

Making Sexual Citizens: LGBT politics, health care, and the State in the 1970s

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“One of the original precepts of the gay/lesbian civil rights struggle was that we want to get the government out of our lives,” wrote National Gay and Lesbian Task Force lobbyist Jeffrey Levi in April 1986. “AIDS has transformed that and certainly made our relationship with the government more complicated. We have gone from asking the government to stay out of our lives to demanding that it step in and help save our lives. That requires a very different political strategy.”¹ The notion that the American state in all its forms had historically been inimical to the interests of sexual minorities was widely shared across a range of activist networks with diverse political outlooks, uniting establishment Washington lobbyists like Levi with radical gay liberationists. One libertarian radical pamphlet from 1979 argued that there was no place for radical queer politics in “the neat, ordered world of social democracy and central planning, where everything distinctive is blended in the great egalitarian Mixmaster of the State apparatus.” In this worldview, attacks on sexual minorities, such as the attempt in California in 1978 to ban gay teachers and their supporters from the profession, highlighted that “the real enemy of the gay community, and of all minorities everywhere – State Power – had finally come out of the closet.”² On the left, too, international solidarity politics bred an inherent hostility to state power as actually practised in many parts of the world, as did left campaigns against efforts to persecute LGBT people at home.³

It was hardly surprising that a view of the American state as hostile to sexual dissidence had gained widespread traction by the end of the 1970s. As Margot Canaday and others have shown, most state action in relation to LGBT people had historically been an exercise of police power, regulating their private lives, denying access to public benefits available to heteronormative citizens, casting them as illegitimate and medically unfit in

¹ Jeffrey Levi to Michele Wilson, 8 April 1986, National Gay and Lesbian Task Force Records, Cornell University, Box 10, folder 24.

² Justin Raimondo, “In Praise of Outlaws: Rebuilding Gay Liberation,” Students for a Libertarian Society pamphlet, Sean Little Papers, GLBT Historical Society, San Francisco, Box 1, electoral politics folder.

³ See Emily K. Hobson, *Lavender and Red: Liberation and Solidarity on the Gay and Lesbian Left* (Berkeley, 2016). Much of the radical left press in the United States in the 1970s was highly critical of the state as currently constituted: see Socialist Newspapers Collection, Stonewall Library, Fort Lauderdale.

federal immigration policy, and forcing them to live their lives in fear of arrest and persecution in every aspect of their lives.⁴ The state at all levels in the twentieth century paid far more attention to defining and enforcing categories of deserving and undeserving, normative and deviant, in policy and law than it did to playing a positive role in the lives of all citizens. Yet the period from the late 1960s to the end of the 1970s also marks a time when LGBT activists became involved in local and national party politics for the first time. At the local level, an increasing interest in service delivery for LGBT clients directed activists building a network of support services to look to governments for some financial and political backing. Local and state governments, in turn, began to regulate LGBT health clinics and other social projects, and those using the services often fell back on government welfare programs such as Medicaid. At the national level, new organizations such as the Gay Activists Alliance and the National Gay Task Force sought to enter and influence the national political scene, mostly in the Democratic Party and the Carter administration, in order to challenge the 'straight state' and integrate sexual minorities into the realm of legitimized citizenship. These processes of political mobilization and legitimation involved more than a demand to be free of the punitive force of state power. The intersections between LGBT activism and the levers of governance in the 1970s reveal the ways in which different political strategies could reify or erase socio-economic and class disparities within the discrete elements of the loose coalition of lesbians, gay men, trans* people, and bisexuals. A functioning, state-supported clinic could be the difference between a lesbian receiving the health care she needed or not. Conversely, a national lobbying strategy that privileged civil rights issues designed to remove LGBT people from government oversight often erased class, racial, and gender contexts of queer lives from public debate.

In this chapter I contrast local activist politics predicated on health, welfare, and social service advocacy with a national gay rights politics increasingly in harmony with a Democratic Party gradually shedding a vestigial interest in social inequality. A focus on the local allows us to see the close relationship between sexuality and the state that highlighted questions of poverty, inequality, and race and gender privilege as central features of the

⁴ Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton, 2009); Marc Stein, *Sexual Injustice: Supreme Court Decisions from Griswold to Roe* (Chapel Hill, 2010); Siobhan Somerville, "Queer Loving," *GLQ: A Journal of Lesbian and Gay Studies*, 11:3 (2005), 335-370; David K Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago, 2004).

American social contract in the 1970s. By then shifting focus to national gay organizing politics from the mid- to late 1970s, we see how activists emphasized policy demands that downplayed or even erased these questions in favour of issues of individual rights that would play well with a post-Great Society liberal political worldview. While not all those involved in GAA and NGTF lobbying were middle class white cisgender males, it was that archetype that would shape much of the relationship between LGBT advocacy and national-level politics by the end of the decade. Understanding this in the context of the socio-economic division within LGBT politics in local communities allows us to conceptualize more completely the changing dynamics of American liberalism on the eve of the Reagan era, as well as to explain the unpreparedness of LGBT national activism to appreciate the multiple levels on which the AIDS crisis operated in the 1980s. Local-level health activism in the 1970s created sexual subjects due to the varied health needs of the different sexual minority communities, whereas national gay rights politics tried to subsume sexual identity behind a respectable face of normative citizenship in which sexuality was essentially irrelevant.⁵

In making these arguments, I appreciate the important scholarship that emphasizes the limited options open to gay rights activists at a time when mainstream politics was only beginning to recognize, and in very limited ways, the legitimacy of sexual minorities as rights-bearing subjects. Cities with increasingly organized and vocal queer networks were much better equipped to offer local social services reflective of a socially diverse population and a social democratic view of health and welfare politics than were activists seeking to operate at a national level. As Claire Bond Potter and others have shown, NGTF operatives seeking to gain access to the Carter White House needed to portray themselves as political insiders with uncontroversial, reasonable demands that would sit comfortably with the moral and economic conservatism of the administration. Issues of federal employment discrimination and immigration reform were feasible, incremental goals that could give activists traction at the federal level in ways policy demands related to class and racial inequality could not.⁶ And casting LGBT identity as a civil rights matter, in which complex

⁵ In this chapter I use a historical methodology and time frame to engage with the arguments of Cathy Cohen in her groundbreaking "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?" *GLQ* Vol. 3 (1997), 437-465.

