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Queer Survival Amidst HIV/AIDS, COVID-19 and Homelessness

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Queer Survival Amidst HIV/AIDS, COVID-19 and Homelessness

A comparative analysis of the moralization of disease and body in queer homeless youth populations in the United States of America: 1980-2021

Julia Young

Senior Thesis in "Queer Health Justice"

Submitted to Dr. Urmi Engineer Willoughby in partial fulfillment for the degree of Bachelor of Arts at Pitzer College, May 2022

To all who foster community care in times of pandemic and crisis. Thank you.

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This thesis contains mentions and descriptions of sexual and physical violence, explicit and derogatory language. Some of the content in this thesis may upset the reader and/or trigger an emotional response. Please proceed with care.

The Story: Told by Zine

Queer Survival Amidst HIV/AIDS, COVID-19 and Homelessness

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1980-2021

A thesis by Julia Young in partial fulfillment for the degree "Queer Health Justice" at Pitzer College, 2022.

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The following terms will be used throughout my analysis.

Queer is an umbrella term for those who are not heterosexual or cisgender; any deviation from heteronormativity falls under 'queer.' For example, when asked of their sexuality, a woman who has sex with women, may say, "I am queer."

Youth is in reference to individuals ten to twenty-four. Street youth is then in reference to youth that are homeless.

The "at-risk" identity describes a person or peoples whose identity and lived-experiences have increased their engagement in behaviors that expose them to disease and illness, such as HIV and SARS-CoV-2 infection. This terminology has been widely used across public health spectra and has entered into the common vernacular in the United States of America. It is typical for people to be described as "at-risk" for various conditions, however in this thesis it will pertain to the risk of HIV and COVID-19 infection.

Homelessness is in reference to the state of lacking "a fixed, regular, and adequate nighttime residence." If a person sleeps "in a shelter designated for temporary living accommodations or in places not designated for human habitation" they are homeless.

Deservedness is the societal condition in which engagement in risky behaviors allows the public to place blame and responsibility on an individual, thereby moralizing the contraction of a deadly disease. Deservedness is the state in which society deems an individual deserves a disease or illness and its consequences due to identity and engagement in risky behavior. The construction of deservedness is dangerous as it socially absolves those with governing power from making public health decisions, such as funding accessible, queer-friendly safe housing, and instead places the blame of disease on the marginalized.

Syndemic is a model of health that aggregates two or more concurrent or sequential epidemics in a population. This considers comorbidity, as well as the environmental and social factors that impact disease interaction. Syndemic theory provides a model for studying these relationships, while the term syndemic also refers to the relationship/interaction between diseases and social conditions.

The treatment and survival of a society's marginalized peoples reveal the true impacts of a pandemic. An analysis of homeless queer youth during the HIV/AIDS and SARS-CoV-2 crises lays bare the systemic failure of the United States government to provide equitable healthcare.

This thesis demonstrates and catalogs health accessibility needs for queer homeless youth that have persisted for forty years and through two major pandemics. I provide a new comparative analysis on syndemics in queer homeless youth populations in the United States of America to demonstrate the similarities between HIV/AIDS and COVID-19 moralization and responsibility politics. I did not write "Queer Survival Amidst Syndemic" to simply document the many atrocities and harms perpetrated against queer youth thereby reducing their existence to vulnerability and survivorship. Nor is the point to paint a picture of innocence and infantilize the true-life experiences of queer homeless youth. This thesis exists as an effort to gather and chronicle decades of research to amplify the contemporary needs of queer homeless youth in 2022.

1. The Historical context of queer youth homelessness

2. Comorbidities explained with syndemic theory

3. The moralization of disease, the "at-risk" identity, and the construction of deservedness. HIV compared to COVID-19.

4. What's next ???

The path forward

Queer homeless youth in the 1980s to the 1990s faced the unique combination of HIV/AIDS, drug and alcohol addiction, mental illnesses, and tobacco use. Each syndemic factor interacted with one another, impacting suffering and truncated life. This has continued to the present day with the introduction of the COVID-19 pandemic.

Pandemic #1

HIV/AIDS

The HIV/AIDS epidemic began in June of 1981. Though the earliest confirmed case was in 1968, it took a cluster of rare and aggressive "cancer" cases in Los Angeles and New York City to spark doctors' attention. On June 16th the very first AIDS patient, a young gay man, was admitted to the Clinical Center of the National Institutes of Health (NIH) where he later died. At the beginning of the pandemic, the "four H's" were believed to be susceptible: hemophiliacs, homosexual men, heroin users, and Haitians. This misguided belief was wildly and harmfully inaccurate, laying the foundation for the pervasive discrimination that still surrounds HIV/AIDS and impacts housing accessibility and stability today.

Pandemic #2

COVID-19

In December 2019, scientists discovered a novel coronavirus in Wuhan, China. The virus SARS-CoV-2, now notoriously known as "COVID-19," rapidly spreads through droplets that are projected from a person's mouth or nose. The virus has a spike protein that attaches to a human cell and infects the human host, causing symptoms such fever, cough, tiredness, shortness of breath, chills, and chest pain. In early 2020, fatal cases of SARS-CoV-2 spread around the world and in March of 2020 the World Health Organization (WHO) declared a global pandemic.

The epidemic of homelessness that so disproportionately impacts queer youth arose from a weakening of national welfare, the interaction of comorbid drug and alcohol addiction, mental health struggles, and social ostracization in various and violent forms.

A synergistic relationship for the persistence of homelessness in queer homeless youth populations is found by grouping together proximate causes (poverty, ethnicity, racism), systematic failures (including sexual abuse, foster care, discrimination, stigma, family), and experiences during homelessness (HIV, survival sex, sex work, shelter inaccessibility). Homelessness cannot be simplified into *just* unemployment, or just discrimination, or as commonly told, just because of drug use. Instead, it is necessary to recognize the many factors of how and why folks become and stay homeless.
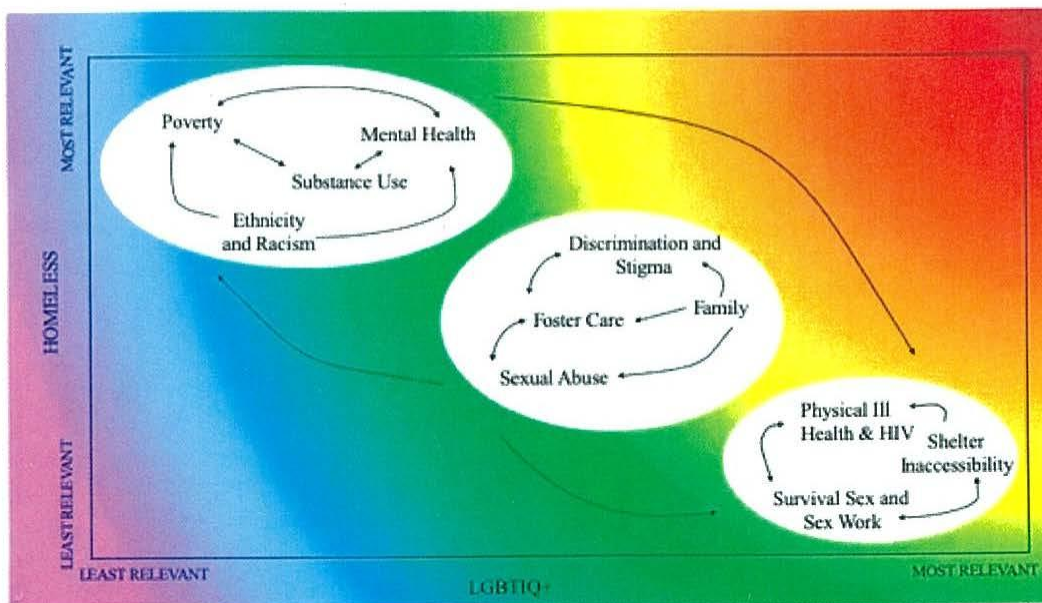
[Intersections of queer identity + experiences of homelessness. The overlapping nature shows a need for an intersectional approach to preventing homelessness.

The understanding that deviance from heterosexuality may be a causal factor for homelessness introduces the need for a deeper analysis of what social and cultural factors are influential in displacement. Rampant homophobia impacted queer youths' abilities to feel safe both at home and in traditional homeless shelters.

So, why did queer youth become homeless? Rampant homophobia has impacted queer youths' abilities to feel safe both at home and in traditional homeless shelters.
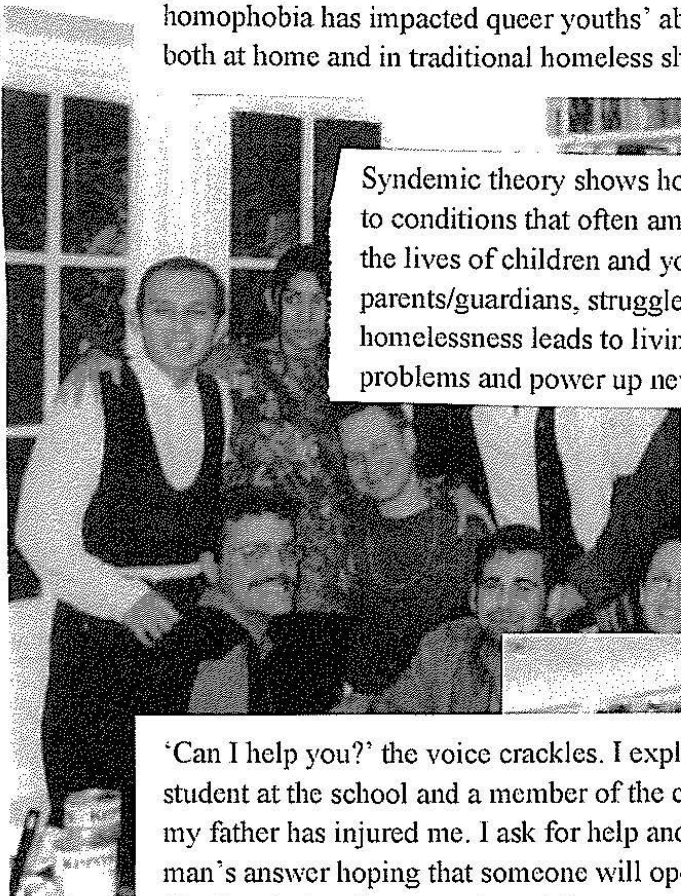
Syndemic theory shows how homelessness "opens the door to conditions that often amplify problems already in play in the lives of children and youth (e.g., abuse at the hands of parents/guardians, struggles in school). More expansively, homelessness leads to living conditions that fuel existing problems and power up new ones."

'Can I help you?' the voice crackles. I explain how I am a student at the school and a member of the church, and that my father has injured me. I ask for help and wait for the man's answer hoping that someone will open the front door. Finally, the box hums again and the man says,

'Go away. No one here will help you.'

Booh Edouardo, recounting their abandonment.

Here, deviance is in the public display of domestic violence as well as in their gender discretions.
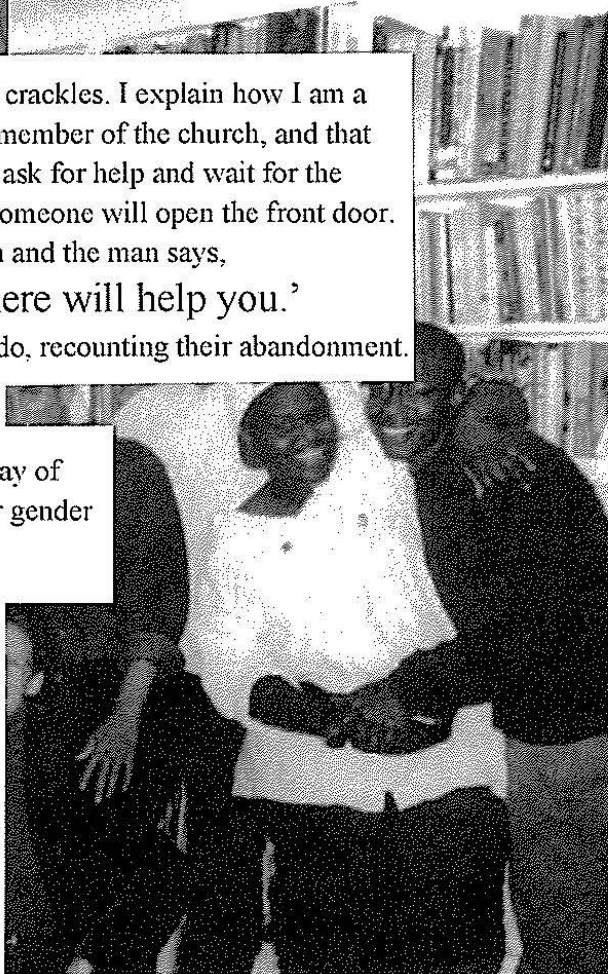
So, the next day when I come home, my mom has breakfast ready. She fixes my breakfast: orange juice, steak, eggs, the whole nine yards… and she's calm at this point. Then she slams my plate on the table and says 'I hope you enjoy it because this will be the last mother-fucking meal you ever eat in this house, you fucking faggot!' …. The last thing she told me was 'I should have let your stepfather <u>kill</u> you, but I figure that a faggot won't amount to anything.' So, I took my bags and life and I've been gone ever since.
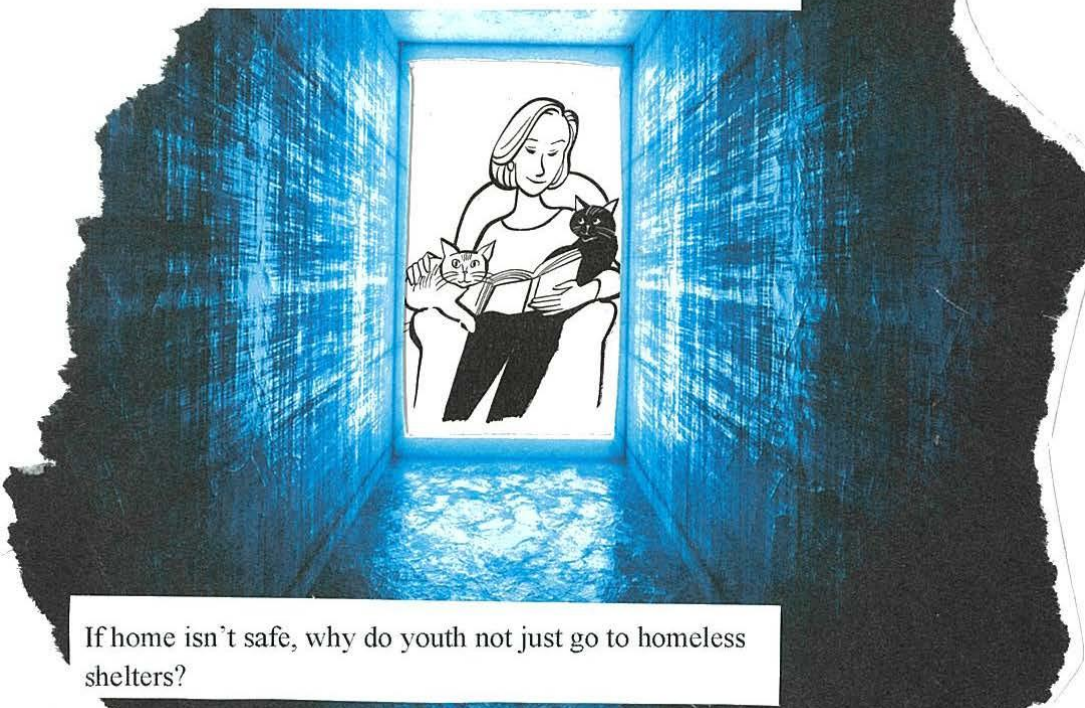
If home isn't safe, why do youth not just go to homeless shelters?

Well… outside of the home, homophobia & social stigma towards queerness, intensified by HIV/AIDS stigma impacted how youth were treated in homeless shelters. For years youth have reported physical, sexual, & mental abuses at shelters, perpetrated both by residents + staff. There is a lack of resources available to queer homeless youth due to uncertain safety in shelters.

It is not *just* that there are few shelters available for homeless youth, but that within the few, many are unsafe due to histories of homophobia.

Brandon Andrew Robinson introduces the **queer control complex**, which maps how "institutions and institutional actors' police and criminalize expansive expressions of gender and signs of homosexuality." Homeless shelters may have dress codes, codes of conduct that restrict language, and punishments for "gender transgressions" that inhibit the ability for queer youth to authentically live and survive. If youth rebel against these restrictions they may be put out onto the streets, forcing them to engage with survival sex to simply live or using drugs and alcohol to cope with systematic rejection.

The homonormative governmentality and queer necro politics (accepting some queer folks and violently ostracizing others) impact the likelihood of youth becoming homeless or remaining in unstable and transient housing. The shelters that police assumed nonheterosexuality act as fundamental causes for youths increased susceptibility to homelessness and vulnerability to the comorbidities that accompany homelessness.

Okay, well there are other systems of support. Why don't queer youth go to (or remain in) foster care?

While in the system, many foster youths are abused, discarded, or passed around. Alaina, nineteen-year-old white Hispanic lesbian in Texas, remembered her placement in a psychiatric hospital after her foster parent's found out that she is queer. "'Cause I was with a girl still, [the foster parent' didn't want me there. She ended up putting me in a hospital in Dallas. Usually when we act up, and they don't want to deal with us no more, **they put us in a hospital**."

What little autonomy foster youth do have as wards of the state may be completely dissolved once they are deemed undesirable or uncontrollable.

So - we have established that queer youth homelessness is a consistent problem that arises from the criminalization of poverty, systems of oppression such as homophobia, and the stigmatization of disease.

understanding the nuances of why so many queer youths are homeless provides - framework for the existence of syndem w/in queer homeless youth population

Queer youth homelessness positions youth to be at risk for many physical ailments. The discussion of syndemic, the aggregation of multiple epidemics in a population due to environmental and social factors that impact disease interaction, lays the foundation for why queer youth have been disproportionately impacted by HIV/AIDS and COVID-19. However, it is not that homelessness causes drug abuse, and then drug abuse causes infection, and that infection causes mental health struggles, but that the relationship between these epidemics is multi-directional.

This is "Life," a queer youth who was homeless for over 7 years, and advocated for resources & funding for queer homeless shelters.

The interaction and simultaneous presence between diseases and medical conditions in a patient are known as comorbidities. These comorbidities alter the overall health and mortality of a population and exist within the framework of syndemic; the impact of co-existing conditions illuminates why syndemics have the potential to be so devastating.

Queer homeless youth populations are impacted by the interactions between drug and alcohol abuse, mental illness, smoking, and the HIV/AIDS and COVID-19 pandemics.

