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**Queering the “Welfare Queen”:
Poverty Politics and the Shaping
of Sexual Citizenship in the
Twentieth-century United States**

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In 1997, less than a year after the passage of a welfare reform bill in the United States that decimated an already punitive and inadequate social safety net in the United States, political scientist Cathy Cohen published a call to arms in *GLQ*. Entitled “Punks, Bulldaggers and Welfare Queens: The Radical Potential of Queer Politics,” the essay attempted to channel the rage and frustration among US civil rights and left activists at a time of multiple HIV-AIDS epidemics and ever-widening levels of socio-economic inequality. “How do we use the relative degrees of ostracization all sexual/cultural ‘deviants’ experience to build a basis of unity for broader coalition and movement work?” she asked. Framing her appeal in the context of a newly emboldened Republican Party in Congress and a supine, complacent Democratic establishment under the Presidency of Bill Clinton, Cohen called for “political work based in the knowledge that the rhetoric and accusations of nonnormativity that Newt Gingrich and other right-wingers launched against women on welfare closely resemble the attacks of nonnormativity mounted against gays, lesbians, bisexuals, and transgendered individuals.”¹

Over twenty years on, one of the themes of this conference marks the fiftieth anniversary of the Stonewall riots in New York City, events spearheaded by trans* people, people of colour, homeless queer youth, and others who fit perfectly Cohen’s understanding of the multiple levels of discrimination and marginalization in American society.² In a recent issue of *GLQ*, Cathy Cohen revisited her 1997 essay, rethinking its arguments and use of queerness as a radical category of identity

and action when we see both Black Lives Matter – grassroots activism inspired by and led by queer women of color – and also the worsening levels of inequality and discrimination that point to the continued resistance of dominant US institutions to challenge.³ Thinking about the Stonewall anniversary, the gay liberation era it is often viewed as signalling, and Cohen’s contemporary political message together prompted me to think about how my own research agenda has developed and where it has taken me. For some time, I have been convinced of the need to historicize some of the questions Cathy Cohen poses, and to think about historical trajectories of social policy and the politics of sexuality and identity as entwined stories. By examining these questions together using the tools of the historian, we can start to answer questions such as these: the circumstances under which radical coalitions can cohere in the US and when they cannot; how does the state interact with identity politics and with what consequences for the political consciousness of minority groups; and how and to what extent vulnerable populations have received the social services they need, and under what conditions. Getting at some of these issues helps us think about the radical potential of queer politics in longer term perspective, and offers us lessons for the present moment.

In writing this lecture, drawing together my interests in the politics of social policy, party politics, ideology (especially liberalism), and my more recent interest in LGBTQ politics, I have been forced to revisit all my academic work from PhD to now. While sometimes a painful

¹ Cathy Cohen, “Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics,” *GLQ*, vol. 3 (1997), 437-465.

² Don Teal, *The Gay Militants* (New York, 1971), 29.

³ Cathy Cohen, “The Radical Potential of Queer? Twenty Years Later,” *GLQ* vol. 25:1 (January 2019), 140-143.

experience, it has also prompted me to ask useful questions about what motivates me as a scholar to work on questions of social and political inequality. Cohen wants to foreground race, in particular, as part of the complex mosaic of the queer to offer a multidimensional approach to empowering the marginalized. I focus today on self-identified LGBTQ people – together with those the state regulates under this umbrella – as the central plank of my approach. I want to explore the politics of sexual dissidence over the past century in tandem with a discussion of the politics of health care, social welfare, and economic citizenship. Doing so reveals the contours of the class, race, and gendered dynamics of those huddled under the oversimplified shorthand of the LGBTQ umbrella. But it does more than just reiterate the well-understood nostrum that intersectional categories matter as much as sexual identity. We can discover how battles for political legitimacy on the part of sexual dissidents have happened in parallel with and have overlapped with battles for access to social services and over marginalization and stigmatization of welfare recipients. We can do historical work to understand how, in a sense, all sexual minorities have been, to a greater or lesser extent and at different times, “welfare queens”: people requiring support for their health and social but also stigmatized and marginalized both for their economic dependency AND their status outside white, heteronormative society (what political scientist Ange-Marie Hancock calls “the politics of disgust.”⁴) That the US public-private safety net has served them so badly and patchily over time does much to explain how LGBTQ

politics developed over time, and offers us a window onto the real unfinished business of the sexual revolutions of our queer forebears.