⁶ Claire Bond Potter, "Paths to Political Citizenship: Gay Rights, Feminism, and the Carter Presidency," *Journal of Policy History* 24:1 (2012), 95-114; William B. Turner, "Lesbian/Gay Rights and Immigration Policy: Lobbying

gendered and racial differences were smoothed out to create a simplified narrative for wider political consumption, allowed activists to maintain and reframe their battles for recognition as the heady furore of the New Left and Gay Liberation years faded away.⁷ The success of Anita Bryant's 'Save Our Children' campaign in Miami and the wave of anti-LGBT legislative and ballot initiative efforts across the United States in the late 1970s from California to Oklahoma to Texas demonstrated clearly the obstacles gay activists faced in their efforts to secure political citizenship. LGBT Americans continued to face significant persecution by the state at the same time as they were starting to gain access to its protections and resources in limited ways, so it is unsurprising many chose a political strategy that would apply pressure at the points where the state would be most likely to yield.⁸

Yet if we place the national strategy of the NGTF in the 1970s alongside the local realities of sexual minorities in serious need of social services, it becomes clear that the emerging cautious relationship between elite gay activists and Carter Democrats was about more than mere strategic calculation. Activists entered into dialogue with national politics in the mid-1970s using a language of self-empowerment and individualism that dovetailed neatly with a liberal political class keen to turn their backs on anti-poverty politics of the 1960s and to break the association of Democratic Party politics with welfare dependency. Had NGTF activists attempted to reflect the lived realities of the range of LGBT populations in communities across the country in their national political strategy, they would have been forced to make the link between sexual dissidence and the ramshackle and unstable social safety net that shaped so many queer people's experience as sexual beings. The white, middle class leaders of the national campaign for LGBT rights rejected the narrative of "punks, bulldaggers and welfare queens" that lay beneath the rights agenda they

to End the Medical Model," *Journal of Policy History*, 7:2 (1995), 208-225; Steven Epstein, "Gay Politics, Ethnic Identity: The Limits of Social Constructionism," *Socialist Review*, 17:2 (1987).

⁷ See Elizabeth Armstrong, *Forging Gay Identities: Organizing Sexuality in San Francisco, 1950-1994* (Chicago, 2002); Joshua Gamson, "Must Identity Movements Self-Destruct? A Queer Dilemma," *Social Problems*, 42:3 (August 1995), 390-407; Terrence Kissack, "Freaking Fag Revolutionaries: New York's Gay Liberation Front, 1969-1971," *Radical History Review*, 62 (1995), 104-134. Martin Meeker argues that earlier homophile activism in the 1950s and 1960s also manipulated a politics of respectability in order to gain far more political traction than it otherwise would have achieved. See Meeker, "Behind the Mask of Respectability: Reconsidering the Mattachine Society and Male Homophile Practice, 1950s and 1960s," *Journal of the History of Sexuality*, 10:1 (2001), 78-116.

⁸ See John D'Emilio, "Organizational Tales: Interpreting the NGLTF Story," in D'Emilio, William B. Turner, Urvashi Vaid, ed., *Creating Change: Sexuality, Public Policy, and Civil Rights* (New York, 2000), 469-486.

articulated, just as they calculated the Carter administration and the national Democratic Party would reject it. The dynamics of national activism were as much ideological as strategic, and form part of a wider story of the delegitimizing of social equality politics in the United States that began well before the Reagan era and long outlasted it.

Making welfare queens: Local health politics in the 1960s and 1970s

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 LGBT people settling in the City by the Bay.⁹ 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.¹⁰ Its thirteen Board Committees included a community services committee “in charge of health problems and related projects such as VD prevention and cure, psychological and psychiatric referrals, the conducting of related sociological, sexualological, psychological surveys;...community service projects such as blood donating, hospital visiting, money raising campaigns for worthwhile charities,” a remit that required SIR activists to cast sexual minorities not simply as individuals but as part of a collective with specific socio-economic needs.¹¹ Although the title of the group and the central message of its founding statement of purpose stressed the need for society “to give heed to the needs and aspirations of the individual,” SIR also called for “the creation of a

⁹ See Nan Alamilla Boyd, *Wide Open Town: A History of Queer San Francisco to 1965* (Berkeley, 2003).

¹⁰ SIR summary of activity, May 1970, Del Martin and Phyllis Lyon Papers, GLBT Historical Society, San Francisco, Box 19, folder 7.

¹¹ Outline of powers and responsibilities of SIR board committees, Don Lucas Papers, GLBT Historical Society, Box 11, folder 2.

responsible social fabric that will contain all aspects of a worthwhile, open, unharrassed life for the self-respecting homosexual.”¹²

The availability of federal Great Society anti-poverty funding through local offices of the Office of Economic Opportunity gave activists in SIR and other queer organizations the material they needed to define a “responsible social fabric.” A coalition of individuals from SIR, Mattachine, Daughters of Bilitis, the Glide Memorial Church, and CRH 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.¹³ 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. The authors argued that “there is no agency existing in San Francisco at this time which is prepared to work with the Tenderloin youth on the basis of his whole person. The fact that no realistic work is being done with the young people of this area is something we will be paying for heavily for years to come.”¹⁴

¹² SIR Statement of Purpose, 1965, Don Lucas Papers, Box 11, folder 2.

¹³ 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, 2002), 230-232.

¹⁴ 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.

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.”¹⁵ 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 and integration into normative society they thought agencies of the state would understand and support.

At the same time, however, the interplay between the Great Society and grassroots gay activism encouraged these self-appointed community leaders to engage with the diversity of LGBT lives, however crudely. A focus on social service activism brought grassroots queer politics into negotiation with the state, a development most evident in San Francisco where a vibrant LGBT movement grew in tandem with an increasingly sympathetic city government. By the mid-1970s the City’s Health Department had established a “Gay

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

Health Project,” funded by a one-year federal government grant, provided sexual health and wider health services to sexual minorities, including information and referrals on mental health, women’s clinics, and social service agencies, as well as STI treatment.¹⁶ The massive increase in sexually-transmitted infections in the city in the wake of the sexual revolution of the late 1960s encouraged the San Francisco Department of Public Health to recalibrate public policy to recognize the diverse social mosaic of the population, recognizing “that the Gay community is not being reached by many of the traditional approaches to health care.”¹⁷ San Francisco was not alone in this respect. In the late 1970s, the New York State Department of Health Education Unit collaborated with the Gay Men’s Health Project to fund and produce a booklet, “Gay Men and STDs,” a six-page description of the different STIs that could result from same-sex activity, and advice for seeking treatment, adding that “every major city in New York State has free, confidential health clinics, staffed by professional people who don’t care about your sexual preferences. They just want you and your partner to stay healthy.”¹⁸ In parts of the country amenable to positive state interaction with sexual minorities, the creation of gay people as political subjects because of their health needs made possible a broader conception of the state’s role in the rights revolutions than the anti-government animus of many liberationists had suggested.

Nowhere was this fact more obvious during the 1970s than in the rapid expansion of a nationwide network of sexual health clinics and gay community centers. These 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 to “provide health care and health information in a way that is considerate of the needs of people who have difficulty obtaining their health care from other facilities,” which received “significant support thru [sic] contracts with the City of Richmond, the Virginia Department of Health, and the United Way of Greater Richmond.”¹⁹ Volunteer health activists discovered as the decade progressed that demand for their

¹⁶ Gay Health Project document, nd, Gay Health Project (1975) information packet, GLBT Historical Society.

¹⁷ San Francisco Department of Health Weekly Bulletin, 4 August 1975, Gay Health Project packet.

