequate support in the overall women's health movement. This confirms her argument that the women's health movement failed in its attempts to address the needs of the queer population. The lack of support for the queer population in the women's health movement demonstrates that this population was excluded, though not intentionally.

Moreover, the major historian in women's health, Wendy Kline, also argues that the queer population was excluded from the women's health movement. She argues this point in her essay "The Making of *Our Bodies, Ourselves*: Rethinking Women's Health and Second-Wave Feminism" as well as in her book *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave.* Kline discusses the exclusion of the queer population from *Our Bodies, Ourselves* in her discussion titled "Only about ⅓ of the book applies to me." Kline illustrates the controversy of lesbianism in *Our Bodies, Ourselves*. Many members of the queer population were happy to be included at all. However, Kline points out that other members of the queer population took issue with the fact that the chapter on lesbianism was separate from the rest of the book, and the rest of the book assumed heterosexuality in its readers.[24] Kline argues that since queer women were only included in a small portion of the book and were separated from the rest of the book, the population was excluded. Kline draws the connection between inclusion and integration in order to prove that the separation of queer health from the greater portion of the book indicates exclusion.

---

[23] Ibid., 76.

[24] Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: University of Chicago Press, 2010), 37-39.

Kline furthers this point in her essay "The Making of *Our Bodies, Ourselves*: Rethinking Women's Health and Second-Wave Wave Feminism" by discussing the relationship between the Boston Women's Health Book Collective and the authors of the chapter on lesbianism. She reveals that the women who wrote the chapter on lesbianism and the women who wrote the rest of the book had entirely different opinions on what should and shouldn't be included and on the general opinions in both the book and the chapter.[25] By highlighting the controversy, Kline reveals that the two areas of the book (those including queer health issues and those not) were completely separated from each other not only once produced, but in its inception as well. She emphasizes the fact that the separation of the two portions of the book corresponds to the separation and exclusion of queer people from the women's health movement.

Although all of these sources made arguments about whether the queer population was marginalized from the women's health movement, and Kline comes the closest to explaining how this might have happened, collectively, they fail to take a deeper look into the ways in which lesbians and queer women were either made a part of the movement or pushed aside. By analyzing the efforts made by collectives and clinics during the women's health movement, the public responses to these efforts, and the conditions present in health care at the time, we will see that while efforts were made to include queer women in the women's health movement, they were largely marginalized from the movement, especially when considering the social factors outside of the women's movement.

This thesis will take up these issues as central and investigate the question of whether and how queer women were excluded from the women's health movement in three main investigations. The first chapter, entitled "Lesbians and *Our Bodies, Ourselves*" will discuss the

[25] Wendy Kline, "The Making of *Our Bodies, Ourselves*: Rethinking Women's Health and Second Wave Feminism," in *Feminist Coalitions: Historical Perspectives on Second Wave Feminism in the United States*, ed. Stephanie Gilmore (Chicago: University of Illinois Press, 2008), 78.

ways in which the lesbian and queer population was marginalized from the educational aspect of the women's health movement. By examining the 1970, 1973, 1976, and 1984 editions of *Our Bodies, Ourselves*, we will see the paradox of explicit inclusion and implicit exclusion. This will be done by examining the several editions of *Our Bodies Ourselves*, as well as archives from the Boston Women's Health Book Collective that contain internal memos and letters. Using these, we will track the evolution of the inclusion of queer women in the book as more editions were released.

The second section, entitled "Women's Health Clinics" will explore the role that the emergence of women-specific health clinics played in the marginalization of queer women from the women's health movement. We will again examine the paradox of explicit inclusion and implicit exclusion and understand how while there was an improvement in the marginalization of queer women from *Our Bodies, Ourselves,* this exclusionary practice established in the *Our Bodies, Ourselves* had already embedded itself in these women's health clinics. To do this, we will investigate archival sources from women's health clinics, and newspaper articles from the time.

The third and final section, entitled "Social Factors of Marginalization: Abortion and AIDS" will focus on how the legalization of abortion, as well as the emergence of AIDS, pushed the priorities away from lesbian health issues and onto health issues for gay men (AIDS) and heterosexual women (abortion). We will see that there is less of an implicit exclusion/explicit inclusion relationship, more of an escalation of hostility towards queer women in the case of abortion, and a sidelining of queer women in the case of AIDS. Again, we will be looking at archival sources from abortion clinics, memos from the lesbian movement on abortion and AIDS, and archival resources from a pro-abortion group, CARASA.

Although through these three sections we will track some sort of evolution in the marginalization of queer women, the initial period of *Our Bodies, Ourselves* is incredibly important to examine because it embedded the paradox of explicit inclusion and implicit exclusion into the framework of the women's health movement as a whole. The influence of this book was seen throughout the entirety of the women's health movement.

Lesbians and Our Bodies, Ourselves

One of the integral pieces of the women's health movement was the publication of the pamphlet *Women and Their Bodies* in 1970 by a group of 12 women that called themselves "the doctor's group." In 1971, the group, which was now known as the Boston Women's Health Book Collective changed the title of the book to *Our Bodies, Ourselves* and began distributing it nationwide. Through the course of the 1970s and 1980s, the Boston Women's Health Book Collective published five editions of this book, each meant to be updated to reflect the ever-changing healthcare field.

Since this book was so crucial to the women's health movement, it must be examined in order to fully understand the marginalization of the queer population from the women's health movement. Throughout this chapter, it will become evident how the book contributed to the marginalization of the queer population from the women's health movement. Most prominent is the relationship between explicit inclusion and implicit exclusion, especially with the addition of the chapter focusing on lesbianism, "In Amerika They Call Us Dykes," to the 1973 edition of the book. While lesbians were seemingly included in this book with the addition of this chapter, they were still marginalized from the women's health movement as a result of the implicit exclusion that could be excused as a result of the explicit inclusion present with the addition of this new chapter. Furthermore, by tracking the improvement of the marginalization of queer women through the first several editions of *Our Bodies, Ourselves*, the marginalization women faced in the 1970s becomes more distinct and clear once we examine the ways in which it improved in the 1980s.

In this chapter, I will track the progression of queer inclusion in four editions of *Our Bodies, Ourselves* (1970, 1973, 1976, and 1984) by looking at three distinct areas of the

construction of the book that give a fuller picture of the importance of this book in the women's health movement and the marginalization of queer women from the movement. First, I will examine the contents of the book itself to understand how queer narratives were left out of the book. Then, I will discuss the readers' response to the books from the Boston Women's Health Book Collective archives. Finally, I will explore the politics and relationships between the Boston Women's Health Book Collective and the homosexual organizations they collaborated with to write the portions of the books on lesbianism. Throughout each of these sections, I will look at the evolution of each of these areas through the four editions of *Our Bodies, Ourselves* to better understand how the marginalization of queer women from this area of the women's health movement changed during the 1970s.

Contents of the Book

The first version of *Our Bodies, Ourselves* was published in 1970 with the title *Women and Their Bodies*. The pamphlet was a total of 192 pages and discussed various health issues such as pregnancy, abortion, childbirth, venereal disease, and female anatomy. One section, entitled *Sexuality* spans 22 pages; of these, only three pages are dedicated to homosexuality. Within these pages, homosexuality seems to be described as a choice, whether consciously or subconsciously, as a response to the destructive aspects of a patriarchal society. For example, the section on homosexuality explains, "'Fridigity' with men or a turn toward female lovers is not a surprise when the socially acceptable heterosexual encounters have been so destructive."[26] The collective seems to insinuate that people turn to homosexuality as a response to negative heterosexual encounters, such as assault and rape. By indicating that this is the reason people

[26] Boston Women's Health Book Collective, *Women and Their Bodies* (Boston: New England Free Press, 1970), 34.

seek same-sex relationships, they are suggesting that their homosexuality is a choice. While this is a valid identity that many lesbian feminists had, it neglects the identities of "essentialist" lesbians, who felt they were born gay. The idea of a "choice" is further emphasized when they are discussing the times in a woman's life when she is attracted to another woman, stating that this choice is a result of a fear of men.[27] Again, while lesbianism as a choice is certainly valid, it ignores the needs and identity of the "essentialist" lesbians who feel as though their sexuality was not a choice.

By 1973, *Our Bodies, Ourselves* was set for a minor revision as a result of changing publishers from Free Press to Simon and Schuster. This new version contained an entire chapter on lesbianism, which was not included before. This new chapter was written by Gay Women's Liberation, which was an organization completely separate from the Boston Women's Health Book Collective. This chapter, "In Amerika They Call Us Dykes," centered around the experiences of the queer women who wrote the chapter, and discussed issues such as therapy, lesbian culture, lesbian motherhood, and discrimination. It was a major expansion on the section in the first edition of *Our Bodies, Ourselves*, with an additional 15 pages on lesbianism. Since this section was written by lesbians, a lot of the content came from the personal experiences of the women who wrote this section. Although much of this section focused on lesbian life outside of health, there were some areas that explained the issues that lesbians face within healthcare.

In a section of the chapter titled "The-rapists: Lesbians and Psychiatry", there is a discussion of how homosexuality is viewed as a "sickness". The Liberation writes, "Our problem is the doctors and other upstanding members of society who make life difficult for us."[28] The authors posit that by being labeled "sick" by the field of healthcare, the field in and of itself is

---

[27] Ibid., 33.

[28] Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1973), 64.

failing them. By explaining that the problem with the healthcare system is doctors making life difficult for the queer community, the authors insinuated that the issue of queer health is something that was not even considered. Failing to consider queer health issues and instead chalking people's issues up to their sexualities demonstrates the ways in which queer women were left out from the women's health movement. By failing to recognize the specific health care needs of lesbians, the movement effectively marginalized the queer community.

Furthermore, the lesbian chapter of the book failed to discuss some key elements of lesbian-specific health care, further demonstrating the exclusion of queer women from the women's health movement. For example, one major health issue within queer communities was alcoholism[29] since so much of the queer culture revolved around socializing and gathering at bars. However, in the section titled "Bars" in this chapter, there is no mention of the effect that this culture had on the alcoholic tendencies of queer people. By failing to mention one of the major health issues of lesbians in this chapter, but mentioning one of the aggressors of this issue, the Boston Women's Health Book Collective failed to include queer women in this health movement that they propelled. Since this issue was pushed to the periphery and not discussed in the book despite the mentioning of bars themselves, the queer community was marginalized from the health aspect of this movement.

Moreover, although the queer community seemed to be included in this edition of the book, since there was an entire chapter dedicated to homosexuality, not all queer identities were welcomed in this chapter. In the introduction to the chapter the authors wrote, "Bisexuality might be possible in a healthy society, but it is not possible in this one."[30] They explained that as a result of the power imbalance in heterosexual relationships, it is impossible for someone who has

[29] Recall introduction.
[30] BWHBC, 1973 *Our Bodies, Ourselves*, 57.

been with women and experienced an equal relationship to also experience sexual and romantic attraction towards men. Although this is very characteristic of the lesbian liberation movement at the time,[31] by invalidating an entire queer identity, the chapter effectively marginalized the bisexual community from the women's health movement by insinuating that their identity was impossible. Even though the bisexual community only represents a fraction of the queer community, they are still queer and the exclusion of this population from *Our Bodies, Ourselves* is an example of the ways in which queer women were marginalized from the women's health movement.

Three years later, *Our Bodies, Ourselves* faced a massive rewriting. This new version had more than 50% new material.[32] Although the book, on the whole, was significantly revised, "In Amerika They Call Us Dykes" had more minor revisions. It discussed the same content as the 1973 version, with a few more stories from queer women and some slight reorganization. This version included a couple more stories from lesbian mothers, as well as some stories from lesbians of color. However, this version was largely the same as the 1973 version, meaning that it carried the same issues that the original version of "In Amerika They Call Us Dykes" did. It still failed to recognize many of the unique health issues that the queer community faced, and excluded an entire queer identity from the women's health movement by invalidating their identities.

Furthermore, the way in which both of these versions organized the book to accommodate this new lesbian chapter was an example of marginalization in and of itself. First, by relegating all of the information on homosexuality into a single chapter, completely distinct from the rest of the book, the Boston Women's Health Book Collective separated queer women

[31] Recall introduction.

[32] "Table of Contents," Publications, Our Bodies Ourselves, accessed March 14, 2022, https://www.ourbodiesourselves.org/publications/the-nine-u-s-editions/.

from the rest of their readers. By separating lesbians from the rest of the community reading *Our Bodies, Ourselves*, the book made it seem as though lesbians were completely different and separate from the other women reading the book. This separation could be considered to be incredibly stigmatizing as well. By separating lesbians from the rest of the book, the collective classified them as something separate and different from heterosexual women. This likely added a stigma on homosexual women as things completely different from heterosexual women, further leading to their marginalization from the movement.

This separation is a demonstration of the unique relationship between implicit exclusion and explicit inclusion. Although the Boston Women's Health Book Collective made an effort to include the queer population in this book by dedicating a chapter to them, this strategy introduced a separation between the queer community and the remainder of the readers of this book, which was exclusionary. By distinguishing the queer community from the rest of the audience members, the Boston Women's Health Book Collective excluded queer women from the rest of the book by forming the assumption that they were being included in this chapter. By simply ignoring the health needs of queer women through the remainder of the book, the collection implicitly excluded queer narratives. Although the addition of this new chapter on homosexuality seemed to usher in the inclusion of queer people in the women's health movement, the separatism it promoted further increased the divide between lesbians and heterosexual women, thus ensuring their marginalization from the women's health movement.

This separation between "In Amerika They Call Us Dykes" from the rest of the book was largely a result of the chapter being written by a group of queer women completely separate from the Boston Women's Health Book Collective. This created a dissonance between the rest of the book as the voice and style sharply changed at the start of this chapter and again at the beginning

of the next chapter. Moreover, the authors of this section made a point to isolate themselves from the rest of the book. At the beginning of the chapter, the authors wrote, "We had no connection with the group that was writing the rest of the book- except individual friendships between some of us- and in fact, we disagreed, and still do, with many of their opinions."[33] Immediately, the authors of this chapter separated themselves from the rest of the book. By doing this, the group removed themselves from the rest of the book, therefore, making it seem as though the rest of the book was not for them. By doing this, the group ensured their marginalization from the rest of the women's health movement because they insinuated that their needs and interests were not relevant to the general women's health movement, and even where it might apply, the information included in the rest of the book was likely wrong (since they disagreed with most of what the Boston Women's Health Book Collective had written).