Making queer subjects: social policy before the 1940s

As Margot Canaday has shown in her magisterial study of the development of state-centered categories of sexuality in the US, the US government was not especially quick to adopt in any systematic fashion the medicalized discourses on human sexuality developed, especially by psychiatrists, between the 1880s and 1920s. Instead, much policymaking of the early twentieth century in areas such as federal immigration policy or even local law enforcement centered on the question of whether those under the gaze of state surveillance were “likely to become a public charge.”⁵ Immigration officials relied on this form of words when deciding whom to admit to the United States. Similarly, police officials used an array of vagrancy laws, including the charge of “lewd vagrancy” or “vag lewd” in police shorthand, to arrest and charge people thought of as sexual dissidents.⁶ Political notions of degeneracy in the early twentieth century lumped together sexual non-conformity, race, and economic marginality into a broad “immorality of the poor” paradigm. The state certainly saw a coalition of punks, bulldaggers, and welfare queens even if there didn’t yet exist the grassroots movements to self-identify and organize to combat state repression.

At the heart of the association of dissidence and nonconformity of any kind with economic precarity was the ever-growing state desire for the nurturing of

heteronormative citizens who would assume employed breadwinner roles and support nuclear families. Immigrants to the US were required to show evidence of having some money, and entry was refused to those displaying apparent mental or physical defects that “might affect the ability to earn a living.” Canaday found evidence of genital inspections of immigrants, in which genitalia were linked to the procreative potential of new arrivals, and a “healthy” citizenry would provide healthy workers for a rapidly expanding industrial economy. As the state at all levels enlarged and strengthened its regulatory oversight of its people, it increasingly directed its attention to how a productive, capitalist society should be organised, and built that organization on the bedrock of heteronormativity.

The economic catastrophe of the Great Depression of the 1930s brought this question of state control into sharp relief, as Franklin Roosevelt’s New Deal administration sought to dampen the fires of social disorder and reshape American society through multiple programmes of public works and economic reforms. So it was again to be through the lens of economic deprivation and social policy that the state would engage with sexual dissidence, using residential camps for unemployed and transient men to re-educate the destitute into what Canaday has called “breadwinners in training.”⁷ The Federal Transient Program and Civilian Conservation Corps viewed the physical rehabilitation of unemployed men through their labour as a way of staving off the socially disruptive effects of mass unemployment and an army of wandering hoboes with nothing to tie them to the

stable moorings of family. As Samuel Kuhn put it in his 1937 study of homosexuality, “most fags are floaters, and move from town to town.” The construction of a federal social safety net took place at the same time as a developing state interest in sexual dissidence as a problem to be addressed. At the same time, the opportunities camp life provided for sexual encounters between men or even just for the acting out of performative sexual dissidence, suggested that government social policy played a role in shaping queer community and a shared language of nonconformity, too.

Neither the CCC nor the FTP outlasted the New Deal; indeed, the FTP, which at its height served some 300,000 homeless transient men, was disbanded in 1935, after barely two years of operation. The main social policy legacy of these years was the Social Security Act, a combination of social insurance for the elderly and unemployed and a rickety means-tested set of poverty programs for single mothers, the needy aged, and blind. The principal beneficiaries of this landmark reform were male breadwinners and their dependents, who could pay contributory taxes and receive benefits in periods of unemployment or old age. Private employment was the central requirement, a potential problem for sexual dissidents were they to reveal their identity and risk dismissal. The means-tested welfare programs were poorly resourced, run by states, and directed mainly at mothers, with no provision whatever for the non-heteronormative of any gender or sexuality. As Canaday notes, it was becoming clear that “less and less assistance would be delivered outside the family economy.”⁸

⁴ Ange-Marie Hancock, *The Politics of Disgust: The Public Identity of the Welfare Queen* (New York: NYU Press, 2004).

⁵ Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton, 2009), 21.

⁶ Risa Goluboff, *Vagrant Nation: Police Power, Constitutional Change, and the Making of the 1960s* (New York, 2016).

⁷ Canaday, 93.

⁸ Canaday, 130.

I've spent a fair amount of time here on Canaday's work, in part because it was so central to centering the state as a force shaping the creation of sexual categories, but also because she pinpointed the relationship between the political economy of New Deal liberalism and sexuality – especially manhood – in suggestive ways that added to the voluminous literature focusing on gender, usually women. But this story disappears from her work at the conclusion of World War II. Once the state ramped up its regulatory oversight of sex by classifying the sexual activities of American servicemen and women, handing out dishonourable discharges for sexual dissidence and denying those falling foul of the law access to GI Bill benefits, the attention of the state shifted toward an explicit definition of homosexuality as an identity, a type of person, and built its regulatory regime around that. This new approach, exemplified in the "psychopathic personality" clause of the 1952 Immigration Act, reflected, she argues, "the idea that homosexuality was a discrete identity – *one that was distinct from class and race*, and posed a unique threat to the state."⁹ To Canaday, the gradual, cumulative process of building a homosexual in the eyes of the state decoupled the sexualized body from class and socio-economic processes: the creation of the sexual dissident and the welfare queen would become separate histories.

