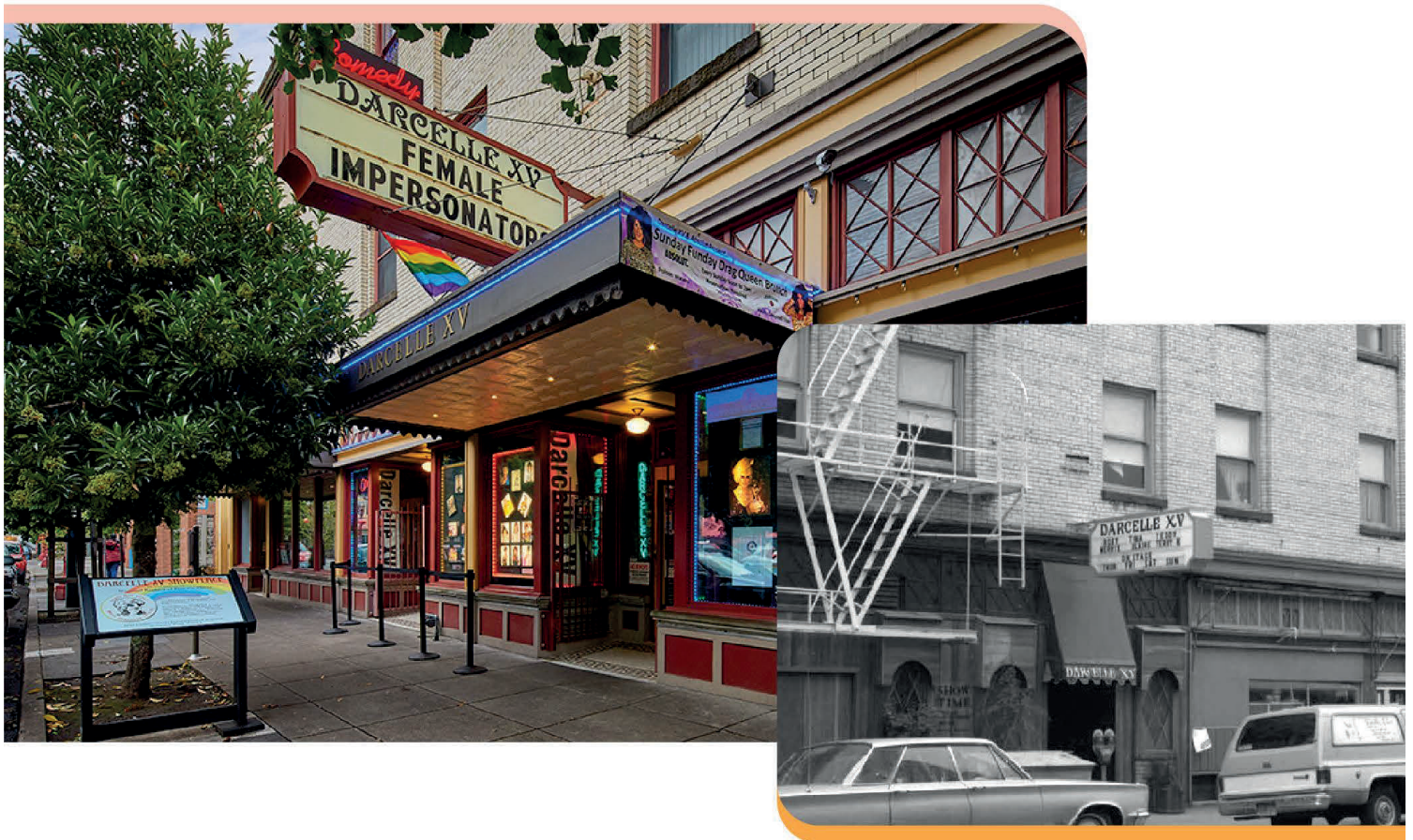


LGBTQ+ History in Portland, Oregon

A Historic Context Statement



Historic Context Statement Prepared by Cayla McGrail
for City of Portland Bureau of Planning and Sustainability

October 2024

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About City of Portland Bureau of Planning and Sustainability

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LGBTQ+ Health

In early 1972, LGBTQ+ Oregonians started to call LGBTQ+ organization Second Foundation of Oregon's newly established Gay Hotline. Callers hoped to receive information on where find LGBTQ+ bars, how to support their LGBTQ+ children, and other related needs.⁵⁹⁹ Calls increasingly revolved around access to supportive health services; individuals feared resources would focus exclusively on one's sexuality to the detriment of other health concerns.⁶⁰⁰ Portlanders Tom Cherry, Dave Van Wagner, Libby Durban, and many others recognized and responded to the escalating need for inclusive queer healthcare by organizing the Counseling Center for Sexual Minorities (CCSM) in May 1973.⁶⁰¹ First located at 1007 NW 23rd Avenue, the building had just enough room for phone services. Nonetheless, CCSM staffed a psychiatrist, a psychologist, alcoholic recovery specialists, an attorney, mental health paraprofessionals, and psychology students. With this staff on weekend phone shifts Friday through Sunday, they were "set up . . . to aid persons to discover the most satisfying means of expressing their own sexuality" and help callers with "family, friends, employers, and landlords, and the kind of response they get from the general population."⁶⁰² CCSM profoundly altered the landscape of Portland's LGBTQ+ healthcare as Portland's first community-based counseling service explicitly tailored for LGBTQ+ individuals.

Over the 20th century, medical providers like those at the Counseling Center for Sexual Minorities, scholars, and advocates challenged entrenched, problematic medical paradigms that marginalized LGBTQ+ people. LGBTQ+ individuals at the forefront of social and medical transformations facilitated the gradual but progressive shift toward redefining and destigmatizing queer identities in society and healthcare. Queer Portlanders created accessible and inclusive care spaces for other queer Portlanders. Queer medical providers and allies integrated these grassroots efforts into the city's predominant healthcare institutions to offer care tailored to the needs of LGBTQ+ Portlanders. LGBTQ+ Portlanders and allies together played crucial roles in supporting, advocating for, and advancing care for LGBTQ+ Portlanders.