By the early 1980s, *Our Bodies, Ourselves*, was due for another revision. This new edition, released in 1984 and titled *The New Our Bodies, Ourselves* brought a massive renovation of the lesbian chapter. First, this new chapter had a new name- and new authors. This chapter, titled, "Loving Women: Lesbian Life and Relationships" was written by the Lesbian Revisions group, and included topics discussed in the previous iteration of the chapter, like coming out and lesbian motherhood, and was updated to include other topics that the previous version left out or lacked in explanation, like alcoholism and mental health. As evidenced by the early chapter notes from the archives of the Boston Women's Health Book Collective, the chapter was meant to include a wide variety of lesbian identities (old, young, rural, urban, lesbians of color, etc.)[34] This is clearly a huge shift from the previous iterations of the book. By making sure to include more

[33] BWHBC, 1973 *Our Bodies, Ourselves*, 56.

[34] "Proposed Outline and length allocations for lesbian chapter." ca. 1981, Folder 12, Box 10, Boston Women's Health Book Collective Records, 1905-2003; MC 503, folder 12, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass. (hereafter BWHBC collection).

lesbian identities in this new chapter, it is clear that the Boston Women's Health Book Collective was expanding this section to make it much more inclusive to all lesbians. The fact that this new version needed to expand in order to make it more inclusive suggests that previous versions lacked inclusivity, testifying to the marginalization that queer women faced from the women's health movement in the 1970s.

Furthermore, the previous edition, as discussed above, largely left out the specific health issues that lesbians face. However, this new version had an entire section on alcoholism, seeking medical care as a lesbian, and lesbians with physical disabilities. This chapter added on to "In Amerika They Call Us Dykes" and discussed the difficulties queer women face when seeking medical attention beyond therapy. The authors wrote, "Yet if we tell them we are lesbian we may get lectures, snide remarks, or voyeuristic questions."[35] Lesbians were unable to be open with their medical providers about their sexuality because it prevented them from getting medical care. *Our Bodies, Ourselves* was originally written to expose the ways in which women faced discrimination in health care and were unable to receive adequate health care as a result of their womanhood. *The New Our Bodies, Ourselves* began to fulfill this purpose as it related to queer women by exposing the discrimination that queer women specifically faced.

Additionally, this new version integrated lesbianism and sexuality much more thoroughly throughout the entirety of the book. In the 1973 and 1976 versions of *Our Bodies, Ourselves*, lesbianism and homosexuality were discussed exclusively in "In Amerika They Call Us Dykes"; the rest of the book assumed that its readers were heterosexual and spoke only of heterosexual issues. One reader wrote into the Boston Women's Health Book Collective explaining that while she loved the 1976 version, she pointed out that "every section except 'In Amerika…' assumes

[35] Boston Women's Health Book Collective, *The New Our Bodies, Ourselves* (New York: Simon and Schuster, 1984), 153.

the heterosexuality of the reader."[36] By failing to include homosexuality in discussions of health and sex, the book ignored the existence of lesbians in the general population of their readership. This ignorance thus marginalized queer women from the women's health movement. In *The New Our Bodies, Ourselves*, homosexuality was discussed in the chapter on sexuality, unlike previous versions. The three women who worked on the chapter on sexuality wrote in the introduction, "We are glad to begin to do justice to the range of possibilities of women's sexuality by including the experiences of lesbians and bisexual women in this chapter."[37] This evolution in the integration of queer women into the remainder of the book demonstrates that there was an improvement that had to be made from previous versions of the book. Additionally, the inclusion of bisexual women in this chapter is a major evolution from the previous version that completely excluded and invalidated the identities of bisexual women. By including this other queer identity that was previously left out, *The New Our Bodies, Ourselves* exposed an area by which the previous iterations of the book had marginalized queer women who also were attracted to men. By tracking the evolution between versions of *Our Bodies, Ourselves*, we better understand that queer women were largely marginalized from the women's health movement in the 1970s, and this marginalization improved in this fourth iteration of the book.

This improvement was also apparent in the way in which this new chapter addressed the rest of the book. In "In Amerika They Call Us Dykes," as discussed above, the authors made sure to separate themselves from the rest of the book, even putting the disclaimer out that they didn't agree with much of what the Boston Women's Health Book Collective had to say outside of "In Amerika They Call Us Dykes." By creating this distinction between the two areas of the book, the queer community is relegated to a position outside of the general movement, further

[36] [Redacted] to Wimmin of Boston Women's Health Book Collective, March 14, 1982, Folder 17, Box 109, BWHBC Collection.

[37] BWBHC, *The New Our Bodies, Ourselves*, 164.

confirming their marginalization. However, in *The New Our Bodies, Ourselves*, it is clear through archives of the planning process that there was some sense of collaboration between the Boston Women's Health Book Collective and the Lesbian Revision Group.[38] This is a drastic difference from the previous editions where the chapter on homosexuality felt almost as though it was a book of its own, completely discontinuous from the rest of the book. By fostering collaboration and communication between these two groups, the Boston Women's Health Book Collective was able to integrate the information on homosexuality and lesbianism into the book, which, in contrast to previous versions, ensured that queer women faced less marginalization and stigmatization as a result of being in a different chapter from the remainder of the readers of the book.

Feedback from Readers

The first two versions of the material on queer women in *Our Bodies, Ourselves* (1973 and 1976) received mixed reviews. Many women wrote in explaining how important the chapter was to them, especially as straight women. For example, one woman wrote to The Boston Women's Health Book Collective (BWHBC) to explain how "In Amerika They Call Us Dykes" exposed her own homophobic biases. She wrote, "The nicest thing I ever said about any form of homosexuality was that its participants were 'sick'. Your article showed me that it is the majority's ignorance that is sick."[39] This woman insinuates that this chapter is so powerful that her thoughts on homosexuality were completely transformed. This could suggest that the book itself was incredibly inclusive of lesbians and their health needs, making sure to incorporate them into their book enough to change people's perceptions about homosexuality. Another

[38]"Meeting with Wendy and Loly" October 13, 1981, Folder 12, Box 110, BWHBC Collection.
[39] Linda Pickard to Lesbian Liberation, July 9, 1975, Folder 2, Box 159, BWHBC Collection.

woman wrote in to express interest in learning more about homosexuality, even though she was not homosexual, nor interested in displaying any homosexual tendencies.[40] She accredited her interest in learning more about homosexuality and lesbianism as a result of the chapter in *Our Bodies, Ourselves*. This interest could indicate that the book itself was inclusive of lesbianism and their health needs since it seemed to explain enough in order to get others who were unfamiliar with the queer community interested and sometimes even changed their perspectives completely.

However, the feedback that the collective received from lesbians about this version of *Our Bodies, Ourselves* was not entirely positive. While many lesbians said that they found some value in the section written about them, there were certainly qualms associated with the content included in this version of the book. One woman wrote in explaining that it was one of her favorite books, but she needed more out of it. She writes, "we need more information on specific lesbian health and childbearing issues."[41] Although the book was incredibly enjoyable, there was little for her in terms of lesbian health in particular. The fact that specific lesbian health needs are left out of this book, although it has an entire section on lesbianism and homosexuality demonstrates the lack of attention paid to lesbian health care issues. This ignorance of these issues suggests that queer women were marginalized from the women's health movement. By failing to include these specific issues, the collective pushed aside lesbian health care needs, effectively marginalizing the queer community.

This is also a great example of the interesting relationship between implicit exclusion and explicit inclusion present within the women's health movement. There was an entire chapter dedicated to homosexuality, yet, there was little to no mention of the health issues that lesbians

[40] Charlotte Howell to Lesbian Liberation, December 10, 1975, Folder 2, Box 159, BWHBC Collection.
[41] [Redacted] to The Collective, March 14, 1982, Folder 17, Box 109, BWHBC Collection.

face specifically. By leaving out health issues that only applied to lesbians, and instead including health issues that applied to most, if not all, women, the collective implicitly excluded lesbians. Lesbians' specific health care needs were excluded, though perhaps by lack of attention rather than a deliberate attempt to exclude lesbian-specific health care needs. This lack of attention demonstrates both marginalization and implicit exclusion since they were excluded by form of inattention. Furthermore, by including an entirely separate chapter on homosexuality and lesbianism, the collective explicitly included the queer community. There was an effort made to demonstrate that lesbianism was welcome within this book and the movement itself. However, by neglecting to include a sufficient amount of information on lesbian-specific health care needs, this inclusion fell flat. Although there seemed to be an inclusion of lesbians since there was an entire chapter dedicated to lesbianism, they were marginalized since their specific health care needs were not included in the chapter itself. This demonstrates that this dichotomy between implicit exclusion and explicit inclusion is an illustration of marginalization since it leads to the queer community being pushed to the periphery.

Moreover, this feedback from a member of the queer community indicates that queer women were excluded from the women's health aspect of this book specifically. Although the rest of the book focused on health issues specific to women, this chapter seemed to focus on a lot of other aspects of queer life, perhaps not directly related to women's health. For example, while one could argue that the issue of coming out is critical to women's health because it promotes a more thorough understanding within a doctor-patient relationship, and would likely improve the mental health of the person struggling with coming out, it doesn't answer any specific health-related concerns in the lesbian community, hence the feedback from the women in the letter above. Thus, although *Our Bodies, Ourselves* was inclusive of lesbians on a broader

standpoint, queer women were excluded from the women's health movement aspect of the book since it failed to discuss these specific health needs.

Similarly, another woman wrote in to tell the collective that while she enjoyed the book overall, she had some issues with the ways in which it treated lesbians and lesbian health care needs. In the same letter as mentioned on page 7, she wrote, "I'm a lesbian, which means that only about ⅓ of the book applies to me."[42] While lesbianism was discussed in the book, the discussion of lesbianism was relegated to only one chapter out of the entire nearly 400-page book. The woman goes on to write, "the rest of the book should integrate lesbianism more thoroughly."[43] Even though an entire chapter was dedicated to homosexuality, the rest of the book seemed to ignore lesbianism on the whole and assume the heterosexuality of the reader. By failing to acknowledge the differences in sexual preference throughout the book, and instead relegating homosexuality to a single chapter, the book excluded the queer community because they were unable to gain sufficient knowledge and inclusion from the rest of the book, and had to instead rely on just one chapter.

This is another clear example of the interesting relationship between implicit exclusion and explicit inclusion that we see throughout the entirety of the women's health movement as it pertains to the roles of queer women within the movement. By assuming the heterosexuality of the audience throughout the majority of the book, the collective implicitly excluded queer women from the majority of the book, since it seemed as though those sections weren't "for them," since they were not homosexual. Although there didn't seem to be any malicious intent behind this exclusion, there was certainly a failure to pay attention to homosexuality throughout the majority of the book, demonstrating implicit exclusion. Furthermore, by only discussing

[42] [Redacted] to Wimmin of the Collective, March 14, 1982, Folder 17, Box 109, BWHBC Collection.
[43] Ibid.

lesbianism during "In Amerika They Call Us Dykes," there is a sense of explicit inclusion since there is an entire chapter dedicated to lesbianism. However, this chapter dedicated to homosexuality does not necessarily indicate that there was thorough inclusion of queer women throughout the entirety of the book. By dedicating a chapter to the queer community, the book explicitly indicates that homosexuality is included in this book. However, when examined closer, it becomes clear that lesbianism is simply ignored in the remainder of the book. This relationship between the two illustrates the ways in which the queer community was marginalized from the women's health movement because they were unable to find representations of themselves throughout the entire text, and were instead relegated to a single chapter. This relationship demonstrates the ways in which explicit inclusion and implicit exclusion work together to further the marginalization of queer women from the women's health movement.

Politics of the Collective

Beyond the contents of the books themselves and the way they were organized, the relationships between the Boston Women's Health Book Collective and the organizations they had writing their sections on homosexuality are indicative of the marginalization queer women faced and the evolution of this marginalization throughout the different iterations of the books. In the first version of the book released in 1970, there is no indication that any of the women who wrote the section on homosexuality were actually gay.[44] Straight women writing this section on lesbianism and homosexuality suggest that there were many aspects of homosexuality missing since these women could not speak on their actual experiences with lesbianism and homosexuality. The fact that there was likely missing information as a result of likely not

[44] Boston Women's Health Book Collective, *Women and Their Bodies* (Boston: New England Free Press, 1970).

utilizing homosexual women to write this section on homosexuality demonstrates the marginalization of queer women from the women's health movement because there was less attention paid to these health issues and experiences of the queer population, thus pushing them into the periphery.

By the second version, the Boston Women's Health Book Collective had outsourced their chapter on homosexuality to a local Boston Gay Women's group. While this is a definite improvement from the previous section written by straight women, since the organization was completely separate from the Boston Women's Health Book Collective, there were definitely many creative differences that led to conflict between the two groups. In both the 1973 and 1976 versions of *Our Bodies, Ourselves*, the authors of "In Amerika They Call Us Dykes" clarified that they "had no connection with the group writing the rest of the book… [and] disagreed, and still do, with many of their opinions."[45] This is a clear example of the ways in which the two groups were not cohesive. By not working together, there was a rift between the groups that not only translated into a less cohesive book for homosexual readers but led to their marginalization from the rest of the book. Furthermore, the Boston Women's Health Book Collective had no editorial control over the chapter written by the Boston Gay Women's Liberation, which had insisted on full control over the style and content of the chapter.[46] This lack of editorial control over the chapter demonstrates the lack of collaboration between the two groups on the writing of this section of the book. By failing to collaborate, the chapter on lesbianism seemed completely separate from the rest of the book. This separation, as discussed previously, is indicative of the marginalization of queer women from the women's health movement because the rest of the book failed to discuss homosexuality at all.

---

[45] Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1976), 81.

[46] Ibid.

The Gay Women's Liberation group faced an interesting hurdle when writing this chapter, which was length. The only thing the Boston Women's Health Book Collective had power over in the construction of this chapter was the length, since, as mentioned above, they had no editorial control over what the Gay Women's Liberation had written. Thus, there were length constrictions placed upon the Gay Women's Liberation in the construction of their chapter. These length constrictions seemed to put the group in an interesting position; they had a limited opportunity to discuss lesbian life. As a result of this limitation, they had to make a decision about whether to cater their chapter to a lesbian readership or a heterosexual one. The fact that the chapter included more information about general lesbian life and culture rather than actual lesbian-specific health issues,[47] suggests that this chapter catered more to heterosexual readers than queer readers. This is demonstrated in the response that the collective received from readers on the basis of this chapter. There were more heterosexual readers that wrote into the collective in response to this chapter than homosexual readers. The majority of the letters written to the collective were from heterosexual readers asking for "resources", "pamphlets", and "any further information (or bibliographical references) [they] may have on gay liberation."[48] The fact that the chapter inspired people to seek more information on lesbianism and homosexuality demonstrates that one of the main things the chapter accomplished was informing people about homosexuality who didn't know much about it before, and inspiring them to continue learning about the movement. This could suggest that the chapter was less about speaking to lesbians about specific health issues and more about speaking to straight women about general awareness on lesbianism. The lack of space to discuss lesbian health issues demonstrates a missed opportunity to be more inclusive of queer women from the beginning. By failing to integrate and

[47] Recall discussion on pgs 18-20.
[48] Various documents, ca. 1973-1974, Folder 1, Box 159, BWHBC Collection.

include lesbian health needs in this chapter, the limitations of the chapter length demonstrate the marginalization from the women's health movement since the chapter seemed to be catered more toward heterosexual readers.