¹⁸ NY State Dept of Health, “Gay Men and STDs,” Stonewall Center of the University of Massachusetts at Amherst Papers, UMass Amherst Special Collections, Box 6, folder 55.

¹⁹ FAN Free Clinic leaflet, National Lesbian and Gay Health Foundation Papers, Cornell University Special Collections, Box 13, folder 10.

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 of over fifty self-identified queer staff, who in addition to providing a range of sexual health services also applied for grants from both public and private sources in order to expand its remit. In making a bid to fund an outreach education program in 1977, the Collective stressed its mission to “provide quality health care at low cost; maintaining that health care is a right, not a privilege,” and argued that developing health programs around sexual minorities raised awareness of the diversity of LGBT populations both to LGBT people themselves and to wider society, especially health care providers.²⁰ 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 “with substantial support from the Department of Health of New York City,” 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).” The authors of the grant proposal were careful to set out how the emergence of professional associations of LGBT businesses and community leaders meant that in the “1970s, the gay movement has moved away from the radical mood of the 1960s,” but in essence the rationale for the new community center strongly echoed that of the Tenderloin project in 1960s San Francisco over a decade earlier. “In order to understand the multiservices center’s impact on both gay and straight communities,” they argued, after painting a lurid

²⁰ 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.

picture of a local demi-monde of drug dealing and social dislocation, “it is important to recall that the nature of gay oppression is to cause alienation and a sense of being outcast.” Many sexual dissidents heading to Christopher Street “still conceal their sexual preference from employers and families and lack any resources to resolve legal, health, emotional, alcohol or drug-related problems should they exist.” Creating social service structures, it was argued, would help clean up neighborhoods while at the same time integrate sexual minorities into mainstream society.²¹

The evident relationship between local health activism and anti-poverty politics 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.”²² 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: “Lesbians suffer not only from sexism but perhaps even more severe economic inequity than women in general. In a Bay Area study last fall the average income of 148 lesbians was found to be \$525 a month, as compared to a national average of \$734 for women in general during the same time frame.” In addition, lesbians struggled to find affordable care in settings not centered around “gynecological, maternal, and birth control needs.”²³ 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 the privatized social safety net. “Since women and young families have relatively low incomes,” argued a member of the

²¹ Gay Health Inc. grant bid for Christopher Street Multiservices Center, NLGHF Records, Box 2, folder 60.

²² Sherron Mills form letter, nd (late 1970s), Phyllis Lyon and Del Martin Papers, GLBT Historical Society, San Francisco, Box 91, folder 5.

²³ “A History of Women’s Alternative Health Services Inc.,” Lyon-Martin Papers, Box 91, folder 5.

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."²⁴

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."²⁵ The Erickson Educational Foundation, a trans* advocacy organization founded by wealthy female-to-male Reed Erickson in Baton Rouge, Louisiana in the 1960s, published a list of gender identity clinics and surgeons in 1972, and listed the fees and charges payable, which ranged from about \$3000 to at least \$15000.²⁶ The EEF also produced a helpful brochure detailing how to access the health care system, in which financing issues were front and center. 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: "Best results have been obtained when the condition (transsexualism) is presented as 'a neuroendocrinological or psychohormonal disorder,' absolutely requiring and responsive to surgical and hormonal treatment." The brochure added that some "health insurance policies state that the holder is covered only for 'necessary treatment of an injury or disease process.' In such a case, the physician should represent transsexualism as 'a distinct, medically definable disease entity, for which treatment is required.' In every instance, it is advisable for you and your physician to examine carefully the wording of your policy, for indications as to how he should frame his diagnosis."²⁷ For transgender people, seeking

²⁴ "Women and Health Care," statement of Women's Health Abortion Project, New York, September 1969, Lesbians and AIDS/HIV file, Sexual Minorities Archive.

²⁵ "FTM 101 – the invisible transsexual," Transgender Subject files, FTM and health folder, Sexual Minorities Archive.

²⁶ Erickson Educational Foundation list of clinics and private surgeons, 26 April 1972, David Kessler – Community United Against Violence Records, GLBT Historical Society, transsexualism folder. For more information on the EEF, see Meyerowitz, *How Sex Changed*, chapter 4.

²⁷ EEF booklet "Guidelines for transsexuals," July 1974, Kessler Records, transsexualism folder.

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. As we shall see, these were not narratives that would gain much traction in national-level gay rights politics.

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, citing “the lack of well-controlled, long-term studies of the safety and effectiveness” of the medical procedures.²⁸ 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. LGBT politics 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.

Beyond the blue denim: National gay rights activism and the Democratic Party

At the same time that local sexual health activism was playing a major role in the LGBT rights movements during the 1970s, a national activist movement was coming of age. Organizations such as the National Gay Task Force and the Gay Activists Alliance took their demands for equal rights for sexual minorities to the Democratic Party conventions of 1972 and 1976, and lobbied Presidential candidates and candidates for Congress during the 1976 election cycle. NGTF lobbyists famously gained an audience with the Carter White House in March 1977, and by 1980 were an acknowledged part of the Democratic Party coalition.²⁹ On its face, the sustained campaign of the gay rights movement to gain traction in mainstream politics in the 1970s rested principally on an appeal for non-discrimination in law, building explicitly on comparisons with the African American civil rights movement.

²⁸ “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.

²⁹ See Claire Bond Potter, *Paths to Political Citizenship*.

“For many of us, the most moving moment of the 1976 Democratic National Convention was the sight of you and Coretta King, two gentlepeople of the American South, celebrating an end to second-class citizenship for the nation’s largest minority,” wrote co-chairs of the NGTF to Jimmy Carter shortly after he had secured the party’s presidential nomination. “We invite you to become the champion of first class citizenship for this nation’s second largest minority. We invite you to welcome and encourage the decline of an even older madness, hatred for and oppression of human beings because they have acknowledged their capacity to love other human beings of the same sex.”³⁰ Leaving aside the questionable historical chronology and reductive construction of a single identity for sexual dissidence, the letter was one of many to presidential candidates in 1976 aiming to stake a claim to legitimacy through seemingly uncontroversial appeals to “the right to privacy,...the right to pursue a personal lifestyle without fear of harassment,” rights given heightened resonance in the context of the civil rights campaigns of the recent past.³¹ The strategy had its effect: of eight declared Democratic candidates for the 1976 nomination, all but two expressed some support for non-discrimination against gay people in federal law, including Carter, who wrote that he opposed “all forms of discrimination against individuals, including discrimination based on sexual orientation. As President, I can assure you that all policies of the federal government would reflect this commitment to ending all forms of discrimination.”³²

The focus on individual civil rights allowed gay activists to articulate a simple message that played well politically while also touching on key issues – federal employment, the extension of the 1964 Civil Rights Act, immigration law – of direct concern to the federal government. It also marked a way of highlighting the self-assurance of lobbying organizations keen to shed the image of gay rights as a radical throwback to the Sixties. Bruce Voeller, while recalling the origins of the NGTF in 1973, argued that “if we were to

³⁰ Bruce Voeller and Jean O’Leary to Jimmy Carter, 18 August 1976, Margaret Constanza Subject Files, Box 4, folder 14, Jimmy Carter Library, Atlanta, Georgia.