⁵⁹⁹ "A Gay Community Catalog," *Oregonian*, April 6, 1975; Nestor Perala, "Gay Hotline begins 16th year," *Just Out*, August 1, 1987, 30.

⁶⁰⁰ "Counseling for a valid relationship," *Northwest Gay Review*, 8.; Tom Cherry, "Queer Heroes Northwest 2017," Oregon Queer History Collective, June 2017, <http://glapn.org/6563TomCherry.html>.

⁶⁰¹ This center drew inspiration from similar work in Seattle. See George Nicola, "A History of LGBTQ Oregonians and Mental Health 1970 – 2017," Oregon Queer History Collective, Last updated January 15, 2018, <https://www.glapn.org/6054OregonLGBTQMentalHealth.html?query=health&case=&whole=&phrase=>. Oregon Historical Society holds Libby Durbin's papers, including materials related to the counseling center. See Libby Durbin papers, circa 1975-2012, Mss 2988-21, Gay and Lesbian Archives of the Pacific Northwest Collection, Oregon Historical Society, Portland, Oregon.

⁶⁰² Charles Fantz, "Helpful Series," *Oregon Journal*, April 11, 1974, 18.; "Sex minorities center seeks funds," *Oregonian*, August 7, 1975. The center's focus drew homophobic political criticism from Portland City Commissioners, impacting the center's finances and ability to operate. See BJ Noles, "City Council Balks over Job Funds," *Oregonian*, August 7, 1975; Huntly Collins, "Job funds 'given to lobby groups'," *Oregonian*, August 13, 1975, 33; Francis J. Ivancie, "No Dating Center," *Oregon Journal*, August 30, 1975, 4.

“LGBTQ+ Health” explores a range of healthcare initiatives that substantially contributed to the city’s comprehension of and care for diverse genders and sexualities during the 1905 to 1994 period. To safeguard patient-provider privacy, exact locations and information associated with many healthcare efforts were intentionally obscured and withheld from historical and contemporary public record. The criminalization of certain healthcare procedures throughout much of the 20th century further contributes to a lack of records.⁶⁰³ Nonetheless, various Portland locations are known to have hosted clinics, workshops, meetings, and other health-associated services that contributed to Portland’s diverse healthcare landscape.

Anti-LGBTQ+ Healthcare Background

Throughout the 19th and 20th centuries, medical fields including the study of human sexuality (sexology) and the study of the human mind (psychology) influenced social perceptions and understandings of diverse sexualities and genders. Most medical providers and mainstream society viewed LGBTQ+ individuals through a lens of pathology and attributed an LGBTQ+ individual’s medical concerns solely to their diverse gender identity, gender expression, and/or sexuality.⁶⁰⁴ Many health care professionals justified harmful medical and legal interventions in misguided efforts to align an individual with perceived pathological, “abnormal” and “deviant” behaviors and identities into acceptable heteronormativity and cisnormativity.⁶⁰⁵ Bethania Owens-Adair, one of the Pacific Northwest’s earliest physicians, strongly advocated in her 1910 publication *Human Sterilization* to “relieve loathsome victims from an unnamable vice . . . their curse and destruction by a simple surgical method that might give them a chance to recover their reason.”⁶⁰⁶ Owens-Adair significantly tied together sexuality and mental health by connecting vice (coded language that included diverse sexual activities) to a loss of mental capacities. This detrimental medical perspective coupled with invasive and harmful procedures impacted the livelihood of individuals across the Pacific Northwest through the remainder of the 20th century.

Peter Boag’s *Same-Sex Affairs: Constructing and Controlling Homosexuality in the Pacific Northwest* finds that Portland’s 1912 exposé of men engaging in same-sex activities referred to as the “Vice Clique”

⁶⁰³ For example, abortion services have been criminalized for much of the 20th century. For further Portland history on abortion, see Michael Helquist, “‘Criminal Operations’: The First Fifty Years of Abortion Trials in Portland, Oregon,” *Oregon Historical Quarterly* 116 no. 1 (Spring 2015): 6-39; Michael Helquist, “‘Lewd, Obscene and Indecent’: The 1916 Portland Edition of *Family Limitation*,” *Oregon Historical Quarterly* 117 no. 2 (Summer 2016): 274-287.

⁶⁰⁴ See “Oregon and LGBTQ+ History Background, Pre- 1905” in “An Overview of Portland LGBTQ+ History, 1905-1994” for additional discussion on early medical theories and perspectives.

⁶⁰⁵ LGBTQ+ people nationwide endured confinement in healthcare facilities and suffered from invasive medical procedures such as forced sterilization, forced castration, and/or electroshock therapy. For additional information on electroshock therapy, see Ren L[i]u, “Shock the Gay Away: Unpacking the Farrall Instruments Electro-Shock Machine,” News, ONE Archives at USC Libraries, University of Southern California, <https://one.usc.edu/news/shock-gay-away-unpacking-farrall-instruments-electro-shock-machine-0>; Sarah Baughey-Gill, “When Gay was Not Okay with The APA: A Historical Overview of Homosexuality and its Status as a Mental Disorder,” *Occam’s Razor* 1 (2011): 6 – 16, <https://cedar.wvu.edu/cgi/viewcontent.cgi?article=1001&context=orwww>.

⁶⁰⁶ Dr. B Owens Adair, *Human Sterilization*, 55. <https://digital.osl.state.or.us/islandora/object/osl%3A33385>. For additional information on Owens-Adair, see “Suffrage and Sterilization: Dr. Owens-Adair,” Oregon State Hospital Museum of Mental Health, <https://oshmuseum.org/suffrage-and-sterilization-dr-owens-adair/>.

