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University of North Carolina at Asheville

HIV in Appalachia

A Senior Thesis Submitted to
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Abstract: While historians have largely focused on urban centers such as New York and San Francisco when discussing the impact of Human Immunodeficiency Virus (HIV), by 1985 the virus had spread to rural areas such as Appalachia. Despite stigma in regions such as Western North Carolina, service organizations like the Western North Carolina AIDS Project (WNCAP) and Buncombe County Health and Human Services (BCHHS) allowed those who contracted HIV to cope with their diagnosis and live better lives than they might have in large cities where the disease was more prevalent.

Human Immunodeficiency Virus (HIV) was first identified in San Francisco in 1981 by examining gay men who were afflicted with opportunistic infections that would ordinarily be quickly fought off by their immune systems. The virus had been present in the United States for some time, and during this period had spread to many parts of the country, especially to urban centers such as New York and San Francisco where gay men congregated. Gay men were one of the populations most at risk for contracting the disease. The popular belief that the disease was associated with homosexuals in the midst of their ongoing push for increased civil rights resulted in explosive confrontations and protests. Likely for this reason, historical scholarship has focused on areas such as New York and San Francisco when examining the effects of HIV in the United States. However, by 1985, the disease had spread even to primarily rural areas like Appalachia.¹ Despite this, historians have not examined its effects on Appalachia in detail.

This thesis will begin to fill in this gap by focusing on HIV's effects on Western North Carolina in three parts: first, a review of activism around HIV in New York to provide context for responses to the disease in Asheville and its surrounding areas; next an analysis of responses to HIV in Western North Carolina, including examples of discrimination and support; and finally, an exploration of how health services and community activists provided support to people with HIV in Western North Carolina. Though there was discrimination against people with HIV in this region, community support through health workers and volunteer organizations like the Western North Carolina AIDS Project (WNCAP) helped people with HIV in this region cope with their diagnosis and live better lives than they might have in large cities where the disease was more prevalent.

¹ Mona Moore, "New Case of AIDS Reported," *Asheville Citizen-Times*, May 14, 1985.

HIV has been examined through the lenses of medicine, art, and literature as people attempt to grapple with its impact. Encompassing sex, health, and stigma, it has both an intimate and a public effect on people's lives. Since it was first discovered in 1981 it has evolved from a certain death sentence to a disease that can be managed with sufficient time and money, although these are still inaccessible to many. While it was first discovered in San Francisco, the perception of HIV as an urban phenomenon has been complicated by its presence in rural areas including Southern Appalachia. There is a dearth of historical scholarship on its effect in these areas. This thesis aims to begin to remedy that gap.

The majority of historical scholarship so far has focused on large cities such as New York and San Francisco, where the the disease was initially concentrated. "HIV/AIDS and U.S. History" is a conversation between scholars of HIV/AIDS history discussing how the field has progressed over the past few decades. Jonathan Bell, who researches health care activism, notes that "the turn toward the HIV/AIDS crisis by historians... occurred at the same time as historians in other subfields were also taking a wider interest in the 1980s as history... social scientists dominated the subject in the 1980s and 1990s."² Historians did not begin to examine the HIV/AIDS crisis until the mid- to late-2000s. Until this time, it was primarily artists, activists, and social scientists who catalogued the effects of AIDS on the United States. The scholars represented in "HIV/AIDS and U.S. History" discuss how the initial perceptions of HIV/AIDS as a white, gay phenomenon left out the effects of the disease on other communities, especially communities of color. When asked to project the future of HIV/AIDS study, they call for increased focus on transgender subjects, heterosexual women, and the political economy of HIV/AIDS research. However, these scholars do not discuss the scarcity of historical scholarship

² Jonathan Bell, Darius Bost, Jennifer Brier, Julio Capo Jr., Jih-Fei Cheng, Daniel M. Fox, Christina Hanhardt, Emily K. Hobson, and Dan Royles, "HIV/AIDS and U.S. History," *Journal of American History* 104, no. 2 (1 September 2017): 431-60, accessed September 14, 2017, <https://doi.org/10.1093/jahist/jax176>.

on HIV/AIDS in rural communities, and do not mention regions like Appalachia. Their focus is on identity and activism rather than the effects of HIV/AIDS in specific geographic areas.

David France's 2016 book *How to Survive A Plague: The Story of How Activists and Scientists Tamed AIDS* details the spread of HIV in New York City, as well as the responses of the gay community, activists, and city officials.³ France was a journalist for the *New York Native*, a newspaper for the gay community that covered HIV-related news extensively during the crisis. The book shows how gay men were able to advocate for themselves despite having little funding or help from outside groups, including the government at city, state, and national levels. *How to Survive a Plague* also charts the theories and discoveries around the nature of the disease, and how the gay community developed safer sex practices to reduce the threat it posed. This book shows how activists were able to change outcomes for those with HIV, and provides a history of HIV in the United States in addition to its focus on the gay community in New York.

Jennifer Brier, one of the scholars featured in "HIV/AIDS and U.S. History," analyzed the effects of the techniques used in AIDS activism in the Global South on United States political activism in *Infectious Ideas: U.S. Political Responses to the AIDS Crisis*. She wrote about the way AIDS workers in Thailand and Brazil incorporated economic and social analysis into public health models, and how this affected AIDS workers in the United States.⁴ Her book was part of historians' turn towards studying the AIDS crisis. It showed how political historians have neglected the crisis in their treatments of the 1980s. It also examined the increasing inclusion of people of color in the politics of that decade. Her analysis provokes questions about how activists in Appalachia combated stereotypes about the disease and fought for healthcare rights and

³ David France, *How to Survive A Plague: The Story of How Activists and Scientists Tamed AIDS* (New York: Alfred A. Knopf, 2016).

⁴ Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC: University of North Carolina Press, 2009), 2.

against workplace discrimination. She proposes that “AIDS workers used their historical vision and political commitments to carve out important spaces in which sexuality figured in new models of care.”⁵ In Appalachia, where workers fought to provide care to people with HIV and give them access to a normal life, they tended to be motivated more by caring for others and themselves than by carving out political spaces. However, her book provides a framework against which to measure their efforts.

Medical studies rather than historical ones have assessed the way HIV-positive people access health services in rural areas. Though these studies are based in the present, they show that many have difficulty accessing care due to lack of money or insurance, while others have transportation issues when trying to reach the available resources. “Is Anybody Out There? Integrating HIV Services in Rural Regions,” published in 2003, discusses the implementation of an integrated care network for HIV in eastern North Carolina’s rural areas. It states that the eastern part of the state has higher rates of HIV than the west. Patients in rural eastern North Carolina had more difficulty accessing services because they lacked reliable transportation, had competing needs such as housing and childcare, and because the services available were limited in scope.⁶ Roger Blackwell’s 2013 dissertation “Health Service Utilization and Stigma among HIV-Positive Men-Who-Have-Sex-With Men (MSM) in Rural Appalachia,” reported similar findings. In this study, Blackwell interviewed twenty-four HIV positive men who had sex with men to learn about their experiences accessing health care services in rural Appalachia. Though some found it challenging to access services, most had positive experiences with their healthcare

⁵ Brier, 1.

⁶ Trang Quyen Nguyen and Kathryn Whetten, “Is Anybody Out There? Integrating HIV Services in Rural Regions,” *Public Health Reports* 118, no. 1 (Jan-Feb 2003): 3-9, accessed October 27, 2017, <http://www.jstor.org/stable/4598807>.

providers. Those who had negative experiences found that these were mediated by stigma.⁷ Both of these studies, though more recent than the 1980s, reflect the challenges experienced by HIV positive people in rural areas in accessing treatment services.