³¹ Voeller and O’Leary to Margaret Constanza, 3 May 1976, in *ibid.*

³² “As the hot air trial balloons soar, let’s look at where the prexy hopefuls stand on gay rights,” *The Advocate*, 10 March 1976; Jimmy Carter to Mark Segal of GAA Philadelphia, 3 September 1975, Records of the 1976 Campaign Committee to Elect Jimmy Carter, Jimmy Carter Library, Box 18, gay rights 1976 file. The six presidential hopefuls who expressed some support for gay rights to the *Advocate* were Birch Bayh, Jimmy Carter, Morris Udall, Fred Harris, Milton Shapp, and Sargent Shriver. George Wallace did not respond to the request for a statement, and Henry Jackson had gone on record in a 1975 interview as being strongly opposed to homosexuality.

have a viable national movement, it would need to have meaning for all gay people, not just the largely countercultural left who had been so effective in beginning our movement....Blue-denim elitism had founded our movement, but it had in fact lessened its appeal to many talented people with skill in public relations, law, media, legislation, fund-raising, etc. We needed, and continue to need, both militant activists and more conservative movement members.”³³ Speaking to gay journalist Randy Shilts at the Democratic Convention in New York in August 1976, Carter press office aide Charlie Graham said “I only have so much time in my life to be politically gay. The movement has to understand that there are those of us who want to work the establishment side of the street.” Arguing that backing a political winner, Carter, would lead to far more political progress for minorities than any other strategy on offer, Graham argued that gay “people are so used to being oppressed, they have a hard time being anything else.”³⁴

Yet it was not so much a convergence of strategy that brought together gay rights advocates and the Democratic Party at the national level in 1976 as it was a shared emphasis on policy issues tied to middle class respectability and individualism. A centrepiece of national Democratic strategy that year was a commitment to welfare reform and the value of productive work as the marker of citizenship. A draft advert for Daniel Patrick Moynihan’s Senate campaign in New York, which explicitly tied his candidacy to the Carter-Mondale ticket, proposed to “help you make ends meet again,” by reducing “the property tax burden of the working homeowner” and getting “welfare off your back” by shifting its cost entirely to the federal government (a policy Reagan would later endorse) to facilitate “a national rate of payment to discourage migration into areas where welfare benefits are more generous.” A further pledge, one of “cutting off welfare to any person able to work who declines a job,” was clearly seen as too brutal and amended in the draft to read “requiring welfare recipients able to work to take a job.”³⁵ But the overall direction of travel of the 1976 campaign was clear. The New York State AFL-CIO published a campaign leaflet with the banner headline “Jobs, Not Welfare” across the top.³⁶ Moynihan aides wrote

³³ “It’s Time,” special issue newsletter of the NGTF, 1976, Constanza files, Box 4, folder 18.

³⁴ Randy Shilts, “The gay presence at the Democratic Convention, *The Advocate*, 12 August 1976, Robert Malson files, Jimmy Carter Library, Box 7, folder 7.

³⁵ Draft advert “Carter-Mondale-Moynihan – they’ll help you make ends meet again,” Moynihan Papers, Library of Congress, Box 490, folder 3.

³⁶ “Jobs, Not Welfare” campaign leaflet for Carter-Mondale-Moynihan, Moynihan Papers, Box 490, folder 18.

a campaign speech for a labor audience in August to swing the vote away from more left-wing primary challenger Bella Abzug, arguing that “among the causes of New York’s crisis is this state’s welfare system, which places a crushing burden on our cities and counties and most of all on our families. It is a burden which has in the end hurt every working man and woman in this state,” a burden Abzug was unwilling to lift in not endorsing Moynihan’s welfare reform plans.³⁷ Moynihan’s campaign launch appealed for “a government that begins to recognize its own limits, to stop acting as if the American people were one huge social problem, and to start treating us as the competent, creative, and energetic people that we so manifestly are.”³⁸

Encoded in what historian Robert Self has termed “breadwinner liberalism” was a simplified archetype of the self-sufficient worker, buffeted by strong currents of economic decline, bloated taxes, and inflation.³⁹ Its erasure of social and class differences allowed politicians like Moynihan and Carter to integrate an undifferentiated category of “gay people” into a broader narrative of individual rights free from the intrusion of the state. The federal government, argued Moynihan in an exchange with NGTF member Robert Livingston in October 1976, “should treat gay people no differently from anyone else; both in its employment practices and in the guarantees extended to other citizens by federal law. And it means that the right to privacy of all American citizens must be upheld.”⁴⁰ The right to privacy paradigm offered certain gay rights advocates a route to respectable citizenship, in which their identity as political beings shaped by marginalization and exclusion could be shrouded from public view. “Almost everything of any significance [for gay rights] is being done behind the scenes,” argued *Advocate* publisher David Goodstein in early 1976, by people who wished to divorce queer politics from the radical performative protest of earlier years; he claimed self-appointed activist leaders “appear unemployable, unkempt, and neurotic to the point of megalomania,” a nod to toward the pathologized trope of the

³⁷ Moynihan for Senate labor speech, 12 August 1976, Moynihan Papers, Box 491, folder 3. The speech was not in the end delivered.

³⁸ Moynihan’s campaign launch quoted in a memorandum from Bill Kristol to Bill Hannay, 23 July 1976, “a summary refutation of the most common charges against Daniel P. Moynihan,” Moynihan Papers, Box 490, folder 5.

³⁹ See Robert O. Self, *All in the Family: The Realignment of American Democracy since the 1960s* (New York, 2012). See also Molly Michelmoré, *Tax and Spend: The Welfare State, Tax Politics, and the Limits of American Liberalism* (Philadelphia, 2012).

⁴⁰ Moynihan to Livingston, 12 October 1976, Moynihan Papers, Box 820, folder 12.

“welfare queen.”⁴¹ Goodstein had earlier claimed that the “gay population is diversified but tends to be more conservative than the average,” and confirmed his status as the *bête noire* of national gay politics with the statement in the *Advocate* (reproduced in an article in *Gay Community News* deeply critical of Goodstein) that most “homosexuals are upwardly mobile. Oh, there are a few angry losers, but most are affluent....You [*Advocate* readers] are employed and a useful, responsible citizen. You have an attractive body, nice clothes, and an inviting home.”⁴² It is important to stress that Goodstein, almost a caricature of the rich, well-connected political player, was widely disliked by many of those trying to forge a path to influence in the Democratic Party, and not just by the “unemployable and unkempt.”⁴³ Bruce Voeller of the NGTF sent the critical *GCN* piece about Goodstein to Carter’s domestic policy aide Midge Constanza, suggesting it “accurately reflects the attitude of a wide part of the gay community towards Mr G.”⁴⁴ Nevertheless, the concept of the queer American as a “useful, responsible citizen,” who would fit into a larger narrative of the modern liberal worker and member of the “middle class,” would recur when gay rights activists took their political message into the White House in 1977.