scandal significantly influenced anti-LGBTQ+ healthcare through the subsequent decades. First, the scandal presented “a new reason for state mandated sterilization” with local press, lawmakers, and mainstream society increasingly connecting same-sex sexual activities to ideas of infection, disease, and degradation, and thus supporting such extreme measures in response.⁶⁰⁷ For instance, a November 1912 *Oregonian* article entitled “The Misconception of Eugenics” postulated that Portland would benefit from forcibly sterilizing those in the “Vice Clique” “than to shut them up in prison, where they will merely infect all around them with the venom of their disease.”⁶⁰⁸ Then-Oregon Governor Oswald West also supported forced sterilization against “degenerates who slink, in all their infamy, through every city, contaminating the young, debauching the innocent, cursing the State.”⁶⁰⁹ By February 1913, Oregon lawmakers enacted House Bill 69, which classified LGBTQ+ Oregonians as “menaces to the public peace, health, and safety” and authorized involuntary sterilization for those deemed such “menaces.”⁶¹⁰ Oregon’s state-sponsored eugenics-based policy remained in practice for decades; in 1983 the Oregon State Senate repeal the last law, officially abolishing the Board of Eugenics and marking the end to this heinous procedure.⁶¹¹

Secondly, the “Vice Clique” influenced the local Social Hygiene Society of Portland (renamed the Oregon Social Hygiene Society in 1913) to disseminate sexual health information to combat “social vices” and reinforced heterosexual sexuality.⁶¹² The Society viewed the “Vice Clique” as a reflection of increasing moral degeneracy and unacceptable sexual activities in Oregon.⁶¹³ Thus, the Society’s materials predominantly emphasized eliminating “the spread of ‘vile’ practices by implanting ‘wholesome sex’ ideas into the minds of the ignorant youth.”⁶¹⁴ Heteronormative perspectives remained prominent in sexual

⁶⁰⁷ Boag, *Same-Sex Affairs*, 208.

⁶⁰⁸ “Misconception of Eugenics, *Oregonian*, November 24, 1912, 6, quoted in Boag, *Same-Sex Affairs*, 209.

⁶⁰⁹ *Ibid.*

⁶¹⁰ Boag stresses the significance of this bills as the “first time in the history of eugenics bills in Oregon, the very people whom society increasingly conceptualized as ‘homosexuals’ and who had come to attention in the recent Portland scandal were no singled out and specifically targeted for sterilization.” *Ibid.*, 210.

⁶¹¹ Eugenics is a set of beliefs and practices aimed at improving the genetic quality of a population. Eugenacists view certain characteristics, qualities, traits, and whole demographic groups as either inferior and “unfit” or superior. LGBTQ+ individuals are not the exclusive focus of eugenacists; diverse racial and ethnic groups, individuals with disabilities and/or little to no income have also suffered from eugenics as the movement has been rooted in racist, ableist, and classist ideologies. Various control efforts are utilized to enhance or eliminate what is deemed inferior or superior, including forcible sterilization and marriage laws. Between 1923 and 1983, Oregon forcibly sterilized over 2,600 individuals. For additional Oregon eugenics history, see Oregon Public Broadcasting, “Eugenics: In the Shadow of Fairview, Oregon Experience,” YouTube, July 18, 2020, [https://www.youtube.com/watch?v=6NYB_C6tVnA](https://www.youtube.com/watch?v=6NYB_C6tVnA;); Mark Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983,” *Oregon Historical Quarterly* 103 no. 2, (2002): 188–209. For broader history, see Mark Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States* (Rutgers University Press, 2007).

⁶¹² Boag, *Same-Sex Affairs*, 189-197.

⁶¹³ *Ibid.*, 198.

⁶¹⁴ Boag, *Same-Sex Affairs*, 189-190. Also see Jodi Hammond, “Hitting the Line Hard: The Height of the Social Hygiene Movement in Oregon, 1911- 1918” (2001) Dissertations and Theses. Paper 6081. <https://doi.org/10.15760/etd.7951>; Dimitra Fellman, “The Nuclear Family and Gender Roles in Oregon’s Venereal Disease Campaign: 1911- 1918,” *Oregon Undergraduate Research Journal* 18, vol. 1 (2021): 13 -25.

health information through the mid-century to reinforce traditional gender roles, acknowledge only heterosexual relationships, and marginalize diverse sexual activities and identities.⁶¹⁵

Through the mid-20th century, medical professionals continued to pathologize and marginalize LGBTQ+ identities. In 1952, the American Psychiatric Association (APA) classified homosexuality under “sociopathic personality disturbance” in their inaugural edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), cementing harmful perspectives against diverse sexuality.⁶¹⁶ This classification “established a hierarchy of sexual deviances” with heterosexuality centered as the ‘norm,’” and justified continued professional attempts at supposed cures for homosexuality.⁶¹⁷ In 1970, for instance, Portland State University students seeking campus counseling were purportedly advised to “go straight” to resolve concerns regarding their sexuality.⁶¹⁸

. . . Visits often led to misdiagnosis, judgment, ostracism, and treatment for their sexuality rather than their medical ailments. In addition, medical care was often expensive and held the possibility of extortion, since [LGBTQ+ people] typically paid for their health care out of pokey and avoided using insurance for fear that employers would learn of their sexuality and then harass or fire them . . . Many dreaded that disclosure of their sexual activities would not remain confidential with their doctor, leading to ridicule from their families, termination from their jobs, or both, and these concerns had merit . . . Venereal disease testing at Department of Health clinics in many cities commonly required disclosure of the patient’s name and of all previous sexual partners before treatment was given.

— Historian Katie Batza summarizing LGBTQ+ healthcare in *Before AIDS: Gay Health Politics in the 1970s*⁶¹⁹

For Community, By Community

Homophobia, transphobia, misogyny, racism, and classism permeated healthcare services both nationally and in Portland throughout the 20th century, prompting many who experienced discrimination to establish their own practices to better serve diverse patients.⁶²⁰ Historian Dr. Susan Ferentinos emphasized

⁶¹⁵ Examples include government propaganda warning men against potential sexually transmitted diseases from women, sex hygiene classes that reflected the eras’ moral agendas, and military venereal infection contact reports that assumed a serviceperson’s sexuality. See “(H)our History Lesson: Women’s Sexual Health & Safety on the World War II Home Front,” Articles, National Park Service, Last updated August 28, 2023, <https://www.nps.gov/articles/000/-h-our-history-lesson-women-s-sexual-health-safety-on-the-world-war-ii-home-front.htm>.

⁶¹⁶ Rebecca Graham, Kisa Hooks, and Louis Berger, *Historic Context Statement for Washington’s LGBTQ Resources*, (District of Columbia Office of Planning Historic Preservation Office, September 2019), 2-16.