Social conceptions of queer homeless youth impact their vulnerability and susceptibility to disease as well as impact resource allocation. However, before understanding the ways that queer health and bodies are moralized, it is imperative to understand the public health environment that queer youth have existed within for forty years.

Mental Health Struggles

In homeless populations queer youth are disproportionately likely to suffer from chronic mental illnesses, such as depression. A Department of Health and Human Services report on HIV from 1990 found that street youth were twice as likely to suffer from a chronic disease compared to their housed counterparts and 89% of HIV+ youth either attempted suicide or engaged in suicidal ideation. Queer youth have consistently been found to have high rates of mental health issues.

Among homeless queer youth, gay-identifying males were more likely to have internalization, which is internalizing societal norms such as heterosexuality into outward identity, while lesbian-identifying females "were more likely to have symptoms of post-traumatic stress disorder, suicidal ideation, suicide attempts and substance abuse" when compared to their heterosexual counterparts.

This is important when recognizing that the relationship between trauma and abuse is bidirectional; that is to say homelessness may be a consequence of trauma.

At the age of fourteen, in 1988, my sister Elaine kicked me out of the house for a lot of reasons. The first one was because my sister Linda, next to me, kept on talking shit about our family, then blamed me. The second was because of my grades, and the last one was because I was a lesbian. Elaine came home and caught me and my girlfriend Anthony in my room, so we left. I went to the hospital for four months and twelve days for drinking bleach.

Shared by a youth, Kym, in Los Angeles, CA. Here, tense family relations and ostracization due to sexual identity constructed a "perfect storm" for Kym's mental health crisis.

The Interpersonal Theory of Suicide (IPTS) explains that suicidal ideation is influenced by thwarted belongingness (feeling that one does not belong to meaningful relationships and groups) and perceived burdensomeness (that one is a burden on others).

Thwarted belongingness can arise from loneliness due to bullying and/or victimization, and perceived burdensomeness is realized through self-hatred and feelings of liability. This is particularly experienced in relation to "coming out" as queer.
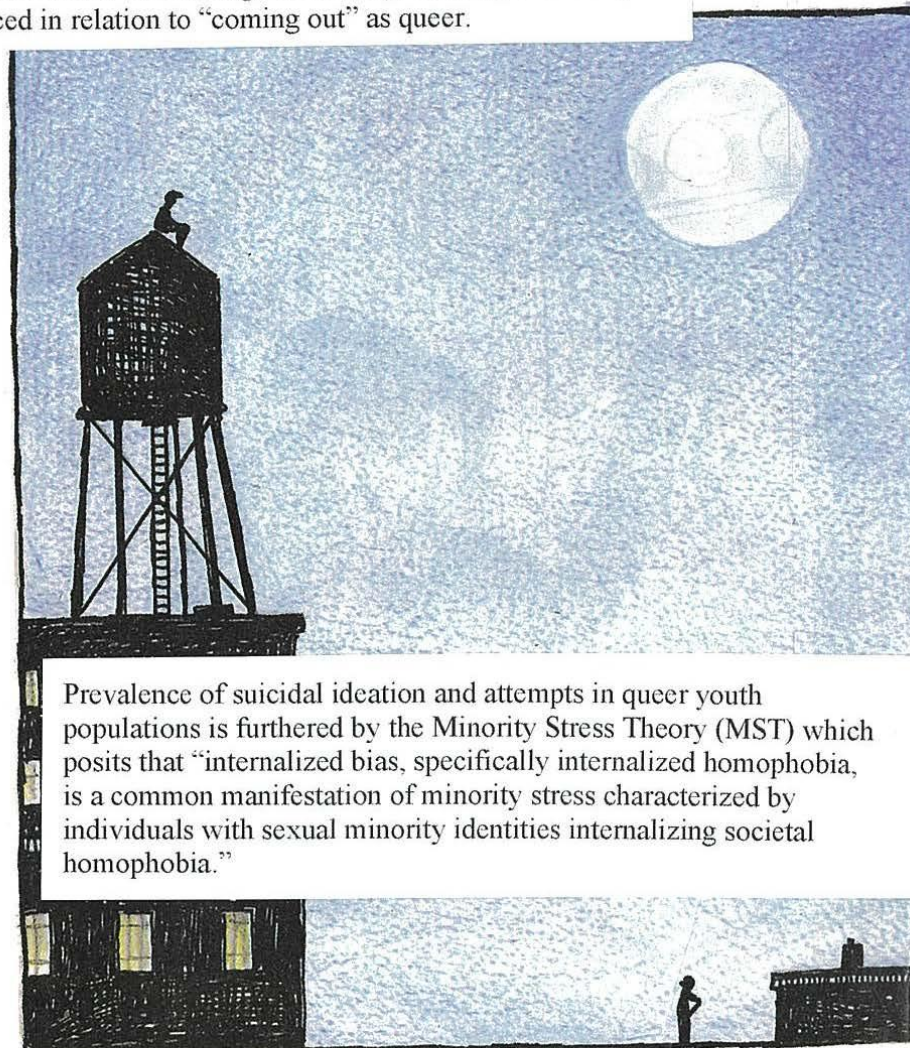
Prevalence of suicidal ideation and attempts in queer youth populations is furthered by the Minority Stress Theory (MST) which posits that "internalized bias, specifically internalized homophobia, is a common manifestation of minority stress characterized by individuals with sexual minority identities internalizing societal homophobia."

Using the IPTS and the MST we can understand why mental health struggles disproportionately impact queer homeless youth. From 2020, many queer youths have reported higher incidences of mental health struggles due to isolation, the loss of the safe spaces of school, clubs, friends' houses, or other extracurricular activities, and familial conflict.

Drug and Alcohol Abuse

Concurrently with mental health struggles, COVID-19, and HIV/AIDS, queer youth are impacted by drug and alcohol abuse. Just as the relationship between homelessness, mental health struggles, COVID-19, and HIV/AIDS is multidirectional, drug and alcohol abuse impacts and is impacted by the latter.

Queer youth are at a high-risk for drug and alcohol abuse as compared to their heterosexual peers.

Drug use may be understood as a product of community rejection and community building in queer youth groups

Drug and alcohol use is utilized as a policing force within the **queer control complex.** Brandon Andrew Robinson explains that sobriety is expected and enforced at the homeless shelters they studied, even though many of the youth were of legal drinking age. Robinson explains that to enter the shelter all youth had to be completely sober and blow a 0.00 on the breathalyzer. A guard searched the youths' bags, so they were unable to bring drugs or weapons into the shelter. However, only the people experiencing homelessness had to give up certain rights and privacy to be on the campus; Robinson's bag was never searched, and their sobriety was never tested.

WE NEED HARM REDUC-TION NOW

The shelter's stance on drug use forces some youth back onto the streets where their drug use may worsen and will take place in unsafe conditions. This brings back the bidirectional nature of drug use and homelessness: drug use may be a consequence of homelessness and may also be a casual driver of homelessness.
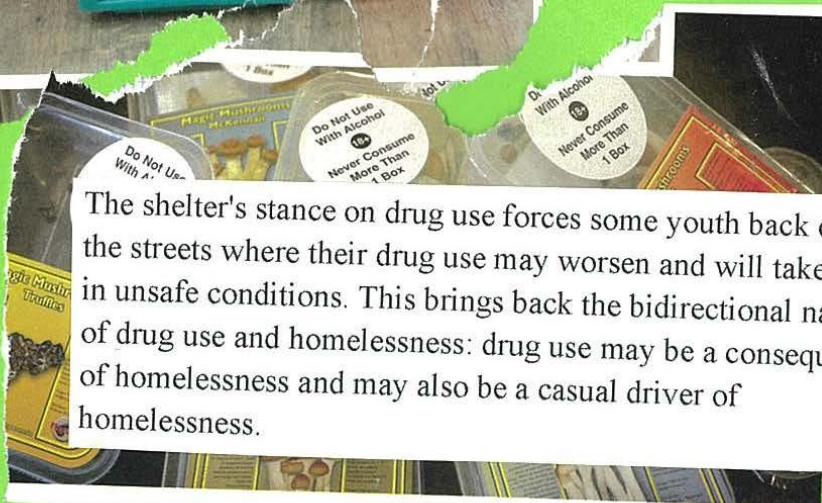
The prevalence of co-occurrence of psychiatric disorders and tobacco use disorder is higher in sexual minorities populations. This is not to say that smoking is a symptom of queerness but that queer people are more likely to have life experience that is correlated with tobacco use. Using the MST, it is understood that systems of oppression such as homophobia are causal drivers of substance use.

Queer homeless youth are disproportionately likely to engage in drug use behaviors, increasing their risk of suicidal ideation and behavior. Queer homeless youth are also disproportionately likely to engage in drug use due to suicidal ideation and behavior. **Once again, the syndemic is understood as synergetic**.

Another comorbidity is **Tobacco use**. Nicotine use and cigarette smoking are pervasive queer homeless youth populations. Over 70% of homeless youth smoke cigarettes and LGBT youth are known to be disproportionately at risk.
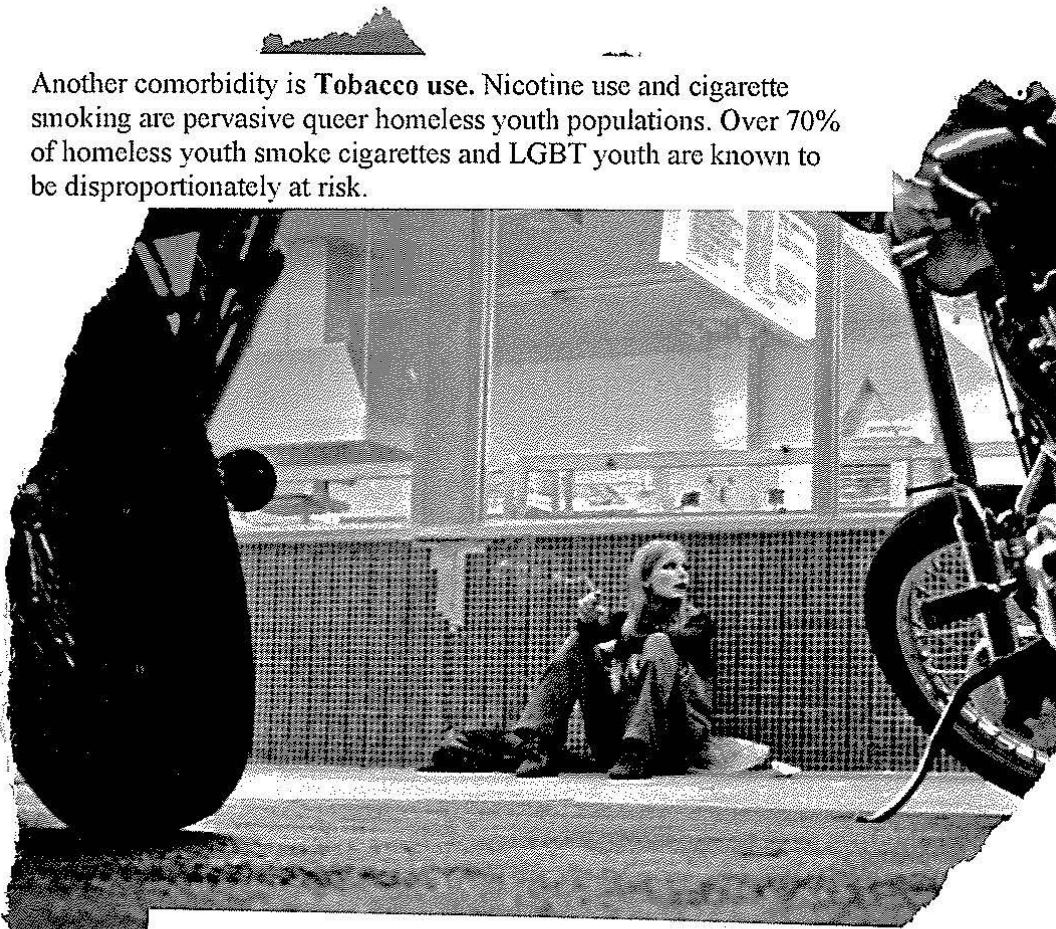
"Over the next few months, I was jumping from couch to couch, from old friends to friends of friends, getting sick from not eating or sleeping. But I was smoking a whole hell of a lot of cigarettes. Cutting more than usual... It was horrible. Shit, I was horrible..."
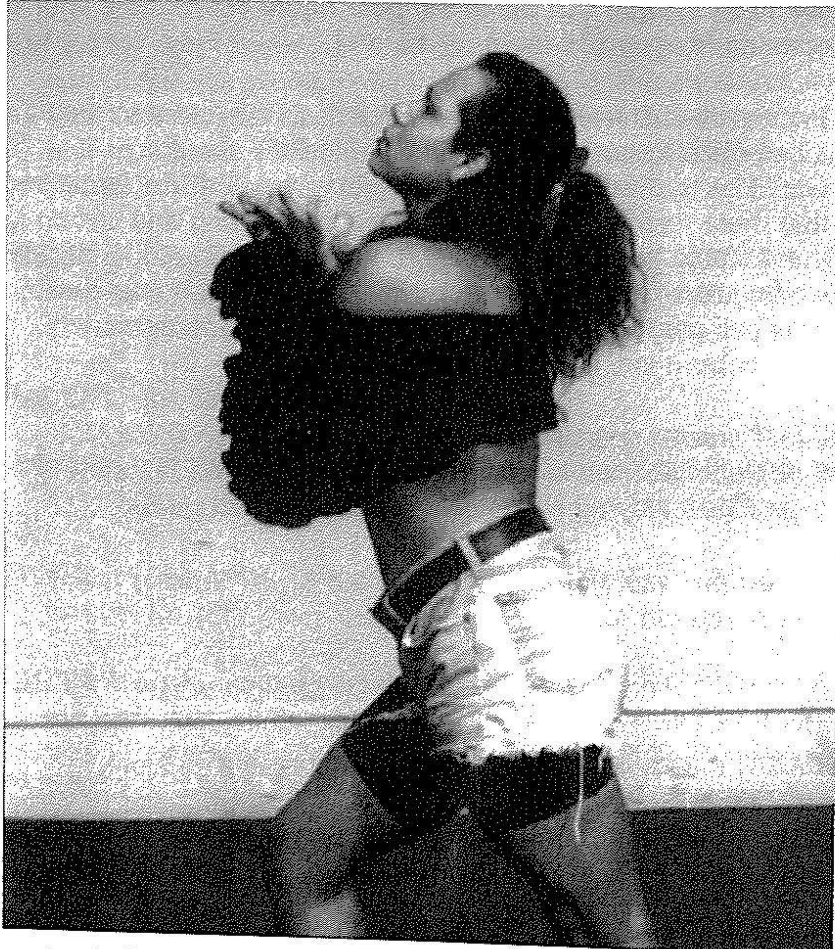
Using syndemic theory, we understand that these comorbidities are impacted by social and cultural factors. Each health factor interacts with the other in a multi-directional fashion. This is demonstrated by queer homeless youths increased exposure to HIV during the COVID-19 pandemic due to new barriers to access to HIV prevention, detection, testing, treatment, and care. Key prevention tools such as free condoms and accessibility to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) prescription were reduced.

For queer youth who were displaced, unhoused, or lost employment in the pandemic, HIV risky behaviors such as survival sex became more necessary. These youth were then exposed to both COVID, HIV, and a host of other sexually transmitted diseases and infections (STD/I) in a time where prevention and detection were harder to access.

The Social construction of disease has innumerable impacts on health + healthcare accessibility. HIV/AIDS + COVID-19 are two unique examples of how diseases transcend illness and become cultural metaphors for the undesirable and dangerous

AIDS is God's judgment

Suson Sontag in AIDS and Its Metaphors analyzes AIDS' transition from a mystery affliction to a god-sent apocalyptic disaster.

"The terrorists are now coming to us with a weapon more terrible than Marxism: AIDS"

The introduction of AIDS ushered in the return of moralistic understandings of disease, and queerness became synonymous with death.

This is REALLY important

The unsafe behavior that produces AIDS," Sontag asserts, "is judged to be more than weakness. It is indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant." AIDS the virus is conceptualized as more than an "invader" that targets vulnerable populations, it is an invader coming *from* dangerous peoples that has the potential to harm the whole society. **The person, not the virus, is the perpetrator of harm.**

The conception of AIDS through American individualism and morality has altered the accessibility of care. However, what does this mean for queer homeless youth?

First, we need to understand the "at-risk" identity. Risky behavior for HIV infection includes anal and vaginal sex and intravenous drug use and needle sharing. A critical "HIV risky" behavior is survival sex, otherwise known as transactional sex. Survival sex is sex in exchange for money, safety, clothing, food, shelter, or drugs. This type of survival behavior, aptly named transmission risk behavior, may be necessary, yet it puts youth in danger of HIV and other STI/D infections, physical abuse, and sexual assault. Pushed to the streets, queer youth have few options for housing and no option but to engage in these "risky" behaviors. Because HIV was known as a "gay disease" all queer people were understood as "at-risk." The "at-risk" identity is weaponized to place blame on the infected for their diagnosis, negating the systems of homophobia that generated the need to engage in risky behaviors for survival.

Many queer homeless youth engage in HIV risky behaviors to survive. Due to the moralization of HIV, a conception of "deservedness" catalyzed. That is, many believe that queer homeless youth deserve HIV due to their engagement in queer sex and IV drug usage.

"I slept with one person to the next to the next to the next, performing oral sex or sleeping just to be able to have a place to sleep for that night so that I wouldn't be out in the rain or out walking the streets late at night."

The correlation between survival sex, drug use, and HIV infection is indisputable and disproportionately present in queer homeless youth populations.

GARY: You don't really want me to leave. It's just a goddamn mind trip you're always trying to play me on me. 'Cuz you know as soon as I walk outside that door you'll be trying to snatch me back. I'm the only goodman fool who'd stay with you this long–

MARCO: And why is that, Gary? Tell me Mr. Psychoanalysis, why do you keep coming back?

GARY: Because I don't have a place to go–

MARCO: It's because you need me, Gary. I'm the only family you've got. I'm your Daddy, baby. And little baby likes to make Big Daddy happy, right?

GARY: I'm not your goddamn whore! If you want a goddamn whore, you can go–

MARCO: back where I found you?

GARY: I was doing it 'cuz I had to–

MARCO: You had to, Gary? Did anyone FORCE you to go work on the street?! I think it was a choice, I think it was ABSOLUTE choice–

GARY: It was not a choice. I had to–

Told By Queer Youth in 1993, L.A.

In *Infections and Inequalities: The Modern Plagues*, Farmer argues that limited access to and/or limited ability to increase generational wealth, political power and strong labor unions results in an extreme lack of consent and autonomy. There can be no consent to an action when it is taken to ensure survival. As such, Farmer makes the point that doctors and those in power should not hold individuals accountable or responsible for their illness, even when engaging in risky behavior. A critical example of this is when marginalized people, specifically queer homeless youth, make "HIV risky" decisions based on self-preservation.