You're the First One I've Told: The Faces of HIV in the Deep South investigates the problem of HIV in that area, showing the challenges of caring for those infected with the disease. The authors interviewed twenty-five HIV positive individuals to determine their experiences of having the disease in the South. The book goes into detail about the patients' lives and the experiences of their caregivers.⁸ Similarly, *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South* by Stephen J. Inrig focuses on North Carolina and HIV in rural areas. Inrig's work centers on the Piedmont, examining the way that the disease has affected African-Americans and white people differently. The book shows how the disease has disproportionately affected the South while there is not enough federal funding to combat the problem.⁹ He explains that AIDS in North Carolina has long affected rural areas, with about a quarter of the state's cases coming from rural counties. However, these areas lack the resources to deal with the disease. Dealing with both the present and past, these works demonstrate the problem of coping with HIV in the South.

Of the historical sources available, Mary Anglin's "Aids in Appalachia: Medical Pathologies and the Problem of Identity," deals most directly with HIV in the Appalachian region. Her article discusses responses to AIDS in western North Carolina and eastern Tennessee. She examines residents' experiences of being infected with HIV, as well as the

⁷ Roger L. Blackwell Jr., "Health Service Utilization and Stigma among HIV-Positive Men-Who-Have-Sex-With Men (MSM) in Rural Appalachia" (PhD diss., East Tennessee State University, 2013), accessed September 9, 2017. <http://dc.etsu.edu/cgi/viewcontent.cgi?article=3374&context=etd>.

⁸ Kathryn Whetten and Brian Wells Pence, *You're the First One I've Told: The Faces of HIV in the Deep South*, 2nd ed. (New Brunswick, NJ: Rutgers University Press, 2013), ProQuest Ebook Central.

⁹ Stephen J. Inrig, *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South* (Chapel Hill, NC: University of North Carolina Press, 2011), 94, 133, ProQuest Ebook Central.

reactions of the people around them. She shows that researchers' treatment of these residents tends to be colored by their stereotypes about Appalachian ignorance in comparison to the rest of the country, along with their preconceptions about homosexuality and masculinity. She notes that inhabitants' reactions to the disease are mediated by both stigma and sympathy. While this source is from 1997, it deals directly with experiences and reactions to AIDS in this region, showing that there were multiple ways for inhabitants to respond to the disease.¹⁰

In 2003, Asheville's *Mountain XPress* published "Bar One," a retrospective on O. Henry's bar. O. Henry's, founded in 1976, is the oldest gay bar in North Carolina. This piece showed how the gay community in Asheville responded to the AIDS crisis, providing aid to those who had contracted HIV. It details how the bar gave refuge to gay men when Asheville was less accepting of the LGBT community, as well as its participation in fundraising for those with HIV and AIDS. O. Henry's began these fundraisers before passing them over to the Western North Carolina AIDS Project (WNCAP), which already provided other services to those with HIV.¹¹ "Bar One" gives a specific account of the support HIV positive people received from the gay community in Asheville, and shows how advocacy organizations such as WNCAP were linked with the community's social life and efforts to address the HIV crisis.

While most current HIV scholarship aims to expand our understanding of its effects on people with marginalized identities, this thesis will illuminate the understudied subject of HIV's impact in Appalachia. It will focus on HIV positive people's experiences in the Southern Appalachian region, primarily in Asheville, North Carolina. This project will investigate responses to the disease, including access to services and support or rejection in public and private life. It will show how advocacy organizations such as WNCAP allowed patients to

¹⁰ Mary Anglin, "Aids in Appalachia: Medical Pathologies and the Problem of Identity," *Journal of Appalachian Studies* 3, no. 2 (Fall 1997): 171-87, accessed October 13, 2017, <http://www.jstor.org/stable/41446280>.

¹¹ Frank Rabey, "Bar One," *Mountain Xpress*, April 23, 2003, accessed November 1, 2017.

prolong and increase their quality of life despite having contracted HIV. This thesis will begin to correct the lack of historical scholarship on HIV in this region.

New York was one of the epicenters of the epidemic in the United States. Historians have long focused on the struggles of gay men in New York due to its large gay community and their efforts to gain and retain rights in the midst of the epidemic. Prior to the spread of HIV, the gay community had built an identity based on sexual freedom, resulting in a number of bathhouses where men had many sexual partners and did not use protection during sex.¹² This environment was ideal for the disease to spread. When the disease that would later be labeled as HIV was identified, it rocked the community. It represented not only a threat to their lives, but the way of life they had cultivated in response to the repression of the outside world. By the end of 1986, the *New York Times* had recorded 8,681 cases of HIV and 4,914 deaths from the disease in New York City alone.¹³ The gay community, already marginalized in New York, was further demonized by the media. To stem the tide of disease and discrimination, members of the gay community developed innovative techniques in safer sex. While these were not immediately adopted by all, they were utilized by many to protect themselves from infection around the country and became a standard prevention strategy. They also formed organizations such as Gay Men's Health Crisis (GMHC) to support those afflicted by the epidemic.

The HIV epidemic sparked the development of safer sex methods in New York and San Francisco. In 1982, the Sisters of Perpetual Indulgence, a gay activist group in San Francisco published *Play Fair!*, the first pamphlet detailing safer sex strategies for gay men.¹⁴ It took a lighthearted approach to addressing the effects of the as yet little understood disease. A year later

¹² France, 132, 157-158.

¹³ Bruce Lambert, "Lives of 2,149 Taken by AIDS in City in 1986," *New York Times*, January 7, 1987.

¹⁴ "Sistory: 1982," The Sisters of Perpetual Indulgence, Inc., accessed February 16, 2018, <https://www.thesisters.org/sistory>.

in New York, activists Michael Callen and Richard Berkowitz published *How to Have Sex In an Epidemic: One Approach*. Their recommendations had a more solemn tone, and were developed in conjunction with Dr. Joseph Sonnabend, who had treated many victims of AIDS over the course of the epidemic.¹⁵ Though their tone was serious, the authors took a compassionate approach to addressing the problem of HIV. In the foreword, Sonnabend explained that “The authors have not produced a guide for the prevention of all STDS. Rather, they explore the many different forms of sexual expression open to gay men and clearly present suggestions to prevent exposure to sperm and CMV (which are probably key factors in the development of AIDS).”¹⁶ The safer sex strategies developed by early activists provided a way for men in the gay community to minimize their exposure to the disease, though these strategies were not widely adopted for several years. However, they became an important component of prevention in Asheville, where condoms were kept in bars for the use of patrons and distributed on a large scale by prevention workers.¹⁷ Strategies for coping with the effects of HIV spread outwards from urban centers to affect the lives of communities in more isolated areas.

Beyond safer sex, gay men and their allies came together to support those with HIV in New York City. GMHC was started by eighty men in Larry Kramer’s living room to respond to the AIDS crisis and raise money to research a cure.¹⁸ The organization focused on caring for people with AIDS (PWAs). They provided services like a buddy program, where volunteers would spend time with PWAs, clean their houses, pick up their medications, and perform other

¹⁵ Richard Berkowitz and Michael Callen, *How to Have Sex In an Epidemic: One Approach* (New York, NY: Tower Press, 1983), accessed December 11, 2017, <https://richardberkowitz.com/category/4-how-to-have-sex-in-an-epidemic/>.

¹⁶ Berkowitz and Callen, foreword. Sonnabend was one of many doctors developing theories at this early stage, and his candidate, Cytomegalovirus (CMV), was not proven to be the cause of AIDS.

¹⁷ Barbara Bell and Michael Harney, interview by author, Asheville, NC, September 9, 28:10, 21:27.