Beyond simply failing to collaborate on this chapter and adding length limitations to this chapter, these two groups actually faced creative differences and minor conflict when trying to write this chapter. In a 1975 letter to the group of women who worked on revising the 1973 version of "In Amerika They Call Us Dykes", members of the Boston Women's Health Book Collective urged the Boston Gay Women's Liberation to consider changing the chapter title to something less dramatic. In a letter to the Boston Gay Women's Liberation, they insist that the chapter potentially pushed away readers that weren't homosexual and promoted the stereotypes of homosexual women by using the word "dyke". They write, "the word 'dykes' used in this way actually perhaps feeds the stereotype."[49] Clearly, the group ended up not changing the name of the chapter because it appeared in the 1976 version of *Our Bodies, Ourselves* under the same title.[50] This friction between the two groups over the name of the chapter illustrates the creative differences that these groups faced. These creative differences and disagreements furthered the separation of the chapter on lesbianism from the rest of *Our Bodies, Ourselves*. By separating the two from one another, queer women were marginalized from the women's health movement because they were unable to see themselves in the rest of the book, and were instead restricted to a single chapter out of the entire book that they could relate to.

The disagreement between the two groups about the name of the chapter also demonstrated the different goals of the two groups in writing this chapter. The Boston Women's Health Book Collective, in the same letter as mentioned above, stated that the name might push

[49] Wendy Sanford to [those] who worked on the lesbian chapter for OBOS, May 5, 1975, Folder 4, Box 114, BWHBC Collection.

[50] BWHBC, 1976 *Our Bodies, Ourselves.*

people away and that "it would be good to have a title that invites straight women into the chapter to learn some things that might help them change their minds about lesbianism."[51] This perhaps suggests that while both groups wanted the target audience of this chapter to be heterosexual women, the Boston Women's Health Book Collective wanted it to be much less confrontational than the Gay Women's Liberation wanted it to be. These differing goals demonstrate the lack of cohesiveness between the two groups, which indicates that there was little to no cohesiveness between the chapter and the remainder of the book, demonstrating the ways in which queer women were marginalized from the women's health movement since they seemed to be separated from the rest of the book into a single chapter.

However, in the evolution between the 1976 revision of *Our Bodies, Ourselves*, and the release of *The New Our Bodies, Ourselves* in 1984, the Boston Women's Health Book Collective found a new group of women to write the chapter on lesbianism and homosexuality. The Lesbians Revisions Groups rewrote the entire lesbian chapter of *Our Bodies, Ourselves,* now titled "Loving Women: Lesbian Life and Relationships" and, as discussed above, included much more health-related content and helped lesbianism to be integrated throughout.[52] This improvement from previous versions of the book was likely due to an increased sense of collaboration between the two groups involved in writing this new version. In meeting notes between the Boston Women's Health Book Collective and the Lesbians Revisions Groups, it is clear that there was a lot of discussion between the two groups over what should and shouldn't be included. Topics of conversation in the original outline included "coming out", "relationships", "motherhood", and "health issues."[53] Additionally, in these notes, we can see that

---

[51] Wendy Sanford to [those] who worked on the lesbian chapter for OBOS, May 5, 1975, Folder 4, Box 114, BWHBC Collection.

[52] BWBHC, *The New Our Bodies, Ourselves.*

[53] "Proposed Outline and length allocations for lesbian chapter." ca. 1981, Folder 12, Box 10, BWHBC Collection.

members of the Boston Women's Health Book Collective contributed to sections of this new chapter.[54] This newfound collaboration is another dramatic change between the first versions of *Our Bodies, Ourselves,* and *The New Our Bodies, Ourselves*. This change in collaboration between the two groups writing the book and writing the chapter on lesbianism demonstrates the evolution of the integration of lesbians throughout the entire book, thus leading to a better sense of inclusion in the women's health movement.

By tracking this evolution in the relationship between the group writing the rest of the book and the groups writing the chapter on lesbianism, the marginalization that queer women faced from the women's health movement as a result of this separatism becomes even more evident. By understanding the issues that the two groups faced between each other in the writing of "In Amerika They Call Us Dykes", we can see that queer women were encouraged to be separate from the rest of the book, and were thus included from the majority of the book and thus, the women's health movement. The improvements in the relationship between the two groups in the 1976 version and the 1984 version expose just how bad the relationship between the Boston Women's Health Book Collective and the Boston Gay Women's Liberation truly was. Thus, we can even better understand how the queer population was marginalized from the women's health movement in the 1970s, and how there is an improvement into the 1980s.

Conclusion

By looking into the contents of the book, responses to the book, and the politics within the collective, we can better understand the marginalization that queer women faced from the women's health movement. For the first couple of versions of *Our Bodies, Ourselves*, lesbianism was relegated to a single chapter, written by a Gay Women's Liberation group in Boston. This

[54] Ibid.

single chapter seemed completely separate from the rest of the book, which made queer folks feel stigmatized and disproportionately represented. By explicitly including queer women in this book, the Boston Women's Health Book Collective was able to implicitly exclude the queer population from the remainder of the book. This separation is also prevalent in the lack of collaboration between the Boston Women's Health Book Collective and the Gay Women's Liberation Group. However, by looking at several versions of the book, we see that there was an evolution in the marginalization of queer women from the book. As we entered the 1980s, the collective and the book became more inclusive for queer women, both in its contents and the political organization. This evolution further exposes the marginalization faced during the 1970s.

While it may be tempting to read this evolution as full progress, the marginalization was already seen in other areas of the women's health movement. Since *Our Bodies, Ourselves* was so important to the women's health movement, on the whole, the relationship between implicit exclusion and explicit inclusion present in the earlier versions had already embedded itself into other areas of the women's health movement by the 1980s. One of the victims of this influence was the women's health clinics that had been popping up nationwide in the 1970s. Since they were so widespread, it would prove difficult to integrate the same inclusion that had been introduced to *Our Bodies, Ourselves.*

Women's Health Clinics

Despite the mixed reactions of queer readers, the publication of *Our Bodies, Ourselves* in the early 1970s created a sensation within the growing feminist movement nationwide. Many women sought to address its larger message - that the mainstream medical system failed to provide women with proper health care - by creating concrete alternatives. Local groups of activists and health care providers established women's health clinics throughout the country in an attempt to integrate the lessons learned from *Our Bodies, Ourselves* into clinical care for women. However, the marginalization of queer women from the women's health movement continued in the same manner as it had in *Our Bodies, Ourselves*, through the relationship between explicit inclusion and implicit exclusion, especially through the introduction of lesbian clinic days. Furthermore, beyond this relationship, the marginalization of queer women from the women's health movement is exemplified through the need for queer women to create their own clinical sector, separate from the broader women's health clinics.

In this chapter, I will look at three different areas pertaining to women's health clinics. First, I will look at one women's health clinic in California in order to demonstrate the ways in which clinics generally contributed to the marginalization of queer women from clinics. Then, I will examine the lesbian/queer outreach that clinics did through the publication of materials as well as the introduction of lesbian clinic days. Finally, I will discuss the ways in which lesbian groups were pushed to create their own spaces for clinical care and publications as a result of their marginalization from the more general women's health clinics. This clinical aspect of marginalization is crucial to uncovering the importance of examining the marginalization of queer women from the overall women's health movement.

Santa Cruz Women's Health clinic

Women's health clinics were a massive aspect of the women's health movement. In response to the growing attention to women's health as a result of the publishing of *Our Bodies, Ourselves*, as well as the legalization of abortion in 1973, clinics specifically for women and their healthcare needs popped up around the US.[55] Many of these clinics provided female-specific services, such as pap smears, pelvic exams, abortions, prenatal care, childbirth, etc. Not only did these clinics offer female based healthcare, but they also emphasized healthcare as a heavily politicized issue.[56] However, there is little scholarship on how queer women fit into these clinics, and if the services provided fit their specific health needs. Queer women's health needs are unique in that they oftentimes don't require much of the reproductive care that heterosexual women need, such as abortions, prenatal care, and childbirth. Rarely did clinics offer artificial insemination options for lesbians who did want to become pregnant. Furthermore, lesbians often had unique health care needs as a result of the social climate of homosexuality at the time, such as venereal disease and alcoholism.[57]

Although there is no known number of feminist health clinics that opened in the US during the women's health movement, many sources suggest there were about 50 women-run clinics throughout the US by 1976. One of these clinics opened in 1974 in Santa Cruz, California called the Santa Cruz Women's Health Collective. Founded by students at UC Santa Cruz, the first year of the collective was dedicated to providing resources for safe, legal abortions. After a year, they began to provide gynecological health care, and services such as birth control, VD testing and treatment, pregnancy screening, and health education.[58] The Santa Cruz clinic offers a

[55] Into our own hands, 70
[56] Ibid., 73.
[57] Recall the discussion of queer culture on page 4.
[58] Ciel Benedetto, "Ciel Benedetto: A History of the Santa Cruz Women's Health Center," interview by Irene Reti, *Regional History Project*, UCSC Library, 2000, print, https://escholarship.org/uc/item/6bb2z21w.

useful example of the ways in which these clinics failed to create a space for queer women within their clinic, thus demonstrating how queer women were marginalized from the movement.

A 2000 interview with board director Ciel Benedetto offers important insight into the state of lesbian health care at the clinic. Although she wasn't director until 1984, she still provides crucial information about the inclusion or lack thereof of the queer population in their clinic at the time. First, Benedetto thwarted the notion that the clinic was run by lesbians. "The Women's Health Center has this reputation and always had long before I got here, of being a lesbian-run organization, which has never been true and still is not true."[59] An incredibly popular myth was that lesbians were at the center of the women's health movement, as demonstrated by some of the scholarship above.[60] However, Benedetto explains that even though this was a popular theory, it was never true. Furthermore, Benedetto's forceful denial of the myth itself represents a general anti-lesbian sentiment present in the broader women's movement. Betty Friedan, founder of the National Organization of Women (NOW) actively blocked lesbians from the movement, claiming that it would marginalize the movement further by making it anti-men.[61] Benedetto goes on to explain, "It has always been a combination of heterosexual and bisexual and lesbian women."[62] While lesbians were definitely present in the inner workings of this clinic, Benedetto emphasizes that they were not central.

Furthermore, Benedetto expands on the role of lesbians in the clinic and explains that lesbians didn't always feel welcomed at the health center. She states, "We decided that if lesbians didn't feel comfortable here, I don't mean this as defensive as it sounds, we decided that maybe this wasn't the place for them at this point in our evolution and theirs, and that's okay with us."[63]

---

[59] Ibid., 78.
[60] Recall David Shneer and Caryn Aviv's *American Queer, Now and Then.*
[61] Rachel Shteir, "Why We Can't Stop Talking About Betty Friedan," *New York Times,* February 3, 2021.
[62] Benedetto, "Ciel Benedetto," 75.
[63] Ibid., 78.

Benedetto plainly admits that often lesbians felt alienated or uncomfortable at their clinic, for a variety of reasons that she doesn't seem to articulate. The fact that lesbians didn't feel comfortable or welcome in the clinic demonstrates the marginalization that they faced; if lesbians aren't comfortable in a space where they would seek medical care, they likely will not seek care there. By not ensuring a comfortable space for queer women to enjoy, the clinic was able to ignore their health needs because they weren't seeking care, thus marginalizing them from the movement.

Lesbian/Queer Outreach

Although many of these clinics either did not see it as their responsibility or failed to create comfortable spaces for queer people, many attempted to provide some sort of outreach to the queer community. Through both the establishment of "lesbian clinic days" and the publication of materials for queer women, clinics tried to demonstrate their alliance with the queer community. However, clinics ended up contributing to the marginalization of the queer community by failing to provide adequate health care to the community whenever their clinic was open, as well as creating an atmosphere of condescension from the women's health movement to the queer community.

In August of 1978, the Beach Area Community Clinic (BACC) in San Diego introduced its monthly Lesbian Clinic on the first Friday of every month. On this day each month, the clinic, according to a local newspaper, "provide[ed] patient care in an environment sensitive to their special needs."[64] On the one hand, this appeared to be an attempt to be more inclusive, to create a more welcoming clinic. On the other hand, it limited adequate lesbian health care to one day out

[64] "BACC Lesbian Clinic Opens," *Feminist Communications* 4, no. 6 (1978): 4, *Archives of Sexuality and Gender*, https://link-gale-com.colorado.idm.oclc.org/apps/doc/NYHPYI676921025/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=e612c952.

of the entire month. By only offering lesbian healthcare that is catered to the specific needs of the queer population once per month, the accessibility of acceptable and inclusive health care for queer people is thus inadequate. Although the specific care provided may have been of high quality, the nature of the care likely suffered as a result of this limited accessibility. If a woman was even able to attend the clinic on the one day it was offered, they could be greeted by long lines and crowded waiting rooms of women waiting for health care that suits their needs. By limiting the care to a single day, it seems as though the clinic pushed the health needs of lesbians aside in the day-to-day operations of the clinic. The fact that there was likely insufficient care as a result of this limited accessibility suggests that there was some marginalization.

BACC was not the only clinic to integrate a specific lesbian clinic into its operations. The directors of the Feminist Women's Health Center in Atlanta, GA announced in February of 1981 that they were going to add a "Lesbian Well-Woman Clinic" on the third Tuesday of every month at 5:30 pm.[65] The announcement explained that "the clinic is offered to ensure that Lesbians can receive essential healthcare in a climate that is comfortable and relaxed."[66] The fact that there had to be a lesbian-specific clinic in order to ensure that lesbians are comfortable and relaxed receiving health care implies that they didn't feel comfortable and relaxed receiving healthcare any other day. Perhaps there were complaints from lesbians at the clinic, or there was an effort to explicitly include lesbians, while instead stigmatizing them. While it may seem as though the clinic was fostering inclusivity in this sense, at the same time it also likely made lesbians feel marginalized as a result of this stigmatization.