Farmer asserts that people who are facing harm in the forms of hunger, loss of housing, loss of protection, etc. – all things homeless queer youth faces – are unable to fully consent to the risky acts they engage in. He explains, "...sickness is a result of structural violence: neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency." **That is to say, people become vulnerable to disease and infection through social processes and structural violence; marginalized peoples are impacted by HIV in disproportionate rates due to impoverishment and oppression rather than an individual failure to abstain from HIV risky behaviors.**

The moralization of HIV was critical in the social conception of the "at risk" identity and consequential "deservedness" of queer peoples. How does this compare to COVID-19?

COVID-19 is transmitted through aerosols from the nose and mouth that carry the virus. Behaviors that place persons near one another allow for the transmission of these aerosols from an infected person to another. These COVID-19 risky behaviors include being in an indoor environment with another person unmasked, being in an indoor environment with another inadequately masked person, sharing saliva with an infected person, and being unvaccinated.

The United States' response to the COVID-19 pandemic has been placed on individual responsibility: the individual must socially distance, quarantine, vaccinate, boost, and mask. However, these behaviors are inaccessible to many.

Without a home there is no ability to socially distance or quarantine when exposed to COVID-19. Without stable health care or supports there is limited access to masks (especially high quality KN95s).

The economic impacts of the pandemic have decreased available resources and funding for shelters and other supports for people experiencing homelessness which has impacted the number of beds available. An additional impact of the pandemic on queer homeless youth is that those who were "couch surfing" and spending a few days at a time with multiple friends, family members, or strangers, can no longer safely do so or may be unwelcomed. The inability to stay with multiple hosts put many queer homeless youths onto the streets where there is almost no protection from COVID-19.

Housing instability during the COVID-19 pandemic is also impacted by the queer control complex. Shelters that police youth by monitoring relationships, and enforcing curfews, dress-codes, and abstinence only policies to drug use displace youth are unable to comply. These shelter policies are all the more dangerous as drug use and mental health struggles are on the rise due to the isolation and anxieties surrounding the pandemic.

Queer homeless youth who are vulnerable to increased drug use and who engage in "deviant behaviors" become susceptible to COVID-19 and HIV infection once back on the streets. The instability that is defined by the queer control complex helps explicate how deviant behavior and moralized conceptions of disease harm queer homeless youth.

When people go unmasked or are unable to distance and infections increase, a sentiment of *"they got what was coming for them"* arises.

The same language applied to queer homeless youth who contracted HIV is used to define queer homeless youth who contract COVID-19. Just as queer homeless youth are thought to deserve HIV infection due to engagement in queer sex, survival sex, and IV drug usage; queer homeless youth may be thought to deserve HIV infection due to not keeping social distancing and remaining unmasked and/or unvaccinated.

CANCELED DUE TO COVID
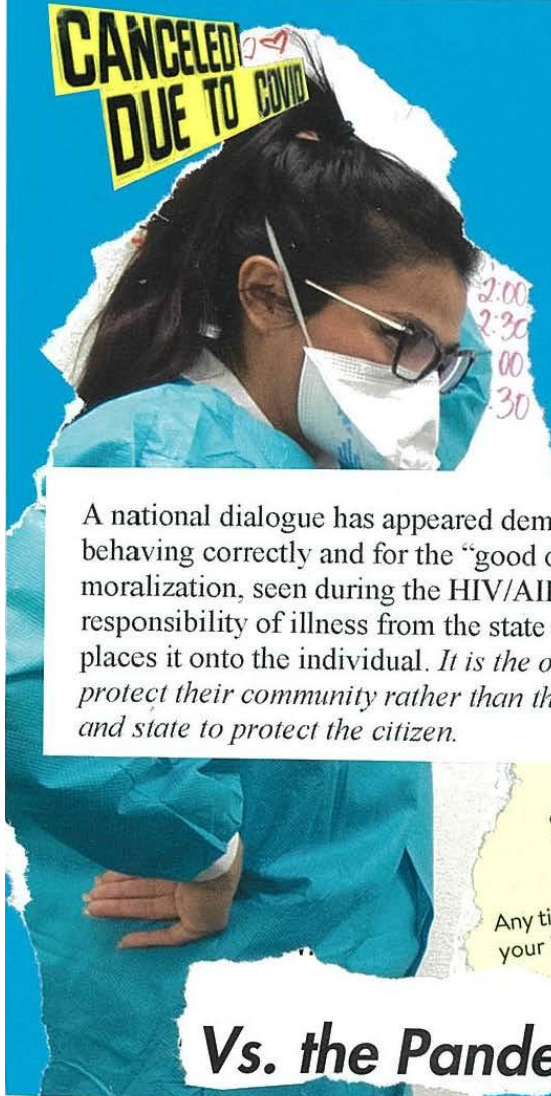
BE CORONAVIRUS SMART

A national dialogue has appeared demonizing the infected for not behaving correctly and for the "good of others." This form of moralization, seen during the HIV/AIDS pandemic, takes the responsibility of illness from the state and global health entities, and places it onto the individual. *It is the obligation of the US citizen to protect their community rather than the obligation of the community and state to protect the citizen.*

STAY Six Feet Apart.
Any time you are outside of your house, no exceptions.

HEY, Clean Your Phone.
Because, um, you touch it all day long.

Vs. the Pandemic

At the beginning of the COVID-19 pandemic the political left in the United States were publicly critical of people who did not follow public health guidance, such as having in-person church services and relaxed social-distancing guidelines. Having left-wing, socially liberal individuals engage in this behavior is an interesting shift in who is perpetuating disease moralization dialogue as it was typically right-wing, socially conservative individuals during the emergence of the HIV/AIDS pandemic.

It is irrevocably dangerous to moralize disease; the allowance for individual blame shifts responsibility for disease control and adequate public health response from governing bodies to "risky" people. The same discourse that painted HIV/AIDS as a disease of licentious queer people, is framing COVID-19 as a disease of the uncaring and lazy American. In both instances, queer homeless youth are disproportionately infected and impacted due to existing syndemics. However, due to the moralizations of HIV and COVID-19, aid is impacted by social stigma and a perception of deservedness.

The same discourse that painted HIV/AIDS as a disease of licentious queer people, is framing COVID-19 as a disease of the uncaring and lazy American. In both instances, queer homeless youth are disproportionately infected and impacted due to existing syndemics. Due to the moralizations of HIV and COVID-19, aid is impacted by social stigma and a perception of deservedness.

Between 1980-2020 queer homeless youth in the United States have faced two major syndemics during the HIV/AIDS and COVID-19 crises. The co-occurrence of homelessness, drug and alcohol abuse, mental health struggles, tobacco use, HIV and COVID-19 infection have disproportionately and negatively impacted the health of queer homeless youth populations in the United States. Syndemic theory illustrates the synergistic relationship between these factors and helps illustrate the disproportionately negative impacts the HIV and COVID-19 pandemics have had on queer homeless youth. Furthermore, the moralization of disease has led to a general perception of queer homeless youth deserving their disease diagnosis and the symptoms, suffering, and death that accompany.

Devastatingly, three decades later not much has improved. **What change is needed?**

- A sustained effort to stabilize housing for queer youth is imperative.
- Programs specifically addressing drug and alcohol addiction and mental illness that allow for gender nonconformity and queer expression are critical.
- Community awareness of the causes of homelessness are needed and public investment for long-term HIV treatment plans will be fundamental in the longevity of maintaining queer youths' health.
- Most importantly, a large-scale effort is needed to support youth so that they do not become homeless in the first place.
- It is paramount to recognize that homophobia, racism, classism, ableism, and other systems of oppression have worked as causal factors to force queer youth onto the streets.

Looking forward, I ask you to reimagine the future, to speculate on a world that recognizes that with shared resources we can house and feed all people. This does not begin with just policy change, or free HIV testing, or even an increased capacity in shelters. Day to day we must recognize the violences and barriers queer youth face on the micro scale to adequately address the macro. To paraphrase Anita Hill, it is essential that we stop the everyday harms to prevent the spectacular and egregious. For over four decades queer homeless youth have been subject to sensational harms; change is overdue.

Access the full thesis at bit.ly/Julia Young Thesis

Chapter 1

Introduction

       The treatment and survival of a society's marginalized peoples reveal the true impacts of

a pandemic. An analysis of homeless queer youth during the HIV/AIDS and SARS-CoV-2 crises

lays bare the systemic failure of the United States government to provide equitable healthcare.

_____

       As a child, I took any available opportunity to learn about queer histories in the United

States. I intently absorbed all information I could get my hands on in effort to better understand

my own queer identity and to exist in the familiarity of queer stories. I came of age with

YouTube; we grew simultaneously. Me: 12 years old religiously watching videos of queer

creators as I shaped my own identity, and YouTube: metamorphizing into a platform that had

social weight. I was enraptured by this new community and from it I had my first introduction to

HIV/AIDS. Without formal sex education my initial perception of AIDS was of a faraway

disease that maybe-at-one-time-long-ago was a death sentence. So, I watched video after video

of queer people coming out, describing HIV, telling stories of activism, and montaging images of

protests to Macklemore's *Same Love*.[1] I, a suburban child of the millennium, from Annapolis,

Maryland, felt a peculiar kinship with the people on my screen. Over the next ten years I found

ways to center my education around queer stories. In the creation of my self-designed major at

Pitzer College, *Queer Health Justice*, I used public health framing to understand the intersections

of queerness and health care, health accessibility and health justice in the United States. The

emergence of the coronavirus in 2019 centered my course work around histories of pandemics,

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[1] Though no pre-teen years are without awkward memories, this is embarrassing.

infectious diseases, and their metaphors. Paul Farmer and Susan Sontag's sociocultural analyses of disease stigma and responsibility politics shifted my understanding of how healthcare accessibility is shaped in the United States. The foundation of my analysis lies in their seminal works that introduce the concept of disease moralization and responsibility.

"Queer Survival Amidst HIV/AIDS, COVID-19, and Homelessness" demonstrates and catalogs health accessibility needs for queer homeless youth that have persisted for forty years and through two major pandemics. This thesis examines existing literature to provide a new comparative analysis on syndemics in queer homeless youth populations in the United States of America. There has been extensive research on the multidimensional challenges that queer homeless youth face that impact mortality and morbidity outcomes, and discussion on state-sanctioned violence and its specific harms to queer folks, particularly during major health crises, however none that has expressly compared HIV and COVID-19. I discovered an established need for comparative analysis as a tool for reimagining the future of public health. Importantly, I did not write "Queer Survival" to simply document the many atrocities and harms perpetrated against queer youth thereby reducing their existence to vulnerability and survivorship. Nor is the point to paint a picture of innocence and infantilize the true-life experiences of queer homeless youth. This thesis exists as an effort to gather and chronicle decades of research to amplify the contemporary needs of queer homeless youth in 2022.

Where do I, an HIV negative individual who has always had access to secure, safe, and stable housing, fit into this conversation? As a student I have been given the opportunity and resources to engage with public health studies through a queer lens. I hope to use my research as a tool to empower and uplift the voices of queer homeless youth. I acknowledge that this thesis is incomplete; there are many more stories to be shared and facets of queerness that I have been

unable to address. In the coming years language will evolve, and so I acknowledge that much of the vocabulary I am using may become inaccurate or inadequate.

Methodology

In this thesis, I draw on interdisciplinary literature from the fields of psychology, sociology, gender studies, biology, sexuality studies, public health, public policy, and history. Scholars in the United States have produced a plethora of research over the past forty years on queer identity and pandemics; however, no contemporary comparison of intersecting pandemics and epidemics in homeless queer youth populations is available. This gap in the existing literature exposes the need for a comparative analysis of the syndemic of queer homelessness, HIV/AIDS, and COVID-19. I compiled a collection of primary and secondary sources including text analysis, census data, interviews, film, and historical analysis that spoke to the nuances of queer identity, using keywords and phrases such as: queer, LGBTQ, gay, homosexual, HIV/AIDS, COVID-19, SARS-CoV-2, transgender, pandemic, health accessibility, and health care. My primary research was conducted using scientific journals, medical studies, narrative anthologies, and performance and visual art. As the coronavirus pandemic continuously unfolded and presented new challenges, I surveyed contemporary news coverage from sources including the British Broadcasting Company (BBC), National Public Radio (NPR), *Washington Post*, *New York Times, Wall Street Journal*, Cable News Network (CNN), and *Los Angeles Times*. Though many comorbidities are present in queer populations, the focus of this analysis is on COVID-19, HIV/AIDS, homelessness, drug and alcohol abuse, mental health struggles, and tobacco use.

Terminology

The following terms will be used throughout my analysis.

Queer is an umbrella term for those who are not heterosexual or cisgender; any deviation from heteronormativity falls under 'queer.' For example, when asked of their sexuality, a woman who has sex with women, may say, "I am queer."[2] It is important to recognize that the word queer was once weaponized as a slur against non-heterosexual or cisgender people. Folks with a broad range of gender and sexual identities reclaimed the term queer as an inclusive term to represent those who deviate from the norm. The transition of queer from slur to identifier began in the late 1980s; some say that the term became popularized by Queer Nation, an offshoot of ACT UP (AIDS Coalition to Unleash Power), who followed the principle that those who perpetuate and perpetrate harm are disarmed when words are reclaimed.[3] Though these terms, such as queer, still carry power, nuance, and may conjure vile notions, when they are used to self-describe the xenophobe has one less tool at their disposal.

LGBTQIA2S+ refers to those who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, and/or two-spirit. The + indicates that queer identities are expansive and that the definitions within "LGBTQIA2S" may not represent all peoples. The plus then leaves room for other gender and sexual identities.

Homelessness is in reference to the state of lacking "a fixed, regular, and adequate nighttime residence." If a person sleeps "in a shelter designated for temporary living accommodations or in places not designated for human habitation" they are homeless.[4]

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[2] For more information on queer terminology, the Human Rights Campaign has compiled a comprehensive glossary: https://www.hrc.org/resources/glossary-of-terms.
[3] Perlman, 2019.
[4] Huffman, 2021.

Youth is in reference to individuals ten to twenty-four. Street youth is then in reference to youth that are homeless.

The "at-risk" identity describes a person or peoples whose identity and lived-experiences have increased their engagement in behaviors that expose them to disease and illness, such as HIV and SARS-CoV-2 infection. This terminology has been widely used across public health spectra and has entered into the common vernacular in the United States of America. It is typical for people to be described as "at-risk" for various conditions, however in this thesis it will pertain to the risk of HIV and COVID-19 infection.

Deservedness is the societal condition in which engagement in risky behaviors allows the public to place blame and responsibility on an individual, thereby moralizing the contraction of a deadly disease. Deservedness is the state in which society deems an individual deserves a disease or illness and its consequences due to identity and engagement in risky behavior. The construction of deservedness is dangerous as it socially absolves those with governing power from making public health decisions, such as funding accessible, queer-friendly safe housing, and instead places the blame of disease on the marginalized.

Syndemic is a model of health that aggregates two or more concurrent or sequential epidemics in a population. This considers comorbidity, as well as the environmental and social factors that impact disease interaction.[5] Syndemic theory provides a model for studying these relationships, while the term syndemic also refers to the relationship/interaction between diseases and social conditions.

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[5] Singer, 2009, 18.

Introducing the Histories and Etiologies of HIV/AIDS and COVID-19

HIV/AIDS

The HIV and AIDS pandemic began in June of 1981. Public Health officials first defined the illness as "gay-related immune deficiency" (GRID). Doctors did not recognize AIDS in heterosexual couples until June 1983 and then suggested that AIDS could be transmitted through heterosexual sex. In April of 1984, three years after the pandemic began, the National Cancer Institute announced that the viruses Lymphadenopathy-Associated Virus (LAV) and Human T-cell Lymphotropic Virus Type III (HTLV-III) are identical and the cause of AIDS. Robert Gallo and collaborators renamed LAV/HTLV-III to HIV in 1986 when the viruses were deemed identical. The United States Food and Drug Administration then approved the first antiretroviral six years after the crisis began.[6] Public knowledge around HIV shifted when it became clear that HIV can be contracted by anyone through blood transfusions, needle sharing, intravenous drug usage, anal sex, vaginal sex, and breast milk.[7] Left untreated, HIV can develop into AIDS which is diagnosed when the number of CD4 cells falls below 200 cells per cubic millimeter of blood. In comparison, a healthy individual has a typical CD4 count between 500 and 1,600 cells/mm^3. These cells, which HIV destroys, have an important role in the immune system as they trigger the body's response to infection.

HIV is transmitted through blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk. "HIV risk behaviors," are acts that have a probability of transmitting HIV. Each risky behavior may have a low probability of HIV transmission, however, over time and with repeated engagement with "risky behaviors" the likelihood of infection increases. The CDC determined the estimated probability of acquiring HIV from an infected source through varying

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[6] Currie et al., 2020.
[7] However, the prejudices remained.

exposure acts per every 10,000 exposures: the risk per 10,000 exposures for blood transfusions was 9,250, for receptive anal intercourse it was 138, for needle-sharing during injection drug use it was 63, for percutaneous (needle-stick) it was 23, and for insertive anal intercourse it was 11.[8] People are at risk for contracting HIV when engaging in low rates of condom use, substance abuse before sex, and having multiple sexual partners.

COVID-19

In December 2019, scientists discovered a novel coronavirus in Wuhan, China. The virus SARS-CoV-2, now notoriously known as "COVID-19," rapidly spreads through droplets that are projected from a person's mouth or nose. The virus has a spike protein that attaches to a human cell and infects the human host, causing symptoms such fever, cough, tiredness, shortness of breath, chills, and chest pain.[9] In early 2020, fatal cases of SARS-CoV-2 spread around the world and in March of 2020 the World Health Organization (WHO) declared a global pandemic. To mitigate spread, nations closed their borders, enforced mask mandates, and public dialogue on 'flattening the curve' encouraged social distancing and mass closures of restaurants, businesses, churches, schools, sporting events, and other in-person activities.[10] COVID-19 quickly became a leading cause of death in the United States and hospitals faced capacity and PPE shortages. The havoc and destruction wreaked by COVID-19 cannot be understated. Millions of people lost their lives, homes, families, education, and support structures. As the pandemic continued in 2021 and 2022, new variants emerged and continue to impact the global population.