Making healthy citizens: LGBT politics in the Carter years

The NGTF’s overtures to the Carter campaign paid off when his domestic policy liaison Midge Constanza was given the green light to invite a group from the Task Force to the White House in March 1977. Constanza, former Vice-Mayor of Rochester, New York, and an integral part of Carter’s successful campaign in the Empire State, seemed an ideal figure to raise the profile of issues concerning gender and sexual dissidence.⁴⁵ The planks she put forward to Democratic Platform drafting committee prior to the 1976 Convention had mostly concerned issues of social and economic inequality, including the need for quality day care with subsidies for low income women, federally-funded family planning services, including the use of Medicaid funds for abortion, universal health coverage “without regard to sex, age, color, employment, or economic circumstance,” and support for gay rights by

⁴¹ Goodstein quoted in Robert Chesley, “Goodstein faces ‘unkempt, unemployable, neurotics,’ *Gay Community News*, vol. 4, no. 36, 3 March 1977, Constanza files, Carter Library, Box 4, folder 17.

⁴² Nancy Friedman, “Gay Power: From closet to voting booth,” *California Journal*, October 1975, 341-344; “Goodstein faces...” *GCN*, 3 March 1977.

⁴³ Randy Shilts, *The Mayor of Castro Street: The Life and Times of Harvey Milk* (New York, 2008), 156.

⁴⁴ Voeller note to Constanza with *GCN* clipping, 3 March 1977, Constanza files, Box 4, folder 17.

⁴⁵ Potter, “Paths to Political Citizenship,” 98.

adding “affectional or life-style preference” to each protected category of the Civil Rights Act.⁴⁶ Of these, only the pledge for universal health insurance made it into the platform, but Constanza’s evident commitment to gender and sexual equality suggested new possibilities for gay rights on the national stage inconceivable just a year earlier.⁴⁷ Carter later wrote in his diary that he had “been concerned about her involvement in the abortion and gay rights business, but she takes a tremendous burden off me from nut groups that would insist on seeing me if they couldn’t see her,” but even this indication of Carter’s bewilderment at the pace of social change at the time he assumed office still demonstrated an opening for gay rights advocates they were quick to exploit.⁴⁸

While the focus of the agenda for the meeting between NGTF leaders and Constanza and Domestic Policy staffer Robert Malson concerned employment, immigration, and civil service discrimination, the activists brought thirteen different policy issues to the White House on March 26th 1977, grouped under the relevant government department. “Health, Education, and Welfare,” was one of the issues for discussion. Constanza’s assistant predicted that the NGTF “will ask for more federal grants to go to Gay counselling, health and education groups. We can set up a meeting with policy secretaries in Education and Health parts of HEW.”⁴⁹ Presenting on this topic was Sacramento-based gay rights activist George Raya, a California lobbyist who had been instrumental in the successful effort to repeal the sodomy statute in California state law in 1975. A 27-year old former law student whose lobbying interests spanned Chicano rights and labor issues as well as gay rights, Raya had been “surviving on food stamps and income from blood plasma donations” before the *Advocate* began bankrolling his efforts to force the State legislature to reform its sex statutes.⁵⁰ His experience across a range of activist issues and his success as a lobbyist in California secured his place in the NGTF team.

⁴⁶ Constanza memo, undated, on 1976 Democratic platform, Constanza files, Box 4, folder 14.

⁴⁷ 1976 Democratic Party Platform, American Presidency Project.

<http://www.presidency.ucsb.edu/ws/index.php?pid=29606> (accessed 31 October 2017).

⁴⁸ Jimmy Carter, *White House Diary* (New York, 2010), 127: entry for 1 November 1977.

⁴⁹ Memorandum, Marilyn Haft to Margaret Constanza, 25 March 1977, “Meeting with the National Gay Task Force 26 March 1977,” Constanza files, Box 5, folder 16.

⁵⁰ Profile of George Raya “Not the typical lobbyist” in Nancy Friedman, “From closet to voting booth,” *California Journal*, October 1975, 344.

In preparation for the White House meeting, Raya compiled letters and testimonials from a range of academic and social service contacts about the health needs of sexual minority populations. The Director of the Kinsey Institute provided estimates of how many in the US population were homosexual. An anthropologist at UC Berkeley reported hostility on the part of the National Institute of Mental Health and other federal agencies towards research into same-sex sexuality. A gay activist at Meals on Wheels San Francisco wrote about the special needs of older gay people. Of particular interest for a presentation on health care were a letter from the Director of the Washington DC Gay Men's VD Clinic concerning chronic underfunding of STI research and treatment, and a statement from a former staff member of a sexual health clinic in San Francisco funded by the city's Gay Health Project, a CDC-sponsored program that had been terminated the previous year.⁵¹ Both the letter and statement pointed to the importance of government funding if sexually transmitted infections were to be tackled effectively, and also the growing mismatch between a heteronormative state and the demands of sexual minorities beginning to gain political and legal legitimacy for the first time. The federal Centers for Disease Control provided "much of the funding and staff positions at [San Francisco] City Clinic. Most of the clinic's management comes from CDC. They follow the CDC model for VD control – interviews, contact tracing, and paperwork. The model is used around the country regardless of community differences." Given the fact that 75% of clients at City Clinic were gay men, contact tracing was ill-suited to the city's sexual health needs. "It makes about as much sense to trace [a] gay person's sexual contacts for gonorrhoea as his contacts for a common cold," argued the former clinic worker. The CDC needed to adapt its surveillance policies to reflect the needs of different population groups. In addition, its funding of the Gay Health Project had helped reach far more gay men through innovative programs such as a mobile VD unit, but the project's termination threatened to reverse the progress made in tackling STIs.⁵² In a chillingly prophetic warning, the director of the Washington clinic noted that the "drastic slashing of CDC funds for combating VD is paralyzing VD control across the country, and an inevitable plague will hit in less than five years and strike with greatest

⁵¹ Paul Gebhard of Institute of Sex Research to NGTF, 18 March 1977; Clark Taylor of UC Berkeley to George Raya, 14 March 1977; Dorrwin Jones of Meals on Wheels to Raya, 10 March 1977; Robert Hewes, Director GMVDC to NGTF, 4 March 1977; statement from Mark Weisman of Gay Health Project, San Francisco, Constanza files, Box 28, folder 8.

⁵² Mark Weisman statement, Constanza files, Box 28, folder 8.

destructiveness gay men....This foolhardy trend of 'saving' money must be radically turned around....Gay men's VD clinics in every major city, with few exceptions, have had real opposition from local public health departments. Our clinic here is a dramatic case in point. We need a special department at CDC with massive funding to encourage the clinics presently in existence and assist in establishing others in every metropolitan center."⁵³ Integrating sexual minorities into the nation's public health infrastructure, both in terms of harnessing state funds and recalibrating health policy away from a purely heteronormative medical model, was the central message of gay health professionals on the ground, a message they hoped would shape the discussion in the White House.