¹⁸ “GMHC/HIV/AIDS Timeline,” GMHC: End AIDS, Live Life, accessed March 13, 2018, <http://www.gmhc.org/about-us/gmhchivaids-timeline>.

daily tasks.¹⁹ Patients were faced with stigma from “government clerks who neglect AIDS cases because they are afraid to be in the same room to fill out forms” as well as “nurses and orderlies in hospitals who are so loath to enter the rooms of AIDS patients that they let the food trays pile up outside the door, leave trash baskets overflowing, or neglect patients lying in their own urine or excrement.”²⁰ In 1983, cases of AIDS rose forty-eight percent compared to the first six months of the previous year, and GMHC faced an ever-increasing caseload, with forty-five new admissions in two weeks compared to its usual load of fifty each month.²¹ At this time, New York City had 1261 cases of AIDS out of 2803 in the United States, or thirty-eight percent.²² Gay men in New York not only faced high levels of stigma, but the staggering numbers of people with AIDS meant that demand for care from organizations like GMHC exceeded the volunteers and resources available to serve their needs. The high demand for care in New York City meant that the services available in Western North Carolina were often better able to serve the needs of people with HIV because there were fewer people who needed them.

There is no conclusive documentation about how HIV was introduced to Western North Carolina, but several sources observed a pattern in the life stories of the gay men they knew. As mentioned earlier, HIV was first documented in large metropolitan centers such as New York and San Francisco. It took several more years to spread to smaller and more isolated places like Asheville and the rest of Western North Carolina. In response to a question about the spread of HIV into this region, Gaylen Ehrlichmann gave an educated guess. “You were pulling from people in Western North Carolina, that, you know, Asheville’s a hub. Because they may be one of only a few people who are gay out in their county, or community, and so you have activity

¹⁹ Maureen Dowd, “For Victims of AIDS, Support in a Lonely Siege,” *New York Times*, December 5, 1983.

²⁰ Dowd, “For Victims of AIDS, Support in a Lonely Siege.”

²¹ Dowd, “For Victims of AIDS, Support in a Lonely Siege.”

²² Dowd, “For Victims of AIDS, Support in a Lonely Siege.”

here ramping up, and then people from here go to the bigger, better scenes and stuff like that in Atlanta or New York.”²³ Others gave similar accounts of this phenomenon. Barbara Bell recalled that “when I came back [to Asheville], a lot of people who were HIV positive were moving back here because actually the services we had were better than they all had to compete for in the big cities.”²⁴ Michael Harney added, “some of them were coming back here because they had left here, Appalachia, and gone to big cities where they were freer. They came back here to die with their families or whoever they had known.”²⁵ Rosie Coates concurred, saying that she knew “people who went [to San Francisco] and came back, or they came--they went from San Francisco, and they’d either go to Florida, Fort Lauderdale, different places that had high gay populations, and then they would stay as long as they could until they started looking sick and then they would come home.”²⁶ These accounts show that in many cases gay men tried to escape their homes seeking freedom from persecution or looking for a larger gay community than the one they could access at home. These men often returned to their homes in Appalachia once they became sick, seeking care for their illness or the comfort of family and friends.

Whatever its specific origin, there were at least three recorded cases of HIV in Asheville by 1985, four years after it was first identified in San Francisco.²⁷ By this time it was a reportable disease.²⁸ The Buncombe County Health Department had started screening blood for the disease in order to prevent people from going to the Red Cross to donate blood in order to be tested.²⁹ Six years later, the demographics of HIV in Western North Carolina had expanded from mostly

²³ Gaylen Ehrlichmann, interview by author, Asheville, NC, November 9, 2017, 25:05.

²⁴ Bell and Harney, 10:50.

²⁵ Bell and Harney, 11:08.

²⁶ Rosie Coates, interview by author, Asheville, NC, September 21, 2017, 20:35.

²⁷ Moore, “New Case of AIDS Reported; Ehrlichmann, 3:29.” Two of the cases are noted in the newspaper article, while the other is Gaylen Ehrlichmann’s contact ‘Randy.’

²⁸ The term “reportable disease” indicates that the health department in the county where the case was treated must be notified when someone dies from the disease.

²⁹ Moore, “New Case of AIDS Reported.”

gay men and injection drug users to include 13% women and 2% children.³⁰ In addition, 53% of victims were black and 44% white.³¹ While these demographics were changing, expressions of homosexual desire continued to clash with the public's sense of decency. Police posed as gay men to draw out 'cruisers,' men who sought anonymous sex in parks and cars on public streets.³² They cited public demand in doing so, as people believed that cruising threatened public safety.³³ These men also raised concerns for members of Asheville's gay and lesbian community, as many men who cruised were closeted and therefore less likely to be educated about or practice safe sex.³⁴ This lack of education made it more likely that they would transmit HIV to their partners.

In December 1991, Brenda Youngblood, the executive director of WNCAP, reported on the state of HIV and AIDS in Buncombe County. She said that while educating high-risk groups and the general public had been somewhat effective, one person had been fired for being HIV positive and many doctors still would not treat HIV positive patients.³⁵ In the wake of Magic Johnson's November 1991 announcement that he had tested positive for HIV, the demand for testing in Buncombe County increased.³⁶ The Buncombe County Health Department tested between 100 and 200 people each month from September to December 1992, with far more people being turned away as the volume of requests exceeded their resources.³⁷ The increased volume of requests for testing shows that Magic Johnson's diagnosis made more heterosexuals

³⁰ Ed Brackett, "AIDS No Plague, But An Increasing Threat in WNC," *Asheville Citizen-Times*, June 2, 1991. Though HIV is often associated with gay men, it is possible for any person to contract it. Women are frequently infected through sexual contact with men who had sex with men or injection drug use. Children generally contract the disease from their mothers at birth or through breast milk.

³¹ Brackett.

³² Clarke Morrison, "Gay Busts: Homosexuals Claim Entrapment; Lawmen Cite Public Demand," *Asheville Citizen-Times*, June 2, 1991, 1A.

³³ Morrison, "Gay Busts," 1A.

³⁴ Clarke Morrison, "Gay Busts," 6A.

³⁵ Dan Voorhis, "Ashevilleans Join World AIDS Day Activities," *Asheville Citizen-Times*, December 2, 1991.

³⁶ "Demand for AIDS Testing Strains Health Departments," *Asheville Citizen-Times*, January 3, 1992, 1B.

³⁷ "Demand for AIDS Testing Strains Health Departments," 1B.

aware of their risk when they might previously have viewed HIV as an exclusively homosexual disease. However, discrimination against people with HIV continued, including in workplaces.³⁸ Some employers discriminated against HIV positive employees, while others supported them in their efforts to remain at work. By 1993, WNCAP served 179 clients, with 77% being between twenty and thirty-nine, 67% being white, and 47% being heterosexual.³⁹ The demographics of HIV fluctuated over the decade after it was first identified in the area, but by 1993 a majority of those affected were again reported as being white and homosexual.

Due to the stigma associated with HIV, those who contracted it faced discrimination from the wider community in Appalachia. The experiences of gay men throughout Appalachia, along with the accounts of those who were not a part of the community, show that HIV was primarily associated with homosexuality in the eyes of the community. In many cases this perception of HIV as a gay disease was intertwined with the belief that those infected were sinful. In a newspaper editorial from 1988, Reverend Ray G. Delp questioned whether continuing secular education was truly the answer to the AIDS crisis.⁴⁰ He asked, “Can Christians, those truly born again, with all good conscience pray that a cure for AIDS will be found when the major perpetrators of the AIDS virus still are the homosexuals who continue living and practicing their sin and wickedness?”⁴¹ He believed that AIDS victims must renounce their sinful ways and rely solely on God.⁴² Delp’s negative viewpoint was supported by a Mrs. William V. Rettger, who believed that AIDS was “a judgment of God against the sin of homosexuality,” and that it would

³⁸ Paul Johnson, “AIDS in Workplace: Victims Tell Their Story,” 1B.