Sexual Dissidence Comes Out: the 1950s

Canaday's argument here is not so much wrong as seriously incomplete. For one thing, as she herself acknowledges, she focuses entirely on the state and its

bureaucrats, and if we look at the same history from below we might point to the queer labour activists in the Marine Cooks and Stewards Union, who saw themselves as part of an economic class struggle as well as united by their sexuality as part of what Allan Berube has termed "queer work" on the ships. Between 1945 and 1949 that union's efforts tripled a messman's wage, and also battled racial discrimination, at the same time as its leaders came under sustained attack from red-baiting politicians and their allies.¹⁰ But even if we retain our focus on the state, we need to see the domestic Cold War, of which immigration restriction was but one part, as part of a sustained attack on the nascent New Deal and on the broad popular front of the war years that hoped to use the gains of the Thirties as a springboard for further political change. Looking back at my early work, I can now see the queer dimension: the withering of left-liberal politics had consequences for the trajectory of LGBTQ politics. The emergence of the latter at the same time as the demonization of the former demands serious discussion.

Early homophile activists thought of themselves in terms Cathy Cohen would understand: several of the founders of Mattachine were communists, and formed a Bachelors for Wallace group in 1948 to support Henry Wallace's left-wing, pro-civil rights presidential campaign. In setting out a manifesto for themselves as an oppressed "cultural minority," these early activists placed themselves firmly in the context of broader popular front struggles, as made clear in their 1950 mission statement: "in order for us to earn ourselves any place in the sun, we must with perseverance

and self-discipline work collectively on the side of peace, for the program of the four freedoms of the Atlantic Charter, and in the spirit and letter of the United Nations Charter, for the full first-class citizenship participation of minorities everywhere, including ourselves."¹¹ This was classic popular front stuff, in particular its disavowal of Cold War anti-communism and its support for the "freedom from want" provision of the Atlantic Charter that would form the backbone of FDR's Economic Bill of Rights speech of 1944.

The political evisceration of progressive politics in the early Cold War years, including the rapid retreat of Mattachine and other early homophile groups from their radical origins, exposes the connection between the so-called Lavender Scare, the Red Scare, and the political assault on a redistributive welfare politics. Liberal politics increasingly divested itself of the language of the welfare state, with JFK claiming in 1949 that US society was "founded upon the rights of the individual and the importance of the family as a unit. It is not good that the responsibility of the individual should be evaded... And yet the cult of advanced liberalism serves as the goodly exterior for many things which are basically alien to the American way of life."¹² It was not simply the non-normative that was being labelled in early Cold War America, but the heteronormative standard too, yoked to the anti-left standard of liberal capitalism.

Homophile organizations quickly came to mimic this language of individual rights and normative standards during the 1950s, erecting a scaffold of class

privilege to protect them from the stigma of association with radicalism and subversion. "Politically, the Mattachine Society is strictly non-partisan," stated a 1954 Mattachine internal document. "It espouses no 'isms' except Americanism, for it realizes that such a program [as legal recognition of sexual minorities] is possible only in a free nation such as the United States."¹³ It is really instructive to compare the change in political outlook and emphasis of US liberal politics in general in the period between 1947 and the mid-1950s – basically the subject of my first book – with that of gay rights politics in the same period: the parallels are striking. The freedom of the individual narrative allowed homophile activists to argue for the end to punitive state surveillance, including vag lewd arrests and criminalization by way of state sodomy laws, while distancing themselves from the "public charge" label that had dogged them since the state first noticed sexual nonconformity half a century earlier.

The homophile movement was also taking shape at the same time as the welfare state was becoming the lightning rod for racist and gendered prejudice around questions of poverty. While state and federal governments in the 1950s were expanding the reach of the welfare system to incorporate disability as an eligible category for support – a development that would come to have critical importance for LGBTQ people later on – they were using aid to mothers of dependent children as a tool to police and regulate women and to cement the political link between poverty and delinquency. Local welfare offices and law enforcement checked that welfare

⁹ Canaday, 52. Emphasis mine

¹⁰ Allan Bérubé, "No Race-Baiting, Red-Baiting, or Queer-Baiting! The Marine Cooks and Stewards Union from the Depression to the Cold War," in Berube *My Desire for History: Essays in Gay, Community, and Labor History* (Chapel Hill, 2011), 294-320.

¹¹ Teal, 43.

¹² JFK speech for Massachusetts health conference, 19 February 1949, JFK Papers, JFK Library, Box 93, health speeches file.