⁶¹⁷ Ray Levy Uyeda, “How LGBTQ+ Activists Got “Homosexual” out of the DSM,” *Politics & History*, Jstor Daily, May 26, 2021, <https://daily.jstor.org/how-lgbtq-activists-got-homosexuality-out-of-the-dsm/>.

⁶¹⁸ PSU Gays Seek School Response,” *The Fountain*, December 1972, 16.; David Grant Kohl, *A Curious and Peculiar People*, 51.

⁶¹⁹ Katie Batza, *Before AIDS: Gay Health Politics in the 1970s* (University of Pennsylvania Press, 2018), 1.

⁶²⁰ For an overview of U.S. LGBTQ+ Health history, see Katie Batza, “LGBTQ and Health,” in *LGBTQ America: A Theme Study of Lesbian, Gay, Bisexual, Transgender, and Queer History*, ed. Megan E. Springate (National Park Foundation, 2016), 22-1 – 22-26.

in “Beyond the Bar: Types of Properties Related to LGBTQ History” that “the boundaries between politics and health . . . are not impermeable,” as healthcare initiatives took shape in various settings: bars, bathhouses, stores, private residences, churches, office buildings, dental clinics, and hospitals.⁶²¹ These community hubs offered temporary and ongoing services tailored to a wide range of healthcare services and specific needs, including sexual healthcare, mental healthcare, and lesbian-centric healthcare. However, while some of these initiatives have been documented, there remains a significant opportunity for future research to comprehensively explore the full breadth and depth of community-led healthcare efforts in Portland during the 1905–1994 period and beyond.⁶²² Such research could shed light on the invaluable contributions of grassroots initiatives and their enduring impact on healthcare in the city.

Sexual Healthcare

The practice of Doctor Marie Equi, the city’s first openly queer physician from 1905 until her retirement in 1931, stands out as a nonconforming figure in Portland’s early 20th century medical history and offers insight into potential queer-competent sexual health services.⁶²³ Equi was one of the first sixty women to graduate from a state school with a degree in medicine.⁶²⁴ Holistic health and advocacy for historically marginalized communities characterized her medical practice. For example, in the mid-1910s, she partnered with birth control advocate Margaret Sanger to revise editions of Sanger’s pamphlet, *Family Limitation*; these revisions provided additional medical information and increased appeal to working class and union members, a demographic to which Equi dedicated her services.⁶²⁵ While the exact number of queer patients Equi treated is unknown, her status as an openly queer figure in Portland likely influenced LGBTQ+ Portlanders to seek out her medical care.⁶²⁶ Her legacy is a testament to the vital role of LGBTQ+ healthcare leaders in challenging societal norms and advocating for accessible healthcare services.

Over the next forty years, “nearly all medical literature and education on homosexuals focused on homosexuality itself as an illness.”⁶²⁷ Yet, between the 1920s and the 1970s, American social attitudes,

⁶²¹ Susan Ferentinos, “Beyond the Bar: Types of Properties Related to LGBTQ History,” *Change Over Time* 8, no. 2 (Fall 2018) 144 – 163.

⁶²² For instance, the Marie Equi Center, formerly the Equi Institute, was founded in 2014 to “empower and improve the health of LGBTQIA2S+ folks in the Pacific Northwest.”

⁶²³ Equi initially practiced in the fifth-floor office in the Oregonian Building (formerly SW 6th and Alder St., demolished), before relocating to other offices in the Medical Building (523 SW Alder St., currently the Park Building), Central Building (403 Central Building), and LaFayette Building (34-35 Lafayette Building).

⁶²⁴ Michael Helquist, “Marie Equi (1872-1952),” Oregon Encyclopedia, Last Updated September 9, 2024, https://www.oregonencyclopedia.org/articles/equi_marie_1872_1952/.

⁶²⁵ Michael Helquist notes Equi “toned down the text on sexual pleasure and dropped specific mention of abortion...Equi also reminded women of their responsibility to limit the ‘human material for exploiters and militarists.’” Additionally, Equi was one of Portland’s few physicians openly offering and performing abortions in the early 1910s. See Helquist, *Marie Equi*, 149.; Helquist, “Criminal Operations’: The First Fifty Years of Abortion Trials in Portland, Oregon.”

⁶²⁶ One queer individual Equi is known to have examined was Harry Allen. See Michael Helquist, “Transgender Appearance in 1912 Portland, Oregon,” *Change Your Day*, Michaelhelquist, Last Updated April 15, 2016, <https://www.michaelhelquist.com/change-your-day/transgender-appearance-in-1912-portland-oregon>.

⁶²⁷ Batza, *Before AIDS*, 4.

sexual ethics, intimate behavior, and sexology research underwent radical revolutions.⁶²⁸ Known as the sexual liberation movement, changes in medicine and society shaped the departure of previous sexual expression and diversity norms. For instance, the marketing and availability of different birth control methods (namely the birth control pill in 1960) throughout the late 20th century gave many more freedom in their sexual lives. Sexologists including Alfred Kinsey, William H. Masters, and Virginia E. Johnson advanced nuanced understandings in same-sex sexual activities, pleasure, and sexual dysfunction through their respective publications *Sexual Behavior in the Human Male* in 1948, *Sexual Behavior in the Human Female* in 1953, and *Human Sexual Response* in 1966.⁶²⁹

With the “challenges to medical authority, the lingering radicalism of the 1960s, and government policies . . . [and] the incident of venereal disease among the adult population in the United States . . . the atmosphere in which gay health activism could thrive” did, Batza finds in their research.⁶³⁰ Through the 1970s, LGBTQ+-focused and competent sexual health initiatives gained momentum and challenged prevailing heteronormative approaches. Nationwide and in Portland partnerships between LGBTQ+ organizations and free clinics emerged in the mid-1970s, marking a significant shift in sexual health advocacy. “Free and confidential venereal disease checks” were hosted at Portland’s Workout Baths (531 SW 12th Ave.), Olympic Baths (first at 359 SW Morrison St.), and the Majestic Hotel & Baths (303 SW 12th Ave.) on March 23, 1974, reflecting collaboration between the LGBTQ+ organization Second Foundation of Oregon, bath owners and managers, Multnomah County Health Department, and the Governor’s Task Force on Venereal Disease.⁶³¹ Emerging partnerships such as these departed from previous norms by specifically catering to LGBTQ+ Portlanders’ sexual health at locations they frequented, which would continue through the late 20th century.