---

[65] "Public Service Anouncement," February 27, 1981, Subject Files: Local Women's Groups, Feminist Women's Health Center, 1980-1992, MS Box 8, Folder 11, Atlanta Lesbian Feminist Alliance Archives, ca. 1972-1994: Subject Files, Duke University Library, *Archives of Sexuality and Gender,* https://link.gale.com/apps/doc/IITYCL671940962/AHSI?u=colobould er&sid=bookmark-AHSI&xid=705275f5&pg=20.

[66] Ibid.

Similar to the BACC, the FWHC was only able to provide adequate lesbian health care one day out of the entire month. By limiting the times in which women could receive health care that met their specific needs, the accessibility of adequate health care severely diminishes. The decreased accessibility of health care for the queer population demonstrates a marginalization because their needs are pushed aside within the health movement. Furthermore, this clinic only appeared to offer lesbian-specific health care to otherwise healthy lesbians. If a queer person were experiencing a specific health concern, it seems as though they would not be able to be seen during this allotted time for the lesbians' clinic, since it was just for "well-women". The women who might be seeking VD treatment, or care for alcoholism, wouldn't be treated on the day that was created to promote their healthcare. These people may be forced to seek care on a day not allotted for lesbian care, meaning they may have to face discrimination in the "normal" clinic. By failing to provide a safe and comfortable space for sick lesbians, the clinic ignores the needs of these women. This ignorance demonstrates the ways in which queer women were marginalized from these clinics.

The implementation of the lesbian clinic days demonstrates a unique relationship between explicit inclusion and implicit exclusion of the queer population within the women's health movement. The fact that the clinic days were introduced in the first place indicates that there were issues surrounding the inclusion of lesbians within "normal" clinic hours. Although there didn't seem to be any explicit exclusion- meaning that clinics didn't tend to say outright that they didn't support lesbians' health needs, or that queer women weren't welcome at their clinics, lesbians still seemed to be excluded. This implicit exclusion, described in more detail later in this chapter, was characterized by a lack of queer healthcare workers, heterosexism, and disregard for lesbian-specific healthcare issues. Offering lesbian-specific clinic days seems like

an effort to explicitly demonstrate inclusion, while not necessarily properly including these populations. Not only were these lesbian clinic days few and far between, making them largely inaccessible, they were also quite stigmatizing. By separating lesbians from the normal clinic hours, these clinics were suggesting that queer health needs were less important and unusual. This tension between implicit exclusion and explicit inclusion is present throughout the entirety of the women's health movement, reflecting the overall structural bias present within the movement itself.

These lesbian clinic days are also reminiscent of the single chapter that lesbians were confined to in *Our Bodies, Ourselves*. These clinic days were effectively separating lesbians from the rest of the clinic by relegating their care to a singular day out of the entire month. Similarly, *Our Bodies, Ourselves* separated lesbians from the remainder of their readers by limiting the information on homosexuality to a single chapter. This comparison not only demonstrates the relationship between explicit inclusion and implicit exclusion in the clinics but also illustrates the connection between *Our Bodies, Ourselves* and the formation of women's health clinics. The separation of queer people that *Our Bodies, Ourselves* established translated into the practical, everyday aspects of the women's health movement. This conveys the relationship between these different aspects of the women's health movement; both clinical and educational aspects of the women's health movement demonstrate this unique relationship between explicit inclusion and implicit exclusion of queer women from the women's health movement that the previous historiography fails to explain.

Some clinics took the time to publish material that outlined the unique set of problems that the queer population faced in seeking medical care. In September 1977, the Santa Cruz Women's Health Center published a newsletter titled "Lesbian Health Issues: An Annotated

Bibliography" which outlined the ways in which lesbians were excluded from the health care system. This newsletter was likely published for the lesbian community in and around Santa Cruz who were familiar with the health center.

The newsletter opens with the claim that, "the present health system is based on heterosexist assumptions."[67] Right away, the authors of the newsletter point out a simple way that lesbians are excluded from the women's health movement- by operating on assumptions that all patients will be heterosexual. They add that male bias, as well as these heterosexist assumptions, make it so, "lesbian health care has largely been ignored."[68] By ignoring lesbian health issues, the newsletter seems to say that lesbians are inherently marginalized from women's health care.

Furthermore, the health center newsletter outlines health problems that lesbians are specifically faced with. They state that, as a result of heterosexist assumptions, lesbians face health problems like "dealing with coming out or not to healthcare workers, misdirected therapy, and alcoholism."[69] Although misdirected therapy and coming out to health care workers are specific to the queer movement, the issue of alcoholism was present in all communities. However, it was especially prevalent in the queer community as a result of the heterosexist assumptions and male bias that the newsletter mentioned above. By failing to acknowledge the existence of queer people, and thus the particular hardships that the queer community faced, the health movement pushed the queer population aside. Moreover, the newsletter elaborates on the difficulties faced by lesbians when deciding whether or not to come out to their health care providers. When coming out lesbians were, "subjected to attempts to humiliate her, accusations of perversion, or suggestions to see a psychiatrist."[70] Lesbians were immediately discredited and

[67] "Lesbian Health Issues: An Annotated Bibliography," September 1977, Health, April 1972-June 28, 1993 and undated, Folder No. 05800, File 1, Lesbian Herstory Archives: Subject Files, LGBTQ History and Culture since 1940 Pt 1, Gale Primary Sources.

[68] Ibid.

[69] Ibid.

[70] Ibid.

invalidated when coming out; by not coming out, however, lesbians were faced with the issue of misdiagnosis.[71] The queer population faced a double bind when seeking health care- either way, they did not receive adequate health care, as a result of being pushed to the periphery by heterosexist ideals. The fact that lesbians didn't receive adequate health care in the mainstream medical sphere, as a result of their queerness demonstrates that the queer population was marginalized in this movement. Although this newspaper doesn't specifically draw a distinction between mainstream medicine and women's health clinics, we can infer that women's health clinics also fell victim to heterosexism.

Later in this newsletter, the women's health center provides a bibliography of writings on lesbian health issues. Most of the resources given on lesbian health issues came from the gay and lesbian movement itself. Only a fraction of the available resources on queer health came from the women's health movement as publications of women's health collectives and clinics.[72] The fact that the queer population mostly had to turn to gay and lesbian organizations in order to get resources about their own health care, rather than the women's health movement suggests that the women's health movement paid less attention to lesbian health. The sheer lack of adequate sources provided by women's centers on lesbian health, or even including lesbian health, demonstrates the negligence of the topic by the women's health movement. By failing to sufficiently include the topic of lesbian health specifically, the women's health movement pushes the queer community to the outskirts of the movement.

Prior to the bibliography itself, however, the authors mention that "some of the articles and books that we found were valuable and relevant. Some are harmful in their misconceptions and should be exposed as such."[73] Although some of these sources came from the women's

[71] Ibid.
[72] Ibid., 3.
[73] Ibid., 2.

health movement, they aren't necessarily valuable, and could even be harmful in that they spread misinformation about lesbian health. Not only did the women's health movement produce limited resources for lesbians on lesbian health care, but some of these sources also may not have been totally accurate or helpful. The lack of accurate and useful information on lesbian health coming from the women's health movement demonstrates a failure to acknowledge queer women by the women's health movement, and thus marginalization.

Although this source comes from a section of the women's health movement (a women's health center), this doesn't necessarily mean that lesbian health and lesbian health issues were included in the women's health movement on the whole. Even though the Santa Cruz Women's Health Center highlighted lesbian health issues, they weren't necessarily totally inclusive of queer women, as demonstrated above.

Even rarer than what the Santa Cruz Women's Health Center published, another women's center in California acknowledged its shortcomings in terms of lesbian health care. In the medical training and manuals of the Berkeley Women's Health Collective, dated between June 1976 and February 1985, the founders of the collective outline the purposes of the clinic and how the staff and volunteers ensure that these goals are met. In the manual, the collective states that they are committed to ensuring that 50% of their paid staff were lesbians in order to encourage lesbians in the Bay Area to seek care at their clinic. They explain that the Bay Area had a large lesbian population, but they were not seeking care at the Berkeley Women's Health Collective. The manual states, "The basic stance of the Health Collective is to ignore all differences. This creates an atmosphere where lesbians are invisible."[74] Much of the women's health movement was based on ignoring differences between women- whether that be their race, socioeconomic

[74] "Lesbians" ca. 1980, Berkeley Women's Health Collective-"Medic Training Manual and Notes" [2 of 2], ORGFIL0175-002, file 1, Organization Files from the Lesbian Herstory Archives, International Perspectives on LGBTQ Activism and Culture, Gale Primary Sources.

status, or sexuality. The Health Collective demonstrates that their most basic tenet - to treat all women the same, a tenet present in much of women's health- is actually neglecting lesbians' needs in their health care. By failing to acknowledge the specific health needs of the queer community, the women's health movement thus failed to provide proper support for lesbians and other queer people. This is evidenced by the fact that the large lesbian community in the Bay Area wasn't using the services at the Berkeley Women's Health Collective,[75] since they ignored the specific health needs of the queer community.

Furthermore, the manual mentions the lack of lesbian volunteers that they had. The manual explains that they don't, "assume lesbians will volunteer in a basically straight organization."[76] The fact that they did not have lesbian volunteers, and that they did not expect lesbians to volunteer, demonstrates that the collective perhaps was not inclusive. Furthermore, by acknowledging that the collective was a "basically straight organization," the collective admitted that they were marginalizing queer women by adhering to societal norms of heterosexuality.

This manual for the Berkeley Women's Health Collective is incredibly valuable in that it is a women's health clinic that acknowledges the marginalization of the queer community within their organization, a representative of the broader women's health movement. Unlike the newsletter by the Santa Cruz Women's Health Center, which failed to acknowledge or recognize the biases that may be present at their clinic, and instead focused on lesbian health care in other places. Both of these organizations are unlike others of their kind in that they acknowledge the specific health care needs of lesbians.

Both of these sources demonstrate that a major mechanism of marginalization of queer women from the women's health movement was heteronormativity. Although groups in the

[75] Ibid.
[76] Ibid.

women's health movement weren't purposefully excluding the queer population through malicious methods, lesbian health issues were largely ignored because the women's health movement operated on the assumption that all women were heterosexual. This population was thus marginalized because their needs were pushed aside.

By examining the ways in which clinics attempted to include queer women in both clinical aspects and publications, we can understand the ways in which the relationship between explicit inclusion and implicit exclusion demonstrate the marginalization of queer women from this aspect of the women's health movement. This outreach also suggests an atmosphere of condescension from the women's health clinics towards the queer community. By making these lackluster efforts to include lesbians in their clinics, these clinics were perhaps suggesting that these token efforts were all the queer community needed or deserved. This sense of condescension from the women's health clinics may have pushed lesbians to create their own spaces.

Lesbian-Specific Clinics

Beyond lesbian clinic days, there were a few lesbian-specific clinics that opened in metropolitan areas. In 1974, seven queer women opened a health collective in New York City specifically for lesbians. Identifying themselves as the oldest lesbian clinic in the United States, St. Mark's Women's Health Collective was founded in response to a need for basic health care for lesbians in New York City.[77] The fact that these women felt there was a lack of accessible health care for lesbians in the city, and thus opened the clinic, indicates that lesbians' health

[77] "St. Mark's Women's Health Collective Pamphlet," ca. 1993, St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=248628ce&pg=26.

needs weren't being properly met within the health system. Although the women's health movement wasn't specifically identified as an area that was not satisfactory for lesbian healthcare, the opening of a lesbian-specific clinic in response to a health need in the community suggests that there was a lack of lesbian care in the women's clinics emerging throughout the nation, since they weren't taking care of the lesbians in their clinics.

Not only does the opening of these clinics themselves demonstrate a lack of care for the queer community within the women's health movement, the operational capabilities of these clinics tell of the marginalization from the women's health movement that the lesbian community faced. Like the lesbian clinic days in other women's clinics, the lesbian-specific clinics were only open for a limited number of hours each week. According to a pamphlet published by St. Mark's Women's Health Collective, clinic hours were only "most Tuesday nights from 6:00-10:00 pm."[78] The limited hours of the clinic demonstrate a diminished accessibility for lesbian healthcare. Furthermore, only offering services on "most" Tuesday evenings makes this clinic an unreliable source of healthcare for lesbians. Not being open every single Tuesday makes it so hours are unpredictable, further inhibiting accessibility for health services. Being forced to limit access to healthcare for lesbians within this movement demonstrates a lack of support for the specific healthcare needs of lesbians. By making these services available less frequently, it indicates that the health of lesbians wasn't as valued within the health care system as the medical needs of heterosexual women.

Moreover, lesbian clinics that did open were unable to operate as effectively as general women's clinics due to a lack of funding. For much of their tenure at 44 St. Mark's Place in New York City, St. Mark's Women's Health Collective faced eviction.[79] Unable to compile adequate

[78] Ibid.

[79] "Lesbians: How About a Little Pride in Our St. Mark's Lesbian Health Collective?" ca. 1978, St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS

resources to pay their rent, the collective had to use some of their clinic Tuesday nights in order to strategize ways to keep the clinic open.[80] As a result, lesbians were met with uncertainty over whether their health center would remain open, in addition to being unable to receive services because the clinic was scraping by. This uncertainty prevented the possibility of accessible healthcare for lesbians. Since these clinics were opened as a result of a lack of lesbian-specific healthcare made available by the women's health movement, the lack of funding and resources made available to this clinic demonstrates the marginalization of lesbian health needs from the movement. By 1983, the St. Mark's Women's Health Collective had to shut its doors to the lesbian community, until they found a more affordable building later that year.[81] Without the stability other women's clinics provided, lesbians were faced with unreliable healthcare. This all ties back to the lack of representation within the women's health movement; this clinic was opened in response to a lack of accessible healthcare for lesbians. their needs seemed to be viewed as less important than the needs of heterosexual women.

Fortunately, St. Mark's was able to remain open following this time of turmoil by moving buildings. This was made possible by the donations of money and time made by lesbians in the New York City area.[82] The fact that the lesbian community alone put the time and effort into keeping their clinic open in order to provide necessary health care for their community demonstrates the lack of support for their health coming from the women's health movement. By

---

Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=248628ce&pg=26.

[80] Ibid.

[81] Joan Waitkevicz, "Women Rebuild Women's Clinic," ca. 1984, St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark- AHSI&xid=248628ce&pg=26.