¹³ "The Mattachine Society Today: An Information Digest," 1954, Don Lucas Papers, GLBT Historical Society, San Francisco, Box 3, folder 1.

recipients were living alone without a man present, and subjected them to demeaning and humiliating regular eligibility tests and monitored behaviours. One welfare officer in Los Angeles wrote AFDC claimant Esther Smith in August 1963 that “it has been determined...that there is a continuing relationship between you and [a] Mr. Lewis. On May 10, 1963, for instance, he was observed picking you up in front of the District office in his car.”¹⁴ Alameda County Board of Supervisors in the San Francisco Bay Area ordered “early morning surprise visits made to recipients of Aid to Needy Children by the social work staff,” complained a local social worker to California governor Pat Brown that same year, “and has already fired one staff member for failure to comply.”¹⁵ It was hardly surprising in this context that much gay rights politics, desperate to escape the policing gaze of the state, was dominated by a public agenda far removed from that of other stigmatized groups, and those with self-appointed leadership roles in homophile organizations rarely mentioned racial and class issues.

Sexual dissidence and the Great Society

The sudden intellectual and political “rediscovery” of poverty in the 1960s to some extent placed the worlds of welfare liberalism and sexual dissidence back into conversation again. The launch of federal anti-poverty programs under President Lyndon Johnson’s Great Society

coincided with the development of social service organizations for LGBTQ people in New York and San Francisco. By the end of the 1960s, San Francisco had established itself as home to a wide variety of activists and social service organizations devoted to queer communities. Groups like the Mattachine Society, the Society for Individual Rights, the Committee on Religion and the Homosexual, and the Tavern Guild formed a network of support for the ever growing number of LGBTQ people settling in the City by the Bay.¹⁶ All of these organizations, to a greater or lesser degree, saw themselves as service providers for minority populations, and were deeply embedded in anti-poverty politics of the Great Society. SIR operated a community center, a 24-hour telephone service, and a referral service for housing, legal aid, employment, and medical assistance.¹⁷

The availability of federal Great Society anti-poverty funding through local offices of the Office of Economic Opportunity gave activists the opportunity to embed LGBTQ issues in a wider politics of anti-poverty work. A coalition of gay rights organizations formed the Central City Citizens Council in late 1965 in order to lobby the city’s Economic Opportunity Council to designate the Tenderloin – a deprived neighborhood home to transient queer youths and transgender people – as a target area for Great Society funding.¹⁸ Activists toured the streets and alleyways of the area by day and by night before

writing reports and policy proposals to justify expanding the remit of the city’s anti-poverty effort into the queerest of neighborhoods. These reports made explicit the connection between sexual dissidence and economic marginalization in the Tenderloin, and also articulated class and other social divisions bisecting queer communities that necessitated government action. “Within the Tenderloin area of downtown San Francisco a fairly large group of troubled and often transient youth and single young adults between the ages of 12 and 25 years reside,” stated a Central City Citizens Council paper entitled “The White Ghetto.” “These persons, most of whom are men, form a sub-culture that is generally ignored or condemned by middle-class oriented society.” The report painted in lurid detail the activists’ portrayal of the lives of hustlers, junkies, and homeless kids who stalked the area’s streets, making the case for government funding of a range of social services, including a health clinic, halfway house, a legal aid center, and paid social workers.¹⁹

In making their plea for state sponsorship on these terms, white, middle class gay activists mirrored the language and political worldview of the Great Society bureaucrats in their association of poverty with delinquency and their inattention to hierarchies of race and gender. In a funding proposal submitted to the Economic Opportunities Council by the San Francisco Mattachine Society, the Tenderloin was described as “truly a human ash heap which spawns every sort of sexual expression, but more sadly, it has become a cancerous sore which, if not recognized and treated, will not remain contained – it will spread throughout the metropolitan area and influence other young men and women.” The authors reported an “utter lack of intellectual and spiritual development, responsible and productive

citizenship and social and mental health [that] is shockingly apparent everywhere.” In seeking to use EOC funds to enable two Mattachine staff members to work in the neighbourhood every evening, Mattachine activists emphasized the role of Great Society programs as arbiters of social behavior and architects of normative social identity. The Mattachine program would “seek to eliminate preoccupation with sex to the detriment of its more proper role in the total personality, thereby freeing the individual to pursue other attributes necessary for growth and development into full adulthood: Education, earning a living, creativity, cultural and social values, etc. This would free those ‘hung up’ on their sexuality to help themselves in other ways – including unselfish service to others.”²⁰ At no point did the report, or indeed any of the documentation produced under the auspices of Mattachine, SIR, or the CCCC, acknowledge the significant transgender population in the Tenderloin by name, nor did they highlight simple poverty and inequality as central factors driving social dislocation in American cities. Activists tailored their portrayal of the marginalized poor to the narrative of social improvement they thought agencies of the state would understand and support. So whereas New Deal welfareism imposed forms of social control from the top down, Great Society liberalism was more a two way process: policymakers disbursed funds, and grassroots organizations took them, but on the condition they bought into the language of social improvement and behavioural norms laid down for them.