Mental Health Resources

For much of the 20th century, LGBTQ+ Portlanders were reluctant to seek support in potentially homophobic medical spaces due to dominant medical and social discrimination against LGBTQ+ identities. Portland activist Lanny Swerdlow explained in 1975 that “the degree of self-hate instilled by an

⁶²⁸ Scholars note the 1920s as among the “first” sexual revolutions in America. See John Levi Martin, “Structuring the Sexual Revolution,” *Theory and Society* 25 no. 1 (1996):105-151. Andrea Tone, “Contraceptive consumers: Gender and the Political Economy of Birth Control in the 1930s,” *Journal of Social History*, 29, no. 3 (Spring 1996):485-506.; Beth Baily, “Prescribing the Pill: Politics, Culture, and the Sexual Revolution in America’s Heartland,” *Journal of Social History* 30 no. 4 (Summer 1997): 837-856.; Kevin F. White, *The First Sexual Revolution: The Emergence of Male Heterosexuality in Modern America* (NYU Press, 1992).

⁶²⁹ Alfred Kinsey, W. Pomeroy, and C. Martin, *Sexual Behavior in the Human Male* (W.B. Saunders, 1949).; Alfred Kinsey, W. Pomeroy, C. Martin, and Paul Gebhard, *Sexual Behavior in the Human Female* (W.B. Saunders, 1953).; Williams H. Masters, Virginia E. Johnson, *Human Sexual Response* (Bantam Books, 1966).; “Diversity of sexual orientation,” Research, Kinsey Institute, <https://kinseyinstitute.org/research/publications/historical-report-diversity-of-sexual-orientation.php#Kinsey1948>.; “Masters & Johnson Collection,” Archival Scholarly Works, Collections, Kinsey Institute, <https://kinseyinstitute.org/collections/archival/masters-and-johnson.php>.

⁶³⁰ Catherine Batza, “Before AIDS: Gay and Lesbian Community Health Activism in the 1970s,” (Thesis, University of Illinois Chicago, 2012), https://indigo.uic.edu/articles/thesis/Before_AIDS_Gay_and_Lesbian_Community_Health_Activism_in_the_1970s/10910060?file=19408433.

⁶³¹ “Operation Steam Clean,” *Northwest Gay Review*, May 1974.

oppressive society and the agonizing difficulty encountered in 'coming out' . . . has generally never been dealt with effectively by 'straight' mental health agencies."⁶³²

By the late 1970s, additional organizations to the Counseling Center for Sexual Minorities provided queer-focused mental health services. The gay political organization Portland Town Council (PTC) began to orient its educational branch Portland Town Council Foundation towards counseling in 1979.⁶³³ PTC Foundation was renamed to Phoenix Rising by 1983 and emphasized mental health, education, referrals, and friendship in a "place to grow, learn, play, and form new friendships."⁶³⁴ Phoenix Rising became the "nation's first gay/lesbian tax-exempt foundation" and set a standard for similar services across the country through its various support groups, panels, workshops and retreats that offered LGBTQ+ Portlanders opportunities to "submerge . . . into a totally [LGBTQ+] environment . . . to relate on a level not possible within heterosexual society."⁶³⁵ Phoenix Rising relocated several times to larger office spaces at 408 SW 2nd Avenue and 620 SW 5th Avenue to accommodate additional programming.⁶³⁶

These queer-led, informed, and affirming centers influenced mainstream care systems to increasingly focus on assisting LGBTQ+ Oregonians in areas like stress, anxiety, substance abuse, and major life changes instead of looking to cure their diverse sexuality and gender.⁶³⁷ Other organizations and health departments increasingly sought LGBTQ+-led counseling services in the late 1980s and early 1990s, particularly as mainstream services attempted to develop their own LGBTQ+-affirming care programs. Several individual LGBTQ+-led or supportive mental health providers emerged in the late 1980s and 1990s to provide services outside of large organizations, advertising across Portland's queer media.⁶³⁸ In total, the Counseling Center for Sexual Minorities operated for 16 years and Phoenix Rising for 21 years; together, they were the first, the largest, and the longest operating LGBTQ+-led mental health service centers in Portland during the 1905–1994 period.

⁶³² Lanny Swerdlow, "A Gay Community Catalog," *Oregonian*, April 6, 1975, 122.

⁶³³ Portland Town Council developed three arms of LGBTQ+ organizing: lobbying through Portland Town Council, PTC Political Action Committee to get candidates elected and funded, and Town Council Foundation for education. Eventually, all of Portland Town Council became Phoenix Rising. See Oral history interview with Larry S. Copeland, by Emily Bowen and Kenty Truong, SR 11233, Oregon Historical Society Research Library; Nicola, "A History of LGBTQ Oregonians in Mental Health 1970-2017,"; Nicola, "A History of Oregon's Major LGBTQ Equality Organizations," Gay and Lesbian Archives of the Pacific Northwest, Last Updated May, 14, 2015, <http://glapn.org/6026EqualityOrganizations.html>; Pat Young, "How It All Began," *Just Out*, October 6, 2000, 25, 27,

⁶³⁴ *Ibid.*; Ad, *Just Out*, November 1, 1985, 15.; Jonathan Kipp, "Phoenix Falling," *Just Out*, October 6, 2000, 24.

⁶³⁵ "Phoenix Rising broadens service base," *Just Out*, October 1, 1985, 7.

⁶³⁶ Phoenix Rising's on the move," *Just Out*, May 1, 1987, 5.; Ad, *Just Out*, January 1, 1988, 31.; Ad, *Just Out*, August 1, 1991, 24.

⁶³⁷ Swerdlow, "A Gay Community Catalog."

⁶³⁸ Private practices withheld their addresses for safety. See Professional Services, *Just Out*, various dates.