[82] Joan Waitkevicz "St. Mark's Clinic Lives," *Womanews* 1, no. 8 (1980): 2, *Archives of Sexuality and Gender*, https://link-gale-com.colorado.idm.oclc.org/apps/doc/NYHPYI676921025/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=e612c952.

making it so the queer community had to completely build their own health clinics without the help of the women's health movement demonstrates the marginalization that they faced within the movement. Since there was no assistance or services provided for the health of lesbian women in New York City, they had to rely on their own scarce resources to ensure the health of their community. The lack of help from the women's health movement suggests that they found the health needs of lesbians and other queer people to be less important than the health needs of heterosexual women.

Beyond women's clinics simply ignoring the health needs of lesbian women, a founder of St. Mark's, Joan Waitkevicz, implies that these clinics were unable to appropriately fulfill lesbian healthcare needs since they are not lesbian central. In a New York newspaper article, Waitkevicz explains that "as a specifically *lesbian* health clinic staffed by lesbian-identified workers, it also does what even say, a feminist clinic that is sensitive to lesbian issues can not."[83] Waitkevicz differentiates between "cannot" and "will not" in this article. Generally, when discussing the marginalization of the queer population from these clinics, its a matter of "will not" meaning that these clinics either don't include lesbian health needs in their services, don't ensure a safe and comfortable space for queer people, or make lesbian services far less accessible than other services. However, what Waitkevicz points out is the simple inability of women's clinics to make a truly comfortable and accessible space for queer women because they also treat heterosexual women. She suggests that lesbians are not marginalized from the women's health movement due to a refusal to include them; they are rather marginalized because the women's health movement is unable to ensure their total inclusion. The distinction relates to the tension between implicit

[83] Peg Byron, "Lesbian Health Clinic Update," Womanews, vol. [1], no. [6], May 1980, pp. [1]+. Archives of Sexuality and Gender, link.gale.com/apps/doc/JDHELI219428026/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=20e2728c.

exclusion and explicit inclusion. Since women's clinics are unable to fully include and cater to the needs of lesbian women, they will always be implicitly excluded. However, those clinics that attempt to be sensitive to lesbian needs but explicitly including them are unable to fulfill the medical needs of the queer community. This suggests that not only are lesbians marginalized from the women's health movement, there is an inability on the side of the women's health clinics to not marginalize this community.

Lesbian-specific clinics also published materials explaining the experiences of lesbians in the healthcare system. Phyllis Lyons, founder of the Lyon-Martin lesbian clinic in San Francisco, illustrated this phenomenon in a letter to the San Francisco mayor. She posits that "this minority group consistently receives health services less often than a comparable female population."[84] She furthers her point by explaining that there is a lack of trust in the medical system since they don't seem to be aware of or responsive to their needs.[85] Lyons points out the negligence of lesbian healthcare needs in regard to the medical system. By failing to make an effort in including lesbian health needs in their services and thus build trust within the queer community, the present health system disregards the health needs of lesbians. Lyons claims that the reason lesbians are left out is due to simple ignorance; if the medical system were aware of the specific health needs of the community, there would be more trust between lesbian women and those providing healthcare. By ignoring the needs of the lesbian community, the women's health movement was, in effect, marginalizing the queer community from the movement itself.

Both the establishment of lesbian-only clinics and the publication of materials by these clinics demonstrates the internal efforts made in order to ensure that queer women could access

[84] Phyllis Lyon to Mayor Feinstein, June 4, 1983, Correspondence, June 30, 1977-December 6, 1983 and undated. June 30, 1977-December 6, 1983; n.d. MS Phyllis Lyon and Del Martin: 8: Organizations, Committees, Coalitions, 1964-[1997] Box 70, Folder 12. Gay, Lesbian, Bisexual, and Transgender Historical Society. Archives of Sexuality and Gender, link.gale.com/apps/doc/BJRYVL685881255/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=da5e6d70&pg=49.

[85] Ibid.

acceptable health care by creating spaces of their own. The need that lesbians felt to create spaces of their own illustrates their marginalization from the general women's health spaces.

Conclusion

The emergence of women's clinics in the 1970s was a significant component of the women's health movement. Thus, their treatment of queer people is incredibly telling of the state of marginalization of lesbians from the women's health movement on the whole. Riddled with heterosexism, these clinics were largely exclusionary of lesbian health needs as a result of not taking the time to understand the specific health needs of the community. Clinics that wanted to include lesbians and thus created lesbian clinic days limited the accessibility of healthcare by only providing services once a month. These clinic days also displayed the interesting dichotomy between implicit exclusion and explicit inclusion in the women's health movement. Biases present in the operations of these clinics demonstrated implicit exclusion; these heterosexist assumptions made it so queer people were excluded, though unintentionally. However, the clinics that made an effort to include queer women through explicit inclusion demonstrated that inclusion on these terms is still marginalization. Stigmatizing lesbians into a different group that cannot receive healthcare on the same basis as heterosexual women pushed their needs into the periphery. Lesbian-only clinics opened in response to this lack of attention, understanding that perhaps general women's clinics may be unable to fully tend to the needs of queer women since they had to serve heterosexual women as well. These clinics were riddled with their own problems as well that limited accessible healthcare for lesbians, further marginalizing them from the health movement. Publications by both general women's health clinics and lesbian-only

women's health clinics demonstrate the mechanisms of this marginalization throughout the health system.

The marginalization presented in this chapter demonstrates how the evolution past marginalization in *Our Bodies, Ourselves* didn't necessarily transfer into the clinical section of the women's health movement. This marginalization was already present in the clinical aspect of the movement before it was ever improved upon in the educational aspect of the movement. This lack of improvement in the clinical sector demonstrates just how widespread the implementation of clinics was in the women's health movement, and that this was a factor in the lack of improvement made to the marginalization of queer women from the women's health movement. This lack of improvement within the clinical sector of the movement can also be seen as a result of outside phenomena, such as AIDS and abortion, that impacted the kind of care provided in these clinics.

Social Factors of Marginalization: AIDS and Abortion

In the 1970s and 1980s, there were two major social phenomena that heavily impacted the marginalization of queer women from the women's health movement: the legalization of abortion and the beginning of the AIDS epidemic in the United States. Although neither of these events were internal to the women's health movement, they still had a major impact on the access that queer women had to healthcare, as well as their role in both the women's movement and the gay liberation movement.

Lesbians were part of a unique category that was related to both abortion and AIDS, yet excluded from both. Abortion was predominantly an issue for women having sex with men, thus risking pregnancy, while AIDS was an issue predominantly impacting homosexual men. As homosexual women, they were a unique combination of each of these groups that were related to these two, yet completely separate because they seemingly weren't impacted by these issues. Because of this, these two issues provided an environment within healthcare that marginalized queer women.

While the relationship between implicit exclusion and explicit inclusion discussed thus far remained present in these issues, these phenomena escalated past this relationship to expose other areas of marginalization within the women's health movement. More than anything, abortion and AIDS sidelined lesbian health issues as something less important. These "external" factors compounded the already ingrained tendency to ignore the specific health needs of lesbians, and further marginalized queer women from the women's health movement.

The remainder of this chapter will investigate the ways in which these two external factors massively impacted the marginalization of queer women from the women's health movement, with the legalization of abortion discussed first, followed by the AIDS epidemic.

Abortion

The fight to legalize abortion unified many different groups of women over one common goal: accessible, safe abortions nationwide. Between 1967 and 1973, four states had legalized abortion and thirteen others had loosened their restrictions on abortion.[86] This fight culminated in the landmark 1973 Supreme Court ruling that the government does not have a right to restrict a woman's choice to have an abortion. *Roe v Wade* thus effectively legalized abortion nationwide.[87] Following the legalization of abortion, clinics providing abortions opened nationwide, leading to a massive increase in the number of clinics throughout the country. In the six years following *Roe v Wade*, the number of abortion providers climbed by 76%. By 1979, only 56% of abortion providers were tied to a hospital; the remaining 44% were providing abortions in free-standing clinics.[88] Although there are no statistics to demonstrate the number of abortion clinics that opened at this time, we can infer that the increase in abortion providers, as well as their movement away from practicing in hospitals, was a result of an increase in the number of abortion clinics. *Roe v Wade* enabled the significant expansion of abortion clinics. Before 1973, feminist clinics revolved around the idea of "Self-help" through examinations and gynecological care.[89] As evidenced by the notable increase in clinics following the legalization of abortions, these new clinics likely revolved around providing abortions.

Immediately following the legalization of abortion through *Roe v Wade*, organizations were formed in order to promote the repeal of the ruling made in this case. In 1973, the National Right to Life Committee was formed with the precise goal of overturning the decision. In

---

[86] "Historical Abortion Law Timeline: 1850 to Today," Planned Parenthood, accessed Februrary 3, 2022, https://www.plannedparenthoodaction.org/issues/abortion/abortion-central-history-reproductive-health-care-america/historical-abortion-law-timeline-1850-today

[87] "Roe v Wade," Oyez, accessed February 3, 2022, https://www.oyez.org/cases/1971/70-18.

[88] Johanna Schoen, "Living Through Some Giant Change: The Establishment of Abortion Services," *Am J Public Health* 103, no. 3 (March 2013): 416-425, https://doi.org/10.2105/AJPH.2012.301173

[89] Morgen, *Into Our Hands,* 43.

response to the formation of these organizations, pro-choice organizations similar to those that had fought for the legalization of abortion in the first place emerged across the country.[90]

Although the increase in safe and legal abortions as a result of the ruling of *Roe v Wade* is not inherently anti-lesbian, I will argue in this section that the culture shift as a result of the legalization of abortion contributed to the marginalization of queer women from the women's health movement. This marginalization occurred both in the clinical aspect of the health movement and the arena of activism for reproductive rights, and is an example of the ways in which lesbians were implicitly excluded from the women's health movement.

Many of the women's health clinics established on the heels of legalization focused almost solely on providing abortions. For example, the Boulder Valley Women's Health Clinic (BVWHC) in Boulder, Colorado opened in 1973. An article about the clinic in an October 1973 issue of *The Sunday Camera* explains that the main purpose of the clinic is to "provide low-cost abortions, but only to women who really desire them."[91] The fact that this clinic's entire purpose was the perform abortions suggests that they weren't providing services other than abortions. Since lesbians require abortions at a much lower rate than heterosexual women, the fact that other services weren't provided demonstrates that the health needs of queer women were set aside in light of the increased need for clinics.

Furthermore, in an interview in 1998, one of the founders of BVWHC, Linda Weber, reinforced this idea by saying that the central mission of BVWHC at the time was to provide "safe, low-cost, humane abortions."[92] The fact that the central mission of the clinic was to

---

[90] Dorothy E. McBride and Jennifer L. Keys, *Abortion in the United States: A Reference Handbook*, 2nd ed (Santa Barbara: ABC-Clio, 2018), 67.

[91] Beverly Butman, "Boulder Clinic," October 21, 1973, *Sunday Camera,* Boulder Valley Women's Health Center: Newspaper Articles, undated, Box: 2, Folder: 1, Anne Marie Pois Oral History Project Collection, COU:1291, University of Colorado Boulder Libraries, Rare and Distinctive Collections.

[92] Linda Weber, interview by Kate Moran, Boulder Valley Women's Health Center: Interviews, undated, Box: 1, Folder: 8, Anne Marie Pois Oral History Project Collection, COU:1291, University of Colorado Boulder Libraries, Rare and Distinctive Collections.

provide abortions suggests that there weren't other services provided, and if there were, they were provided at a much lower rate than abortions were. Since lesbians need abortions much less than heterosexual women, their health needs lie in these other services provided. Thus, the ways in which this clinic prioritized abortions and let other services fall to the wayside demonstrates the ways in which lesbians were marginalized from the health movement as a result of the increased prevalence in abortion clinics following the legalization of abortion in 1973.

Although abortion seems like it is not a lesbian issue, there are many publications that suggest otherwise. In a 1980's era reproductive rights newsletter, the organization known as R2N2 (Reproductive Rights National Network), the authors explained why lesbian rights are essential to the continuation of accessible abortion. The newsletter states, "an atmosphere which denies rights to lesbians means that all women's rights to make choices about their reproductive lives are limited."[93] This newsletter is making the argument that by denying the homosexual community sexual freedom, abortion rights are no longer guaranteed. Reproductive rights are part of sexual freedom. By giving women the right to choose whether or not to terminate a pregnancy, you are essentially vocalizing that they should be able to be sexually free since heterosexual sexual intercourse and pregnancy are biologically connected. However, sexual freedom also includes those who don't engage in heterosexual sexual activity. Therefore, since sexual freedom and abortion rights are linked together, and sexual freedom includes gay rights, gay rights, and abortion rights are intertwined with one another. By connecting lesbian rights to sexual freedom and thus the fight for abortion, queer women are attempting to make it clear that they should be involved in the abortion sector of the women's health movement. The need to

[93] "Lesbians Link Abortion and Sexual Freedom," ca. 1980, Abortion, April, 1969-October 24, 1998 and undated. April, 1969-October 24, 1998; n.d. MS Lesbian Herstory Archives: Subject Files: Part 1: Abortion-Bookstores Folder No.: 00030. Lesbian Herstory Archives, Archives of Sexuality and Gender, link.gale.com/apps/doc/EJNYKT597541949/AHSI?u= coloboulder&sid=bookmark-AHSI&xid=0b0ab084&pg=41.

make this argument suggests that queer women were marginalized from the movement for reproductive rights; their needs weren't taken into account when forming groups and organizations for women's rights. While the argument that lesbian rights and reproductive rights are connected was not marginalizing towards lesbians in and of itself, the need to make the argument that these two are connected suggests that perhaps queer women and queer women's rights were not taken into account within the movement for abortion rights before this argument was made.