“Gay Health Care Is Coming Out of the Closet”: Gay Liberation Meets Welfare Queen

The 1970s witnessed the rapid expansion of a nationwide network of sexual health clinics and gay community centers. These

¹⁴ Ralph Goff to Esther Lewis, 28 August 1963, Pat Brown Papers, Bancroft Library, UC Berkeley, Box 616, Aid to Needy Children file

¹⁵ Marshall Greenberg to Pat Brown, 15 January 1963, Brown Papers, Box 616, Welfare Study Commission file.

¹⁶ See Nan Alamilla Boyd, *Wide Open Town: A History of Queer San Francisco to 1965* (Berkeley: University of California Press, 2003).

¹⁷ SIR summary of activity, May 1970, Del Martin and Phyllis Lyon Papers, GLBT Historical Society, San Francisco, Box 19, folder 7.

¹⁸ A significant community of mostly white, preoperative MTF transsexuals had made the Tenderloin their home by the mid-1960s, forming a group called COG (Conversion Our Goal or Change Our Goal). See Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, Mass: Harvard University Press, 2002), 230-232.

¹⁹ Edward Hansen et al, “The White Ghetto: Youth and Young Adults in the Tenderloin Area of Downtown San Francisco,” Don Lucas Papers, Box 15, folder 5.

²⁰ Mattachine SF proposal for confronting the Tenderloin problem, 1966, Lucas Papers, Box 15, folder 1..

clinics depended on a mixture of private donations, the free labor of volunteers, and some state funding to provide services for LGBT people. Examples included the Los Angeles Gay Community Services Center, established in 1971, and the FAN Free Clinic in Richmond, Virginia, established in 1970.²¹ Volunteer health activists discovered as the decade progressed that demand for their services rapidly outgrew the ramshackle walk-in clinics and community centers they had set up, and that injections of public funding were necessary to maintain them. The Fenway Community Health Center in Boston, for example, started life in 1971 as a project of leftist anti-poverty activists, but by the end of the decade had become a free-standing medical facility with sixty staff, licensed by the Massachusetts Department of Public Health. What began as a single "Gay Health Night" at the clinic on Wednesdays soon grew into a fully-fledged Gay Health Collective.²² The debate over how to promote the mainstreaming of sexual minorities in society took place at the local level in tandem with economic questions of access to health services.

In Greenwich Village, New York, a non-profit collective called Gay Is Health Inc., founded by a network of people who met through the city's Gay Men's Health Project, set up an STI treatment center in 1980 and also put together a bid to the Borough of Manhattan for over a quarter of a million dollars for "the Christopher Street Multiservices Center." The center would offer anyone "gay or straight, with a community or social service need" a free referral "to the organizations that have resources to deal with their particular

need(s)." Creating social service structures, it was argued, would help clean up neighborhoods while at the same time integrate sexual minorities into mainstream society.²³

The evident relationship between local health activism and anti-poverty politics in the 1970s created an arena in which sexual and socio-economic inequalities intersected, exposing the variety of lived experiences concealed beneath the LGBT umbrella. Many health care activists noted the double bind affecting many sexual minorities: many health care providers were ignorant of their health needs and often deeply prejudiced, but in any event many LGBT people were on the economic margins of society and also unable to access the heteronormative welfare state, leaving them without access to quality care. The president of the Women's Alternative Health Services Inc in San Francisco noted that "members of two devalued minorities – women and gays – lesbians are facing serious problems getting quality care from our sexist, homophobic and expensive health care system."²⁴ This organization, set up to provide quality affordable care for women at San Francisco General Hospital, explicitly tied the process of coming out as a lesbian to economic status. Many lesbians struggled to find affordable care in settings not centered around "gynecological, maternal, and birth control needs."²⁵ Women's health clinics made the issue of access central to their mission, often requiring activists to frame the health care needs of minority populations in ways that reified the class and gender dynamics of the rights revolutions and pitted them against

²¹ FAN Free Clinic leaflet, National Lesbian and Gay Health Foundation Papers, Cornell University Special Collections, Box 13, folder 10.

²² Grant bid by Gay Health Collective of Boston to Medical Foundation Inc, 1 April 1977, National Lesbian and Gay Health Foundation Records, Box 2, folder 60.

²³ Gay Health Inc. grant bid for Christopher Street Multiservices Center, NLGHF Records, Box 2, folder 60.

²⁴ Sherron Mills form letter, nd (late 1970s), Phyllis Lyon and Del Martin Papers, GLBT Historical Society, San Francisco, Box 91, folder 5.