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[8] Patel et al., 2014
[9] CDC, 2020
[10] Katella, 2021

A Brief Review of Existing Literature

       Housing instability for queer youth is impacted by the weakening of government-funded social support structures, the rise of HIV, and the violence of homophobia. Queerness is not a causal driver for displacement, instead systemic homophobia, the policing of poverty and gender expression, and other systems of oppression act as fundamental risk factors for homelessness. Queer youth who chose to leave home do so for a multitude of reasons including abusive homelives, aging out of the foster care system, and desperate economic situations. In 1994, Nico Quintana, Josh Rosenthal, and Jeff Krehely published that 78% of the LGBT+ youth in the New York child welfare system ran away from or were removed from their foster homes due to "conflict and discrimination related to their sexual orientation or gender identity."[11] Later they found that more than half of their participants felt safer on the streets than in a group or foster home.[12] This jarring statistic is worth repeating – youth felt safer on the streets than in group or foster homes. When governmental care systems are failing youth so egregiously, it is unsurprising that so many youths, particularly queer youth, are/have been homeless. Adam Romero, Shoshana Golderb, and Luis Vasquez continued this research in 2020 when they analyzed contemporary LGBT housing affordability, discrimination, and homelessness. They found that queer youth disproportionately face homelessness and housing instability due to: family rejection, sexual-orientation based discrimination by landlords, mortgage lenders, long-term care facilities, and other housing providers, as well as discrimination and bullying at school and/or work, and the effects of being denied the financial benefits of marriage.[13] Furthermore, they found that "LGBT people are more likely than non-LGBT people to be poor,

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[11] Quintana, 2010, 14.
[12] Ibid, 14.
[13] Romero, Goldberg, and Vasquez, 2020.

to be renters, to have unstable housing, and to be homeless."[14] In 2019 Brodie Fraser et al.

studied queer homelessness through an intersectional lens to understand what factors influenced

why so many queer people in the United States experience homelessness. By grouping together

proximate causes (poverty, ethnicity, racism), systematic failures (including sexual abuse, foster

care, discrimination, stigma, family), and experiences during homelessness (HIV, survival sex,

sex work, shelter inaccessibility), they detailed a synergistic relationship. Fraser et al. described:

> LGBTIQ+ identity has a considerable role within this grouping [systemic failures]
> and its relationship to these themes acts as longer-term drivers of homelessness.
> As shown in the results, unsafe family situations can result in foster care
> placement. Foster care has a bi-directional relationship with sexual abuse. The
> literature showed that sexual abuse (particularly within family structures) can
> result in a young person being placed into foster care. Youth might then
> experience sexual abuse within the foster care system. Foster care has a
> bi-directional relationship with discrimination and stigma; young people might
> experience high levels of discrimination and thus be placed into foster care; where
> they might experience further, or initial, discrimination and stigma due to their
> LGBTIQ+ identity. Failures in care systems have the potential to induce substance
> abuse and poor mental health. Additionally, they can produce economic and social
> vulnerability which encourages people to engage in survival sex and sex work.
> Survival sex may also enable people to provide for themselves in order for them
> to be able to leave untenable family or foster care situations. Mental health is
> affected by all of the themes in this grouping; experiencing any of these four
> systematic failures can result in poor mental health. Thus, interventions targeted at
> addressing these factors must also consider the ways in which they impact on
> people's mental wellbeing, and ensure the intersectional nature of these issues is
> considered. It is primarily as a result of failures in these systems that LGBTIQ+
> people experience poor mental health. The overlapping nature of these systematic
> failures shows a need for an inclusive, intersectional system to prevent
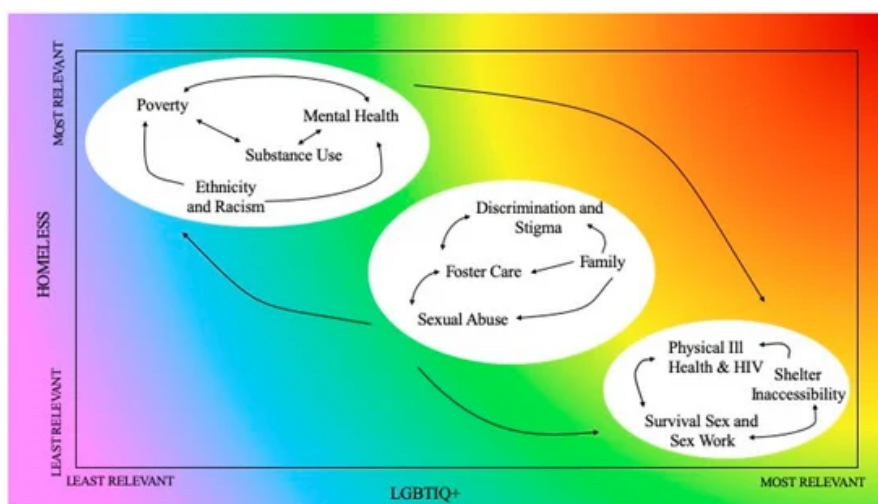> homelessness.[15]

Homelessness cannot be simplified into *just* unemployment, or just discrimination, or as

commonly told, just because of drug use. Instead, it is necessary to recognize the many factors of

how and why folks become and stay homeless. This is aptly illustrated in **Figure 1**, which details

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[14] Ibid.
[15] Fraser et al., 2019.

the relationship between disease and experience interactions to homelessness. The literature

concurs that queer people are (and have been) disproportionately impacted by housing instability

and homelessness. This renders queer youth more susceptible to homelessness, and thus more

vulnerable to the negative health outcomes that accompany homelessness.[16, 17, 18, 19, 20]

Figure 1. Intersections of queer identity and experiences of homelessness. From left to right; proximate causes of homelessness, systems failures in early life, and experiences during homelessness.[21,22]

Health is multifaceted, and, as such, is impacted by many biological, social, and cultural

factors. A syndemic is a model of health that aggregates two or more concurrent or sequential

epidemics in a population. This metric considers medical comorbidity, as well as the

environmental and social factors that impact disease interaction.[23] Queer homeless youth in the

1980s to the 1990s faced the unique combination of HIV/AIDS, drug and alcohol addiction,

mental illnesses, and tobacco use. Each syndemic factor interacted with one another, impacting

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[16] Shelton, 2016.
[17] Gattis, 2013.
[18] Mallon and Mallon, 1998.
[19] Mountz et al., 2018.
[20] Wilson and Kastanis, 2015.
[21] Ibid.
[22] Here, Fraser et al. utilize LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, plus) to describe the people in their study. I have used the umbrella terminology "queer" for general cohesiveness.
[23] Singer, Preface XV.

the severity of the body's response. For example, researchers have found that street drug users, referring to the "marginalized, inner-city drug users who have been forced by poverty, discrimination, and addiction into a far more visible and public pattern of drug acquisition and consumption," were at higher risk for HIV infection.[24] So, those who lived in marginalized, inner-city communities were more susceptible to drug use, rendering them more vulnerable to HIV infection.

In 2019 the novel coronavirus, SARs-CoV-2, metamorphosed into a global pandemic, interacting with HIV/AIDS, drug and alcohol addiction, and mental illness to disproportionately impact queer homeless youth. Furthermore, systems of oppression such as racism, ableism, homophobia, transphobia, and classism have acted as causal drivers for the negative health outcomes of queer homeless youth within this specific syndemic. Institutionalized racism is defined by David Williams, who stated that, "the processes of racism that are embedded in laws (local, state, and federal), policies, and practices of society and its institutions that provide advantages to racial groups deemed as superior, while differentially oppressing, disadvantaging, or otherwise neglecting racial groups viewed as inferior."[25] This definition may provide a framework for how state violence intersects with systems of oppression and syndemic theory to aggregate serious negative health impacts in specific populations. How this pertains to queer homeless youth will be explored. Syndemic theory further recognizes that the impacts of poverty:

> (1) enduring stress associated with poverty, unemployment, stigmatization, marginalization, residential instability, and population density; (2) diet insufficiency (especially early in life) and malnourishment; (3) frequent exposure to street crime and violence; (4) demoralization associated with living in a deteriorating social environment; (5) exposure to man-made toxins produced by aging and ill-repaired housing structures; and (6) the adoption of behaviors such

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[24] Ibid, 44.
[25] Williams, Lawrence, and Davis, 2019, 107.

as abusive drinking and illicit drug use in order to cope with and medicate the emotional injuries of deprivation, affect the physical ability of the impoverished to ward off disease.[26]

Fundamental risk factors and causes are the socio-cultural phenomena and institutions that impact a person's health and access to care. This framework may be applied to queer homeless youth to recognize the fundamental factors and structural violence that influence the health of queer homeless youth. Perry Halkitis and Kristen Krause in 2020 concurred with Singer's analysis of syndemic, adding that poor self-rated health, experiences of discrimination from healthcare providers, mental health illnesses and addiction, all made queer people more likely to experience homelessness. In respect to SARs-CoV-2, they stated that, "Nested within a syndemic framework, COVID-19 is yet another of the interlocking health problems faced by the population and is precipitated by the psychosocial burdens which fuel disease."[27] Prior to the COVID-19 pandemic, John Ecker's 2016 analysis of queer homeless youth supports the establishment of a syndemic within queer homeless youth populations and can help us understand the many factors that impact homelessness. Ecker found that queer youth had worse outcomes than their heterosexual peers, in "all other indices, including mental health issues, suicidal behaviors, substance use, sexual victimization, sexual risk behaviors, physical victimization, discrimination/stigma, family relationships, and social relationships."[28] Many youths face these outcomes due to fundamental factors. Suicidal ideation, anxiety, depression, and other mental illnesses are caused or made worse by the systems of oppression that inhibit queer youths' abilities to access mental health help, live in a mentally safe and healthy home, and be medicated correctly. The role of the COVID-19 pandemic as a causal driver for this confluence of illnesses is noted.

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[26] Ibid. 135.
[27] Halkitis and Krause, 2020, 249.
[28] Ecker, 2016.

The Path Forward

In this thesis I aim to compare and analyze HIV/AIDS and COVID-19 in queer homeless youth populations from 1981 to 2021. A syndemic framework is applied to address common comorbidities that exist in queer homeless youth populations, with a focus on socio-cultural phenomena that rendered homeless queer youth susceptible and vulnerable to HIV/AIDS, COVID-19, drug and alcohol abuse, mental health struggles, and tobacco use. Chapter 2 outlines the historical context of queer youth homelessness and addresses the structures and systems of oppression that pushed youth to the streets. A decline in available welfare and the continuous lack of resources left many queer youths with few housing options. The policing of queer bodies and its impact on homelessness will be explored using Brandon Andrew Robinson's *queer control complex* which maps how "institutions and institutional actors' police and criminalize expansive expressions of gender and signs of homosexuality."[29] The understanding that homophobia and the policing of queerness are causal drivers for homelessness will lead into a discussion of how queer homeless youth have been impacted by the HIV/AIDS and COVID-19 pandemics. Using syndemic framework, I will expand this analysis to address the multifaceted nature of these interrelated health crises. Throughout this thesis I use narratives of homelessness to describe the social and cultural phenomena that rendered queer youth susceptible to homelessness. Many of these stories describe extreme violence, racism, and homophobia. These stories are shared to recognize the realities that many displaced youths face(d), they are not shared to paint queer youth as an exhausted and abused population. Furthermore, it is paramount that the reader acknowledges that it is not simply abuse and hatred that cause queer youth

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[29] Robinson, 2020, 80.

homelessness; the prevalence of poverty in the United States of America and the abject lack of welfare supports play a critical role.

Chapter 3 will address the syndemic that has impacted homeless queer youth populations during the HIV/AIDS and COVID-19 crises. The HIV/AIDS pandemic of the 1980s to 1990s will be analyzed through a historical lens. HIV/AIDS will be compared to the COVID-19 pandemic, which will be historicized upon reflection of 2019 to 2021 data. Chapter 3 presents a roadmap of existing comorbidities for later analysis. It is in list format to function as a reference for Chapter 4 and my analysis of how disease is moralized in queer homeless youth populations. In Chapter 4 I apply Susan Sontag's construction of the at-risk identity in *AIDS and its Metaphors* to COVID-19, comparing the usage of metaphors and identities to discuss how queer homeless youth have been held individually responsible for their infections. The analysis demonstrates that queer homeless youth are negatively impacted by a societal perception of deservedness, i.e., that they deserve their HIV+ diagnosis due to engagement in risky behavior. The demonization of queer homeless youth during the HIV pandemic is well documented and parallels what queer homeless youth have faced from 2019-2021. The construction of deservedness has enabled an individualistic approach to disease mitigation, thereby condemning queer homeless youth to suffering and truncated life.[30] As such, I will compare HIV metaphors and at-risk identities to COVID-19 to demonstrate how the social and political conceptions of disease continue to influence overall health outcomes. Looking forward, to best support queer homeless youth today it is paramount that we recognize the dangerous histories of disease moralization. Furthermore, the needs of queer homeless youth may be better understood through the framework of syndemic. Homelessness, drug and alcohol abuse, mental health struggles,

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[30] James Tyner in 2015 describes the phenomena of death before average life expectancy as "truncated life." He attributes truncated life to social inequalities that impact health and access to healthcare.

tobacco use, HIV infection, and COVID-19 infection are multidirectional. These facets of life impact one another to shape the health outcomes of the individual. To adequately support queer homeless youth and mitigate disease, death, and suffering, one must recognize the relationship between comorbidities and the sociocultural phenomena at play. I implement comparative analysis of HIV and COVID-19 to demonstrate a need for accessible and affordable health care for queer homeless youth. The existing crises have amplified the impact of an unjust healthcare system. I will conclude with a discussion of the public health implications learned from studying the syndemic impacts of homelessness, HIV, and COVID-19. I hope that my comparative analysis amplifies the voices that have consistently called for change by providing another avenue for understanding the dangers of disease moralization.

Chapter 2

A Brief History of Queer Homelessness in the United States of America: 1980-2020

The epidemic of homelessness that so disproportionately impacts queer youth arose from a weakening of national welfare, the interaction of comorbid drug and alcohol addiction, mental health struggles, and social ostracization in various and violent forms. Homelessness is a broad term, defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as, "individuals and family groups… living in shelters or transitional housing programs ('sheltered'), temporarily residing with friends or family members ('doubled up'), or living in unconventional locations not intended as residential, such as abandoned buildings or public areas ('unsheltered')."[31] Many people became susceptible to homelessness in the early 1980s due to "declining personal incomes, loss of affordable housing, deep cuts in welfare programs, and a growing number of people facing personal problems."[32] Available manufacturing jobs shrunk considerably while low-skill, low-wage jobs grew. Snow, Soule, and Cress in 2005 stated that there was a correlation between the declining number of manufacturing jobs and the increasing poverty rate in each of the seventeen United States cities they studied from 1980 to 1990. In the review they explained that "a study by the U.S. Department of Labor (1985) reports, for example, that nearly twelve million workers lost jobs between 1979 and 1985 because of plant closings and associated employment cutbacks. Given that these closings and cutbacks, often discussed under the rubric of 'deindustrialization, 'have been posited as precipitants of homelessness we hypothesize that a decline in manufacturing jobs should be positively associated with greater frequency of homeless protest."[33] This is corroborated by Moyinhan who,

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[31] Giano et al., 2020.
[32] Jennifer Wolch et al., 2017.
[33] Snow, Soule, and Cress, 2005.

in 1988, stated that "Recent census data indicate that 25% of children under the age of six are

living in families with annual incomes at or below the poverty level."[34,35] Furthermore, "these

changes were concurrent with the retrenchment of social welfare policies and diminished

affordable housing. Over one million single-room occupancies (SROs) – one of the biggest

forms of low-income housing– went away from the 1970s into the early 1980s, often because of

gentrification."[36] This discussion is furthered by Brandon Andrew Robinson, who in 2020 found

that,

> Along with gentrification and the decrease in affordable housing, the decline in
> manufacturing jobs that resulted from globalization and the deindustrialization of
> US society moved the economy into a service industry, whereby wages became
> low and stagnant as inflation continued to grow. At the same time, welfare reform
> slashed poverty assistance, and lawmakers dramatically reduced the federal
> budget for subsidized housing. The amount of people experiencing homelessness
> grew because of these larger economic shifts in US society, *not* because more
> people have become alcoholics or have mental health challenges than in the
> past.[37]

Robinson raises an important facet of understanding homelessness; drug and alcohol abuse exist

comorbidly and may increase susceptibility to homelessness and disease infection, however it is

not the _only_ root cause. Furthermore, mental institutions such as psychiatry wards were victims

of "deinstitutionalization" and patients who had previously been in long-term care were put out

onto the streets. Community mental health centers were supposed to replace the large wards, but

this plan never came to fruition, so jails became "de facto mental hospitals," propelling the

criminalization of poverty.[38]

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[34] Shane, 1989.
[35] Moynihan, P. "We Must Protect Our Children."
[36] Robinson, 18.
[37] Ibid, 19.
[38] Ibid.

Concurrently, the HIV/AIDS epidemic began in June of 1981. Though the earliest confirmed case was in 1968, it took a cluster of rare and aggressive "cancer" cases in Los Angeles and New York City to spark doctors' attention. On June 5th, 1981, the Center for Disease Control (CDC) published a rare case of lung infection in the Morbidity and Mortality Weekly Report. On June 16th the very first AIDS patient, a young gay man, was admitted to the Clinical Center of the National Institutes of Health (NIH) where he later died.[39] At the beginning of the pandemic, the "four H's" were believed to be susceptible: hemophiliacs, homosexual men, heroin users, and Haitians.[40] This misguided belief was wildly and harmfully inaccurate, laying the foundation for the pervasive discrimination that still surrounds HIV/AIDS and impacts housing accessibility and stability today.

The flower-child stereotype of homeless youth from the 1970s was replaced by an increasing understanding that homeless youth were less frequently running "toward [rather] than away from something."[41] Instead of running away for a lifestyle change, they were "often [running] from a place and life in which the runaways felt abused, rejected, unheard, unwanted, and unhappy."[42] In 1981 L.L. Dye introduced the intersections of homelessness, gender and sexuality deviance, and victimization as antecedents of homelessness, stating, "An investigation of 60 female sex workers in San Francisco revealed that 80% of women had been either victims of incest, sexual abuse, or rape prior to prostitution; and 65% had run away from home in their youth."[43] This followed Gabe Kruks' suggestion that "identifying as a sexual minority may be associated with homelessness" after highlighting that, "in a children's homeless shelter in Los

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[39] "A Timeline of HIV and AIDS" 2016.
[40] Currie, D.S.W., and Horn, 2020.
[41] A youth movement that involved youth leaving home, feeling the "pull" to cities that had vibrant youth communities and few restrictions. (Lipschutz, "Runaways in History.")
[42] Lipschutz, 1977.
[43] Dye, 1981.

Angeles, 72% of young men involved with prostitution identified as gay."[44] Kruks' research

revealed the first understandings of the relationship between sexuality and housing insecurity.