³⁹ “World AIDS Day: Time to Act,” *Asheville Citizen-Times*, November 29, 1993, 1C. The change in demographics may also be attributable to the newspaper having different sources in 1993 than in 1991, leading to altered statistics.

⁴⁰ Rev. Ray G Delp, “An AIDS Cure Would Only Promote Sin,” *Asheville Citizen-Times*, August 12, 1988.

⁴¹ Delp, “An AIDS Cure Would Only Promote Sin.”

⁴² Delp, “An AIDS Cure Would Only Promote Sin.”

bring about the Rapture in two weeks' time.⁴³ However, other Christians and community members pushed back against the belief that AIDS was a manifestation of divine retribution, showing that the community was not universally opposed to those with HIV.⁴⁴

Though there were hints of support in the community, they do not seem to have improved the general climate of fear around AIDS. In Rosie Coates's opinion, AIDS is "not so much a stigma now as it was then. It was a death sentence. Of jobs. Living. Going out. I mean it was just really, really horrible for the people that were, you know, put under that microscope of-- with their lives..."⁴⁵ While ignorance around HIV and AIDS remains today, the general populace is not as hostile towards people with the disease as they were in the 1980s and '90s. While there were people in that era who did not view people with HIV as sinful, general goodwill was not enough to materially improve their lives in the face of widespread discrimination.

HIV was stigmatized within the gay community as well as in mainstream society. When interviewed by the Queer Appalachia Project at the University of Kentucky, Roy Dean Sexton testified that he had a friend from Cumberland, Kentucky who "passed away years ago from HIV. And uh, but we even had friends, gay friends, I'd say 'We're gonna go and so-and-so's goin' with us-' 'Oh we're not going.'"⁴⁶ He explained that this response was because they were afraid of associating with someone with HIV.⁴⁷ Similarly, Rosie Coates explained that gay men with HIV would hide it from those around them.⁴⁸ According to her, "because of the stigma they

⁴³ Mrs. William V. Rettger, "End of the World Will Begin Sept. 11-13," *Asheville Citizen-Times*, September 2, 1988.

⁴⁴ David B. Hopes, Suzanne Makoney, Terry McCall, Carol R. Smith, Warren J. Tenn, "Christians Respond to Letter on AIDS," *Asheville Citizen-Times*, August 26, 1988; Bill Shuford Jr., "AIDS Threatens All, Not Just Homosexuals," *Asheville Citizen-Times*, August 26, 1988.

⁴⁵ Coates, 13:56.

⁴⁶ Roy Dean Sexton, interview by Zachary Clark Pence, August 27, 2011, Queer Appalachia Oral History Project, Louie B. Nunn Center for Oral History, University of Kentucky Libraries, 39:19.

⁴⁷ Sexton, 39:50.

⁴⁸ Coates, 10:29.

couldn't get dates, they couldn't go out with people, they couldn't-- you know, they weren't a group of, you know, had come together of people who had said, you know, "I'm HIV positive."⁴⁹ There was a lack of support even in the community most afflicted. This stigma presented an extra challenge for those who had HIV, as gay men who were already marginalized from the larger community were ostracized in their own.

This stigma translated into discrimination from the wider community, which infiltrated major aspects of people's lives. Workplace discrimination threatened people's livelihoods at a time when they were often struggling to pay for new medications and care. While some employers were understanding, others fired HIV positive employees. Helen and Chris, who worked in Buncombe County, were fired for being diagnosed HIV positive even though the disease was covered under the Americans with Disabilities Act.⁵⁰ Those with HIV and AIDS lacked legal protection from discrimination in the hiring and firing process. While the Americans with Disabilities Act (ADA) covered the disease once it had progressed to AIDS, it did not cover HIV unless a person's daily life was substantially impacted by the disease.⁵¹ Prior to the ADA's passage in 1990, those with HIV in Western North Carolina were covered only by the state's Communicable Disease Act, which made it unlawful for employers to discriminate against current employees who were HIV positive or perform an AIDS test to determine their suitability for continued employment.⁵² However, it did not stop them from discriminating during the hiring process or from using an AIDS test in a pre-employment physical.⁵³ Some people with HIV

⁴⁹ Coates, 10:36.

⁵⁰ Johnson, "AIDS in Workplace," 1B. The Americans with Disabilities Act was passed in 1990. Helen and Chris did not give their last names in the article. Helen was fired in 1989 upon her employer learning of her diagnosis, while Chris did not give details of his dismissal.

⁵¹ Cathy Tamsberg, "Legal Protection Minimal for Those with HIV and AIDS," *Asheville Citizen-Times*, October 6, 1991.

⁵² Tamsberg.

⁵³ Tamsberg.

experienced hostile work environments, while others found that their employers and workplaces were supportive.⁵⁴ This led to uncertainty over whether those with HIV had legal support and made it difficult for them to retain employment or sue for wrongful termination.

Gaylen Ehrlichmann, who worked as an HIV educator at Buncombe County Health and Human Services during this time, recalled an incident in 1987 when Asheville High School was sent into a panic upon finding out that one of their students was HIV positive.⁵⁵ Parents were afraid that the student might infect their children and wanted to bar the person from attending school. However, Ehrlichmann partnered with Dr. Terence Lee and Dr. Darilyn Dealy from Asheville Infectious Disease (AID) to educate these parents on the nature of the disease.⁵⁶ She especially credited Dr. Lee with calming their fears and promising to work with the school to develop policies that would protect their children from blood and bodily fluids.⁵⁷ In this case the parents' initial instinct to discriminate against an HIV positive child was stemmed by education. The doctors were able to compromise with them in a way that allowed both the parents and the student to feel safe, while giving them a better understanding of the disease.

In the early years of the HIV epidemic, it was not only the general public who had little knowledge of which avenues could cause a person to contract the disease. Medical doctors often lacked education about how it spread and who was at risk. Rosie Coates recalled that when her friend Tommy was hospitalized, she was required to don protective equipment to visit him. The doctors' fear of HIV was so great that "they had a big sign, red hazard sign on his door. I mean it wasn't like a little red hazard sign, it was two foot by two foot. And they said, 'If you go in there

⁵⁴ Johnson, "AIDS in Workplace," 1B.

⁵⁵ Ehrlichmann, 17:19; Mona Moore, "'Beyond Fear': School Officials Quiet Parents' Qualms About AIDS," *Asheville-Citizen Times*, September 4, 1987.

⁵⁶ Ehrlichmann, 17:48.

⁵⁷ Ehrlichmann, 7:54.

without gowning up, we'll put you in a room too.'"⁵⁸ For herself, Coates had no fear, as she had touched and hugged Tommy without experiencing any ill effects.⁵⁹ Ehrlichmann explained that a large part of her job at Buncombe County Health and Human Services was educating doctors on how to do their own HIV education.⁶⁰ According to her, "the health people were asleep. They didn't know. It took a while for health departments to change protocol for grants and funding streams and things like that."⁶¹ However, her efforts at education were in great demand, and she was gradually able to inform people about the disease.⁶² Accurate education about HIV was often able to dispel ignorance about the way it was transmitted and to ameliorate people's fear of those who contracted it.

Having experienced intolerance in their lives from workplaces and schools, people with AIDS were also discriminated against in death. Most funeral homes refused to pick up or provide funeral services to the corpses of people who had died of AIDS.⁶³ The homes would not bury their bodies, choosing to cremate them rather than honoring the family's wishes around their treatment.⁶⁴ According to Rosie Coates, Morris Funeral Home on Merrimon Avenue was "the only one in town that would pick anybody up at the house. And it's like they had to be wrapped a certain way.... they had to be wrapped in biological hazard plastic, and then they had to be put in the bag before they would even come in."⁶⁵ Even this funeral home's charity had limits, and their treatment of the bodies represented a lack of understanding about how the disease could be transmitted. Requiring biological hazard plastic showed that fear was still present in the people

⁵⁸ Coates, 7:28.