²⁵ "A History of Women's Alternative Health Services Inc.," Lyon-Martin Papers, Box 91, folder 5.

the privatized social safety net. "Since women and young families have relatively low incomes," argued a member of the New York Women's Health Abortion Project in 1969, "they can't afford to pay for adequate care....A strong women's health movement...could begin to initiate the demand for free and complete health care as the right of every citizen."²⁶

The question of how to access the privatized health care system was equally as acute for those seeking medical procedures related to their transgender identity. A transgender activist painted a stark picture of the consequences of a private health care system that usually excluded trans* people from care, making volunteer clinics a lifeline: "Since most insurance companies have explicitly written us out of their policies, most of us find it difficult to seek health care through these avenues, even if they are available to us.... Unless we can find sympathetic health care workers, we are often at the mercy of the big money insurance companies."²⁷ Since most private insurance refused to pay for sex reassignment when explicitly named as such, trans* patients were forced to redefine themselves as medically diseased in order to secure payment for surgery or treatment.²⁸ For transgender people, seeking medical attention represented a coming out process framed by stigmatization and economic marginalization, subjecting them to the objectifying gaze of the medical and insurance establishment.

When seeking gender reassignment surgery or other treatment, transgender

people faced an uphill battle to access Medicaid or Medicare, too, as some States in the late 1970s did pay while others did not, leading to a number of court cases and a review by the US Department of Health and Human Services during the Carter administration. In 1981, under a new conservative federal regime, the Department banned the use of government funds for sex reassignment.²⁹ The health care access debate in the 1970s at the local level created sexual subjects through a very different dynamic to the individualist paradigm of gay liberation. At its heart, sexual health politics was about who pays for sexual dissidence, inevitably leading to a debate over the role of government in advancing the rights revolutions in a post-Sixties age. The politics of sexuality at the grassroots often overlapped with other arenas of health and anti-poverty activism in ways that revealed multiple aspects to – and divisions within – the sexual equality movement and its relationship to the state.

It is important to stress the fact that gay liberation – with its attendant health care and welfare implications – took place at the very point the demonization of the "welfare queen" was reaching fever pitch. Welfare rolls were ever expanding in the 1970s, but at the same time politicians such as Ronald Reagan were making their names by attacking the poor and vulnerable. It is therefore perhaps unsurprising that LGBTQ service providers continued to stress their commitment to notions of personal responsibility as they took pains to distance themselves from any association with a welfare state. A

²⁶ "Women and Health Care," statement of Women's Health Abortion Project, New York, September 1969, Lesbians and AIDS/HIV file, Sexual Minorities Archive.

²⁷ "FTM 101 – the invisible transsexual," Transgender Subject files, FTM and health folder, Sexual Minorities Archive.

²⁸ EEF booklet "Guidelines for transsexuals," July 1974, Kessler Records, transsexualism folder.

²⁹ "US may let Medicare pay for sex changes," *Fort Lauderdale News*, 12 April 1978; "Healthy people 2020 – transgender health fact sheet," trans and health file, Sexual Minorities Archive.

memo to staff at a gay therapy service in Boston in 1979 urged them to be less lenient on clients missing payments for services. The “lack of responsibility around money here is shared by each and every one of us. Historically, this agency has always had the attitude of ‘oh, the poor client...’ which feeds right into the client’s own ‘oh, poor me’ attitude and their lack of feeling responsible, low self-image, lack of respect for you as a therapist, etc.” The memo’s author mirrored dominant narratives about the pernicious effects of welfare dependency on the mental wellbeing of claimants, going so far as to argue that, if the clinic could sort out its financial relationship with clients out, “you will hopefully begin to understand the importance of money in the therapeutic relationship.”³⁰ Mental well-being, in this reading, went hand in hand with financial independence and self-reliance, however fanciful such ideas were when applied to all sexual minorities regardless of social status.

“The Complete Welfare Queen”: HIV/AIDS and the Limits of the Welfare State

The rapid escalation of the massive public health crisis that was (and is) HIV/AIDS completely redrew the relationship between sexuality politics and welfare politics. The two had been unspoken bedfellows throughout the period covered by this lecture, but in the 1980s became one frightening narrative: the necessity for PWAs to access health care services, on the one hand, and the reality of the complete failure of the US social safety net to provide for its citizens based on need, on the other. To some struggling to navigate the grim horror of the public-private health care system in the Reagan years, a certain black humour got them through. One activist, writing a piece entitled “The Complete Welfare Queen” in a radical periodical called *Diseased Pariah*

News, justified his decision to leap with joy into the nation’s ramshackle welfare system and give up gainful employment like this: “Are one PWA’s food stamps for a year really an inferior investment for the USA than spending the same amount of money on a single toilet seat for Air Force One? If you can bind the Fed by their own stupid and contradictory rules to fund your poetry writing or graffiti campaign, or cooking yourself nice fattening meals, isn’t this as good a use of your own fucking tax dollars (and those of your friends and family)”³¹ The anonymous author detailed how declaring bankruptcy, writing off all his debts, and claiming disability checks worked out better than trying to continue in three jobs while ill and seeing most of his net income lost to debt repayments or health care copayments.