Kruks' findings have remained consistent through the past four decades, as "a study of 334

runaway youth in San Francisco, Moon and colleagues found that LGBT youth reported running

away at an earlier age, which was associated with later homelessness. They also found higher

levels and earlier use of both sexual and drug-using behaviors among LGBT youth compared to

heterosexual youth."[45] This pattern was exacerbated for transgender youth whose risk of

homelessness was double that of their cis-gendered peers. Giano et al., in a literature review of

forty years of homelessness predictors, attributed this to "experiences of discrimination, lack of

access to health care, social services, and [a] possible denial of services."[46] Overall, queer youth

left home in response to serious harm, in search of more accepting and non-violent

environments. However, syndemic theory shows how homelessness "opens the door to

conditions that often amplify problems already in play in the lives of children and youth (e.g.,

abuse at the hands of parents/guardians, struggles in school). More expansively, homelessness

leads to living conditions that fuel existing problems and power up new ones."[47] To understand

the impacts of homelessness, we must understand its casual drivers. Homelessness does not

simply disproportionately impact queer youth because of weakening welfare, but because of the

criminalization of poverty, systems of oppression such as homophobia, the policing of queer

expression, and the stigmatization of disease.

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[44] Kruks, 1991.
[45] Giano et al. 2020, 700.
[46] Ibid, 702.
[47] Murphy and Tobin, 2014.

The Impact of Conditional Love: Narratives of Queer Youth Homelessness
"I love you all brothers and sisters, but I love you to a certain degree" [48]

Image 1: The cast of Friendly Fire. Seated (left to right): John Little, Peter Sellars, Mark Rosenthal, Caitlin Stansbury. Standing: Jerry Corona, Crisanta Monterroso, Maurice Kemp, Stacey Adair, Stephan Ruiz, Gabriel Aceves, Marion Dai, Lawrence Robertson. Photo by Norma Bowles. 1993.

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[48] Norma Bowles, 1993, 40.
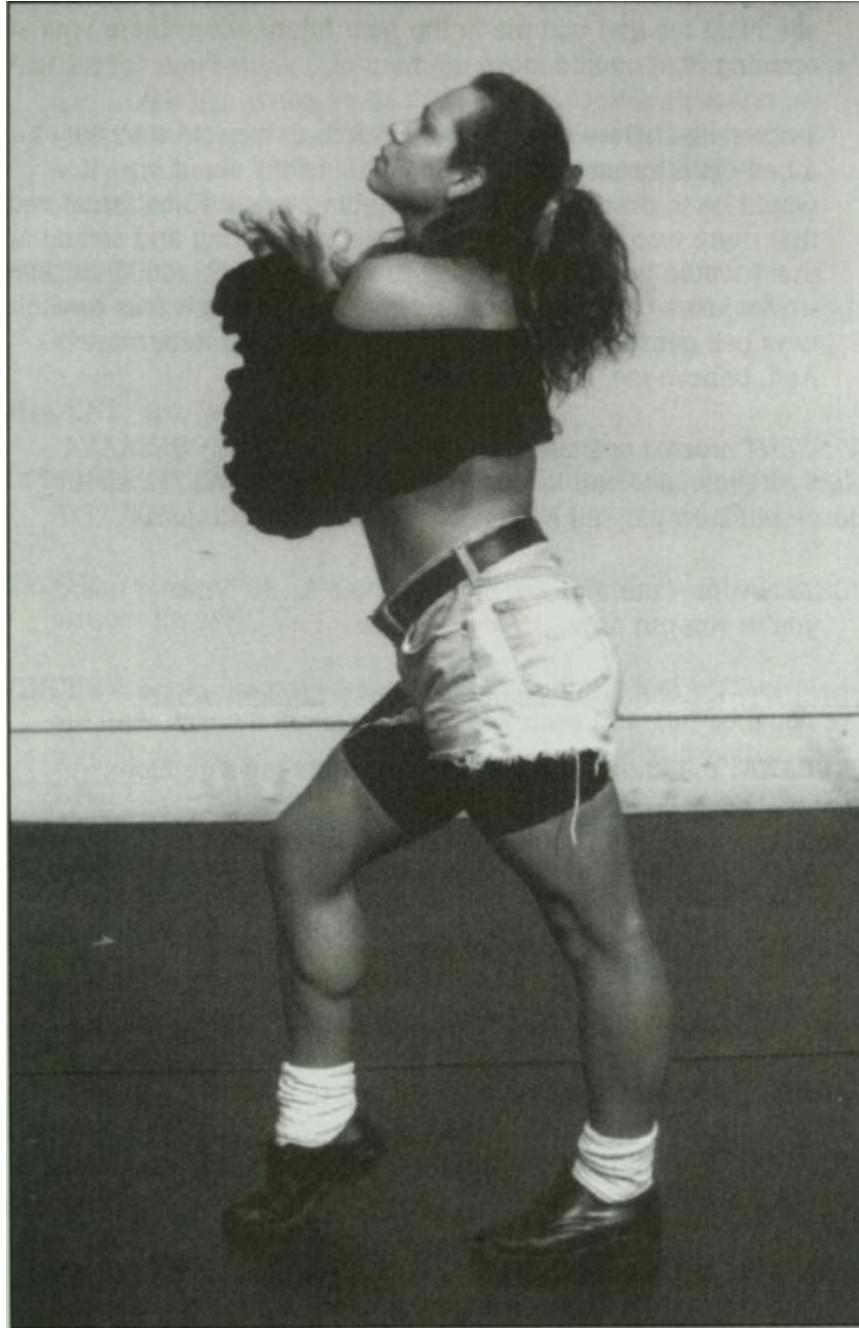
Image 2: Robbie Guillen in "New Ball Game," a scene in "People Who Live in Glass Houses…" Photo by Harold Nichols. 1991.

Access to stable housing is altered by sociocultural phenomena. The understanding that deviance from heterosexuality may be a causal factor for homelessness introduces the need for a deeper analysis of what social and cultural factors are influential in displacement. Rampant homophobia has impacted queer youths' abilities to feel safe both at home and in traditional homeless shelters. *Friendly Fire* is an anthology of three plays (*People who Live in Glass Houses, Street Dish, and Friendly Fire)* written, produced, and performed by queer street youth in the early 1990s that provides an intense look into the many nuances of what it meant to be young, queer, and houseless in the United States. The plays were a collaboration between the L.A. Gay and Lesbian Center, the Gay and Lesbian Adolescent Social Services (GLASS), directors Norma Bowles and Ernie Lafky, and many queer homeless youths, whose stories, writings, art, and performances shaped the production. The plays took place over a three-year period, from 1990 to 1993. Various queer street youth were involved with the plays which took place at Highways Performance Space in Santa Monica, CA. *Street Dish*, first presented in August of 1992, was a lengthy play that examined survival on the streets as well as the regulation and demonization of the queer body through themes of drug use, sexual assault, domestic violence, and sex work. In the scene, "My Last Breakfast at Home" written and acted by Marcus "Boy Diva" Alston Lopez, Marcus utilized monologue to recount his mother's reaction to finding out her child was gay from her nephew, Miguel, who openly identified as gay. Miguel had seen Marcus at the Sound Club, a "very big, very gay club" and immediately proclaimed that he would out Marcus to his mother.[49,50] Marcus remembered:

> So, the next day when I come home, my mom has breakfast ready. She fixes my breakfast: orange juice, steak, eggs, the whole nine yards… and she's calm at this point. Then she slams my plate on the table and says 'I hope you enjoy it because this will be the last mother-fucking meal you ever eat in this house, you fucking

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[49] Ibid, 54.

[50] To "out" a person is to publicly disclose their non-heterosexual identity without explicit permission.

faggot!' My father proceeds down the steps with an army knife and stabs me in the arm. Mom tells me that my shit is already packed. The last thing she told me was 'I should have let your stepfather kill you, but I figure that a faggot won't amount to anything.' So, I took my bags and life and I've been gone ever since.[51]

Marcus' mother and father had a violent reaction, made all the more bitter with the use of slurs. The use of the slur "faggot" creates artificial distance between the parents and their child, transforming Marcus from family into an alien and undesirable entity. Their decision to completely reject their child and ostracize Marcus was rooted in homophobia; the application of the term faggot implies an explicit disparaging of any deviance from the cis-gender, heterosexual norm. Though cousin Miguel was accepted by the family as openly gay, Marcus' parents were unable to reconcile with raising a queer child, resulting in Marcus' displacement and eventual homeless status. Though Marcus did not explain whether it was social pressures, general community behaviors, or personal disgust that triggered his family's homophobia (or why his cousin felt the need to out him), his story falls within a chorus of queer youth who were and continue to be outcast because of their identity.

Many youths who experienced physical and emotional violence at home had little to no support. Sassafras Lowrey details displacement narratives in her anthology, *Kicked Out.* The book, published in 2010, is a compilation of stories by and about queer homeless youth. One such story in the anthology, titled *Tangled Hair,* illustrates barriers to aid. Booh Edouardo tells their story of abandonment in *Tangled Hair* describing frequent physical abuse from their father due to gender deviance, such as wearing pajama pants under a dress to church as a toddler. After a particularly violent episode Edouardo searched for help, to no avail. Bruised, muddy, and hair full of twigs from sleeping in a park, they entered a police station at night. Here we enter into a portion of their memory:

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[51] Ibid, 54.

> My throat is dry, and I have trouble swallowing. I tell the policeman that my father has hurt me, and that I am afraid for my life. I push my tangled hair back from my face and look up at him, but he doesn't seem to notice me.
>
> The policeman glances down and then continues to write. He says that I can file a police report if I want to, but that it won't do any good. Perhaps I have made up my story and need time to rethink it. He tells me that after I make the complaint he has to lock me up in juvenile hall where I will stay for an indefinite period. As I climb back up the stairs, I try to fill myself up by gulping in the warm evening air.
>
> The Catholic Church that my parents belong to is nearby, I think. Perhaps the priests will help me since they know my parents, and my parents like them. As I walk across the entryway, the lights over the front door of the rectory come on as if to welcome me. I ring the bell, and a man answers from a box that hums.
>
> 'Can I help you?' the voice crackles. I explain how I am a student at the school and a member of the church, and that my father has injured me. I ask for help and wait for the man's answer hoping that someone will open the front door. Finally, the box hums again and the man says, 'Go away. No one here will help you.'[52]

The resistance to aid that Booh Edouardo faced is reflective of the ways American society has outcast deviant children. Here, deviance is in the display of both gender discretion and the public acknowledgement of domestic violence which was expected to be kept quiet. The adults that Edouardo went to were unwilling to overcome this social norm and recognize the domestic abuse or intervene. Furthermore, the police office's policy of locking children in a juvenile hall after reporting abuse only encouraged them to stay silent. Edouardo faced an impossible choice – to trade one form of violence and neglect for another. Their story continued –once eighteen they left home and in the absence of family support, money, or power, Edouardo became homeless. Edouardo's story should not be seen as a generalized experience, nor should one take away that all queer homeless youth faced extreme abuse. Rather, it should illuminate the nuanced challenges many queer youths faced that contributed to homelessness.

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[52] Sassafras 2010, 102-107.

Outside of the home, homophobia, and social stigma towards queerness, intensified by HIV/AIDS stigma, impacted how youth were treated in homeless shelters. In a striking example A youth named [Q] suffered extreme abuse after seeking shelter at the Covenant House in New York City.[53] Q was in the process of hormone replacement therapy and was kicked out of her family home for doing so. Bill Torres, the director of Community Resources at the Ali Forney Center (AFC), remembers the haunting story of what came after her ID was shown to the Covenant House staff, revealing that she had been assigned male at birth:

> [they] forced [Q] to strip off [her] clothes and put [her] naked into a closet. Other staff members would randomly pass by and open the closet door to get a glimpse of sensation out of the "chick with a dick". After a while the staff finally pushed [Q], still naked, into the male section of the shelter. The male attendants started yelling at her to stay away from the beds because they did not want "AIDS on the sheets." ... Eventually, she was brutally beaten, molested and urinated upon and realizing the situation they were in, the shelter staff didn't hesitate to put her in a cab and force her to leave.[54]

What happened to Q highlights the utter lack of resources available to queer homeless youth due to uncertain safety in shelters.[55] It is not *just* that there are few shelters available for homeless youth, but that within the few, many are unsafe due to histories of homophobia and violence. As such, Q's story is just one within a long history of mental and physical abuses perpetrated against queer folks. Homophobia as a fundamental risk factor for displacement from homeless shelters is a modern-day issue as well. Brandon Andrew Robinson's fieldwork in LGBT+ shelters revealed that the same homophobia that caused youth to be kicked out of their homes impacted their abilities to stay in shelters. He introduces the term, the queer control complex, which maps how "institutions and institutional actors' police and criminalize expansive expressions of gender and

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[53] Name changed to protect identity.

[54] Lubotsky et al., 2009.

[55] Here it is important to restate that even though homeless shelters were available, due to homophobia, racism, sexism, etc. they were objectively unsafe and therefore not a viable option for homeless people seeking shelter.

signs of homosexuality."[56] Homeless shelters may have dress codes, codes of conduct that restrict

language, and punishments for "gender transgressions" that inhibit the ability for queer youth to

authentically live and survive. If youth rebel against these restrictions they may be put out onto

the streets, forcing them to engage with survival sex to simply live or using drugs and alcohol to

cope with systematic rejection.[57] The homonormative governmentality and queer necro politics

(accepting some queer folks and violently ostracizing others) impact the likelihood of youth

becoming homeless or remaining in unstable and transient housing. The shelters that police

assumed nonheterosexuality act as fundamental causes for youths increased susceptibility to

homelessness and vulnerability to the comorbidities that accompany homelessness. Celson, a

homeless queer youth from the American South, elaborated on this, saying, "It's a lot harder

[being gay while homeless] ... you have to calculate each decision with not only a straight point

of view but a safety point of view, because most people on the streets just jump at things… There

is hardly anything I can do."

Adam Romero, Shoshana Golderb, and Luis Vasquez corroborated the impact of systemic

oppression on housing security and homelessness in 2020 with an analysis of contemporary

LGBT housing affordability, discrimination, and homelessness. They found that queer youth

disproportionately face housing instability and homelessness due to: family rejection,

sexual-orientation based discrimination by landlords, mortgage lenders, long- term care facilities,

and other housing providers, as well as discrimination and bullying at school and/or work, and

the effects of being denied the financial benefits of marriage.[58] Furthermore, they found that

"LGBT people are more likely than non-LGBT people to be poor, to be renters, to have unstable

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[56] Robinson, 2020.

[57] Survival sex will be explained in depth in Chapter 4. It is defined as sex for money, food, drugs, safety, shelter, or other necessities. The practice is also known as transactional sex.

[58] Romero et al., 2020.

housing, and to be homeless."[59] The disproportionate impact of housing instability on queer

people is intensified by discrimination and inadequate policy present in the United States foster

care system. Zachary Giano analyzed homelessness predictors and found that:

> among 265 youth who exited foster care and did not secure stable housing, 20%
> were chronically homeless within two years. Much like Slesnick et al., Fowler's
> study emphasizes the importance of secure and stable housing post-transition out
> of state/foster care systems, and posits that housing issues among youth are
> associated with behavioral problems, victimization, criminal activity, and
> dropping out of high school.[60]

Importantly, foster care had little impact on homelessness after aging out.[61] With no support

system, youth have few options to sustain housing security once they are removed from the

foster care system. Giano et al. explain that "a key governmental policy that extended the release

of foster care youth to age 21 was largely ineffective. Although it did limit homelessness in

youth up until age 21, it did not appear to reduce the risk of homelessness by age 24. A striking

22% of youth that exit foster care became homeless within 30 months."[62] The foster care system

makes children "wards of the state" and moves them away, sometimes quite far from their

communities, and then provides no stability or support upon adulthood. With these conditions,

how many youths have any chance for success? Without accessible health care or affordable

education youth are faced with crippling economic debt. With rising rent, gas, and food costs and

a stagnant minimum wage there are few avenues for homeless and post-foster care youth to

maintain savings, if they have any at all.

     While in the system, many foster youths are abused, discarded, or passed around. Dr.

Andrew Robinson interviewed a few in their larger Texas case study. Alaina, a nineteen-year-old

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[59] Ibid, 2.
[60] Giano et al., 2020.
[61] "Aging out" of foster care refers to becoming too old to remain in the program and receive foster-care specific assistance.
[62] Ibid.

Hispanic lesbian from Texas, remembered her placement in a psychiatric hospital after her foster

parent's found out that she is queer. "'Cause I was with a girl still, [the foster parent' didn't want

me there. She ended up putting me in a hospital in Dallas. Usually when we act up, and they

don't want to deal with us no more, they put us in a hospital."[63] Adelpha, an eighteen-year-old

Black, Mexican, and white transgender woman expanded on this: "say a foster home doesn't

want you there no more. They have thirty days – like your caseworker has thirty days to come

get you. But if they send you to a mental hospital, it automatically relinquishes their rights to

you. So, they don't have to wait the thirty days."[64] It is not just that foster care children are

moved from placement to placement – they are forcibly hospitalized. What little autonomy they

do have as wards of the state is completely dissolved once they are deemed undesirable or

uncontrollable. The youth continued recounting their experience in the system, stating: "It's so

easy for an adult to send a kid to a mental hospital. 'Cause they're not going to listen to you.

They're going to listen to the adult."[65]

It is critical to note that instability for youth included far more than abuse and the foster

care system. For many, it came from:

> parental romantic transitions, residential movement, changing schools, the
> incarceration of a parent, the fracturing of social ties, and other major stressors
> that accumulate across a child's life. Poverty and instability – two sides of the
> same coin – [give] devastating consequences for families, generating stress,
> depression, and other mental health challenges, as well as drug and alcohol use,
> familial conflict and abuse, strained familial ties, and other disrupting family
> dynamics.[66]

Poverty has a massive impact on instability. It is not just homophobia and discriminatory

practices that have impacted the housing security of youth, it is also the abject lack of

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[63] Robinson, 65.
[64] Ibid, 65.
[65] Ibid, 65.
[66] Ibid, 35.

support systems and welfare in the United States. Furthermore, it must be mentioned that the point of this thesis is not to make queer youth out to be a dejected, hopeless, and violated population. That would be infantilizing and incorrect. However, it is necessary to bring light to the many ways systemic oppression and discrimination have and continue to affect the health of queer youth. As such, histories of harm are essential in understanding queer youth homelessness.