Lesbian Healthcare

Women's health initiatives starting in the 1970s aimed to improve "health care for all women and end sexism in the health system."⁶³⁹ However, lesbians in the 1970s, 1980s, and 1990s continued to experience significant barriers in accessing medical care due to various factors such as sexist and homophobic attitudes within medical settings creating unwelcoming environments for lesbian patients, the absence of targeted healthcare services tailored to the needs of lesbians, financial constraints, and limited education about health issues.⁶⁴⁰

[This doctor at Oregon Health Sciences University (3181 SW Sam Jackson Park Road)]. . . all he wanted to talk about [was] me being a lesbian . . . I said 'Listen, I'm not here because I'm a lesbian, I'm here because I have breast cancer.'

— April Lewis sheds light on the struggles faced by lesbians navigating the healthcare system after her breast cancer diagnosis, 1997 ⁶⁴¹

In the 1980s and 1990s, a notable rise in dedicated lesbian healthcare providers, organizations, and conferences marked improvements for competent care. The Portland Feminist Women's Health Center (6510 SE Foster Road) introduced lesbian health self-help groups starting in the 1980s, which served as platforms for sharing vital information, creating support groups for health-related challenges, and empowering lesbians to "actively participate in their healthcare."⁶⁴² Moreover, lesbian naturopathic physicians (for example, Suzanna A. Scopes, no address provided) and chiropractors (for example, Circle Chiropractic, 423 S.E. 15th Ave.) played significant roles in addressing the dearth of lesbian-led care within mainstream medical institutions.⁶⁴³ In October 1994, local nonprofit Lesbian Community Project sponsored the Lesbian Health Conference at Good Samaritan Hospital (1015 NW 22nd Ave.), a groundbreaking conference featuring discussions on "living with chronic illness, alternative health care, and building a healthy lesbian community."⁶⁴⁴

Allied Institutions

Despite mainstream medicine harboring animosities towards LGBTQ+ individuals and perpetuating discriminatory practices throughout the 20th century, the late 1960s marked a turning point with institutions increasingly recognizing the importance of providing inclusive care and services. During the latter half of the 20th century, institutions such as the University of Oregon Medical School (3181 SW Sam

⁶³⁹ H, Mariekind, "The Women's Health Movement," *International Journal of Health Services* 5, no 2, (1975): 219 quoted in Francine H Nicols, "History of the Women's Health Movement in the 20th Century," *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 29, no. 1 (Jan./Feb 2000): 56.

⁶⁴⁰ Graves and Watson, *Citywide Historic Context Statement for LGBTQ History in San Francisco*, 191.; Inga Sorensen, "Health matters," *Just Out*, January 17, 1997, 13.; Barrett White, "Invisible Women: A Legacy of Lesbian Health," Legacy Community Health, <https://www.legacycommunityhealth.org/newsblog-invisible-women-a-legacy-of-lesbian-health/>.

⁶⁴¹ Sorensen, "Health matters."

⁶⁴² Ad, *Just Out*, December 23, 1983, 4.

⁶⁴³ Ads in Professional services, *Just Out*, various dates.

⁶⁴⁴ Inga Sorensen, "Lesbian health issues to be explored at conference," *Just Out*, October 7, 1994, 13.

Jackson Park Road, renamed Oregon Health Sciences University in 1981), Legacy Good Samaritan Hospital (1015 NW 23rd Ave.) and various private practices played crucial roles in complementing grassroots efforts to extend care to LGBTQ+ individuals and families. Among their many health programs, these institutions made significant strides in transgender health.

Transgender Healthcare

Transgender healthcare, and the right to access this care, greatly progressed in the 20th century. Portlander Alan Hart was the first to receive gender-affirming healthcare specifically for a trans man in the United States.⁶⁴⁵ While attending college, Hart “found out through perusal of various professional books [his] true condition” and found ways to start expressing this ‘condition’.⁶⁴⁶ Following graduation in early 1917, Hart consulted with Dr. J. Allen Gilbert’s private practice in the Selling Building (610 SW Alder St.) for “psycho-analytic examination and treatment” with the use of “suggestive therapeutics in the hypnoid state” other methods in attempts to have Hart conform to societal expectations of people presumed to be women.⁶⁴⁷

Shortly before my graduation [from the University of Oregon Medical School] I consulted a psychiatrist in Portland, Dr. Gilbert, a physician of established reputation; and with him made a complete study of my case, my individual history and that of my family. This was followed by a complete, careful physical examination. The diagnosis arrived at may be summarized as follows: Complete, congenital, and incurable Homosexuality together with a marked modification of the physical organization from the feminine type.

— Alan Hart, personal letter, 1921 ⁶⁴⁸

With Dr. Gilbert, Hart “realized and urged the advisability of sterilization” after accepting his “condition as one of abnormal inversion.”⁶⁴⁹ At some point between late 1917 and early 1918, Hart received an oophorectomy and a hysterectomy to “face life under conditions that might make life bearable.”⁶⁵⁰ The removal of Hart’s anatomy and resulting sterilization showcase how individuals utilized often harmful medical perspectives of LGBTQ+ individuals and related medical interventions for their own benefit. “I

⁶⁴⁵ “Expressions as Diverse as the Landscape: The Selling Building, Portland, Oregon,” Articles, Find Our Place: LGBTQ+ Heritage in the United States, National Park Service, Last Updated February 20, 2018, <https://www.nps.gov/articles/expressions-as-diverse-as-the-landscape-selling-building.htm>; Batza, “LGBTQ and Health.”

⁶⁴⁶ It is not explained what books, or ‘true condition’ Hart examined, but it is possible Hart read early sexology works where he learned about diverse gender and sexual identities. Gilbert, “Homo-sexuality and its Treatment,” 317.

⁶⁴⁷ Ibid, 319.

⁶⁴⁸ Alan Hart, “Letter from Alan Hart to Mary Roberts Rinehart, August 3, 1921,” Digital Transgender Archive, <https://www.digitaltransgenderarchive.net/files/vt150j54x>; Hart, “Letter from Alan Hart to Mary Roberts Rinehart, August 12, 1921,” Digital Transgender Archive, <https://www.digitaltransgenderarchive.net/files/kd17ct13d>.

⁶⁴⁹ The term “inversion” and language regarding Hart’s sexuality reflected contemporary understandings of sex, gender, and sexuality that often lumped these together under umbrella terms like “invert” or “homosexual.”