Yet Raya's report for the meeting with Constanza and Malson barely made any mention of these issues, other than a brief reference to the need for HEW's Office of Volunteer Development to "begin an outreach program to counsel gay service organizations on maximum utilization of their volunteers." Raya's report noted that the massive reliance of LGBT people on volunteer groups was "created by the failure of existing agencies and programs," but he made no recommendation for a major injection of public resource into the sexual health infrastructure. Instead, Raya focused on the possibilities offered by government-funded research to dispel stereotypes of sexual minorities and to construct a positive public image of queer Americans. "The freedom of all of us is limited," wrote Raya, "as long as stereotypes about homosexuals persist and we do not feel free to do what we want for fear we will be thought to be homosexual." Research into different aspects of the homosexual experience (there was no mention of varieties of sexual dissidence) would help establish gay Americans as legitimate citizens, a political project requiring a focus on markers of respectability such as "job history and occupational performance," "family dynamics," and "personality factors." Raya urged HEW to develop a "taxonomy of homosexual experiences and behavior" that would "cover the total range of homosexual phenomena. This range should include homosexual individuals who do not come into contact with medical, legal, or other social control or treatment sources and who therefore have been least studied."⁵⁴ To Raya, health as public policy was as much about defining healthy, normative individuals as it was providing health care and understanding the special

⁵³ Robert Hewes to NGTF, 4 March 1977, Constanza files, Box 28, folder 8.

⁵⁴ George Raya report on Health, Education, and Welfare for the 26 March 1977 White House meeting, Constanza files, Box 28, folder 8.

health needs of sexual dissidents. Indeed, a focus on treatment needs and on the inadequacy of the nation's cumbersome health care system for LGBT people risked perpetuating notions of sexual minorities as marginalized, as well as effectively donning the mantle of the "welfare queen," heading to the White House as an economic supplicant. Such a focus would also acknowledge the reality of the sex act as a marker of sexual identity, and highlight the variety of lived experiences of queer subjects carefully shrouded under the increasingly respectable category of "the gay community."

Given that the NGTF aimed to pressure the Carter administration to end discrimination in areas such as tax policy, civil service employment, the Department of Defense, and immigration policy, it was imperative that the themes of respectability and normativity be stressed if they were to gain credibility. Carter aide Bob Malson's notes of the meeting simply reported that Raya "focused on the lack of sensitivity of HEW, and its inability to deliver social services to the gay community," but it was clear that those present – on both sides of the table – did not want to make sexual health a dominant theme.⁵⁵ The reports on the various policy issues, including Raya's, were "passed on to the appropriate people on the Domestic Policy Staff," but it soon became clear the HEW report would not occupy a central place in the administration's policy around gay rights issues.⁵⁶

The NGTF meeting took place in the context of an administration increasingly wedded to "cost containment" as its flagship health care policy, to "welfare reform," and to cutting overall spending in an effort to combat high inflation. Carter had committed himself to some form of national health insurance during his campaign, and the administration periodically and hesitantly reaffirmed that commitment once in office, but it quickly became clear that the political and economic climate would not be favorable.⁵⁷ The President's Council of Economic Advisors produced a fairly damning assessment of HEW's lead agency memorandum launching the plan in May 1978, arguing that one key aim of the plan, that of

⁵⁵ Bob Malson notes of the NGTF meeting, 26 March 1977, Domestic Policy Staff, Bob Malson files, Carter Library, Box 7, folder 6.

⁵⁶ Constanza to Carter, 8 April 1977, "Report on the March 26 1977 meeting with the National Gay Task Force," Constanza files, Box 7, folder 6.

⁵⁷ "Carter on National Health Insurance," Domestic Policy Staff, Jim Morgan and Joseph Onek Subject files, Carter Library, Box 31, Health Services Administration file; Jim McIntyre to Carter, 6 April 1978 re meeting with Senator Kennedy and organized labor, Morgan/Onek files, Box 46, National Health Insurance – agency memorandums [2] folder.

“mandating a substantial and comprehensive increase in benefits and medical expenditures for noncatastrophic health care” to those ineligible for government programs but not covered by good health insurance through employment (a category into which a disproportionate number of LGBT Americans fell), was “relatively low on the list of immediate national needs.”⁵⁸ Without votes in Congress to mitigate the divisions within the administration, HEW Secretary Joseph Califano was left to devote much of his Department’s energy to efforts to force health care providers to curtail their prices, a fruitless effort dressed up as a way of saving money for both government as purchaser of health care and for private insurers and their customers ahead of a possible future push for national health insurance.⁵⁹ Much of this effort required Carter administration officials to court business leaders and to frame the health care debate “from the perspective and in the language of businessmen,” portraying government as a facilitator of private initiative.⁶⁰ One Carter advisor painted hospital cost containment plans as a way of promoting “more vigorous market forces and expanded individual choice,” and noted that Senator Edward Kennedy’s decision to challenge Carter from the left in the 1980 primary offered the opportunity to “clearly distinguish the President from the Senator’s highly governmental approach, but more importantly, our approach could directly appeal to voters as a way to control costs, give them greater individual choices and, most important, get government out of their hair in a way consistent with the President’s existing efforts at deregulation.”⁶¹ Different factions within the Carter White House disagreed vehemently over the extent to which meaningful reform of the health care system was possible or even desirable, but they all seemingly agreed that a state-centered approach ran contrary to the political currents of the time.

In this context, although the NGTF met representatives of the Carter administration several times between 1977 and 1980, and lobbied frequently for even more representation

⁵⁸ Charlie Schultze of the CEA to Health Secretary Joseph Califano, 2 May 1978, Morgan/Onok files, Box 46 NHI agency memorandums [1] folder. The different federal departments under Carter had widely divergent views of National Health Insurance, with Labor and HEW pushing the idea and the OMB, Department of Commerce, and CEA strongly against. See letters from these departments in the same folder.

⁵⁹ Califano speech to Consumer Federation of America, 9 February 1979, Landon Butler Subject files, Carter Library, Box 101, Hospital cost containment task force 1979 folder.

⁶⁰ Larry Gage to Dick Moe, “Recruiting business support for hospital cost containment,” 27 February 1979, Office of Chief of Staff files, Carter Library, Box 175, folder 11.