⁵⁹ Coates, 7:50.

⁶⁰ Ehrlichmann, 9:25.

⁶¹ Ehrlichmann, 9:07.

⁶² Ehrlichmann, 9:59.

⁶³ Anglin, 173; Coates, 26:41.

⁶⁴ Coates, 26:50.

⁶⁵ Coates, 27:10.

who worked with these bodies. Funeral homes' refusal to treat the bodies of people who died of AIDS with the same procedures as other individuals represented a mixture of ignorance about transmission routes, fear of the disease, and stigma towards the deceased.

Compounding the unequal treatment of HIV positive bodies, the partners of those who died of the disease had few rights to make decisions about their property or effects. Coates advised the partners of HIV positive men to write checks to prove that they contributed to the ownership of a house, as "people could live together for thirty years, on [sic] a house, and didn't put their partner's name on the house, and after the funeral they'd go back to the house and the locks'd be changed, and their stuff'd be sittin' on the porch."⁶⁶ In other cases the family of the deceased would leave the partner's belongings outside the bar after the funeral was held and get a restraining order barring the deceased's partner from the property of their former home.⁶⁷ This caused the person to become effectively homeless in addition to losing their longtime partner.⁶⁸ Their lives were devastated.

Barbara Bell explained that while some families were not understanding towards a person with an HIV diagnosis, others continued to support their siblings and children. She recalled one experience while working in Veterans' Affairs when a patient's mother was coming to visit for the first time. As she remembered it, he said:

"You have to tell my mother." And I said, "Tell your mother what? That you're HIV positive?" "No, I want you to tell my mother I'm gay." I said, "I think she knows--" "She doesn't know." I get a call to go up, his mom was there, I told him he had to tell her. "Okay, tell mom." And I said "All right." So I went to his mother and said "So he wants me to tell you--" "He wants you to tell me he's gay. I've known that for years. You know, he wasn't having slumber parties with his partner." And she said "And I guess, because I'm here, he's HIV positive."⁶⁹

⁶⁶ Coates, 29:43.

⁶⁷ Coates, 30:21. The bar Coates refers to is likely O. Henry's.

⁶⁸ Coates, 30:03.

⁶⁹ Bell and Harney, 12:00.

In this instance, according to Bell, the mother continued to support her son. Her love for him was unconditional. Coates remembered that in many cases, most of the family would abandon the victim, while a mother or aunt would remain by their side to take care of them.⁷⁰ The responses to HIV positive men were varied, and were often mediated by homophobia, even in a family setting.

In the face of death and discrimination towards those with HIV, the gay community provided support networks and education to those most at risk of acquiring the disease. O. Henry's gave refuge to those with HIV and AIDS.⁷¹ It started as a gay-friendly sandwich bar, and evolved into a gay bar and nightclub over time.⁷² The bar became involved in fundraising for HIV in the early 80s, with most of its proceeds going to the Western North Carolina Aids Project (WNCAP).⁷³ One of its HIV positive patrons, Tommy Bartlett, returned to Asheville from San Francisco in a wheelchair and requested help paying for the costs of his illness.⁷⁴ He explained that there were such fundraisers in San Francisco, but the city was overwhelmed with the number of people who required help with paying for their treatment.⁷⁵ That first fundraiser took in between six hundred and seven hundred dollars.⁷⁶ The bar held frequent fundraisers for people with HIV, giving some of the money to Duke University Medical Center for AIDS research.⁷⁷ They passed the fundraising efforts to WNCAP after the organization was officially formed in 1986.⁷⁸

⁷⁰ Coates, 29:23.

⁷¹ Rabey.

⁷² Rabey; Coates, 2:58.

⁷³ Rabey.

⁷⁴ Coates, 5:43.

⁷⁵ Coates, 5:48.

⁷⁶ Coates, 7:15.

⁷⁷ Rabey.

⁷⁸ Rabey.

WNCAP and Buncombe County Health and Human Services (BCHHS) were two of the major service providers to people with HIV in Western North Carolina. WNCAP was formally founded in 1986 to help people with HIV in Buncombe County, though they expanded their services to eighteen counties in Western North Carolina through the course of the '90s.⁷⁹ BCHHS provided education on HIV and AIDS to many people and organizations in the area, largely at the behest of Gaylen Ehrlichmann. Ehrlichmann had recently been hired as a Health and Wellness Coordinator when the BCHHS was approached by a man with AIDS who prompted them to take action on the disease.⁸⁰ Both organizations were instrumental in improving the lives of people with HIV in Western North Carolina.

The Western North Carolina AIDS Project was indispensable to the lives of people with HIV in this region. They began as a result of an informal organization formed through the efforts of an HIV positive gay man with the pseudonym 'Randy,' who approached the Buncombe County Health and Human Services Department for help in October 1985 after being diagnosed.⁸¹ His efforts to contact other gay men in the area identified a group of people who had been seeking education information to give to gay bars.⁸² These men eventually formed the Western North Carolina AIDS Project. When they became a formal organization in 1986, their services were bolstered by fundraisers for people with AIDs that were passed off to them by O.Henry's.⁸³

People who decided to work at WNCAP were often motivated by a feeling of kinship or the death of a loved one. Barbara Bell, a long-time volunteer, recalled that "When I came back to

⁷⁹ "Mission and History," Western North Carolina AIDS Project, accessed February 4, 2018, <https://wncap.org/about/mission-and-history/>.

⁸⁰ Ehrlichmann, 1:04.

⁸¹ Ehrlichmann, 3:29.

⁸² Ehrlichmann, 3:38.

⁸³ Rabey, "Bar One."

Asheville in '88, I was already, had been involved at a national level through our VA headquarters in Washington, D.C., and I had lost a dear friend in the early '80s. I felt the need to do something in his honor. He died alone in an ICU, and they wouldn't let anyone in."⁸⁴ Michael Harney got involved in WNCAP by attempting to sell necklaces and offering to donate some of the proceeds to the organization. When he did so, he was prompted to ask Marty Prairie Chicken, a leader in the organization, for permission to use their name.⁸⁵ When he arrived to donate the proceeds, they asked him to help with some errands, and he was eventually hired as a street outreach worker and prevention educator.⁸⁶ Rosie Coates, who has volunteered for WNCAP as an auctioneer, testified to Harney's impact as a prevention worker. She explained that "[Harney] was passing out needles twenty-eight years ago on Lexington Avenue where the hookers and other people hung out... he would give 'em rubbers, give 'em, um, needles, anything they needed. And it was a cost to him because he got arrested a lot."⁸⁷ Harney's acts of bravery and dedication to harm-reduction practices helped to keep the disease from spreading further, even in high-risk situations.

People from the community who were affected by HIV also gave accounts of WNCAP's effectiveness. Tracey Ogle helped to care for her former husband's cousin, and spoke about the cousin receiving food boxes and medication from WNCAP.⁸⁸ They also educated her ex-husband on how the disease could be contracted, helping him to become less homophobic.⁸⁹ WNCAP

⁸⁴ Bell and Harney, 2:50. Bell had worked for the U.S. Department of Veterans' Affairs before moving back to Asheville.

⁸⁵ Bell and Harney, 2:10.

⁸⁶ Bell and Harney, 2:43.

⁸⁷ Coates, 11:29. Her recollection of the timing conflicts with his account. This was more likely to have taken place in the 1990s according to Harney's interview.

⁸⁸ Tracey Ogle, phone interview by author, Asheville and Weaverville, NC, December 19, 2017.