In addition to the connection between lesbians' rights for sexual freedom and reproductive rights, Jeanne Córdova, a lesbian, pointed out that lesbians sometimes also need abortions. In a speech at an Abortion Victory rally in Los Angeles, Córdova explains that as a result of heterosexism present in society, men will tell lesbians that all they need is good sex with a man to change their minds. Lesbians were thus coerced into these sexual situations with men that result in an unwanted pregnancy.[94] Therefore, there are situations in which lesbian women do require abortions, though less than straight women. However, the fact that queer women sometimes need abortions does not indicate that lesbians were not marginalized from the women's health movement. Lesbians likely faced stigma and discrimination when seeking an abortion, due to the notion present within the community fighting for reproductive rights. Although there were plenty of publications from the reproductive rights movement that mentioned the importance of sexual freedom, only the publications published by lesbian groups seemed to mention the importance of gay rights to sexual freedom. For example, in a 1979 letter from the Abortion Action Coalition to the Reproductive Rights National Network. The Abortion Action Committee explained that they had "a commitment to linking the abortion struggle to

[94]Jeanne Córdova, "Lesbian Feminism & The Fourth Demand," Gay Liberator, no. 26, April-May 1973, pp. 4+. Archives of Sexuality and Gender, link.gale.com/apps/doc/VIXDJP258504710/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=d7d1a50e.

other issues of reproductive and sexual freedom for women."[95] However, in the list of issues that followed this sentence, the Abortion Action Committee failed to mention the sexual freedom of lesbians. The fact that straight women failed to mention the connection between abortion and lesbian rights, but lesbians did, suggests that it was assumed among this group that lesbians had nothing to do with abortion and reproductive rights. The fact that this link never became part of the mainstream abortion rights movement suggests that the queer community was marginalized from the movement because this is the argument that linked them to the movement.

Furthermore, this marginalization of lesbians can be seen within organizations that advocated for reproductive rights. In order to demonstrate this form of marginalization, I will be examining the Coalition for Abortion Rights and Against Sterilization Abuse (CARASA). In a letter reviewing an abortion task force paper, Maxine Wolfe from the Coalition for Abortion Rights and Against Sterilization Abuse (CARASA) describes the ways in which the paper neglects to acknowledge the ways in which abortion rights affect lesbians. Wolfe states that the task force paper doesn't mention the ways in which heterosexism impacts the argument against abortion. She explains that one of the main reasons people argue against abortion is the ideology that women have to produce children in order to be a pertinent member of society.[96] What the paper fails to acknowledge is that this stigmatization is also pertinent to lesbians. By neglecting to recognize how lesbians are impacted by anti-abortion legislation, this task force indicated that

[95] Legislative Liason Committee Abortion Action Coalition (Boston) to Reproductive Rights National Network, April 29, 1979, Subject Files: Regional and National Women's Issues, Abortion, 1973-1985, MS Atlanta Lesbian Feminist Alliance Archives, ca. 1972-1994: Subject Files Box 13, Folder 25. Duke University Library, Archives of Sexuality and Gender, link.gale.com/apps/doc/INHQZD651503186/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=d6ae88ce&pg=92.

[96] Maxine Wolfe to Barbara and Myisha, ca. 1980, Lesbian Action Committee (Lesbian Rights Committee; NY CARASA), 1981-1987, MS Organization Files from the Lesbian Herstory Archives ORGFIL0776, Lesbian Herstory Archives, Archives of Sexuality and Gender, link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=7605a1d2&pg=54.

lesbian issues were not important to this cause. By pushing these issues aside, the task force marginalized queer women from this movement.

Moreover, using CARASA as a case study, lesbians were marginalized from the fight for abortion rights within organizations. In June of 1980, a "Lesbian Action Committee" was formed within the CARASA in order to introduce the issue of gay rights into the organization.[97] The formation of the committee alone demonstrates the ways in which lesbians and lesbian health issues were marginalized from the community. The fact that the committee had to be formed in order to actually introduce lesbian rights into the discussion CARASA was having suggests that these issues weren't being discussed before. By failing to acknowledge the issues of lesbian health, CARASA was marginalizing the health needs of lesbians from their organization.

Additionally, the formation of a separate committee within this organization is reminiscent of the lesbian-specific clinic days discussed in the previous chapter and is a perfect example of the relationship between implicit exclusion and explicit inclusion of lesbians present within the women's health movement. In a member's notes about the founding of the committee, she explains that "it ghettoized the issues into a committee so that the rest of the organization didn't have to seriously deal with the politics in a more profound way."[98] Lesbians were implicitly excluded from the movement for reproductive rights because straight people who were forming these organizations were (falsely) under the impression that abortion was not a lesbian issue and that they thus didn't need to involve lesbians in this work. However, once lesbians were given their own committee in order to make it seem as though queer women and their issues were being included in this movement, their lesbian-specific issues were still ignored. This

[97] Ibid.
[98] Ibid.

thus demonstrates the ways in which lesbians were marginalized from the movement for reproductive rights within the women's health movement.

Furthermore, the internal politics within CARASA demonstrate an escalation past this explicit inclusion and implicit exclusion into full-fledged hostility and division between the two sectors of the organization. For example, Maxine Wolfe, separate from CARASA and the Lesbian Action Committee, organized a "zap" action, which was basically a brash and bizarre public demonstration for gay rights.[99] Following this demonstration, Wolfe was "accused of being divisive, of redbaiting, of trying to destroy CARASA… and some people even said [she] should leave [her] job."[100] By basically harassing Wolfe as a result of a pro-LGBT action she made outside of CARASA, the members of the organization drew a line between straight folks and queer folks, especially since this harassment was a result of actions she made to support the queer community. This hostility and harassment she faced were more than just the relationship of explicit inclusion and implicit exclusion that we have seen up to this point. Now, there is hostility aimed at queer people within this organization. This hostility was clearly marginalizing for queer folks because it demonstrated the lack of support for gay and lesbian rights from this community.

This marginalization of queer women within CARASA following the formation of the Lesbian Action Committee actually led to a mass exodus of lesbian members just two years after the formation of the committee. Maxine Wolfe resigned in the early summer of 1982, citing the heterosexism and homophobia still present in the organization, even after the formation of the Lesbian Action Committee, as a reason for leaving.[101] She specifically cites an article that was

---

[99] "About: Zap (action)," DBpedia, accessed March 12, 2022, https://dbpedia.org/page/Zap_%28action%29.

[100] Maxine Wolfe, "Outline for CARASA History (Heterosexism, Homophobia, and Anti-feminism in CARASA)" ca. 1982, Lesbian Action Committee (Lesbian Rights Committee; NY CARASA), 1981-1987, MS Organization Files from the Lesbian Herstory Archives ORGFIL0776, Lesbian Herstory Archives, Archives of Sexuality and Gender, link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=7605a1d2&pg=2.

[101] Maxine Wolfe to the CARASA Steering Committee and General Membership, ca. 1982, Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian

published in a CARASA newsletter that is filled with sexism, heterosexism, and homophobia. This article, written by a straight man, was supposed to expose and explain the lesbian struggle. However, as a straight man, he is obviously unable to effectively and accurately portray this struggle because as a straight man he does not fully understand it.[102] The fact that this organization utilized a straight man to speak on lesbian issues when there was an entire group of lesbian women willing to speak on these issues demonstrates that they didn't care to accurately portray and examine lesbian issues. This lack of care put towards the display of lesbian issues demonstrates the ways in which lesbian health issues were pushed toward the periphery in these organizations. Furthermore, the homophobia and heterosexism present within the organization illustrates the ways in which explicit inclusion is still a method of marginalization. Even though this organization formed a committee that was intended to focus on lesbian issues, they weren't paying any real attention to these issues, as demonstrated by the homophobia and heterosexism within the organization.

Following the resignation of Maxine Wolfe, many members of the Lesbian Action Committee submitted their resignations as a result of CARASA's response to Wolfe's letter. CARASA refused to publish Wolfe's letter in their newsletter and instead published a letter from a reporter calling members of the Lesbian Action Committee "Stalinists."[103] By failing to publish the letter that explained the homophobia and heterosexism in the organization, CARASA basically buried the complaints and refused to recognize how they were alienating their lesbian members. This case is an escalation past the relationship of explicit inclusion and implicit

---

Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=7605a1d2&pg=169.

[102] Ibid.

[103] Sarah Shulman to CARASA, June 1982, Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder &sid=bookmark-AHSI&xid=7605a1d2&pg=171.

exclusion into something more hostile and divisive. Beyond simply implicitly excluding lesbians from their organization, CARASA has now externally drawn a line between straight women and queer women within the organization. While this harassment was more internal before, now CARASA publicly separated itself from its own Lesbian Action Committee. By categorizing the Lesbian Action Committee as communist, CARASA could excuse them as something separate and inherently "UnAmerican." Moreover, by publishing a letter that called the members of the Lesbian Action Committee "Stalinists," the organization effectively dismissed the complaints of the committee by rendering them untrustworthy. The health issues of lesbians were thus ignored by this organization, suggesting that lesbians were marginalized from this movement.

The legalization of abortion in 1973, and the continued fight to maintain the right for a woman to choose what to do with her body, was a massive component of the women's health movement. As a result of the legalization of abortion, clinics opened nationwide that focused solely on providing abortions. Although lesbians sometimes need abortions, they require abortions at a much lower rate than straight women. The fact that these clinics focused solely on abortions demonstrates the ways in which queer women were implicitly excluded from the women's health movement as a result. Furthermore, lesbians were marginalized from the movement to maintain reproductive rights for women through both implicit exclusion and explicit inclusion. Much of the movement assumed that lesbians weren't impacted by abortion rights, and thus, didn't feel the need to include lesbian health issues in their movement. When organizations seemed to include lesbian issues, such as CARASA's formation of the Lesbian Action Committee, they didn't actually pay attention to lesbian health issues. Instead, this gave CARASA an excuse to ignore lesbian issues and maintain homophobia and heterosexism under the guise of inclusion through the establishment of the committee.

AIDS

In the summer of 1981, a unique health phenomenon was observed in Los Angeles and New York. Several previously healthy men had been diagnosed with either *Pneumocystis carinii* pneumonia (PCP) or Kaposi's Sarcoma (KP). Both of these diseases are associated with weakened immune systems, which was unexpected for these seemingly healthy young men. The only other thing they all had in common was their sexual orientation- each of these men was gay. In May 1982, the New York Times published a story about this "Gay-Related Immune Deficiency" (GRID), forever drawing an association between homosexuality and the disease. By September of 1982, the CDC used the term Acquired Immune Deficiency Syndrome (AIDS).[104] By 2001, 448,060 people in the United States had died due to AIDS-related illness. A disproportionate amount of these deaths were men who had sex with men.[105] The federal response to the AIDS epidemic has been characterized as "uncoordinated, insufficient, and inadequate."[106] Although the majority of the country and the governmental structures ignored this health crisis, the lesbian community stepped up and formed structures within the community to support gay men that had been affected by AIDS.

Gay liberation was turned upside down by AIDS; all of a sudden, previously healthy people were dying. The focus on LGBT health turned toward the men who were affected by HIV/AIDS, and away from other members of the queer community. In the remainder of this chapter, I will argue that the AIDS epidemic was a major factor in the marginalization of lesbian

---

[104] "U.S. Statistics," HIV. gov, updated June 2, 2021, https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics

[105] "HIV and AIDS- United States 1981-2000," CDC, June 1, 2001, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm

[106] P. R. Lee and P. S. Arno, "The federal response to the AIDS epidemic," *Health Policy* 6, no. 3 (1986): 259-267, https://doi.org/10.1016/0168-8510(86)90035-7

women from the queer health movement formed in response to marginalization from the women's health movement.

Despite the fact that lesbians were affected by AIDS at a seemingly much lower rate than gay men, they still provided support in the form of health activism as it related to AIDS. In June of 1983, the Lesbian/Gay Health Conference was held and Denver, and focused a lot on the ways in which AIDS affected the homophobia present in the American healthcare system. An article published in August of 1983 detailing the purpose of the conference explained the need for lesbian involvement in AIDS work.[107] Lesbians were a unique group pertaining to AIDS in that they were able to relate to gay men based on their queerness, but were not affected by AIDS at nearly the rate that homosexual men were. They thus were called upon in order to fill this role as the bridge between the gay community that was being basically eradicated by this disease and the general population that wasn't suffering as much.

The involvement of lesbians in AIDS activism is further demonstrated in an article published by an L.A. newspaper in July of 1983. This group called the "Women's AIDS Network" was formed after the Lesbian/Gay Health Conference the month before stressed the importance of the involvement of women, and especially lesbians, in AIDS activism. In this article, in particular, the author Phil Nash describes the difficulties lesbians faced within the community of AIDS activism. Lesbians felt isolated from their communities because they were helping men, which was seen as anti-lesbian feminist at this time since they were conforming to the traditional roles assigned to women instead of defying these roles.[108] Furthermore, as members of a predominantly male group fighting AIDS, lesbians faced, "invalidation,

[107] Patricia Johnston, "Activism,'Working Out' Urged at Health Conference," Double Standard, Aug. 1983, p. [1], Archives of Sexuality and Gender, link.gale.com/apps/doc/WFBPUI959270193/AHSI?u=coloboulder &sid=bookmark-AHSI&xid=20a47713.

[108] Recall introduction

invisibility, and sexism."[109] Lesbians made it a point to involve themselves in AIDS activism, and were met with marginalization and discrimination from and within each of these communities. Lesbians who provided AIDS support were often criticized for not being "true" lesbian feminists, and their presence was not always welcomed by the gay men who needed AIDS support. Nonetheless, lesbians continued to provide support to the community.

Regardless of their involvement in AIDS activism, the health care of the lesbian community suffered as a result of the AIDS crisis. In an article published in a New York City newspaper called "The Connection," author Jo-Ann Shain writes about the effects of the AIDS epidemic on lesbian health care. She posits "amidst the horror of the AIDS epidemic, lesbians have been further obscured and misinterpreted, resulting in confusion about the overall health status of lesbians."[110] Shain plainly demonstrates the ways in which lesbian health care has been marginalized in light of the AIDS epidemic. This marginalization has occurred in the form of simple ignorance of the issues present; since AIDS was pushed to the forefront of people's worries, the health needs of queer women were pushed aside. Furthermore, Shain indicates that AIDS has actually furthered the homophobia present in the healthcare system, regardless of the fact that lesbians were at a seemingly lower risk for AIDS than gay men.[111] This homophobia within the healthcare system as a result of the AIDS epidemic further pushed lesbian health needs into the periphery since lesbians were lumped in with gay men. Homophobia was an excuse to not treat lesbian health needs seriously. Since their health needs weren't acknowledged, they were marginalized from the health movement itself.

---

[109] Phil Nash, "Women's AIDS Network Formed," Frontier, June 22- July 6 1983, p. [2] MS Organization Files from the Lesbian Herstory Archives ORGFIL1586. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/DWTWRB196469321/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=8365f954&pg=2.

[110] Jo-Ann Shain, "Lesbian Health Care," The Connection/L.I. Connection, vol. 3, no. 9, March 28-April 11 1984, p. 31, Archives of Sexuality and Gender, link.gale.com/apps/doc/ZCHAMN001423604/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=56ed4907.

[111] Ibid.