⁶⁵⁰ Gilbert, 320.

have been happier since I made this change than I ever have in my life," Hart expressed in a 1918 interview.⁶⁵¹ Gilbert ultimately supported Hart during a period when most of society discriminated against LGBTQ individuals, concluding in his 1920 *Journal of Mental Disorders* article, "Homosexuality and Its Treatment," that instead of criticism and hounding, [Hart] needs and deserves the respect and sympathy of society."⁶⁵²

Little archival materials exist that describe trans Portlanders' lives and healthcare between the 1920s and the late 1950s. However, this does not exclude the possibility of a trans population in Portland during this period. Some might have transitioned and lived their lives without publicly sharing their identity. When their identity did become public knowledge, they might have relocated and rebuilt their life in places where their identities were unknown. Alan Hart experienced this several times through the early 1920s; in a personal letter from 1921 Hart detailed that a former schoolmate informed Hart's employers and local newspapers of his identity, leading him to flee Oregon.⁶⁵³

Despite reported ban on surgical transition operations, Portland's University of Oregon Medical School emerged as a major leader in trans healthcare in the mid-20th century.⁶⁵⁴ Following recruitment of Dr. Ira Pauly as a practicing psychiatrist and faculty member in 1962, Pauly published the 1965 article "Male Psychosexual Inversion: Transsexualism: A Review of 100 Cases" as the "first global review of the published data on transgender patient outcomes."⁶⁵⁵ Pauly recounted in a 2015 interview how he faced challenges in getting the article published "as some folks just [didn't] see this as anything but bizarre . . . immoral, or unethical . . . Anyone who presumed to treat them was equally crazy."⁶⁵⁶ Yet, the published article established him as a specialist on the topic and Pauly continued to push forward understandings of gender identities, collaboratively developing a scale for assessing psychological distress related to the incongruence between bodies, assumed genders, and identities.⁶⁵⁷

By the early 1970s, a gender identity and sexuality specialist team with a "half-dozen specialists" including Dr. Pauly and gynecologist Dr. Raphael B. Durfee developed at the University of Oregon Medical School. Though surgical operations occurred "at hospitals away from the medical school," the team assisted

⁶⁵¹ Alan Hart, quoted from *Albany Daily Democrat*, in Kami Horton, "Meet Oregonian Dr. Alan Hart, who underwent the first documented gender-confirming surgery in the US," Oregon Public Broadcasting, June 30, 2022, <https://www.opb.org/article/2022/06/30/oregon-us-gender-affirming-surgery-history-dr-alan-hart-lgbtqia-history/>.

⁶⁵² Gilbert, 322.

⁶⁵³ Hart, "Letter from Alan Hart to Mary Roberts Rinehart, August 3, 1921," and "Letter from Alan Hart to Mary Roberts Rinehart, August 12, 1921."

⁶⁵⁴ "Portlander Asks Sex Change Surgery," *Oregon Journal*, September 25, 1972, 4M.

⁶⁵⁵ Steve Duckworth, "Queering OHSU: Honoring Our LGBTQ+ History," OHSU Historical Collections and Archives, June 2021, <https://www.ohsu.edu/historical-collections-archives/queering-ohsu-honoring-our-lgbtq-history>.

⁶⁵⁶ Ira B. Pauly and Maija Anderson, OHSU Oral History Program, Historical Collections and Archives, February 18, 2015, <https://digitalcollections.ohsu.edu/record/3213>.

⁶⁵⁷ This psychological distress is gender dysphoria. For more information see "What is Gender Dysphoria," Gender Dysphoria, Patients and Families, American Psychiatric Association, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>; Duckworth, "Queering OHSU."

medical transitions through evaluation, hormone therapy, and follow up studies.⁶⁵⁸ In 1972, the team estimated they cared for 12 to 15 individuals who had received “gender identity operations” and at least three gender-affirming operations occurred each year in Portland.⁶⁵⁹ Scholar Shir Bach speculated in “Tracing Trans Surgery Through the Archives in Portland, Oregon,” that the “team evaluated far more people . . . as the gatekeeping model of the time treated surgery as a last resort.”⁶⁶⁰ Further, Bach drew attention to a lack of centralization information sharing which led specials to see Portlanders individually with no coordination between consulted providers. This resulted in varying numbers of how many individuals were consulted in Portland during the late 20th century.⁶⁶¹

Parish (last name unknown) and Lois (pseudonym) illuminate experiences of obtaining trans healthcare from this team. In 1972, 26-year-old Portlander Stephani (last name unknown) petitioned Oregon State Welfare Department for coverage of her gender affirming care.⁶⁶² Shortly after, she “disappear[ed] from the historical record. In her place, however, came Parish” whose personal background and photos published in a 1974 *Oregon Journal* series remained consistent with Stephani.⁶⁶³ Parish’s *Oregon Journal* series provided insight into “an operation . . . to bring [the] body into harmony with . . . lifelong feelings of gender,” though identifying information about “Portland’s newly established Sex Identification Team” was withheld for privacy.⁶⁶⁴

At the hospital I was surprised that no one in the lobby gave us [Parish and her boyfriend John] a second glance. If they had only known! . . . Someone took me up to my room— and it was evident immediately that the staff had been well-briefed. Everyone treated me as a woman. Nobody said ‘him’ or stared, or anything like that . . . The second stage of the operation was completed a couple of weeks later . . .

— Parish describes her experience of gender-affirming care at an unnamed Portland hospital, 1974 ⁶⁶⁵

Lois’s experiences with this specialized team and Dr. Pauly during the late 1960s and 1970s “serves in stark contrast to Parish’s,” and highlights nuances related to trans identities and affirming care.⁶⁶⁶ Pauly

⁶⁵⁸ “Portlander Asks Sex Change Surgery.”

⁶⁵⁹ Shir Bach, “Tracing Trans Surgery Through the Archives in Portland, Oregon,” Oregon Queer History Collective, Last updated 2020, <https://www.glapn.org/6068SurgeryInTransition.html>.

⁶⁶⁰ Ibid.

⁶⁶¹ Ibid.