The writer was being irreverent as a way of channelling rage at the inequities of life for so many in the so-called “age of Reagan.” He was also – if we can really use this term to describe someone with HIV – lucky: the welfare system actually classed him as disabled and eligible for welfare benefits. For the HIV/AIDS crisis brought into sharp relief the reality of a welfare system established in 1935 and barely updated since: it was not built on a definition of *poverty*, of economic need, but rather on a definition of *politically justifiable dependency*, categories of people judged by the state to be deserving of public support: mothers, the elderly, and the disabled. Most men fell outside these parameters, as did women without children, or the non-binary. Heteronormativity – men as breadwinners unless physically disabled, women as dependents and caregivers – underpinned the system. The welfare and social security insurance systems were, however, the *only* gateway to funded medical care for those without private insurance: for many

PWAs, losing their jobs due to their illness or employment discrimination, the latter was increasingly out of reach. As one insurance account executive put it in 1985: “Ignorance about human sexuality pervades the insurance system just as it does this nation. Homosexuality is considered wanton, volitional, dirty, diseased, and sinful. When it becomes expensive, the heterosexuals do not intend to pay the bill.”³²

But was the state going to pay the bill? Was this the time when the “welfare queen” became queered in terms of sexual nonconformity, allying gay men, bulldaggers, and AFDC welfare mothers in one angry camp of the marginalized? Well, the welfare state did change, and mainly in the 1980s benefited gay men, who often did manage to gain that crucial disability badge and access the welfare state. It was illnesses and opportunistic infections in gay men which formed the basis of the Social Security Administration’s definition of AIDS as a disability. It was gay men in New York and San Francisco who had the best support networks and organizations that helped them fill in all the forms and get the byzantine welfare bureaucracy to hand over the benefits. As one activist put it, the “rules are a hellish cross between an old Chinese restaurant menu and IRS tax form instructions. They are time-consuming, exhausting, and certainly pointless for a fatal disease which has begun to show end stage symptoms.”³³

Many people could not access the welfare state in the 1980s. Men who had the “wrong” illness that was not on the list of HIV-related infections, many of these illnesses affecting people in poverty, many of them people of colour. Illnesses that presented in women were not included in the AIDS definition, and it took years of campaigning to change that, gradually

and fitfully. When lesbian AIDS activist Keri Duran was extremely ill with an HIV-related opportunistic infection in 1990 (she would die at the age of 32 from AIDS) she filed for welfare, and received a letter denying her benefits: “Medical evidence shows that you have tested HIV positive and suffered from fatigue and have also had difficulty tolerating the AZT therapy. You have also had some problems with high fevers and also swollen glands and diarrhea. Further evidence shows that you have had a history of substance abuse which this condition is now in remission. [sic] We realize that you are unable to perform certain kinds of work. However, you are able to perform light work (for instance, you could lift a maximum of 20 pounds with frequent lifting or carrying of objects weighing up to 10 pounds, or walk or stand for most of the day, or a job which would not require more than occasional climbing of stairs).”³⁴ Keri Duran knew what so many women had known since public welfare had been established decades earlier: entering the world of the welfare office was as much about being policed, controlled, and stigmatized as anything else, with the default position that of the worker, or as second-best the dependent, reliant on the family wage earner. Where did that leave someone like Keri? In her own words: “We need to send a message to our enemies...the people who want us dead, but not right away, not while we still have health insurance. The minute we lose it or have to rely on public assistance: go somewhere and die.”³⁵ If the welfare state was becoming slightly queerer in the 1980s, so was the state discrimination; it was just denial of services instead of outright criminalization, the next frontier on the journey of the sexual outcast.

There were any number of committed activists determined to challenge federal authorities on the official definition of AIDS, access to welfare benefits for

³⁰ Don Farwell to staff, Homophile Community Health Service, 6 September 1979, John C Graves Papers, Northeastern University Special Collections, Boston, Box 1, folder 61.

³¹ “The Complete Welfare Queen,” DPN, #7, Keri Duran Papers, Northeastern University, Box 1, folder 34.

³² Public testimony of Carl Heinman, Schmidt & Schmidt Insurance Associates, to SF Human Rights Commission, 4 February 1985, Lyon/Martin Papers, GLBT Historical Society, Box 74, folder 22.