⁸⁹ Ogle.

started a buddy program to provide companionship for people with AIDS.⁹⁰ Buddies were tasked with listening to a person with AIDS, as well as helping them to meet their basic needs so that they could live independently.⁹¹ WNCAP also organized workshops to educate people about AIDS in the workplace in an attempt to reduce the likelihood that victims would be fired.⁹² Each of these services improved the lives of people with HIV and their loved ones who would otherwise have had to navigate life with a chronic disease without sufficient support.

Gaylen Ehrlichmann began her work at Buncombe County Health and Human Services as a Health and Wellness Educator.⁹³ As a result of her meeting with Randy, she and the Health Director decided to change her role so that she was primarily working on HIV education.⁹⁴ Ehrlichmann believed that because she was a “young, enthusiastic, Christian, white woman, I got into all kinds of groups. I, I mean people, you know that were, freaky over the gay issue, I was the frontwoman on it, I was able to talk to them, and reason, and help calm a lot of irrationality.”⁹⁵ Her relative privilege and lack of association with negative stereotypes around HIV allowed her to cross barriers that would have been impenetrable to someone with AIDS who tried to advocate on their own behalf. Ehrlichmann spent much of her time doing education programs at “worksites, church groups, black church groups, young people, um, oh, businesses, retirement homes...” along with health organizations like MAHEC.⁹⁶ She taught other health departments to construct their own HIV education programs, and encouraged them “to form teams and link arms with the gay community” in their area.⁹⁷ Ehrlichmann’s work did not

⁹⁰ Carole Currie, “AIDS Caregivers,” *Asheville Citizen-Times*, October 31, 1991.

⁹¹ Currie, 1C.

⁹² Paul Johnson, “AIDS in workplace: Victims tell their story,” *Asheville Citizen-Times*, May 8, 1992.

⁹³ Ehrlichmann, 4:45.

⁹⁴ Ehrlichmann, 5:01.

⁹⁵ Ehrlichmann, 5:15.

⁹⁶ Ehrlichmann, 8:07.

⁹⁷ Ehrlichmann, 9:27.

provide direct services to people with HIV, but her efforts at education informed both the health sector and private groups about the realities of HIV, lessening their fear towards people with the disease.

People who contracted HIV in Western North Carolina and throughout the Appalachian region faced stigma, both for the disease and the way it intertwined with the existing oppression experienced by marginalized groups like gay men. In this area, the disease followed a similar demographic pattern as it did elsewhere. At first, it largely affected gay men, but quickly spread to injection drug users. By the 1990s, it affected almost equal numbers of white and black people, and afflicted women as well as men. Those who contracted HIV were subjected to discrimination, both in life and in death. During the 1980s and '90s, WNCAP and BCHHS acted to support those with HIV and educate the public. Their work allowed those with the disease to maintain a higher quality of life than they might have both in overloaded cities like New York and San Francisco or rural areas with fewer services and less support. Asheville was a hub for Western North Carolina, providing people from outlying counties with support in their struggles with the disease, as well as a sense of community and anonymity for those from more rural areas. Despite the stigma present in this area, those who contracted HIV were often able to maintain a higher quality of life than they would have had in a large city like New York.

Primary Source Bibliography

“Anonymous AIDS Tests Draw Support.” *Asheville Citizen-Times*. March 10, 1991.

Two letters from the editor commented on the North Carolina Commission for Health Services’s February 12, 1991 decision to phase out anonymous AIDS testing. Dr. Darilyn Dealy believed that removing the option for anonymous testing would stop people from getting tested at all. Ann Beidleman, chairman of the Buncombe County AIDS Commission, agreed. She noted that more HIV positive results came from anonymous testing than confidential testing.

Berkowitz, Richard and Michael Callen. *How to Have Sex In an Epidemic: One Approach*. New York, NY: Tower Press, 1983. Accessed December 11, 2017.

<https://richardberkowitz.com/category/4-how-to-have-sex-in-an-epidemic/>.

This book, written by Richard Berkowitz and Michael Callen in consultation with Dr. Joseph Sonnabend, represents the introduction of safer sex to New York. Similar ideas were published in San Francisco around the same time by the Sisters of Perpetual Indulgence under the title *Play Fair! How to Have Sex in an Epidemic* represented a turn away from the sexual promiscuity that the gay community had cultivated as a symbol of freedom, providing a roadmap for people to avoid contracting the disease while remaining sexually active.

Bell, Barbara and Michael Harney. Interview by author. Asheville, NC, September 9, 2017.

This interview covered the work that both Barbara and Michael did for the Western North Carolina AIDS Project, as well as Barbara’s work for Loving Food Resources, a food pantry for people with HIV. Michael started as a volunteer and was later hired as a prevention worker, while Barbara started in Veterans’ Affairs and gradually transitioned to WNCAP and then to LFR. We also spoke about the stigma against those with the disease, family responses, and the availability of resources in this region, as well as demographic change in those with HIV over time. Their accounts show the history of resources available to those with HIV in Asheville.

Brackett, Ed. “AIDS No Plague, But An Increasing Threat in WNC.” *Asheville Citizen-Times*. June 2, 1991.

This article includes statistics on HIV and AIDS incidence in Western North Carolina, as well as the amount of people that WNCAP served. It is significant because it gives specific numbers for the amounts in each county. Buncombe County was the highest at 122 cases, though the more rural Rutherford had thirteen. It also gives a demographic breakdown of those who were diagnosed.

Coates, Rosie. Interview by author. Asheville, NC, September 21, 2017.

This interview went over Rosie’s long history in the LGBT community in Asheville. According to her, pockets of Asheville were inclusive, mostly consisting of the gay bars and nightlife. She became friends with a man named Tommy Bartlett, who she believes to be the first person in Asheville to be out about his HIV-positive status in the mid

eighties. He approached her to do a benefit for him because she was friendly with the local bar owners. The bars continued to raise money for HIV-positive people and eventually decided to form WNCAP. We also spoke about stigma towards those with HIV and MAHEC's role in caring for and testing experimental medication on HIV-positive men. Rosie's testimony explains how WNCAP evolved and the various barriers to care for HIV-positive people in Asheville.

Currie, Carole. "AIDS Caregivers." *Asheville Citizen-Times*. October 31, 1991.

This article explored the struggle of those who cared for people with HIV. Caregivers often felt overburdened and were included in the stigma towards people with HIV. Brenda Youngblood, the director of WNCAP, believed that the situation for caregivers was getting better due to advances in knowledge about the disease. The article also addressed the experiences of a man caring for his partner, and a woman caring for her partner, providing humanizing stories of people caring for their loved ones.

Delp, Rev. Ray G. "An AIDS Cure Would Only Promote Sin." *Asheville Citizen-Times*. August 12, 1988.

Reverend Delp disputed the belief that secular education would solve the AIDS crisis. Delp believed that God was the only cure and that homosexuals were responsible for the AIDS virus. In his view, homosexuality was sinful and praying for a cure was praying for the continuation of homosexuality. He wrote that the only true remedy was repentance.

"Demand for AIDS testing strains health departments." *Asheville Citizen-Times*. January 3, 1992.

This article shows how Magic Johnson's announcement that he was HIV-positive influenced more heterosexual members of the population to get tested for the disease. This resulted in wait times up to three weeks in Buncombe County. The Buncombe County Health Department tested 111 people in September, 199 in October, 200 in November and 160 in December. The article gives statistics for how many were infected with HIV, diagnosed with AIDS, and had died of the disease in North Carolina by 1992. Reporting did not begin in North Carolina until 1990.

Ehrlichmann, Gaylen. Interview by author. Asheville, NC, November 9, 2017.