Many lesbian organizations made efforts to publicize the lack of attention paid to lesbian issues in light of the AIDS epidemic. In a 1983 letter to San Francisco's mayor, the Lyon-Martin lesbian clinic had to request funds. They mentioned that there was a "serious" lack of funding for low-income lesbian health care, adding that the amount of funding going to AIDS research was taking away from lesbian healthcare's financial needs.[112] In this letter, the Lyon-Martin clinic indicates that lesbian health care is facing a funding issue, which impacts the quality of health care. Furthermore, they attribute the lack of funding to AIDS. Since AIDS was incredibly new, and the federal government was failing to make it a priority, much of the limited funding available going towards lesbian and gay health was going to AIDS research. By linking a lack of funding for lesbian health care to funding going towards AIDS, this letter insinuates that the reason lesbians aren't receiving proper health care is the ongoing AIDS epidemic. It seems as though resources were taken from lesbian healthcare and allocated to AIDS, thus marginalizing their healthcare needs from the movement.

Some organizations even went far enough to attempt to organize a conference to address the lack of attention paid to lesbian health in light of the AIDS epidemic. In June of 1984, the International Gay and Lesbian Health Conference was held in New York City with a specific focus on lesbian health care. An article published in a Vancouver newspaper at the time describes the reasoning behind this focus. It states "Since lesbians do not suffer from any diseases as dramatic as AIDS, lesbian health care has taken a back seat."[113] This article insinuates that because AIDS is such a serious disease, it has moved to the forefront of the queer health care

---

[112] "Lesbians In Health Care," ca. 1985, Lesbians in Health Care (L.I.C.H.). 1983-1986, MS Organization Files from the Lesbian Herstory Archives ORGFIL0966, Lesbian Herstory Archives, Archives of Sexuality and Gender, link.gale.com/apps/doc/BGYYPJ930278291/AHSI?u=colobould er&sid=bookmark-AHSI&xid=c8de5682&pg=49.

[113] Robin Barnett, "Conference Focus on Lesbian Health," Bi-line, Sept. 1984, pp. 24+, Archives of Sexuality and Gender, link.gale.com/apps/doc/PIOTBO119099410/AHSI?u=colobould er&sid=bookmark-AHSI&xid=6aac5bdd.

scene, and if lesbians were to suffer from AIDS or another disease like AIDS, their health needs would be paid attention to as much as gay men's were. By pointing out that this lack of focus on lesbian health care is a result of more serious diseases like AIDS occupying the forefront, they recognize that the emergence of AIDS is a major factor in the lack of attention paid to lesbian health care. Furthermore, their focus on lesbian health care in this conference in response to the previous lack of attention paid further solidified the fact that AIDS was a primary factor in the marginalization of lesbian health care needs from the health care sector.

However, although lesbians were infected with AIDS at a much lower rate than gay men were, they still were at risk of contracting AIDS. An informational pamphlet about AIDS highlighted the increased risk in the lesbian community due to increased IV drug usage by queer women.[114] One of the unique health care issues in the lesbian community is substance abuse.[115] This includes IV drug usage, which is one of the main ways in which HIV is transmitted. However, many lesbians were under the impression that they weren't at risk for AIDS. This lack of awareness is indicative of how the health care field failed to pay adequate attention to lesbians' risk for contracting AIDS. The fact that there wasn't attention paid to AIDS in queer women as a result of IV drug usage suggests that the specific health needs of lesbians in relation to their issues with substance abuse were also ignored.

Another informational pamphlet titled "AIDS: A Lesbian Issue?" mentions the issue of IV drug usage in the queer community, and adds that some lesbian sex practices could be considered vigorous enough to put the participants at risk of transmitting HIV/AIDS.[116] Although

---

[114] "AIDS," ca. 1986, AIDS, July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.: 00730. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/CTEFPT830255131/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=fbbd6d4f&pg=29.

[115] Recall introduction

[116] "AIDS: A Lesbian Issue?" ca. 1988, AIDS, July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.:

lesbians were generally under the impression that they weren't at risk of contracting the disease through sexual contact with women, they in fact were. This demonstrates how their health needs were ignored within healthcare during the AIDS crisis. This pamphlet goes on to state that lesbians were excluded from AIDS research, and information about lesbian transmissibility was "utterly ignored" by the medical community.[117] Within the AIDS epidemic itself, a largely "queer" issue, lesbians were ignored, and they were excluded from research. This demonstrates the ways in which lesbians were marginalized from the health community since they weren't even considered to be a part of the affected community, even though they were still at risk of contracting HIV/AIDS. By ignoring the risk that lesbians had of contracting the disease, both through sexual intercourse and IV drug use, lesbians' health needs were effectively pushed to the side, indicating their marginalization.

This exclusion of lesbians from AIDS research is further demonstrated in an article about a study on the risk of AIDS for lesbians published in a San Franciscan newspaper in November of 1985. This article begins by explaining that "if women and children are the overlooked victims of this disease, lesbians are virtually ignored."[118] The fact that this research was conducted as a result of a lack of information about AIDS in the lesbian population demonstrates that the lesbian population was neglected in the AIDS crisis. This neglect of queer women's risk during the AIDS epidemic indicates how lesbians were marginalized from health care. The implication that queer women were unaffected by AIDS is a clear exposition of the fact that

---

00730. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/CTEFPT830255131 /AHSI?u=coloboulder&sid=bookmark-AHSI&xid=fbbd6d4f&pg=37.

[117] "What you should know about AIDS," June, 1983, AIDS, July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.: 00730. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/CTEFPT830255131 /AHSI?u=coloboulde &sid=bookmark-AHSI&xid=fbbd6d4f&pg=29.

[118] Nisa Donnelly, "Lesbians and AIDS," Plexus, Nov. 1985, p. 4, Archives of Sexuality and Gender, link.gale.com/apps/doc/FHPKJC136057353/AHSI?u=coloboulder&sid=bookmarkAHSI&xid=2610c8ab.

lesbians were excluded from the health movement, and their needs were vastly ignored. By ignoring lesbians' specific health needs, they were effectively marginalized from the movement.

Although the AIDS epidemic was not a part of the women's health movement, it demonstrates the ways in which queer women were excluded from their own health movement that they created in response to the women's health movement. The emergence of AIDS created an atmosphere that made it incredibly easy to disregard the needs of lesbian women since they seemed to be unaffected by this disease. This crisis that killed hundreds of thousands of people over the course of 20 years took attention and resources away from lesbian health care. Moreover, the work within the movement towards AIDS relief marginalized queer women from both their male and female counterparts. Assisting in AIDS relief- a predominantly male disease- was considered to be against lesbian feminist ideologies of the time. Although many lesbians were welcomed into the movement for AIDS activism,[119] these women sometimes faced sexism from gay male counterparts within the movement as well, which discouraged participation in AIDS activism work. Furthermore, the failure to acknowledge the risk HIV/AIDS posed to lesbians as a result of an increased incidence of IV drug usage and neglecting to provide further education on safe lesbian sex practices also illustrates the ways in which lesbians' health care needs were ignored, thus demonstrating their marginalization from health care.

Conclusion

Although these two examples may seem to be unrelated to one another, they both represent key moments in the 1970s and 1980s that contributed to the marginalization of queer women. By looking at these two examples together, we better understand the depth of

[119] Gregg Drinkwater, "Building Queer Judaism Gay Synagogues and the Transformation of an American Religious Community, 1948-1990," (PhD diss., University of Colorado, Boulder, 2020), 401.

marginalization that queer women experienced as a result of these external events. It was assumed that lesbians were unrelated to each of these phenomena. However, as a result of rape and sexual freedom in the case of abortion and an increased incidence of IV drug usage in the case of AIDS, it is clear that lesbians were affected by each of these instances, and the assumption that they weren't was an example of their marginalization. Furthermore, while both abortion and AIDS demonstrate the relationship between explicit inclusion and implicit exclusion, they each illustrate another form of escalation of marginalization. In the case of abortion, as exemplified through the case study of CARASA, lesbians experienced hostility in abortion activism and were harassed when trying to advocate for gay rights. In the case of AIDS, lesbian health care issues were completely sidelined as the queer community focused on the AIDS crisis and its effect on gay men.

The fact that these two events outside of the women's health movement contributed to the marginalization of queer women from the women's health movement further highlights the marginalization that women faced within the movement. The vulnerability of queer health within the women's health movement made it easier for these outside events to have an impact on the internal workings of the movement.

Conclusion

Throughout this thesis, we have examined the ways in which the women's health movement marginalized the queer population from their movement between the 1960s and the 1980s. The research explored here demonstrates that the main mechanism of marginalization was the paradox of explicit inclusion and implicit exclusion found in both *Our Bodies, Ourselves,* and the establishment of women's clinics. Although both of these sectors of the women's health movement made efforts to explicitly include queer women, this explicit inclusion was often insufficient and allowed for the implicit exclusion of lesbians from the remainder of the movement. Beyond this paradox, we saw an evolution towards inclusion by the 1980s in *Our Bodies, Ourselves*. However, this paradox had already embedded itself in the foundation of the women's health clinics. Not only does this demonstrate the marginalization of queer women from the movement, but also illustrates the ways in which the different sectors of the women's health movement were connected and how important *Our Bodies, Ourselves* was to the women's health movement.

This relationship between implicit exclusion and implicit inclusion was exaggerated and escalated past this relationship in light of the two major health phenomena of the 1970s and 1980s, completely exclusive of the women's health movement: the legalization of abortion and the AIDS epidemic. These events, while seemingly not directly related to queer women, had a massive impact on their relationship to the women's health movement. Growing hostility between lesbians and the organizations that promoted legal abortion emphasized the growing divide between queer women's health and the women's health movement. Furthermore, the AIDS epidemic simply sidelined the specific lesbian health issues because the system was focused on treating gay men. Queer women were further neglected during this movement as a

result of the failure to recognize that each of these phenomena were actually related to the health of queer women. Queer women sometimes needed abortions, and the legalization of abortion was inherently tied to the sexual freedom of queer people. AIDS was more prevalent in the lesbian community than one would think, as a result of the increased incidence of IV drug usage in the queer population.

But what happened after the 1980s? Obviously, the women's movement didn't abruptly end with the emergence of the AIDS epidemic and the publication of the 1984 version of *Our Bodies, Ourselves*. Five more versions of *Our Bodies, Ourselves* were released between 1984 and 2011. While there was an increased inclusion of lesbian and bisexual women between the early 1970s versions and the 1984 edition, there was certainly room for improvement in the inclusion of lesbianism throughout the entirety of the text. How did these later versions of the book address lesbianism? Each of the five later books had a chapter on lesbianism and seemed to have integrated lesbianism more fully into other chapters, such as the 1998 chapter on sexual orientation and gender identity,[120] separate from the chapter on loving women, and the 2011 chapter on the social factors to sexuality.[121]

A queer identity that wasn't addressed in this thesis, because it wasn't addressed at the time, was the different gender identities present within the queer community, such as transgender and non-binary people. In all of the editions of *Our Bodies, Ourselves* that I discussed, there was no mention of the different gender identities people could have. It wouldn't be until 1998 that the issue of gender identity was even introduced. In this version, there was only a short, four-page introduction on the issue of gender identity and sexual orientation. This was expanded to 13

[120] "Table of Contents," Publications, Our Bodies Ourselves, accessed March 14, 2022, https://www.ourbodiesourselves.org/1998-edition-table-of-contents-contributors/.

[121] "Table of Contents," Publications, Our Bodies Ourselves, accessed March 14, 2022, https://www.ourbodiesourselves.org/publications/our-bodies-ourselves-2011/table-of-contents- contributors/

pages in the 2005 version of *Our Bodies, Ourselves* and 25 pages in the 2011 edition. Although there was an expansion in the discussion of gender identity and queer narratives, like lesbianism in the earlier versions, there was still an issue of integration of queer and trans narratives throughout the entire book.[122] If there is another version of *Our Bodies, Ourselves*, it'll be interesting to see how the issue of gender identity evolves beyond what was seen in the 2011 version.

Beyond *Our Bodies, Ourselves*, the idea of "women's health" had been more thoroughly integrated into more mainstream health organizations and facilities. The Society for Women's Health Research was founded in 1990 and addressed the gender gaps in health research.[123] The Department of Health and Human Services established the Office on Women's Health in 1991,[124] and the NIH announced its Women's Health Initiative.[125] The issue of women's health expanded beyond just grassroots organizations of feminists fighting for their right to informational and effective health care to powerful, governmental organizations focusing on the specific health needs of women. While these organizations address the health issues specific to lesbianism, it took several years for these issues to be addressed and integrated into the research of these organizations.[126] This followed a similar pattern to the grassroots organizations' integration of lesbianism into their movement.

---

[122] Elizabeth Sarah Lindsey, "Reexamining Gender and Sexual Orientation: Revisioning the Representation of Queer and Trans People in the 2005 Edition of 'Our Bodies, Ourselves,'" *NWSA Journal* 17, no. 1 (2005): 184–89, http://www.jstor.org/stable/4317109.

[123] "History," Society for Women's Health Research, accessed March 13, 2022, https://swhr.org/about/history/

[124] "Who We Are," Office On Women's Health, last updated July 16, 2018, https://www.womenshealth.gov/about-us/who-we-are

[125] "About WHI," Women's Health Institute, accessed March 13, 2022, https://www.whi.org/page/about-whi.

[126] "Lesbian," Search, Office on Women's Health, accessed March 14, 2022, https://www.womenshealth.gov/search/node?keys=lesbian

Furthermore, while lesbianism and women's health has begun to be integrated into the broader governmental structure of health, queer women still face massive amounts of discrimination when seeking health care. In a 2017 Human Rights Watch report, it was found that lesbians, bisexual women, and especially gender non-conforming people, are much less likely to seek gynecological care as a result of discrimination on the basis of sexual orientation or gender identity.[127] Health care is crucial for safety, and being uncomfortable to seek healthcare as a result of discrimination demonstrates the way in which the discriminatory healthcare field is a danger to the health of queer people to this day.

While the relationship of queer women to the women's health movement has evolved to limit the amount of marginalization queer people experience, there is clearly still work to do. The women's health movement isn't over, and there are still ways in which both feminists and the health care system should work to reduce the marginalization of the queer population and to increase accessibility and health outcomes.

[127] "You Don't Want Second Best: Anti-LGBT Discrimination in US Health Care," Human Rights Watch, last updated July 23, 2018, https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care.