⁶⁶² “Portlander Asks Sex Change Surgery.”; “Welfare Unit Mulls Sex Case,” *Oregon Journal*, October 3, 1972, 4M.; “Welfare Rules Out Funds for Sex Change Surgery,” *Oregon Journal*, October 30, 1972, 2M.

⁶⁶³ Shir Bach’s research of Parish was unable to locate “Parish’s full name or anyone else who knew her.” This is common in trans history and for those who “transitioned medically in the 1970s, as they were often encouraged to move to a new location and state a new, private life.” Bach, “Tracing Trans Surgery Through the Archives in Portland, Oregon.” This article series is further discussed in “Queer Arts and Entertainment.”

⁶⁶⁴ Staff of this team “pleased for anonymity.” See “Parish, “A Boy Made of ‘Sugar and Spice...’,” *Oregon Journal*, March 18, 1974, 4M.; “Portland Girl’s Story Points Up Sex Identity Problem,” *Oregon Journal*, March 18, 1974, 4M.

⁶⁶⁵ Parish, “Surgery is ‘Rebirth’ For Parish, Starts Her New Life,” *Oregon Journal*, March 21, 1974, 2M.

⁶⁶⁶ Lois was included in Ira Pauly’s “Adult Manifestations of Female Transsexualism” under the pseudonym “E.R.” Bach, “Tracing Trans Surgery Through the Archives in Portland, Oregon.”

evaluated Lois “as an ideal candidate” for gender affirming care based on several contemporary guiding principles: Lois “presented no psychosis and placed in the 95th percentile on an IQ test . . . was able to pass as a man even before hormone therapy . . . and . . . planned on marrying and starting a family in Lake Oswego.”⁶⁶⁷ Dr. Durfee advised Lois to undergo major surgical operations at Good Samaritan Hospital to relieve developing issues related to hormone therapy and to align Lois’s expression and identity. However, this surgical intervention traumatized Lois.

So I went to Good Samaritan Hospital and had the original surgery. On my own, with nobody at my side . . . And I had both breasts removed and my ovaries and my uterus in one surgery. And when, when I woke up, I thought, ‘Is there anything of me left?’ I mean, I just felt like I’d been carved up, which was pretty apt way of thinking about it.

— Lois describing experiences related to surgical interventions in the 1970s, 2020 ⁶⁶⁸

Bach’s study of Parish and Lois concluded that the spectrum of trans Portlanders’ experiences “underscores the uncomfortable truth that the gate-keeping model of medical transitions didn’t lead to ideal outcomes, even by their own standards.”⁶⁶⁹

By the late 20th century, specialized trans care shifted from research institutions like University of Oregon Medical School into primarily private practice.⁶⁷⁰ Dr. Pauly’s departure from Portland in 1978 potentially impacted Portlanders seeking support within institutional settings. Word-of-mouth and information-sharing, therefore, became even more crucial for Portlanders navigating shifting landscapes of transgender care. One Portlander recalled in 2023 that they learned about a southeast Portland practice near Reed College (3203 SE Woodstock Blvd.) “through community” in the 1990s.⁶⁷¹

Nonetheless, research institutions continued to influence and contribute to trans healthcare in the mid- and late 20th century. During this period, surgical techniques related to gender affirming care greatly improved; in the 1970s for example, San Francisco-based plastic surgeons revolutionized facial feminization and masculinization surgeries.⁶⁷² In Portland during the early 1990s, Dr. Toby Meltzer revolutionized techniques for individuals to retain more sensation post-gender affirming surgery at the University of Oregon Medical School (now Oregon Health Science University).⁶⁷³ Between Pauly’s tenure in the 1970s and approximately the late 1980s, a shift in policy related to surgical transitions had occurred.

⁶⁶⁷ Ibid.

⁶⁶⁸ Quoted in Ibid.

⁶⁶⁹ Ibid.

⁶⁷⁰ Ibid.; Meyerowitz, *How Sex Changed*.

⁶⁷¹ Anonymous submission, LGBTQ+ Historic Sites Project online questionnaire, 2023. This anonymous submission did not provide further details on the private practice.

⁶⁷² Facial Feminization and Masculinization are plastic surgery procedures shaping the face to look more feminine or masculine. These surgeries can include procedures to reshape areas of the skull, hair transplants, face-lifts, and/or reshaping the cartilage of the earlobes. For additional information see, Graves and Watson, *Citywide Historic Context Statement for LGBTQ History in San Francisco*, 291.

⁶⁷³ Duckworth, “Queering OHSU.”

According to Dr. Meltzer, who had joined the school's Plastic and Reconstructive Surgery Unit in 1990, Doctors Ed Tank and Robert Demuth had been practicing affirming care "for years."⁶⁷⁴ With training, mentorship, and research, Dr. Meltzer had few complications and mastered surgical techniques to become the first surgeon in the country to create a clitoris with sensation for individuals to have full sexual function.⁶⁷⁵ Online chatrooms and trans networks spread knowledge of Portland's medical success in the late 1990s. "And all of a sudden, I started seeing people from not just Oregon, but I started seeing people from northern California and Washington state . . . literally overnight this became half my practice," remembered Dr. Meltzer in 2019.⁶⁷⁶

LGBTQ+ Health Summary

From 1905 to 1994, LGBTQ+ Portlanders and allies advanced the acceptance of diverse genders and sexualities in medical and healthcare settings. Grassroots and individual medical providers established practices in clinics, storefronts, bars, and private homes to provide compassionate LGBTQ+ informed care to challenge discrimination and hostility perpetuated in mainstream healthcare environments. LGBTQ+ healthcare initiatives broke significant barriers and were crucial to shifting mainstream medical institutions' understanding, inclusivity, and standards of care.

⁶⁷⁴ Toby Meltzer and Morgen Young, May 3, 2019, OHSU Oral History Program, Historical Collections and Archives, Oregon Health Science University, <https://digitalcollections.ohsu.edu/record/8756?v=pdf%2Cvid>.

⁶⁷⁵ Amy Saunders, "Change/MD," Phoenix Mag, April 1, 2016, <https://www.phoenixmag.com/2016/04/01/change-md/>; Duckworth, "Queering OHSU."

⁶⁷⁶ Toby Meltzer and Morgen Young.