Gaylen was a Health and Wellness Coordinator for the Buncombe County Health Department, hired in October 1985. About a month afterward, a man codenamed 'Randy,' who had AIDS, visited the department and asked what they planned to do about the disease. As she had attended a training on it, she was asked to meet with him. As a result of her enthusiastic work for victims of AIDS in Western North Carolina, she was asked to educate many organizations on the disease. She believes that her status as a white, Christian woman gave her access to many places she would not have otherwise been able to reach. Her work allowed the Buncombe County Health Department to stay on top of current research and educate the community in order to cope with the disease.

Hopes, David B., Suzanne Makoney, Terry McCall, Carol R. Smith, Warren J. Tenn.

“Christians Respond to Letter on AIDS.” *Asheville Citizen-Times*. August 26, 1988.

These letters to the editor responded to Reverend Delp’s August 12, 1988 letter on the connection between AIDS and sin. They pushed back on the idea that homosexuals were solely responsible for AIDS. They also believed that true Christianity promoted compassion rather than rejection of people infected with AIDS.

Johnson, Paul, “AIDS in workplace: Victims tell their story.” *Asheville Citizen-Times*. May 8, 1992.

This article gives an account of a workshop organized by WNCAP which allowed those who have been diagnosed with AIDS to speak out about the way they had been treated in the workplace, in hopes that others would then find it easier. It gives a specific example of WNCAP’s activism and service to the community. It also shows the importance of preventing workplace discrimination in allowing victims of HIV/AIDS to continue supporting themselves.

Lambert, Bruce. “Lives of 2,149 Taken by AIDS in City in 1986.” *New York Times*, January 7, 1987.

This article records the number of deaths of HIV in New York City in 1986, as well as the total deaths in the city over the previous five years. It also details the statistics for other cities, as well as the demographics most likely to be affected. It notes that the number of cases contracted due to heterosexual contact had risen slightly in the previous year.

Moore, Mona. “New Case of AIDS Reported.” *Asheville Citizen-Times*, May 14, 1985.

This article seems to be the first report published in the *Asheville Citizen-Times* of a case of AIDS in Western North Carolina. The article states that the health department had begun screening blood for HTLV-3, the virus they believed caused the disease. This was the second case this year in Buncombe County, the first reported in February. AIDS was also a legally reportable disease by this time, with the report filed in the county of death and later forwarded to the victim’s county of residence. This article did not include any further information about the victim’s demographics.

Moore, Mona. “‘Beyond Fear’: School Officials Quiet Parents’ Qualms About AIDS.” *Asheville-Citizen Times*. September 4, 1987.

This article corroborates Gaylen Erlichmann’s story about Dr. Terence Lee quieting parents’ fears of a student with HIV attending school. This incident happened at Asheville High School, where Dr. Lee’s son also attended. At this point health officials were still referring to AIDS as ARC, or ‘AIDs Related Complex.’ The officials were criticized by parents for refusing to disclose the student’s identity. They responded that as a minor the student was protected by his confidentiality rights, and that the student was not a danger to public health. Lee and Dr. Tenney, director of the Buncombe County Health Department, congratulated parents on their calm response to the news that a

student had ARC, though Ehrlichmann reported that it was less calm before Dr. Lee educated them on the disease.

Morrison, Clarke. “Gay Busts: Homosexuals Claim Entrapment; Lawmen Cite Public Demand.” *Asheville Citizen-Times*. June 2, 1991.

This article details Asheville’s efforts at preventing cruising in public parks. Police officers would pose as gay men seeking sexual gratification, and arrest men who responded to their advances. The police claimed that this was necessary to protect the public, while gay activists believed it was entrapment. However, those who were out in the gay community disavowed those who cruised for sex. They believed that most who sought sexual encounters in this manner were closeted, possibly married men who did not wish to be outed. This was important because they were less likely to have sought out safer sex information and might therefore be a vector for HIV. This article exposes ethical questions about how gay and bisexual men were able to interact with the community, and whether being closeted posed a risk of spreading the disease.

Ogle, Tracey. Phone interview by author. Asheville and Weaverville, NC. December 19, 2017.

Tracey spoke about moving to Yancey County in 1987, and about the experiences of her ex-husband’s HIV positive cousin. She noted that coverage was more thorough and more fact-based in Baltimore, her previous home, while it was more fear-based in North Carolina. She described a perception that HIV was a gay disease, as well as preaching against it in the Baptist church she attended as a teenager. Her ex-husband’s cousin had moved away from Appalachia to escape homophobia, but returned to receive treatment. He utilized WNCAP’s services, which included food boxes, medication, transportation in emergencies and counselling. She believes that WNCAP’s services saved his life. This interview provides insight into the stigma against HIV in Western North Carolina’s rural counties, as well as the effect of WNCAP’s services. It also provides further evidence for men leaving Appalachia due to homophobia and returning for treatment.

Rettger, Mrs. William V. “End of the World Will Begin Sept. 11-13.” *Asheville Citizen-Times*. September 2, 1988.

Mrs. William V. Rettger wrote in to support Reverend Delp’s piece from August 12, 1988. She added that AIDS was a judgment not just against homosexuals but on sexual immorality of all types. Rettger predicted that Jesus Christ would return on September 11, of that year, resulting in the world’s destruction and the particular targeting of the United States of rejecting God’s teachings in spite of its blessings. She recommended that readers immediately convert to Christianity and accept Jesus Christ as their Savior.

Sexton, Roy Dean. Interview by Zachary Clark Pence. August 27, 2011. *Queer Appalachia Oral History Project*. Louie B. Nunn Center for Oral History, University of Kentucky Libraries.

Sexton spoke about the stigma towards HIV in the gay community, as well as the people he had known who had HIV. He had two friends who passed away from HIV, as well as a

boyfriend at one time who was HIV-positive. He explained that he was scared of the disease, but not enough to prevent him from helping. He and his boyfriend used protection while they were together to prevent him from contracting it. Sexton and the interviewer also discussed the high rates of HIV in eastern Kentucky and its status as a taboo subject. Sexton's testimony explores stigma towards those with HIV and the possibility of compassionate responses.

Shuford, Bill Jr. "AIDS Threatens All, Not Just Homosexuals." *Asheville Citizen-Times*. August 26, 1988.

Bill Shuford was a volunteer attorney for WNCAP. He also condemned Reverend Delp's August 12 letter. Shuford's response gave a brief summary of HIV's origins in Africa, pointing out that it was mostly a heterosexual disease there. He cited research saying that HIV was introduced into the United States's homosexual population earlier, which would explain why the disease was wider spread in that community. Shuford advocated increased education around the virus as well as continued research into a cure. He also recommended that Delp try to serve those with HIV instead of maligning them.

Tamsberg, Cathy. "Legal Protection Minimal for Those with HIV and AIDS." *Asheville Citizen-Times*. October 6, 1991.

Tamberg's piece explained how the law operated around HIV discrimination and employment. She covered the ADA, passed in 1990 with protections going into full effect by 1992. She also wrote about North Carolina's Communicable Disease Act, which made it unlawful to discriminate against current employees with HIV. However, the law did not provide protections for people seeking employment. Despite these laws, specific protections for people with HIV were often unclear.

Voorhis, Dan. "Ashevilleans join World AIDS Day activities." *Asheville Citizen-Times*. December 2, 1991.

This article discussed the World AIDS Day observance on Sunday, December 1st. Brenda Youngblood of WNCAP spoke about current statistics of those infected in Buncombe County, as well as further education work that needed to be done. This included educating employers on the disease in order to protect those diagnosed from discrimination and convincing more doctors to work with HIV positive patients. This article shows that stigma towards the disease prevented some people who had been diagnosed from working and accessing needed health services in connection with their diagnosis.

"World AIDS Day: Time to Act," *Asheville Citizen-Times*, November 29, 1993.