Acknowledgments

I'd like to thank my research proxy at Harvard University, Phyllis Pawa, for looking through the BWHBC archives when my trip was canceled as a result of the ongoing COVID-19 pandemic. I truly would not have been able to do this project without her. I'd also like to thank everyone in my life who has always supported me, especially my parents, Devin and Heidi, Ben, Linnea, Claire, Emily, Brandy, my brother Hayden, and my aunts, uncles, and grandparents. I have endless gratitude for my committee Dr. Phoebe Young, Dr. Sungyun Lim, and Dr. Alison Hatch for all of their help in making this thesis happen. Lastly, I'd like to thank my high school history teachers, Dr. Teresa Neal, Mrs. Whitney Barnes, and Mrs. Sharon Roybal, for inspiring my passion for history.

Bibliography

Primary Sources

"AIDS: A Lesbian Issue?" Ca. 1988. AIDS. July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.: 00730. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/CTEFPT830255131/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=fbbd6d4f&pg=37.

"AIDS." Ca. 1986. AIDS, July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.: 00730. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/CTEFPT830255131/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=fbbd6d4f&pg=29.

"BACC Lesbian Clinic Opens." *Feminist Communications* 4, no. 6 (1978). *Archives of Sexuality and Gender*, https://link-gale-com.colorado.idm.oclc.org/apps/doc/NYHPYI676921025/AHSI?u=coloboulder&sid= bookmark-AHSI&xid=e612c952.

Barnett, Robin."Conference Focus on Lesbian Health." Bi-line. Sept. 1984, pp. 24+. Archives of Sexuality and Gender, link.gale.com/apps/doc/PIOTBO119099410/AHSI?u=coloboulder&sid=bookmark-AHSI &xid=6aac5bdd.

Benedetto, Ciel. "Ciel Benedetto: A History of the Santa Cruz Women's Health Center." Interview by Irene Reti. *Regional History Project*, UCSC Library, 2000. Print, https://escholarship.org/uc/item/6bb2z21w.

Boston Women's Health Book Collective. *Our Bodies, Ourselves.* New York: Simon and Schuster, 1973.

Boston Women's Health Book Collective Records, 1905-2003; MC 503, Boxes 52.13-56.12, 94.5, 99.13, 104.4, 105.14, 109.17, 110.12-110.13, 159.1-159.5. Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass.

Boston Women's Health Book Collective. *The New Our Bodies, Ourselves*. New York: Simon and Schuster, 1984.

Boston Women's Health Book Collective. *Women and Their Bodies.* Boston: New England Free Press, 1970.

Butman, Beverly. "Boulder Clinic." October 21, 1973. *Sunday Camera.* Boulder Valley Women's Health Center: Newspaper Articles, undated, Box: 2, Folder: 1. Anne Marie Pois Oral History Project Collection, COU:1291. University of Colorado Boulder Libraries. Rare and Distinctive Collections.

Byron, Peg. "Lesbian Health Clinic Update." Womanews, vol. [1], no. [6], May 1980, pp. [1]+. Archives of Sexuality and Gender, link.gale.com/apps/doc/JDHELI219428026/AHSI?u=colobоulder&sid=bookmark-AHSI&xid=20e2728c.

Córdova, Jeanne. "Lesbian Feminism & The Fourth Demand." Gay Liberator, no. 26. April-May 1973, pp. 4+. Archives of Sexuality and Gender. link.gale.com/apps/doc/VIXDJP258504710/AHSI?u=colobоulder&sid=bookmark-AHSI&xid=d7d1a50e.

Donnelly, Nisa. "Lesbians and AIDS." Plexus. Nov. 1985, p. 4. Archives of Sexuality and Gender. link.gale.com/apps/doc/FHPKJC136057353/AHSI?u=colobоulder&sid=bookmarkAHSI&xid=2610c8ab.

Legislative Liason Committee Abortion Action Coalition (Boston) to Reproductive Rights National Network. April 29, 1979. Subject Files: Regional and National Women's Issues. Abortion. 1973-1985. MS Atlanta Lesbian Feminist Alliance Archives, ca. 1972-1994:

Subject Files Box 13, Folder 25. Duke University Library. Archives of Sexuality and Gender. link.gale.com/apps/doc/INHQZD651503186/AHSI?u=coloboulder&sid =bookmark-AHSI&xid=d6ae88ce&pg=92.

“Lesbians.” Ca. 1980. Berkeley Women's Health Collective. "Medic Training Manual and Notes” [2 of 2]. ORGFIL0175-002, file 1. Organization Files from the Lesbian Herstory Archives, International Perspectives on LGBTQ Activism and Culture, Gale Primary Sources.

“Lesbians: How About a Little Pride in Our St. Mark’s Lesbian Health Collective?” Ca. 1978. St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=248628ce&pg=26.

“Lesbians In Health Care.” Ca. 1985. Lesbians in Health Care (L.I.C.H.). 1983-1986. MS Organization Files from the Lesbian Herstory Archives ORGFIL0966. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/BGYYPJ 930278291/AHSI?u=coloboulder&sid=bookmark-AHSI&xid= c8de5682&pg=49.

“Lesbians Link Abortion and Sexual Freedom.” Ca. 1980. Abortion. April, 1969-October 24, 1998 and undated. April, 1969-October 24, 1998; n.d. MS Lesbian Herstory Archives: Subject Files: Part 1: Abortion-Bookstores Folder No.: 00030. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ EJNYKT597541949/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=0b0ab084 &pg=41.

Maxine Wolfe to Barbara and Myisha. Ca. 1980. Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/ESQKET648461143/AHSI?u=colobоulder&sid=bookmark-AHSI&xid=7605a1d2&pg=54.

Maxine Wolfe to the CARASA Steering Committee and General Membership, ca. 1982, Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender, link.gale.com/apps/doc/ESQKET 648461143/AHSI?u=colobоulder&sid=bookmark-AHSI&xid=7605a1d2&pg=169.

Nash, Phil. "Women's AIDS Network Formed." Frontier. June 22- July 6 1983, p. [2]. MS Organization Files from the Lesbian Herstory Archives ORGFIL1586. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/DWTWRB 196469321/AHSI?u=colobоulder&sid=bookmark-AHSI&xid= 8365f954&pg=2.

Phyllis Lyon to Mayor Feinstein, June 4, 1983, Correspondence, June 30, 1977-December 6, 1983 and undated. June 30, 1977-December 6, 1983; n.d. MS Phyllis Lyon and Del Martin: 8: Organizations, Committees, Coalitions, 1964-[1997] Box 70, Folder 12. Gay, Lesbian, Bisexual, and Transgender Historical Society. Archives of Sexuality and Gender, link.gale.com/apps/doc/BJRYVL685881255/AHSI?u=colobоulder&sid=bookmark-AHSI &xid=da5e6d70&pg=49.

"Public Service Announcement." February 27, 1981. Subject Files: Local Women's Groups, Feminist Women's Health Center, 1980-1992. MS Box 8, Folder 11. Atlanta Lesbian Feminist Alliance Archives, ca. 1972-1994: Subject Files. Duke University Library,

Archives of Sexuality and Gender. https://link.gale.com/apps/doc/IITYCL671940962/AHSI?u=coloboulder&sid=bookmark- AHSI&xid=705275f5&pg=20.

Sarah Shulman to CARASA. June 1982. Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=7605a1d2&pg=171.

Shain, Jo-Ann. "Lesbian Health Care." The Connection/L.I. Connection, vol. 3, no. 9. March 28-April 11 1984, p. 31. Archives of Sexuality and Gender. link.gale.com/apps/doc/ZCHAMN001423604/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=56ed4907.

“St. Mark’s Women’s Health Collective Pamphlet.” Ca. 1993. St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=248628ce&pg=26.

Waitkevicz, Joan. "St. Mark’s Clinic Lives." *Womanews* 1, no. 8 (1980): 2. *Archives of Sexuality and Gender*. https://link-gale-com.colorado.idm.oclc.org/apps/doc/NYHPYI676921025/AHSI?u=coloboulder&sid= bookmark-AHSI&xid=e612c952.

Waitkevicz, Joan. “Women Rebuild Women’s Clinic.” Ca. 1984. St. Mark's Women's Health Collective (Saint Mark's Women's Health Collective). April 17, 1975-November, 1993. MS Organization Files from the Lesbian Herstory Archives ORGFIL1428. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/

ENRSQL004763552/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=248628ce&pg=26.

Weber, Linda. Interview by Kate Moran. Boulder Valley Women's Health Center: Interviews, undated, Box: 1, Folder: 8. Anne Marie Pois Oral History Project Collection, COU:1291, University of Colorado Boulder Libraries. Rare and Distinctive Collections.

"What you should know about AIDS." June, 1983. AIDS. July 27, 1983-May 13, 1996 and undated. July 27, 1983-May 13, 1996; n.d. TS Lesbian Herstory Archives: Subject Files: Part 1: AbortionBookstores Folder No.: 00730. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/CTEFPT830255131 /AHSI?u=coloboulder &sid=bookmark-AHSI&xid=fbbd6d4f&pg=29.

Wolfe, Maxine. "Outline for CARASA History (Heterosexism, Homophobia, and Anti-feminism in CARASA)." Ca. 1982. Lesbian Action Committee (Lesbian Rights Committee; NY CARASA). 1981-1987. MS Organization Files from the Lesbian Herstory Archives ORGFIL0776. Lesbian Herstory Archives. Archives of Sexuality and Gender. link.gale.com/apps/doc/ESQKET648461143/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=7605a1d2&pg=2.

Secondary Sources

Aviv, Caryn and David Shneer. *American Queer, Now and Then*. New York: Routledge, 2006. https://doi-org.colorado.idm.oclc.org/10.4324/9781315636030.

CDC. "HIV and AIDS- United States 1981-2000." June 1, 2001, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm.

DBPedia. “About: Zap (action).” Accessed March 12, 2022. https://dbpedia.org/page/Zap_%28action%29.

Drinkwater, Gregg. “Building Queer Judaism Gay Synagogues and the Transformation of an American Religious Community, 1948-1990.” PhD diss., University of Colorado, Boulder, 2020.

Enke, Anne. *Finding the Movement: Sexuality, Contested Space, and Feminist Activism*. Durham: Duke University Press, 2007.

Faderman, Lillian. *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America*. New York: Columbia University Press, 2012.

Grant, Rebecca.“What Is Menstrual Extraction? Inside The Controversial Technique That Could Help Women.” *Mic*. 2016.https://www.mic.com/articles/148568/what-is-menstrual-extraction-inside-the-controversial-technique-that-could-help-women.

HIV.gov. “U.S. Statistics.” Updated June 2, 2021. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics.

Human Rights Watch. “You Don’t Want Second Best: Anti-LGBT Discrimination in US Health Care.” Last updated July 23, 2018. https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care.

Johnston, Pattricia. "Activism,'Working Out' Urged at Health Conference." Double Standard. Aug. 1983, p. [1]. Archives of Sexuality and Gender. link.gale.com/apps/doc/WFBPUI959270193/AHSI?u=coloboulder&sid=bookmark-AHSI&xid=20a47713.

Kline, Wendy. *Bodies of Knowledge: Sexuality, Reproduction, and Women’s Health in the Second Wave*. Chicago: University of Chicago Press, 2010.

Kline, Wendy. "The Making of *Our Bodies, Ourselves*: Rethinking Women's Health and Second Wave Feminism." In *Feminist Coalitions: Historical Perspectives on Second Wave Feminism in the United States,* edited by Stephanie Gilmore, 63-83. Chicago: University of Illinois Press, 2008.

Lee, P. R. and P. S. Arno. "The federal response to the AIDS epidemic." *Health Policy* 6*,* no. 3 (1986): 259-267. https://doi.org/10.1016/0168-8510(86)90035-7.

Lindsey, Elizabeth Sarah. "Reexamining Gender and Sexual Orientation: Revisioning the Representation of Queer and Trans People in the 2005 Edition of 'Our Bodies, Ourselves.'" *NWSA Journal* 17, no. 1 (2005): 184–89. http://www.jstor.org/stable/4317109.

McBride, Dorothy E. and Jennifer L. Keys. *Abortion in the United States: A Reference Handbook*. 2nd ed. Santa Barbara: ABC-Clio, 2018.

Morgen, Sandra. *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990.* New Jersey: Rutgers University Press, 2002.

Murphy, Michelle. *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience.* Durham: Duke University Press, 2012.

Nelson, Jennifer. *Women of Color and the Reproductive Rights Movement*. New York: New York University Press, 2003.

Office On Women's Health. "Lesbian." Search. Accessed March 14, 2022. https://www.womenshealth. gov/search/node?keys=lesbian.

Office On Women's Health. "Who We Are." Last updated July 16, 2018. https://www.womenshealth.gov/about-us/who-we-are.

Our Bodies Ourselves. “Table of Contents.” Publications. Accessed March 14, 2022. https://www. ourbodiesourselves.org/publications/the-nine-u-s-editions/.

Oyez. “Roe v Wade.” Accessed February 3, 2022, https://www.oyez.org/cases/1971/70-18.

Planned Parenthood. “Historical Abortion Law Timeline: 1850 to Today.” Accessed Februrary 3, 2022. https://www.plannedparenthoodaction.org/issues/abortion/abortion-central-history-reproductive-health-care-america/historical-abortion-law-timeline-1850-today.

Roth, Benita. *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America’s Second Wave.* New York: Cambridge University Press, 2004.

Samek, Alyssa A. “Violence and Identity Politics: 1970s lesbian feminist discourse and Robin Morgan’s 1973 West Coast Lesbian Conference keynote address.” *Communication and Critical/Cultural Studies* 13, no. 3 (January 2016): 232-249, https://doi.org/10.1080/14791420.2015.1127400.

Schoen, Johanna. “Living Through Some Giant Change: The Establishment of Abortion Services.” *Am J Public Health* 103, no. 3 (March 2013): 416-425. https://doi.org/10.2105/AJPH.2012.301173.

Sedgwick, Eve Kosofsky. *Tendencies.* Durham: Duke University Press, 1993.

Shtier, Rachel. “Why We Can’t Stop Talking About Betty Friedan.” *New York Times,* February 3, 2021.

Society for Women’s Health Research. “History.” Accessed March 13, 2022. https://swhr.org/about/history/.

UKY. “History of Gay Rights Movement in U.S.” Last Updated 2021. http://www.uky.edu/~lbarr2/gws250spring11_files/Page1186.htm.

Weisman, Carol S. *Women's Health Care: Activist Traditions and Institutional Change*. Baltimore: Johns Hopkins University Press, 1998.

Women's Health Institute. "About WHI." Accessed March 13, 2022. https://www.whi.org/page/about- whi.