⁶¹ Bruce Mansdorf to Bob Berenson, “Presidential decisions to promote more vigorous market forces and expanded individual choice,” 29 January 1980, Domestic Policy Staff, Robert Berenson files, Carter Library, Box 12, folder 1.

at domestic policy briefings and White House events, the March 1977 meeting was the first and last time health care was on the agenda.⁶² A member of Carter's White House staff proposed in early 1980 inviting NGTF representatives to briefings, "the health insurance ones in particular," but the topics the NGTF brought to the table in meetings at the White House in the fall of 1977 and late 1979 related to civil service and immigration discrimination, areas not only more likely to gain traction with the Carter administration but also better aligned to the promotion of gay Americans as productive citizens.⁶³ Certainly the administration saw its relationship with gay political advocacy in these terms. "Gay people are being drawn into the everyday routine decisions of government, are being accepted as part of the political community," argued domestic policy staffer Bob Malson in May 1980. He identified policy areas, such as federal employment, that linked political legitimacy to markers of middle class respectability. "The IRS has granted tax-exempt and tax deductible status to gay organizations," Malson noted. "Though no changes in the regulations were required, the IRS had moved slowly on this until the Administration brought in a changed attitude towards gays. The IRS action has practical benefits and indicates the increased legitimacy with which gay organizations are treated."⁶⁴ NGTF leaders attending a White House meeting to present a petition on gay rights in December 1979 highlighted exactly the same issues, eliding important socio-economic divisions within sexual minority groups. "I think that progress was made on important issues including employment, where the administration is now aware of a number of our concerns," reported Lambda Legal Defense and Education Fund President Margot Karle, who attended the White House meeting. "I think there will be significant policy and legal changes which will benefit all lesbians and gay men."⁶⁵ In a domestic policy meeting that same month, Carter officials wondered about

⁶² For an example of NGTF lobbying, see Jean O'Leary and Bruce Voeller to Carter, 26 December 1978, annoyed at not being invited to a White House conference on human rights, Office of Anne Wexler files, Carter Library, Box 200, gay rights file; Allison Thomas to Mike Chanin, 11 February 1980: "Gays across the country are also feeling neglected...This feeling of neglect extends into the area of White House social events." Anne Wexler subject files, Box 34, NGTF folder.

⁶³ Thomas to Chanin, 11 February 1980, *ibid.*, Marilyn Haft to Constanza, 14 October 1977 re US Commission on Civil Rights meeting with National Gay Task Force, October 12 1977, Constanza files, Box 22, folder 16; Allison Thomas to Anne Wexler, 18 December 1979, re meeting with NGTF 19 December, Robert Malson files, Carter Library, Box 8, folder 2.

⁶⁴ Bob Malson to Administration staff, 20 May 1980, re talking points on gay issues, Assistant to the President on Women's Affairs files, Carter Library, Box 68, gay issues folder.

⁶⁵ NGTF press release, 21 December 1979, "White House receives gay rights petition, discusses Presidential Executive Order," Bob Malson files, Box 8, folder 2.

making reference to sexual orientation in the 1980 State of the Union address, but in terms associating civil rights with individual freedom from state oversight: “where [the] speech addresses American goals for the 1980s, the language discussing the goal of a just society should specifically refer to lesbians and gay men. Alternatively, the goal of respect for individual right to privacy could be framed to specifically include freedom from intrusion by the government and private sector in matters that are based on private consensual behavior.”⁶⁶ The transformation of Democratic politics from Great Society liberalism to individual rights liberalism was clear. The notion of “privacy” was a euphemism for a new closet, one that hid from view the varieties of sexual dissidence beneath a simplified paradigm of “gay rights.”

Gay rights and the Carter campaign in 1980

The relationship between the Democratic Party and the national gay rights movement was cemented during the 1980 campaign. The NGTF and a set of other activist groups formed a “National Convention Project” to ensure a gay rights plank was inserted into the party platform for the first time. The group produced a document, “Gay Rights Issues at the Federal Level,” which listed only three items: federal employment, immigration and naturalization, and non-governmental discrimination.⁶⁷ Recognizing the growing power of gay political operatives in California, and keen to ensure they delivered Carter’s renomination over Ted Kennedy, his domestic policy aides Allison Thomas and Bob Malson flew to the Golden State in May 1980, and noted the lack of ideological fervor of some of the key players, especially in Los Angeles.”⁶⁸ The administration increasingly viewed prominent gay rights leaders still loyal to Carter as bound to him by their shared antipathy to the kind of redistributive left politics characteristic of the Kennedy campaign. Carter policy advisor Anne Wexler urged Vice President Mondale to drop in on an ACLU gay rights dinner in LA, arguing that “the Los Angeles gay community is more sophisticated politically

⁶⁶ Notes of White House staff meeting with Allison Thomas, Bob Malson, Diana Rock, Mike Chanin, 10 December 1979, Malson files, Box 7, folder 1. The final State of the Union address made no mention of civil rights beyond the single sentence “We will never abandon our struggle for a just and decent society here at home.” See State of the Union address, 23 January 1980, www.presidency.ucsb.edu/ws/?pid=33079 (accessed 9 November 2017).

⁶⁷ “Gay rights issues at the federal level,” National Convention Project, Malson files, Box 7, folder 4.

⁶⁸ Allison Thomas to Anne Wexler, 13 May 1980, re meetings in California with leaders of the gay community, Office of Congressional Liaison files, Box 177, gay rights California folder.

than the San Francisco community – fewer gays exist and those that are active are wealthier, more established (many are in the closet at work), and more conservative. What this means is that those attending the dinner will react more positively than a San Francisco audience to the Vice President and will listen to what he has to say.” To allay fears that Mondale’s appearance might cause divisions in the party, she noted that “our positions on issues relating to gays are based...purely on human rights,” and were “to the right of Ted Kennedy and John Anderson.”⁶⁹ In essence, she viewed many gay rights advocates as easily seduced by promises of a seat at the political table and as suspicious of radical politics that could derail their steady march to respectability.

Wexler was right that queer communities with a longer history of access to political power and a strong association with wider minority and anti-poverty movements, such as in San Francisco, were far less enamored by the Carter administration. The Harvey Milk and Alice Toklas gay Democratic clubs in the city published a rousing and forthright endorsement of Ted Kennedy ahead of the California primary, signed by some of San Francisco’s most prominent gay figures, in which they explicitly tied their enthusiasm for Kennedy to Carter’s failure to pursue liberal policies at home and abroad. The statement excoriated Carter for his stance on women’s rights, including the thorny question of Medicaid funding for abortions for the poorest women, and attacked his record on social policy. “Candidate Carter, like any good Democrat, promised to support the cities, the poor, minorities, and labor. But President Carter’s budget out-Republicans the Republicans, requiring massive cutbacks in jobs, social programs, and aid to cities,” they claimed. “Senator Kennedy has been a forthright voice against the draft and nuclear power and in support of the poor, the workingperson, the disabled, and the elderly. He has fought for national health insurance, gun control and cuts in defense spending. He supports controls on wages, prices and profits to control inflation.” The statement highlighted Kennedy’s support for a gay rights plank in the party platform and for an Executive Order banning discrimination against LGBT people, but only towards the end, viewing discrimination through a wider lens incorporating class as well as individual rights.⁷⁰

⁶⁹ Anne Wexler to Chip Bishop, re VP drop-by at ACLU dinner, 15 May 1980, in *ibid*.

⁷⁰ Toklas and Milk Clubs mailer, 1980, Office of Congressional liaison files, Carter Library, Box 177, Gay Rights California folder.