³³ William Foreman testimony to House subcommittee on Social Security and Human Resources, 2 April 1992, PWAC Record, New York Public Library, Box 10, NAPWA file.

PWAs, the crisis of health care access, and many other issues, including Duran, Maxine Wolfe, Terry McGovern, and others in ACT UP working on questions of marginalization, especially relating to women. But they were up against a bureaucracy and political class always determined to retain a crude deserving/undeserving binary in social policy. Just as importantly for our understanding of the limits of a politics of solidarity around economic and social marginalization, social service provision provided by LGBTQ organizations continued to adopt the same language of regulation and labelling of need as government did. State surveillance of the welfare queen was reproduced in community settings. Chicago House, a charitable residential project for people with HIV, almost all on welfare, produced a lengthy list of house rules, banning – to name just a few - alcohol consumption, substance abuse of any kind, and the stricture that “under no circumstances is a resident to bring to the residence someone he/she just met.”³⁶ While many of these rules were born of good intent, they also reflected a longstanding dialectical relationship between state authority and the self-perceived legitimacy of grassroots social service organizations.

Thinking Stonewall and the Welfare Queen: 50 Years On

While the HIV/AIDS epidemic did not disappear with the development of new treatments in the 1990s, many HIV-positive individuals can now live their lives without an impending death sentence hanging

over them, and no longer pass HIV on to others when on treatment. Yet these major advances in the battle against HIV only reinforce the need for us to recognise the relationship between sexual dissidence and much broader questions of inequality, even as the right-wing assault on the welfare state made such a relationship marginal to many gay rights organizations. “The organized gay movement has become sorely unrepresentative of its own constituency,” argued the leaders of the New York City Union of Lesbians and Gay Men at the start of the nineties. “In trying to pass as legitimate, we compromised those of us who are the most illegitimate--dykes, queens, poor lesbians and gay men, gays of Third World nationality. For many of us, the struggle for survival goes beyond that of democratic rights and is inseparable from the hardships faced in a worsening economy.”³⁷ A report produced by the US Department of Health and Human Service’s Office of Disease Prevention and Health Promotion, *Healthy People 2020*, noted that LGBT people, trans* people especially, experience disproportionately high rates of mental illness, HIV, unemployment, poverty, and harassment, and less access to decent health insurance.³⁸ A recent poll conducted by NPR, the Robert Wood Johnson Foundation, and Harvard found that one in five LGBT people avoided the health care system because of discrimination and issues of access. Part of the urgency of the marriage equality question, such an important part of the struggle of sexual minorities since the 1990s, related to the fact that the marital bond so often acted as a gateway to health care and private

³⁴ SSI Notice to Keri Duran, 23 April 1990, Keri Duran Papers, Northeastern University, Box 2, folder 7.

³⁵ Duran gay pride speech, 13 June 1992, Duran Papers, Box 1, folder 1.

³⁶ Chicago House Patient Care Policies and Procedures, 1 April 1987, Thomas Dombkowski Papers, Gerber-Hart Archives, Chicago, Box 2, governing documents file.

³⁷ Leaflet, “Questions and Answers about the NYC Union of Lesbians and Gay Men,” Men of All Colors Together Papers, Cornell University Special Collections, box 1, folder 46.

³⁸ <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health> Accessed 22 April 2019

social benefits in the United States. The rudimentary welfare state was closed to most LGBT people, and so was the private system if you did not have the right job, or were not in a domestic partner relationship with someone who worked for a company that recognised that relationship. Marriage equality has shifted more LGBT Americans into the private social safety net established over the last century or so. But the question of what happens to those outside that private system remains: those in precarious or low paid employment with inadequate or non-existent health care benefits, and not in marital relationship with someone with decent benefits. For these people, LGBT or not, what happens to progressive politics in the US over the next few years is going to be of critical importance. It has been my contention today that multiple gay rights movements took shape at the same time as the idea of public welfare became gradually more and more demonized and stigmatized. Those with the greatest political clout in queer

politics did not want to enter into welfare debates for themselves, and when they did tended to adopt the same language of social control and surveillance of welfare recipients as did federal and state governments. Targeting welfare benefits only at a narrowly defined ‘deserving’ poor had the inevitable consequence of producing stigma and class division. So, is it possible that a newly invigorated left in Democratic politics, promoting ‘Medicare for All,’ amongst other redistributive policies, might empower the fragile bonds linking sexual dissidence and economic marginality? Might organizations like Black Lives Matter or the rise of a new generation of left politicians signal the possibility that the welfare queen could gain the political respect they deserve? All I know for sure is that it will be impossible to realize the radical potential of Stonewall and gay liberation without a politics of universal access to health and social services. The current moment could not be more important for queer Americans.

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