Queer youth homelessness positions youth to be at risk for many physical ailments. The discussion of syndemic, the aggregation of multiple epidemics in a population due to environmental and social factors that impact disease interaction, lays the foundation for why queer youth have been disproportionately impacted by HIV/AIDS and COVID-19. However, it is not that homelessness causes drug abuse, and then drug abuse causes infection, and that infection causes mental health struggles, but that the relationship between these epidemics is multi-directional. Giano et al. recognize this, stating that "frequent drug use and HIV/AIDs status are strong predictors for homelessness in a study of 2452 individuals with a history of injection drug use. Evidence from this study also found that depressive state and loss of job due to the current health condition may amplify the risk of homelessness, particularly among those who use drugs and identify as HIV/AIDS positive."[67] They continued, explaining that:

> Homelessness with a mental illness appears to stem from a "double dose" of disadvantage: poverty with the addition of family instability and violence as a child… among homeless individuals with a mental illness, those who experienced homelessness prior to developing (or diagnosing) mental health problems had the highest levels of disadvantage; whereas those who became homeless after identifying mental illness have a particularly high prevalence of alcohol dependence.[68]

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[67] Giano et al., 700-1.
[68] Ibid.

As will be further explored in Chapter 3, comorbidities interact and heighten susceptibility and vulnerability to HIV infection, COVID infection, drug and alcohol abuse, mental illness, and tobacco use. The social and cultural factors that are fundamental risk factors for queer youth homelessness impact the likelihood of queer youth becoming physically sick. Understanding the nuances of why so many queer youths are homeless provides a framework for the existence of syndemic within queer homeless youth populations.

Chapter 3

Syndemic Theory: The Comorbidities Present in Queer Homeless Youth Populations

Queer homeless youth have faced many barriers to positive health outcomes. The interaction and simultaneous presence between diseases and medical conditions in a patient are known as comorbidities. These comorbidities alter the overall health and mortality of a population and exist within the framework of syndemic; the impact of co-existing conditions illuminates why syndemics have the potential to be so devastating. Syndemic theory recognizes that systems of oppression act as causal drivers for the aggregation of illness and disease in a population – resulting in negative health outcomes.[69] Queer homeless youth populations are impacted by the interactions between drug and alcohol abuse, mental illness, smoking, and the HIV/AIDS and COVID-19 pandemics. Social conceptions of queer homeless youth impact their vulnerability and susceptibility to disease as well as impact resource allocation, as described in Chapter 4. However, before understanding the ways that queer health and bodies are moralized, it is imperative to understand the public health environment that queer youth have existed within for forty years.

Mental Health Struggles

Mental health struggles have persisted over generations in the queer community. In homeless populations queer youth are disproportionately likely to suffer from chronic mental illnesses, such as depression. A Department of Health and Human Services report on HIV from 1990 found that street youth were twice as likely to suffer from a chronic disease compared to their housed counterparts and 89% of HIV+ youth either attempted suicide or engaged in suicidal

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[69] Singer, 80

ideation.[70] Queer youth have consistently been found to have high rates of mental health issues. Among homeless queer youth, gay-identifying males were more likely to have internalization, which is internalizing societal norms such as heterosexuality into outward identity, while lesbian-identifying females "were more likely to have symptoms of post-traumatic stress disorder, suicidal ideation, suicide attempts and substance abuse" when compared to their heterosexual counterparts.[71] This is important when recognizing that the relationship between trauma and abuse is bidirectional; that is to say homelessness may be a consequence of trauma.[72]

Image 3: Gabriel Aceves (left), Crisanto Monterroso and Caitlin Stansbury (behind) in "Blue Love" a scene in "Friendly Fire." Photo by Paula Goldman. 1993.

Friendly Fire, a play included in the anthology mentioned in Chapter 2 was produced, directed, and performed by queer street youth in 1993. It reflects upon the homes that these queer youth came from and why they left. Friendly Fire is a painful account of physical, mental, and sexual abuse that calls into question traditional family values. In the scene "Blue Love" the cast

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[70] Chaffee, 1990, 6-7.
[71] Gangamma et al., 2008, 2.
[72] Edidin et al., 2012, 356.

interrogates the intersections between homophobia, displacement, and mental struggles. With the

noise of a party as a backdrop, Kym recounts her suicide attempt:

> At the age of fourteen, in 1988, my sister Elaine kicked me out of the house for a
> lot of reasons. The first one was because my sister Linda, next to me, kept on
> talking shit about our family, then blamed me. The second was because of my
> grades, and the last one was because I was a lesbian. Elaine came home and
> caught me and my girlfriend Anthony in my room, so we left. I went to the
> hospital for four months and twelve days for drinking bleach.[73]

Tense family relations and ostracization due to sexual identity constructed a "perfect storm" for

Kym's mental health crisis. Unfortunately, she is not alone. Tyler Hatchel et al., researched

predictors of suicidal ideation and attempts in 2019, before the COVID-19 pandemic. They

found that the Interpersonal Theory of Suicide (IPTS), which "posits that suicidal ideation is

influenced by two interpersonal experiences: feeling that one does not belong to meaningful

relationships and groups (i.e., thwarted belongingness) and that one is a burden on others (i.e.,

perceived burdensomeness)" can explain why queer youth are at such high risk. Thwarted

belongingness can arise from loneliness due to bullying and/or victimization, and perceived

burdensomeness is realized through self-hatred and "feeling like a liability to others, which is

also experienced by LGBTQ youth, specifically when 'coming out' to their friends and family."[74]

Prevalence of suicidal ideation and attempts in queer youth populations is furthered by the

Minority Stress Theory (MST) which posits that "internalized bias, specifically internalized

homophobia, is a common manifestation of minority stress characterized by individuals with

sexual minority identities internalizing societal homophobia."[75] Hatchel et al., explain that the

MST may account for the huge of number of queer youth who have high levels of depression,

anxiety, and drug use. Following national trends, the youth in their study were using anything

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[73] Bowles, 106
[74] Hatchel et al., 2019
[75] Ibid.

from marijuana, to cocaine, methamphetamines, hallucinogens, street and prescription opioids,

and sedatives to self-medicate.[76,77] Hatchel et al. conclude with a discussion on intersecting

vulnerabilities, stating:

> IPTS suggests that LGBTQ youth are at greater risk for suicidal ideation because
> peer victimization and rejection increase thwarted belongingness and perceived
> burdensomeness; MST points to the chronic stress associated with being a gender
> or sexual minority as a result of stigmatizing social contexts, such as school.
> Thus, depression, peer victimization, help-seeking beliefs and intent to use drugs
> were examined as predictors of both suicidal ideation and attempts.[78]

The relationship between drug use and suicidal ideation is significant and impacts HIV and

COVID-19 infection rates. Mental health struggles' may be understood as a causal factor of drug

use in queer youth populations. The prevalence of drug and alcohol abuse is further explored at

the end of this chapter.

The stress of being homeless causes both physical and mental harm. In the case of

HIV/AIDS specifically, high stress levels and high stress lifestyles accelerate the progression of

HIV into AIDS. Gail Ironson found that stress predicted viral load increases even with adherence

to antiretrovirals. Further, "high cumulative depression and avoidant coping were associated with

approximately twice the rate of decline in CD4 as low scorers and greater relative increases in

[viral load]."[79] Researchers at North Carolina Chapel Hill showed that HIV+ men that had

experienced high stress events developed AIDS at higher rates than their "non-stressed"

counterparts.[80] Dr. Jane Lesserman explained, "we showed that for every increase in cumulative

average stressful life events - equivalent to one severe stressful event or two moderate stressful

events - the risk of AIDS was doubled."[81] The increase in risk is troubling as many homeless

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[76] Hao et al., 2021.
[77] Keuroghlian et al., 2014.
[78] Ibid.
[79] Ironson et al., 2005.
[80] Stress Speeds Progression To AIDS, 1999.
[81] Ibid.

queer youth are already infected with HIV. A 1991 Department of Health and Human Services

report stated that, "74,550 young people between the ages of 13 and 24 are currently infected,

including those with AIDS. This is a rate of 1.8/1 000. The rate varies fourfold between

demographic groups, from 0.8/1 000 for females both 13-18 and 19-24 to 4. 1/1 000 for 19- to

24-year-old males."[82] The risk of HIV/AIDS may be increased by the severe lack of sleep that

accompanies the homeless lifestyle. During sleep cytokines, which are needed when fighting

infection, inflammation, or stress, are released by the immune system. Production of these

cytokines and other antibodies is decreased when the body experiences sleep deprivation.[83]

Image 4: Tiffany "Life" Coco, sleeping on a subway in New York City. 2011. Filmed by
In the Life Media.

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[82] Chaffee et al., 1989, 4.
[83] Olson, 2018.

With subsequent deterioration in immune system function, the progression of HIV to AIDS may be more rapid and the ensuing symptoms may be intensified. Homeless queer youth are unable to achieve adequate rest, as is described by Tiffany "Life" Coco, a youth from New York City. She said, "It's scary. It took a very big toll on me emotionally. I never got like full hours of rest. I would doze off, wake up, check my surroundings, doze off … and it was just constant. The teenager or pre-teen sitting next to you on the train - you think they're taking a nap coming home from school when that's their sleep for the day. Just so that they can stay up at night and make sure they're okay and nothing bad happens to them."[84] By 2011, Life had been homeless for seven years. The lack of sleep that homeless queer youth face may impact their immune systems causing a faster progression of HIV to AIDS. Furthermore, inadequate rest can worsen or elongate symptoms of depression, anxiety, OCD, and other mood disorders. Homeless youth who are susceptible to deficient sleep become vulnerable to worsened mental and physical conditions.

Mental Health Struggles and COVID-19

When the COVID-19 pandemic began, many queer youths were isolated and displaced due to poverty, mental illness, and homophobia. Like HIV, certain behaviors increase risk of transmission and infection. These behaviors, known as COVID-19 risky behaviors include close-contact indoors, forgoing a mask in indoor and outdoor locations, and physically inhabiting crowded indoor settings. The pandemic impacted homeless queer youths' ability to socially distance and quarantine, thus forcing youth to engage in COVID-19 risky behaviors. Queer youth reported, "significantly higher levels of substance abuse, suicide attempts, survival sex, and involvement with child social services."[85] When asked to shelter-in-place, queer youth suffered at higher rates than their heterosexual peers as the safe spaces of school, clubs, friends'

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[84] itlmedia 2011.
[85] Bidell, 2014.

houses, or other extracurricular activities became inaccessible. Feelings of isolation were

reported to be intensified and familial conflict became a concern.[86] One psychological study

reported that, "The closing of K–12 and higher education institutions may confine LGBTQ

young persons to traumatic and possibly abusive environments."[87] Furthermore, funding cuts and

quarantine related closures have decreased available support for homeless queer youth. Stevie, a

16-year-old, commented on this, saying, "I had a rough time finding places to go when the

pandemic happened, a lot of opportunities and just resources shut down for me. I can definitely

say before the pandemic I had a lot more options than I did when it happened."[88] CeCe, a

26-year-old who has experienced homelessness, reported on mental health struggles during

shelter-in-place orders, saying:

> You're isolating 24/7 with your emotional and psychological and religious
> abusers and that has been pretty awful to say the least. I've had nervous
> breakdowns, I've had panic attacks, I've had anxiety attacks, I've had very severe
> depressive episodes […] I already suffered with depression and fatigue even
> before the pandemic, but the fact that I'm constantly being triggered all the time,
> almost every single day because I'm surrounded by so many religious triggers, it's
> not healthy […] And there is no social escape, there is no physical escape.[89]

For CeCe and many others home may not be a safe or secure place for queer youth and so the

pandemic may intensify the isolation that many youths were already feeling. John Salerno,

Natasha Williams, and Karina Gattamorta concurred with this, stating that queer youth

experience parental rejection, suicide, depression, and parental rejection at high rates, creating

huge potential for trauma,[90] which may lead to the loss of stable housing. The loss of resources

was exacerbated by the fact that queer people earn less money and have higher rates of poverty

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[86] Romero, et al., 2.
[87] Salerno et al., 2020, 240.
[88] Ibid. .
[89] "Investigating the Impacts of COVID-19 among LGBTQ2S Youth Experiencing Homelessness."
[90] Salerno, et al., 240.

than their heterosexual peers.[91] This is illustrated in Figure 2 which shows transgender people of

color as having higher rates of pay cuts, forced unpaid leave, unemployment, and working hours

reduction during the COVID-19 pandemic. Overall homelessness was reported to increase from

2020 to 2021 and between 2019
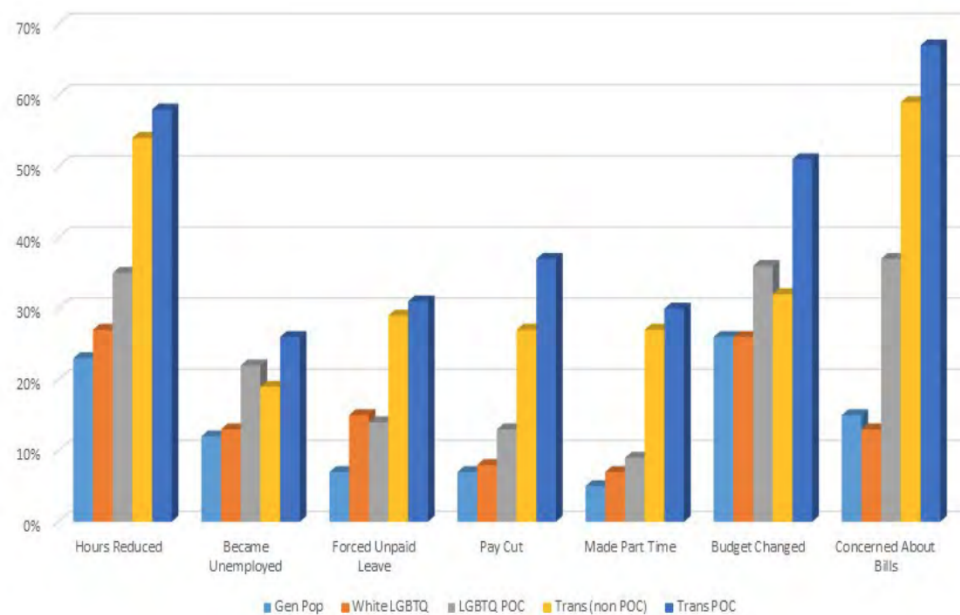
Figure 2: Effects of COVID-19 on LGBT Subpopulations. Population included
are white LGBT people, LGBT people of color, white transgender people,
transgender people of color, and the general population.

and 2020 the number of people experiencing homelessness went up by 2%.[92] Even more striking,

"the number of individuals with chronic patterns of homelessness increased by fifteen percent

between 2019 and 2020."[93] The 2020 Annual Homeless Assessment Report (AHAR) to Congress

shows the increases and decreases in homelessness in the United States from 2007 to 2020

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[91] Gil et al., 2021.
[92] "The 2020 Annual Homeless Assessment Report (AHAR) to Congress," 1.
[93] Ibid. 1, 12.

(**Figure 3)**. From 2007 to 2016 there was a general decrease, however from 2016-on the

population of homeless individuals increased steadily. The report stated that, "between 2007 and

2020, the number of people experiencing homelessness increased in 16 states, plus the District of

Columbia. The largest absolute increases were in New York (28,670 more people) and California

(22,562 more people). New York also had the largest percentage increase (46%), followed by

Idaho (32%) and the District of Columbia (20%)." Notably, at any given time in 2020 there were

an estimated 580,466 people experiencing homelessness. This may be a severe undercount, as

many individuals are uncounted due to their runaway status or "couch-surfing" practices.

Figure 3: Point in Time Estimates of People Experiencing Homelessness in the
United States. 2007-2020.

The queer youth who do stay in shelters have virtually no ability to quarantine or socially

distance, thus breaking COVID-19 safe practice guidelines and engaging in "COVID-19 risky"

behaviors.[94] Wendy Kaplan of the Trinity Place Shelter for LGBTQ youth in New York City

expanded on this, stating, "We don't have a private room."[95] However, due to the conditions that

queer youth are subjected to many have no choice but to stay at shelters for survival. Shelters

that do attempt to satisfy social distancing regulations have reduced capacity, "leaving LGBT

individuals homeless, or only able to go to shelters that engage in discriminatory practices."[96]

Furthermore, the engagement in risky behaviors allows others to define queer youth as

"deserving" of their diagnosis due to the taboo associated with queer sex and not maintaining

proper quarantine.

COVID-19 and HIV Interaction

During mass pandemic events such as HIV/AIDS and COVID-19, these comorbidities

affect the incidence with which queer homeless youth become infected. Glenn-Milo Santos, et al.

found that the COVID-19 pandemic amplified existing barriers to access to HIV prevention,

detection, testing, treatment, and care. Key prevention tools such as free condoms and

accessibility to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

prescription were reduced.[97] For queer youth who were displaced, unhoused, or lost employment

in the pandemic, HIV risky behaviors such as survival sex became more necessary.[98] These youth

were then exposed to both COVID-19, HIV, and a host of other sexually transmitted diseases and

infections (STD/I) in a time where prevention and detection were harder to access. Santos et al.

comment on this, saying, "isolation often occurs with hostile or violent family members, while

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[94] Kuehn, 2020.

[95] "Coronavirus Pandemic a Perfect Storm for LGBTQ Homeless Youth."

[96] Konnoth, 2020.

[97] Santos et al., 2021.

[98] Santos et al. found that, "gay men and other MSM also have disproportionately higher unemployment rates relative to the general population. Therefore, COVID-19 disruptions can further heighten the economic barriers. faced by many gay men and other MSM."

LGBT safe-spaces, organizations, institutions, and events, such as LGBT pride and LGBT

centers are shut down or go virtual. This can take a toll on physical, emotional, and mental

health, especially for youth and elderly LGBT individuals."[99] As such, they predicted that queer

individuals would be exposed to COVID-19 infection to a greater degree and be more likely to

lose access to medical services.

For those living with HIV, "unstructured treatment interruptions can lead to increased

HIV viral load, lower CD4 count, HIV disease progression, and increased risk of developing an

opportunistic infection."[100] Santos et al. discussed that the consequences of the pandemic were

greater among sex workers, socio-economically disadvantaged groups, and those living with

HIV. In conversation with syndemic, they stated that queer folks saw unique challenges during

the COVID-19 pandemic due to the "mental health impacts resulting from anti-gay community

backlash, arrests under false pretexts, and loss of privacy during contact tracing and monitoring

for COVID-19."[101] Lisa Bowleg agreed with this, adding that Black individuals would have a

harder time accessing PrEP than white counterparts.

Drug and Alcohol Abuse

Concurrently with mental health struggles, COVID-19, and HIV/AIDS, queer youth are

impacted by drug and alcohol abuse. Just as the relationship between homelessness, mental

health struggles, COVID-19, and HIV/AIDS is multidirectional, drug and alcohol abuse impacts

and is impacted by the latter. Tyler Hatchel et al. writes that queer youth are at a high-risk for

drug and alcohol abuse as compared to their heterosexual peers. They write that "a recent

meta-analysis identified a significant association between identity-related distress and drug use

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[99] Ibid.
[100] Ibid.
[101] Ibid.

among LGBTQ adolescents, highlighting the role of minority stress."[102] As seen in Chapter 2

queer youth are often subjected to harm perpetuated by homophobic ideology at both school and

home. School communities are important in facilitating drug use prevention and youth who feel

"attached and committed to their school community" uphold norms. "However, once students

become deviant or isolated and no longer feel this obligation, drug use can proliferate and even

become a relative norm within deviant groups."[103,104] Drug use is then understood as a product of

community rejection and community building in queer youth groups. Kimberly Tyler concurs

with this, stating that, "several studies report that homeless youth who use illicit drugs and

engage in risky sexual practices generally have friends who engage in similar behaviors, thus

reinforcing the importance of behavioral norms and modeling."[105]

      Drug and alcohol use is utilized as a policing force within the queer control complex.