This article includes 1993 statistics for the prevalence of HIV and AIDS in Western North Carolina. It also mentions the number of clients that WNCAP served at this time. This shows the change in numbers in the region from 1991.

Secondary Source Bibliography

Anglin, Mary. “Aids in Appalachia: Medical Pathologies and the Problem of Identity.” *Journal of Appalachian Studies* 3, no. 2 (Fall 1997): 171-87. Accessed October 13, 2017. <http://www.jstor.org/stable/41446280>.

Anglin’s article discusses responses to AIDS in western North Carolina and eastern Tennessee. She examines residents’ experiences in being infected with HIV, as well as the reactions of the people around them. She shows that researchers’ treatment of these residents tends to be colored by their stereotypes about Appalachian ignorance in comparison to the rest of the country, along with their preconceptions about homosexuality and masculinity. While this source is from 1997, it deals directly with experiences and reactions to AIDS in western North Carolina and corroborates some of my own findings, such as the divergent reactions of families, the pattern of migrations out to cities and returning home, as well as funeral homes’ refusal to handle the bodies of those who died of AIDS.

Bell, Jonathan, Darius Bost, Jennifer Brier, Julio Capo Jr., Jih-Fei Cheng, Daniel M. Fox, Christina Hanhardt, Emily K. Hobson, and Dan Royles. “HIV/AIDS and U.S. History.” *Journal of American History* 104, no. 2 (September 2017): 431-60. Accessed September 14, 2017. <https://doi.org/10.1093/jahist/jax176>.

This piece is a discussion between scholars of HIV/AIDS in different fields, each of whom studies different aspects of the disease and its intersection with the communities who are affected by it. Their discussion serves as a historiography of HIV/AIDS scholarship, covering works from the 1980s up to the present. This article is significant because it covers the history of HIV/AIDS in the United States and even the world and is therefore useful as a starting point for research. While their coverage is comprehensive, it is notable that not one of these scholars mentions Appalachia, even while discussing areas of further research.

Brier, Jennifer. *Infectious Ideas: U.S. Political Responses to the AIDS Crisis*. Chapel Hill, NC: University of North Carolina Press, 2009.

Brier’s book covers the development of AIDS as a political phenomenon. She outlines how the politics of sexuality progressed to include people of color over the course of the 1980s, along with political historians’ neglect of AIDS as a political issue in that decade. She also connects this political fight to the AIDS epidemic in the global South, and how activists in the global South influenced Americans’ political arguments around AIDS. This analysis of the politics of AIDS in the rest of the United States provokes questions about the way people in Appalachia, including Asheville, combated stereotypes about the disease and fought for their rights around healthcare and workplace discrimination.

Blackwell, Roger L. Jr. "Health Service Utilization and Stigma among HIV-Positive Men-Who-Have-Sex-With Men (MSM) in Rural Appalachia." PhD diss., East Tennessee State University, 2013. Accessed September 9, 2017.

<http://dc.etsu.edu/cgi/viewcontent.cgi?article=3374&context=etd>.

Blackwell's dissertation deals directly with rural Appalachia, surveying men who have sex with men in the South Central Appalachian region. He examines the way they access health services, their experiences there, and the stigma they face. He collected data from twenty-three men through face-to-face interviews in a narrative style. He found that stigma towards HIV and homophobia were related, though the participants did not distinguish between them. Though the surveys were taken close to the present, it provides specific evidence on the treatment of men who have sex with men and the responses of those around them to HIV-positive status.

France, David. *How to Survive A Plague: The Story of How Activists and Scientists Tamed AIDS*. New York: Alfred A. Knopf, 2016.

France's book details the spread of HIV in New York City, as well as the responses of from the gay community, activists, and city officials. France was a journalist for the *New York Native*, a newspaper for the gay community which covered HIV-related news extensively during the crisis. The book shows how gay men were able to advocate for themselves in the face of the disease, despite having little funding or help from outside groups, including the government at city, state, and national levels. *How to Survive a Plague* also charts the theories and discoveries around the nature of the disease, and how the gay community evolved safer sex practices to reduce the threat it posed.

Inrig, Stephen J. *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South*. Chapel Hill, NC: University of North Carolina Press, 2011. ProQuest Ebook Central.

Inrig's book analyzes the problem of AIDS in North Carolina, showing how the disease has disproportionately affected the South without a corresponding increase in funding to treat it. He explains that AIDS in North Carolina has long affected rural areas, with about a quarter of the state's cases coming from rural counties. He argues that scholars and historians have neglected the South in their portrayal of the epidemic. Inrig explores how HIV has affected black and white populations in North Carolina differently. This source shows how HIV was introduced into the state and how poverty made populations more vulnerable to the disease.

"Mission and History." Western North Carolina AIDS Project. Accessed February 4, 2018, <https://wncap.org/about/mission-and-history/>.

This page from WNCAP's website gives a brief history of the organization. It was formally started in 1986, though the founders had already been providing food and care to people with AIDS. It was initially focused on helping people in Buncombe County but expanded its services to eighteen counties in Western North Carolina through the 1990s.

During this time, WNCAP developed prevention and case management programming to further aid their clients.

Nguyen, Trang Quyen and Kathryn Whetten. "Is Anybody Out There? Integrating HIV Services in Rural Regions." *Public Health Reports* 118, no. 1 (Jan-Feb 2003): 3-9. Accessed October 27, 2017. <http://www.jstor.org/stable/4598807>.

This article discusses the implementation of an integrated care network for HIV in eastern North Carolina's rural areas. It states that the eastern part of the state has higher rates than the western part. Patients in rural areas have more difficulty accessing services because they lack reliable transportation, have competing needs such as housing and childcare, and because the services available are limited in scope. The project aimed to increase communication between care providers and allow them to care for their patients more comprehensively. This article discusses the late 90s and early 2000s, but is still useful for its insights into the difficulties rural patients experience in receiving care.

Rabey, Frank. "Bar One." *Mountain Xpress*, April 23, 2003. Accessed November 1, 2017. <https://mountainx.com/news/community-news/0423ohenryrs-php/>.

This article is a retrospective on the history of O. Henry's bar, which opened on October 13, 1976 making it the oldest gay bar in North Carolina. It details how the bar gave refuge to gay men when Asheville was less accepting of the LGBT community, as well as its participation in fundraising for those with HIV and AIDS. O. Henry's began these fundraisers before passing them over to the Western North Carolina AIDS Project when they became too much to organize. The article also discusses the various roles such as wedding and funeral chapel that the bar has played for the gay community over the years. This article gives an overview of O. Henry's connection with WNCAP and AIDS in Asheville and disputes the timeline of Rosie Coates's testimony.

"Sistory: 1982." *The Sisters of Perpetual Indulgence, Inc.* Accessed February 16, 2018. <https://www.thesisters.org/sistory>.

This page details the history of the Sisters of Perpetual Indulgence, a gay activist group in San Francisco. Their flamboyant tactics brought attention to the problem of AIDS in the gay community. In 1982, they published a pamphlet called *Play Fair!*, the first document to educate gay men about safer sex and provide them with strategies for protecting themselves from the epidemic. The group also raised money for people with AIDS.

Whetten, Kathryn and Brian Wells Pence. *You're the First One I've Told: The Faces of HIV in the Deep South*. 2nd ed. New Brunswick, NJ: Rutgers University Press, 2013. Accessed September 12, 2017. ProQuest Ebook Central.

This book examines the problem of caring for HIV-positive patients in the Deep South. It interviews twenty-five individuals infected with the disease, situating them in the context of current medical knowledge about HIV. It goes into detail about the patients' individual experiences and the experiences of their caregivers. While this book covers the experiences of people with HIV in the present rather than the past, it reflects attitudes and the challenge of treating HIV in the South and is therefore useful as a general source.