This was a minority view among gay activists, especially once Kennedy was no longer in the race. The National Convention Project and most key figures in the NGTF tried to push the administration further on anti-discrimination issues by pointing out the political alternatives on the right whose anti-government message might include antipathy to overt discrimination. Carter campaign chairman Robert Strauss wrote to NGTF co-chairs Charles Brydon and Lucia Valeska in March 1980 to seek their endorsement, and their response, while positive, lamented the lack of progress on civil service reform and the absence of an explicit gay rights plank. They noted the candidacies of wildcard liberal Republican John Anderson and Governor Jerry Brown of California (oddly ignoring Kennedy), but even argued that Reagan “has a record of actively defending gay teachers during the unsuccessful 1978 California anti-gay rights campaign (the Briggs initiative). We believe that it is in the interests of lesbians and gay men...to carefully evaluate the positions of all candidates and make a decision on the basis of both performance and rhetoric.”⁷¹

Thomas Bastow, co-chair of the National Convention Project, went further, writing the research director of the Carter-Mondale campaign in April that gay voters were disillusioned with Carter, an assertion he claimed to prove by enclosing an editorial from *Gay News* headed “Reagan for President?” The editorial qualified the sensationalist headline, but argued that “Ronald Reagan is no worse than the others. After all, ‘getting government off our backs’ is the implicit argument in sodomy law repeal.”⁷² Bastow portrayed gay voters as political consumers who needed to be targeted as respectable citizens with individual rights. “Most gay people do not perceive Ronald Reagan as a threat even though he has assiduously courted the right-wing fundamentalist vote,” he wrote. “I have found a widespread appreciation within the gay community for Reagan’s personal, forthright and articulate opposition to California’s Proposition 6...Reagan supporters argue that gay rights advocates would fare about the same under Reagan as under Carter: the President would maintain a hands-off attitude, and some appointees – in this case libertarians rather than liberals – would make headway against discrimination.”⁷³ Left unspoken was the privileging of cisgender men, who fit the mould of the middle class

⁷¹ NGTF press release, 6 March 1980, “Carter appeals for gay support,” Bob Malson files, Box 7, folder 9.

⁷² Thomas Bastow to Martin Franks, 14 April 1980; “Reagan for President?” *Gay News*, 21 March-April 3 1980, Bob Malson files, Box 7, folder 10.

⁷³ Tom Bastow to Martin Franks, nd, “Impact of the gay vote on the Presidential election in November,” Malson files, Box 7, folder 4..

employee whose sexual identity could be hidden from view more closely than other sexual dissidents.

From Carter to Reagan

The election of Ronald Reagan as President in November 1980 marked the dramatic acceleration of a political assault on the nation's rudimentary social safety net that had already begun in the late 1970s. The Reagan administration slashed federal contributions to Medicaid, including implementing the ban on transgender treatments, tried to dismantle the Social Security system, and eagerly expanded efforts to throw thousands of people off the disability benefit rolls. It chronically underfunded agencies such as the Centers for Disease Control. The political context in which the AIDS crisis unfolded could not have been worse for those needing treatment. The advent of AIDS forced gay activists to embark on a new and urgent political campaign that centered the health needs of sexual minorities and highlighted the homophobia of both public and private health systems determined to limit their liability for tackling the crisis. New activist groups such as the Gay Men's Health Crisis and Mobilization Against AIDS lobbied the federal government to devote more resource to AIDS research and treatment. The NGTF formed an AIDS Program in late 1982, hired Washington lobbyist Jeff Levi, and soon claimed to have "achieved notable breakthroughs in persuading the executive branch of the federal government – specifically the Department of Health and Human Services and its relevant subdivisions...to increase allocations for AIDS research."⁷⁴ LGBT politics now needed the state to step in if a major public health crisis was to be tackled.

As we have seen, however, the question of the specific health needs of queer Americans was not new in the early 1980s, and had shaped a good deal of gay activist politics at the local level over the preceding decade or more. The National Gay Task Force was hardly ignorant of health care issues: founding member Howard Brown had worked as New York City's Health Services Administrator under Mayor John Lindsay, and Walter Lear worked in the Pennsylvania Department of Health, founded the Caucus of Gay Public Health Workers to lobby the American Public Health Association, and solicited support for the caucus in a letter in the late 1970s claiming that the "gay health movement is coming out of

⁷⁴ Overview of NGTF AIDS Program, NGLTF Records, Box 117, folder 5.

the closet. Local gay health groups and gay health services...are the core of the gay health movement."⁷⁵ The growing network of clinics and community centers required local, state, and federal funding and served often underprivileged populations. There was an undeniable bridge from anti-poverty politics to the politics of sexuality in the 1970s that helped maintain a spirit of Sixties radicalism in cities like San Francisco and suggested LGBT politics could be a crucible of leftist activism and a challenge to neoliberalism.

Gay activism gained traction in the Democratic Party at the national level at the very moment the party was moving away from Great Society liberalism and recovering from the disastrous Presidential bid of George McGovern in 1972. NGTF leaders mirrored the Carter White House in downplaying questions of poverty and inequality in favour of notions of individual civil rights and respectability as productive citizens. The image of the gay American as a model consumer citizen extended to their political identity by the 1980 campaign, as the NGTF portrayed the choice between a range of right-wing candidates for national office as a case of picking the one who promised to enhance their personal rights and remove state sanction over their individual freedoms. The mainstreaming of gay rights on the national stage took place in the context of the delegitimizing of the welfare state and the rise of anti-government animus in American political life. This partially explains the slowness of much AIDS activism to recognize the racial and class dimensions to the AIDS crisis, with one activist in 1991 claiming to be "stunned that ACT UP has sat back and not reacted to the budget cuts in Medicaid in New York State...Poor people, children, people on Medicaid – that's who's not getting care. The [ACT UP] insurance committee doesn't want to deal with it because it's too messy."⁷⁶ The emphasis on respectability and the NGTF's role as responsible political brokers in their dealings with the Carter White House and the Democratic Party were hardly surprising given Carter's religious beliefs and the continued popular antipathy toward sexual minorities. Questions of health care rested on LGBT people as sexual beings, something the administration was reluctant to consider, rejecting what they termed "homosexuality as a lifestyle."⁷⁷ Contrasting local queer health politics at the local level with national activist strategy in the Carter years demonstrates the ways in which

⁷⁵ Walter Lear form letter, nd, Gay Health Project information packet, GLBT Historical Society, San Francisco.

⁷⁶ ACT UP Treatment and Data meeting, 18 March 1991, ACT UP Boston Records, Northeastern University, Boston, Box 4, folder 34.

⁷⁷ Robert Maddox, Carter's Assistant for Religious Liaison, to Mark Paul Pierpoint, 2 September 1980, Anne Wexler files, Box 105, folder 12.

the dwindling ambition of American liberal politics damaged the prospects for many sexual dissidents to gain a voice in political debate. Very few LGBT Americans were represented in the mainstreaming of “gay rights” at the dawn of the Reagan era.