Brandon Andrew Robinson explains that sobriety is expected and enforced at the homeless

shelters they studied, even though many of the youth were of legal drinking age. Robinson states:

> To enter the shelter, the youth had to be completely sober, as they had to blow a
> 0.00 on the breathalyzer to get into the campus. Since a guard searched the bags
> and made them go through a metal detector, the youth also could not bring drugs
> or weapons to the shelter. The staff could also drug test the youth at any time and
> go through the youth's belongings. I – with my volunteer badge – never had to go
> through the metal detector, never had my bag searched, and never blew into a
> breathalyzer. Only the people experiencing homelessness had to give up certain
> rights and privacy to be on the campus.[106]

Drug and alcohol use became a tool for staff to hold power over the youth and maintain a privacy

imbalance. The double standard present at this shelter shows an infantilization of the queer youth

it proclaimed to uplift and serve. Without harm reduction policies the shelter continues a cycle of

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[102] Hatchel et al., 2019.
[103] Here, deviant is used in reference to deviance from heterosexual norms.
[104] Ibid.
[105] Tyler, 2013.
[106] Robinson, 149.

institutionalized harms. These abstinence-only policies further endanger youth who, statistically, will continue to use drugs. The shelter's stance on drug use forces youth back onto the streets where their engagement with substances may worsen and will take place in unsafe conditions. This brings back the bidirectional nature of drug use and homelessness: use may be a consequence of homelessness and may also be a casual driver of homelessness.[107] Zachary Giano et al. suggest that "frequent drug use and HIV/AIDs status are strong predictors for homelessness in a study of 2452 individuals with a history of injection drug use." They further comment on the impact of syndemic, explaining, "depressive state and loss of job due to the current health condition may amplify the risk of homelessness, particularly among those who use drugs and identify as HIV/AIDS positive."[108] Merrill Singer addressed social factors when discussing drug use within syndemic theory. He theorizes that each syndemic factor interacts, impacting the severity of the body's response: street drug users, referring to the "marginalized, inner-city drug users who have been forced by poverty, discrimination, and addiction into a far more visible and public pattern of drug acquisition and consumption," are at higher risk for HIV infection.[109] HIV+ status is impacted by drug use, homelessness, and poverty. Kimberly Tyler furthers Singer's analysis:

> homeless youth were not only engaging in drug risk behaviors with some of their network members but what was unique was that some network sanctions and norms were positively associated with homeless youth engaging in similar HIV risk behaviors with strangers, suggesting that there are multiple ways homeless young people may be at risk for HIV. One risk was through using drugs irrespective of their networks. A second risk was using drugs with their social network members, which may have been done to avoid sanctions for non-conformity imposed by members of their peer group.[110]

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[107] Rosario et al., 2012.
[108] Giano et al., 2020.
[109] Singer, 44.
[110] Tyler, 2013.

The pressures of fitting in are heightened during youth, particularly when accepting communities are harder to access. Social and cultural systems of oppression as well as social network normative behaviors are fundamental causes for drug use in queer homeless youth populations. Furthermore, drug use increases risk for death by suicide. Tyler Hatchel et al., state that, "LGBTQ adolescents were at 1.7 times more likely to endorse suicidal behavior if they reported future drug use and 1.3 times more likely if they reported being victimized by their peers."[111] Hatchel et al. continue, stating, "across populations, drug use heightens risk for death by suicide both acutely and distally. Given the prevalence of direct exposure to bias-based aggression like homophobia, it is unsurprising that LGBTQ youth face an elevated risk of developing an array of internalizing mental health symptoms (e.g., anxiety, depression, and suicidality) as well as externalizing symptoms (e.g., problematic drug use)."[112] Queer homeless youth are disproportionately likely to engage in drug use behaviors, increasing their risk of suicidal ideation and behavior; queer homeless youth are also disproportionately likely to engage in drug use due to suicidal ideation and behavior. Once again, the syndemic is understood as synergetic.

Nicotine Use and Associated Risk

Nicotine use and cigarette smoking are pervasive among queer homeless youth populations. Over 70% of homeless youth smoke cigarettes and LGBT youth are known to be disproportionately at risk.[113,114] A 2007 study by Gary Remafedi found that a third of their participants held the belief that all LGBT youth are at risk for smoking, and that many of the young queer cigarette smokers could not imagine queer non-smokers and were not acquainted with any.[115] Remafedi analyzes this trend, stating that "personal characteristics (i.e., stress,

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[111] Hatchel et al., 2019.
[112] Ibid.
[113] Tucker et al. 2014.
[114] Fields, 2021.
[115] Remafedi, 2007.

rebelliousness, poor self-esteem, predisposition to addiction, and other substance use),

interpersonal issues (i.e., peer pressure, assimilation into LGBT networks, and lack of positive

role models); environmental conditions (i.e., homophobia, hunger, poverty, homelessness, and

exposure to second-hand smoke); and structural issues (i.e., tobacco advertisements and lack of

access to healthcare and information)" were at fault.[116] This trend has persisted, as in 2020

Evans-Polce et al. reported that sexual minorities were significantly inversely associated with

tobacco use disorder.[117] They found an association between sexual minorities, the frequency of

sexual orientation based discrimination, stressful life events, adverse childhood experiences, and

odds of comorbidities such as anxiety and mood disorders. They reported that "bisexual women

are at heightened risk for alcohol, tobacco, and other substance use disorders, as well as anxiety

and mood disorders, compared with heterosexual women. Men who identified as gay had a

particularly high prevalence of past-year alcohol use disorder and tobacco use disorder. Both gay

men and bisexual men had a significantly higher prevalence of all disorders compared with

heterosexual men."[118] Furthermore, the prevalence of co-occurrence of psychiatric disorders and

tobacco use disorder was higher in sexual minorities populations. This is not to say that smoking

is a symptom of queerness but that queer people are more likely to have life experience that is

correlated with tobacco use. Using the MST, it is understood that systems of oppression such as

homophobia are causal drivers of substance use. Etern!ty a queer homeless youth whose story is

included in *Kicked Out* shared how homelessness impacted their mental health and tobacco use.

"Over the next few months, I was jumping from couch to couch, from old friends to friends of

friends, getting sick from not eating or sleeping. But I was smoking a whole hell of a lot of

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[116] Ibid.
[117] Evans-Polce et al., 2020.
[118] Ibid.

cigarettes. Cutting more than usual… It was horrible. Shit, I was horrible…"[119,120] The minority

stress theory helps explain why Etern!ty's story is a common response to extreme stress and

instability; after being displaced from a physically abusive home and jailed for squatting in an

abandoned home, Etern!ty's frequent tobacco use and cutting is a response to intense emotional

pain. Without any sustained support, they had few options for relief.

Tobacco use impacts far more than generalized lung health. HIV+ individuals who smoke

cigarettes are more likely to be impacted by HIV related infections such as Thrush, Hairy

leukoplakia, Bacterial pneumonia, and *Pneumocystis* pneumonia.[121] Other illnesses such as

chronic obstructive pulmonary disease (COPD), stroke, heart disease, Lung cancer, head and

neck cancer, cervical cancer, and anal cancer are all more likely in HIV+ patients who smoke

cigarettes. The negative health consequences of smoking that interact with HIV are also present

in COVID-19 patients. Kevin Hesley and Jeffery Hall in 2021 found that sexual minority groups

had prevalence of underlying health conditions that may increase risk of severe COVID-19

infection.[122] While there is limited data on COVID-19 and tobacco use in queer homeless youth

populations, it is known that queer homeless youth disproportionately engage in tobacco use and

are at a greater risk of contracting COVID-19.

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[119] Sassafras, 136.
[120] "Cutting" refers to a self-harm practice in which an individual cuts themselves.
[121] CDC, 2022.
[122] Heslin, 2021.

Chapter 4

AIDS, COVID-19, and the Construction of the At-Risk Identity

The social construction of disease has innumerable impacts on health and healthcare accessibility. HIV/AIDS and COVID-19 are two unique examples of how diseases transcend illness and become cultural metaphors for the undesirable and dangerous. In her seminal work, *AIDS and Its Metaphors,* Susan Sontag analyzes AIDS' transition from a mystery affliction to a God-sent apocalyptic disaster. Sontag's work is a continuation of her discourse on the metaphors surrounding cancer, where she returns to the historical framework of "disease expressing character and character thus causing disease." Sontag states that "cancerphobia taught us the fear of a polluting environment; now we have the fear of polluting people that AIDS anxiety inevitably communicates."[123] This conception of 'polluting people' sets up a dichotomy between 'clean' and 'dirty': the guilty, raunchy, un-godly AIDS-infected exist to pollute the innocent, pious, white American. This chapter will explore how the metaphors that defined AIDS in the 1980s constructed the "at risk" identity for queer homeless youth that inevitably led to a perception of 'deservedness;' that is to deserve the disease and the consequences that come with it due to engagement in risky and/or taboo behaviors. Paul Farmer's argument that one cannot consent when actions are taken for survival lays the framework for why 'deservedness' is so dangerous. The moralization of HIV and the construction of "deservedness" for queer HIV+ people will be compared to the moralization of COVID-19 and the responsibilities of the individual in maintaining global public health. Queer homeless youth are held culpable and

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[123] Sontag, 73

blamed for health disasters, while the institutions that maintain poverty, homelessness, and restrict access to healthcare go unscathed.

"The terrorists are now coming to us with a weapon more terrible than Marxism: AIDS"[124]

The moralistic understanding of disease was left behind by modern medicine and the discovery of bacteria and viruses. One could no longer blame the poor for their "ungodly" living conditions when it is public knowledge that sewage contaminated water spreads cholera, and it is in fact the state who is responsible for poor sanitation. The introduction of AIDS ushered in the return of moralistic understandings of disease, and queerness became synonymous with death. Sontag explores the moral weight of AIDS through the differences in a cancer or AIDS diagnosis.

"'Why me?' the cancer patient exclaims bitterly. With AIDS, the shame is linked to an imputation of guilt; and the scandal is not at all obscure […] indeed, to get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain 'risk group,' a community of pariahs."[125] AIDS is understood as an attack on the body by unsavory peoples that got what they deserved. "The unsafe behavior that produces AIDS," Sontag asserts, "is judged to be more than weakness. It is indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant."[126] AIDS the virus is conceptualized as more than an "invader" that targets vulnerable populations, it is an invader coming *from* dangerous peoples that has the potential to harm the whole society. The person, not the virus, is the perpetrator of harm. Now, those who are infected are not simply ill but immoral vectors of disease that threaten 'good' people. Sontag explains that "this logic implicitly makes individuals morally culpable (both self-destructive and

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[124] Ibid, 62. Stated by Pik Botha the Foreign Minister of South Africa in 1987. Botha made this declaration amidst an AIDS outbreak in mining communities. It is important to note that many of these miners were Black immigrants.
[125] Ibid, 24-5.
[126] Ibid, 25.

homicidal) for engaging in activities which might result in HIV infections in the absence of a 'cure' or 'vaccine. […] AIDS now is understood as the fate of the deviant; some acts, but not others, engaged in by some classes of people, but not others are the 'cause' of 'AIDS.'"[127] The implication of AIDS as an inevitable consequence of deviant behavior implies that there is no need to prevent or help treat AIDS patients. Why would there be, when they chose to engage with the action (say, anal sex), and got the disease? This framing is irrevocably dangerous.

Religious rhetoric fueled metaphoric AIDS discourse. Famously, Jerry Falwell, a prominent American Southern Baptist that came to power as a televangelist, was recorded saying, "AIDS is God's judgment on a society that does not live by His rules."[128] Sontag elaborates on the understanding of divine intervention in disease, stating, "considering illness as punishment is the oldest idea of what causes illness, and an idea opposed by all attention to the ill that deserves the noble name of medicine."[129] Statements by Bishop Falcão of Brasilia and the Cardinal of Rio de Janeiro, Eugenio Sales, two leading Brazilian clerics, characterized AIDS as both God and nature's revenge.[130] Thereby, AIDS as an infection has been transformed into a defining characteristic for one's virtue. The metaphors applied to syphilis closely resemble this, as explained by Sontag:

> Thinking of syphilis as a punishment for an individual's transgression was for a long time, virtually until the disease became easily curable, not really distinct from regarding it as retribution for the licentiousness of a community - as with AIDS now, in the rich industrial countries. […] AIDS is understood in a premodern way, as a disease incurred by people both as individuals and as members of a 'risk group' - that neutral-sounding, bureaucratic category which also revives the archaic idea of a tainted community that illness has judged.[131]

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[127] Ibid, 64.
[128] Ibid, 61.
[129] Ibid, 45.
[130] Ibid, 61.
[131] Ibid, 46.

A tainted community, a deserving few who disgrace others with their actions; AIDS has reintroduced the ability to blame health crisis on individual behavior. It is then socially understood that the AIDS patient deserves blame, and even culpability in their prognosis. It is the self-destruction of those who cannot control their desires and who deviantly seek pleasure. "Now AIDS," Sontag proclaims, "obliges people to think of having sex as having possibly, the direst consequences: suicide. Or murder."[132] The conception of AIDS through American individualism and morality has altered the accessibility of care. However, what does this mean for queer homeless youth?

HIV/AIDS Risky Behaviors

The risk of HIV infection varies depending on exposure behavior and viral load. Risky behavior for HIV infection includes anal and vaginal sex and intravenous drug use and needle sharing.[133] A critical "HIV risky" behavior is survival sex, otherwise known as transactional sex. Survival sex is sex in exchange for money, safety, clothing, food, shelter, or drugs. This type of survival behavior, aptly named transmission risk behavior, may be necessary, yet it puts youth in danger of HIV and other STI/D infections, physical abuse, and sexual assault.[134] Pushed to the streets, queer youth have few options for housing and no option but to engage in these "risky" behaviors. As defined in Chapter 2, queer youth who are displaced at a disproportionate rate have few places to go and few structural supports available. This subjects' homeless queer youth to unsafe living situations where their vulnerability may be exploited. One youth in Atlanta spoke of their experience with survival sex to stay off the streets, saying, "I slept with one person to the next to the next to the next, performing oral sex or sleeping just to be able to have a place

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[132] Ibid, 72.
[133] "HIV Risk Behaviors | HIV Risk and Prevention Estimates | HIV Risk and Prevention | HIV/AIDS | CDC."
[134] Langenderfer-Magruder et al., 2016.

to sleep for that night so that I wouldn't be out in the rain or out walking the streets late at night. Very few times was penetration involved. It was more so…it was more so oral and [inaudible]."[135] This participant later found that they had contracted HIV. In 2011, Eugene Walls and Stephanie Bell found that 9.4% of the LGBT homeless youth had engaged in some form of survival sex (n = 153, sample size = 1,625). Decades earlier in 1987, and following a similar pattern, Gary Remafedi, found that 17% of gay homeless youth were involved in transactional sex.[136] LGBTQ+ youth were also more likely to be asked by another individual to perform transactional sex.[137] Further, transgender women and specifically transgender women of color engaged in transactional sex at disproportionately higher rates than their cis-gendered counterparts.[138] This is congruent with general HIV trends in 1990, where people of color were infected with HIV at higher rates, and a shocking 29.3% of all HIV deaths were Black.[139]

Survival sex and AIDS stigma, as described by Sontag, impacts housing security for queer youth. In turn, this impacts seroconversion rates. Sabine Tigerlily Vasco recounted their transition to homelessness after coming out to their parents. Vasco's mother was incredibly unsupportive and believed that her child was sentenced to an HIV+ diagnosis purely for being queer. Vasco recounts that their mother, "would rather I be a prostitute than be gay because, after all, being gay meant I would undoubtedly get AIDS." [140] Here, their mother's homophobia and correlation of AIDS with queerness caused their exile from home. It was impossible for Vasco to remain in an abusive home, however life as a queer homeless youth is not easy. Leaving an unstable home can render youth vulnerable to exploitation or require them to stay in unsafe situations due to a dire need for shelter. The conditions described in Chapter 2 that drive

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[135] Moore et al. 2019.
[136] VAWnet.org, 2009.
[137] Ibid.
[138] Moore et al.
[139] "Current Trends Mortality Attributable to HIV Infection/AIDS -- United States, 1981-1990," 1991.
[140] Lowrey, 71.

homelessness place youth in circumstances where engagement in risky behavior is necessary for

survival. Once on the street, a youth recounted the dangers of finding housing, saying:

> Negotiating the pragmatic and superfluous aspects of life on the streets required creativity and vigilance. Finding food, getting a place to sleep, locating a shower and dying our hair unnatural hues were daily challenges / annoyances. The more vital task was to navigate the myriad potential dangers to one's physical and psychological safety posed by the adults who preyed upon discarded adolescents… Our worthlessness was undoubtedly compounded by being queer / gender-variant. A man combed the Tenderloin district for young runaway boys and street hustlers and would offer them shelter and opportunities for gainful employment if they would fuck him in exchange.[141]

A Los Angeles based study reported that LGBT students were three times more likely to spend

the night at a stranger's home than the streets, putting youth at a higher risk of sexual

exploitation.[142, 143] Furthermore, Gary Remafedi in 1987, found that 17% of gay homeless youth

were involved in transactional sex and that LGBTQ+ youth were also more likely to be asked by

another individual to perform transactional sex.[144] It is critical to note that transgender women

and specifically transgender women of color engaged in transactional sex at disproportionately

higher rates than their cis-gendered counterparts.

    In the powerful performance, Friendly Fire, queer homeless youth recount the power

dynamic between those who are offering homeless youth housing and the youth themselves. In

the scene "Where are You Living, Gary?" Marco offers 18-year-old Gary housing after he has

been denied by the Covenant House and Citrus House shelters. Marco knew that Gary did not

have a consistent job, was engaging in survival sex, and did not have a familial or friend support

network. He exploited this, became Gary's only support, and then moved himself and Gary to

Canada where, without a visa, Gary could not legally work. The following scene is a

conversation between Gary and Marco where Marco is coercing Gary into having sex:

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[141] Ibid, 21.
[142] Rice et al., 2012.
[143] Walls and Bell, 2011.
[144] Remafedi, 1987.

(MARCO starts fondling GARY)
GARY: Quit it!
MARCO: *(playfully)* No.
GARY: Yes!!
MARCO: Why!?
GARY: 'Cuz I hate it when you do this -
MARCO: So?!
GARY: Every morning we've got to put on the damn porno videos and I've got to jack you off… and I don't get nothing out of it.
MARCO: *(rolls his eyes)*
GARY: I've told you that: I don't get nothing out of it-
MARCO: Where are you living, Gary?
GARY: I'm living with you.
MARCO: Okay… what food are you eating?
GARY: Food that you're buying.
MARCO: *(laughing)* What clothes are you wearing?
GARY: clothes that you bought me.
MARCO: So, shut the fuck up.
GARY: I'm just sick and tired of it all the time, y'know. You never treat me- you treat me like a piece of property! And I'm sick of it. You never look at me for who I am. You're always looking to me for what I have.
MARCO: It works both ways, darling–
GARY: Well, I don't like it.
MARCO: Well, I'm not responsible for your happiness. You wanna go… I'll get you a plane ticket and you're there…
GARY: You don't really want me to leave. It's just a goddamn mind trip you're always trying to play me on me. 'Cuz you know as soon as I walk outside that door you'll be trying to snatch me back. I'm the only goodman fool who'd stay with you this long–
MARCO: And why is that, Gary? Tell me Mr. Psychoanalysis, why do you keep coming back?
GARY: Because I don't have a place to go–
MARCO: It's because you need me, Gary. I'm the only family you've got. I'm your Daddy, baby. And little baby likes to make Big Daddy happy, right?
GARY: I'm not your goddamn whore! If you want a goddamn whore, you can go–
MARCO: back where I found you?
GARY: I was doing it 'cuz I had to–
MARCO: You had to, Gary? Did anyone FORCE you to go work on the street?! I think it was a choice, I think it was ABSOLUTE choice–
GARY: It was not a choice. I had to–

>MARCO: You know, sometimes you're just a fucking *(screams startlingly loud)*
>DRAG!!! *(Pause, as MARCO decides whether or not to hit GARY. Then, quietly…)* Get your fucking shit and get out. Get all the things I've ever given you. Go get them… go get them right now.
>GARY: You know I don't have any place to go. Where am I supposed to go?
>MARCO: *(smiles and shrugs, whispers)* That's not my problem.

This disturbing account of leveraging housing and food for sex and power is far too common. Survival sex transcends what is typically understood as "prostitution" and is practiced in various interpersonal relationships where a survival need is at play.

Social networks impact the rates at which youth engage in risky behaviors. Kimberly Tyler studied risk behaviors in youth communities and found that "engaging in drug risk behaviors may make subsequent participation more likely, especially when pressure, coercion, and/or threats are involved. Due to sheer necessity, some homeless youth who lack food and/or shelter may succumb to trading sex with a stranger in exchange for items they deem necessary for their survival."[145] Necessity, seen through Gary's relational dynamics with Marco, is further analyzed by leading global public health figure, Paul Farmer. In *Infections and Inequalities: The Modern Plagues*, Farmer argues that limited access to and/or limited ability to increase generational wealth, political power and strong labor unions results in an extreme lack of consent and autonomy. There can be no consent to an action when it is taken to ensure survival. As such, Farmer makes the point that doctors and those in power should not hold individuals accountable or responsible for their illness, even when engaging in risky behavior. A critical example of this is when marginalized people, specifically queer homeless youth, make "HIV risky" decisions based on self-preservation. Farmer asserts that people who are facing harm in the forms of hunger, loss of housing, loss of protection, etc. – all things homeless queer youth faces – are unable to fully consent to the risky acts they engage in. He explains, "...sickness is a result of

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[145] Tyler, 2013.

structural violence: neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency."[146] That is to say, people become vulnerable to disease and infection through social processes and structural violence; marginalized peoples are impacted by HIV in disproportionate rates due to impoverishment and oppression rather than an individual failure to abstain from HIV risky behaviors.

Another HIV risky behavior is intravenous drug usage which has an important correlation between survival sex and drug usage. Queer homeless youth that use intravenous drugs are at a high risk for overdose and engage in high rates of HIV risk behaviors.[147] Kristen Ochoa et al. in 2001 found that "the subpopulation of young injectors at highest risk for overdosing is the same as the group at highest risk for HIV infection – those who borrow needles and those who are gay or bisexual. About 79% of reported overdoses were in subjects with one or both of these risk factors."[148] This corroborates Mary Jane Rotheram-Borus et al.'s 1994 findings of six behavioral patterns that place queer youth at risk for HIV infection. Firstly, the youth in their study "reported more sexual partners and encounters than the national norm, and those with the largest number of male partners were likely to barter sex for money or drugs." Secondly, "the youths initiated sexual activity at an early age." Third, "the specific sexual acts practiced placed these youths at high risk for contracting or transmitting HIV. With male partners, more than three quarters engaged in oral or anal sex and nearly half in anilingus. [...] Receptive anal sex is one of the riskiest sexual behaviors for contracting HIV and common among this cohort (with a prevalence of 73%)." Fourth, almost a quarter of the youth in the study engaged in transactional sex, and fifth many youths used condoms inconsistently: "52% reported never, rarely, or

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[146] Farmer, 79.
[147] Ochoa et al. 2001, 453–60.
[148] Ibid, 458.

sometimes using a condom with male partners." Finally, youth reported frequent alcohol and

drug usage that, "often disinhibits sexual restraints or may lead youths to barter sex to finance

their drug habits."[149] John Noell and Linda Ochs further this discussion, reporting in 2001 that

"Lesbian-bisexual females were significantly more likely to have used injection drugs,

amphetamines, marijuana, and LSD than heterosexual females. The pattern for recent drug use

was quite different. GLBU status was associated with greater likelihood of amphetamine use and

injection drug use for both males and females."[150,151] Following existing trends they report that

queer youth have higher rates of drug use and are more likely to initiate risk behaviors and

become homeless than their heterosexual peers.[152] Michele D. Kipke et al. studied HIV risk

among youth peer affiliation groups. Among queer youth they found HIV behaviors to be

common:

> Overall, 29% of the respondents reported having had sexual intercourse with an
> injection drug user, 23% reported having engaged in prostitution/survival sex,
> 21% reported having had unprotected sexual intercourse the last time they had sex
> with one of these sexual partners (including an HIV-infected partner), and 31%
> reported having ever injected drugs, of which 56% reported having engaged in
> needle sharing or having used nonsterile or 'dirty' needles. Seventy-nine percent
> of the respondents reported having ever been tested for HIV…Respondents in the
> gay/bisexual group were similarly 2.48 times more likely to have had sexual
> intercourse with an injection drug user and 3.13 times more likely to have
> engaged in survival sex or prostitution.[153]

This is consistent with Kimberly Tyler's literature review of homeless youth risk behaviors. Tyler

reported several studies that found that homeless youth were more likely to engage in risky

behaviors if they have friends or a social network that encourages them to. Importantly, Tyler

states that, "having an illicit drug user present in the network was associated with having

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[149] Rotheram-Borus et al. 1994, 47–57.
[150] Noell and Ochs, 2001, 34.
[151] GLBU stands for Gay, Lesbian, Bisexual, Unsure.
[152] Ibid. 31.
[153] Kipke et al., 254.

numerous sexual partners and participation in survival sex."[154] The correlation between survival

sex, drug use, and HIV infection is indisputable and disproportionately present in queer homeless

youth populations.

Drug and alcohol use have been linked to stress, suicidal ideation, and HIV infection in

queer homeless youth populations. Moskowitz, Stein, and Lightfoot found that queer youth were

at a high risk of self-harming practices and experienced more stressors than heterosexual

counterparts. Furthermore, they found drug use to be a predictor of suicidal ideation and

behavior.[155] Drug use is correlated and impacted by suicidal ideation and poor mental health;

often caused by the stressful conditions of homelessness. This is incredibly important as Rashmi

Gangamma et al. found that drug use, such as the use of alcohol, opiates, and marijuana, were

significant predictors of HIV risk.[156]

The "At Risk" Identity and the Construction of "Deservedness"

The labeling of behaviors as "risky" led to the classification of specific populations as

"at-risk" due to their increased engagement in these behaviors. The "at-risk" identity is

weaponized to place blame on the infected for their diagnosis, negating the systems of

homophobia that generated the need to engage in risky behaviors for survival. The

acknowledgement that poverty is a policy decision allows for a nuanced conversation on how

"vulnerable" and "at-risk" populations are constructed and maintained. The coexistence of

trauma, mental health struggles, and drug and alcohol addiction intersect to influence the

frequency with which queer homeless youth engage in risky behavior. Furthermore, homeless

queer youth engage in risky behaviors due to the lack of support systems and welfare available.

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[154] Tyler.
[155] Moskowitz et al., 2013.
[156] Gangamma et al., 2008.

While homeless shelters offer some respite, many are unreliable, physically dangerous, and/or at capacity. Susan Sontag's analysis of the demonization of HIV+ individuals illustrate the influence of HIV/AIDS stigma on an "at risk" identity for queer homeless youth. Their deviance from heteronormativity and typical familial structures as well as their engagement in taboo behaviors leads to a sweeping conception that not only do all queer homeless youth have HIV, but that queer homeless youth *deserve* HIV. Cindy Patton, in *Inventing AIDS,* describes how the stigmatization and moralization of HIV and HIV risky behaviors aid in the discrimination of queer peoples. When discussing virology she states,

> This logic implicitly makes individuals morally culpable (both self-destructive and homicidal) for engaging in activities which might result in HIV infections in the absence of a 'cure' or 'vaccine… AIDS now is understood as the fate of the deviant; some acts, but not others, engaged in by some classes of people, but not others are the 'cause' of 'AIDS.' [157]

When queer youth engage in HIV risky behaviors, such as survival sex and intravenous (IV) drug use, to survive or to cope with their traumas they become "undeserving" of or ineligible for aid. Patton explains how AIDS-related anti-discrimination laws further the acceptance of the queer "at risk" identity:

> The orientation toward treating AIDS fundamentally as a disease and not a social problem meshed well with the existing public health approach to disease, and laid the groundwork for several states to include AIDS-related discrimination under existing disability law, which was sometimes also interpreted to cover people perceived to be at risk for AIDS (most often, gay men). [158]

Treating AIDS as a disease rather than a social problem speaks to the disregard of the social and cultural factors that act as causal drivers for HIV/AIDS infection. 'AIDS as a disease' means that an individual [gay men] who engages in risk behaviors [gay sex] is responsible for infection. However, using syndemic theory, it is understood that existing comorbidities such as

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[157] Patton, 1990, 64.
[158] Ibid, 9.

homelessness, drug and alcohol addiction, mental health struggles, and tobacco use impact how and why queer people engage in HIV risky behaviors. 'AIDS as a social problem' then accounts for the ways that systemic oppression impacts the existing syndemic. Sontag comments on this, stating that "getting the disease through a sexual practice is thought to be more willful, therefor deserves more blame Addicts who get the illness by sharing contaminated needles are seen as committing (or completing) a kind of inadvertent suicide."[159]

COVID-19 Risk Behavior and Infection "Deservedness"

As previously defined, COVID-19 is transmitted through aerosols from the nose and mouth that carry the virus. Behaviors that place persons near one another allow for the transmission of these aerosols from an infected person to another. These COVID-19 risky behaviors include being in an indoor environment with another person unmasked, being in an indoor environment with another inadequately masked person, sharing saliva with an infected person, and being unvaccinated. The United States' response to the COVID-19 pandemic has been placed on individual responsibility: the individual must socially distance, quarantine, vaccinate, boost, and mask. However, these behaviors are inaccessible to many. Essential workers (such as grocery store employees, janitors, plumbers, and other service providers) have no option but to be exposed to others. There is a disproportionate number of marginalized peoples working in essential in-person jobs, that are typically underpaid and over-exposed to COVID-19.[160] Furthermore, without a home there is no ability to socially distance or quarantine when exposed to COVID-19. An important factor of this is mask quality. Many essential workers are unable to access high-quality masks, such as KN95 masks. Inaccessibility to quality masks is

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[159] Sontag, 26.
[160] Kantamneni, 2020.

critical in COVID-19 risk as many essential workers cannot avoid exposure to unmasked individuals.

Queer homeless youth who are living in shelters or transitional housing may be sharing a room or bathroom with multiple individuals. The economic impacts of the pandemic have decreased available resources and funding for shelters and other supports for people experiencing homelessness which has impacted the number of beds available. An additional impact of the pandemic on queer homeless youth is that those who were "couch surfing" and spending a few days at a time with multiple friends, family members, or strangers, can no longer safely do so or may be unwelcomed. The inability to stay with multiple hosts put many queer homeless youths onto the streets where there is almost no protection from COVID-19. Housing instability during the COVID-19 pandemic is also impacted by the queer control complex. Shelters that police youth by monitoring relationships, and enforcing curfews, dress-codes, and abstinence only policies to drug use displace youth are unable to comply. These shelter policies are all the more dangerous as drug use and mental health struggles are on the rise due to the isolation and anxieties surrounding the pandemic. Queer homeless youth who are vulnerable to increased drug use and who engage in "deviant behaviors" become susceptible to COVID-19 and HIV infection once back on the streets. The instability that is defined by the queer control complex helps explicate how deviant behavior and moralized conceptions of disease harm queer homeless youth.

Masking and vaccinations are another important aspect of individually avoiding COVID-19 infection. When people go unmasked and infections increase, a sentiment of "they got what was coming for them" arises. The same language applied to queer homeless youth who contracted HIV is used to define queer homeless youth who contract COVID-19. Just as queer

homeless youth are thought to deserve HIV infection due to engagement in queer sex, survival sex, and IV drug usage; queer homeless youth may be thought to deserve HIV infection due to not keeping social distancing and remaining unmasked and/or unvaccinated. A national dialogue has appeared demonizing the infected for not behaving correctly and for the "good of others." This form of moralization, seen during the HIV/AIDS pandemic, takes the responsibility of illness from the state and global health entities, and places it onto the individual. It is the obligation of the US citizen to protect their community rather than the obligation of the community and state to protect the citizen.

At the beginning of the COVID-19 pandemic the political left in the United States were publicly critical of people who did not follow public health guidance, such as having in-person church services and relaxed social-distancing guidelines. Having left-wing, socially liberal individuals engage in this behavior is an interesting shift in who is perpetuating disease moralization dialogue as it was typically right-wing, socially conservative individuals during the emergence of the HIV/AIDS pandemic. It is irrevocably dangerous to moralize disease; the allowance for individual blame shifts responsibility for disease control and adequate public health response from governing bodies to "risky" people. The same discourse that painted HIV/AIDS as a disease of licentious queer people, is framing COVID-19 as a disease of the uncaring and lazy American. In both instances, queer homeless youth are disproportionately infected and impacted due to existing syndemics. Due to the moralizations of HIV and COVID-19, aid is impacted by social stigma and a perception of deservedness.

Chapter 5

Conclusion

Between 1980-2020 queer homeless youth in the United States have faced two major syndemics during the HIV/AIDS and COVID-19 crises. The co-occurrence of homelessness, drug and alcohol abuse, mental health struggles, tobacco use, HIV and COVID-19 infection have disproportionately and negatively impacted the health of queer homeless youth populations in the United States. Syndemic theory illustrates the synergistic relationship between these factors and helps illustrate the disproportionately negative impacts the HIV and COVID-19 pandemics have had on queer homeless youth. Furthermore, the moralization of disease has led to a general perception of queer homeless youth deserving their disease diagnosis and the symptoms, suffering, and death that accompany.

Though the COVID-19 pandemic has not yet come to a close, those in contemporary public health are bracing for when, not if, the next pandemic will hit. As this thesis demonstrates, there has been an abject lack of care or supports existing for queer homeless youth for decades. To survive, many queer youths have engaged in survival behaviors, such as survival sex and breaking quarantine social-distancing mandates, which have put them at a higher risk of contracting HIV and COVID-19. Their "risky" behaviors are moralized due to existing taboos which allows for the social construction of "deservedness" of their disease.

The existing literature concurs that queer homeless youth are disproportionately impacted by the syndemic of COVID-19, HIV, drug and alcohol addiction, and mental illness struggles, in a continual process of systematic failures. The systems of oppression (like homophobia, racism, and classism) further the syndemic impacts that queer homeless youth face, creating conditions

of vulnerability and leading to higher susceptibility of HIV and COVID-19; here, the etiology of HIV and COVID infection is heavily correlated with the social determinants of health that impact care accessibility.

How may queer homeless youth be adequately and comprehensively cared for? To look forward we must look back. In 1990 the United States Department of Health and Human Services stated that queer street youth needed an allocation of funds for local planning, collaboration between local service providers, a coordinating agency within communities, and long-term shelters to help tackle HIV infection rates.[161] Devastatingly, three decades later not much has improved. A sustained effort to stabilize housing for queer youth is imperative. Programs specifically addressing drug and alcohol addiction and mental illness that allow for gender nonconformity and queer expression are critical.[162] Community awareness of the causes of homelessness are needed and public investment for long-term HIV treatment plans will be fundamental in the longevity of maintaining queer youths' health.[163] Most importantly, a large-scale effort is needed to support youth so that they do not become homeless in the first place. It is paramount to recognize that homophobia, racism, classism, ableism, and other systems of oppression have worked as causal factors to force queer youth onto the streets. It is known that the intersectional nature of queer experiences with homelessness, infection, and poverty render queer folks vulnerable to poor health outcomes. As such, any outreach effort that does not seek to address this will fail. Furthermore, there is a demonstrated need to comprehensively research the interactions between syndemic within the framework of queer culture. Understandings of how and why queer youth engage in certain behavior patterns may help to establish best outreach practices and sustain better health outcomes.

[161] Chaffee, 18
[162] Brandon, 2020
[163] Ecker, 2016

This thesis initially began as a history centered project documenting narratives of queer youth homelessness in the 1980s and 1990s. As the COVID-19 pandemic evolved it became clear to me that the moralization of diseases profoundly impacts day to day life and exacerbates an already inaccessible healthcare system. Offering a new comparative analysis of HIV and COVID-19 recontextualizes the synergistic relationship between disease, illness, and suffering to describe the unique challenges queer homeless youth face. All people are deserving of shelter, food, water, healthcare, and community. To truly empower and celebrate queer youth we must ensure that they have safe access to all of these basic necessities (and more). Looking forward, I ask you to reimagine the future, to speculate on a world that recognizes that with shared resources we can house and feed all people. This does not begin with just policy change, or free HIV testing, or even an increased capacity in shelters. Day to day we must recognize the violences and barriers queer youth face on the micro scale to adequately address the macro. To paraphrase Anita Hill, it is essential that we stop the everyday harms to prevent the spectacular and egregious. For over four decades queer homeless youth have been subject to sensational harms; change is overdue.

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