

We need a high-level effort at the U.S. Department of Health and Human Services to coordinate the inclusion of LGBT in our nation's health goals. Reform of our healthcare systems must begin with a recognition that Healthy People and Healthy Communities must include gay men, and a healthy nation cannot be achieved unless it includes all Americans."

-A. Cornelius Baker,
Washington, DC

We demand that the agencies responsible for leading the federal government's response to the AIDS crisis take the lead in announcing and orchestrating as a **public health** priority an explicit, multi-faceted, multi-year campaign against homophobia, stigma and **discrimination** against sexual diversity.

-Walt Senterfitt,
Los Angeles, CA

Presently, HIV prevention in the U.S. lacks the resources & comprehensiveness that will significantly drive down **HIV** incidence rates.

- George Ayala,
San Francisco, CA

For too long gay men's health has focused mostly on HIV/AIDS, to the detriment of other health conditions that have direct and indirect ties to HIV/AIDS. These other issues are not limited to, but include: mental health, the effects of forced sexual experiences, external and internalized homophobia, **substance abuse**, lack of knowledge on male specific health issues (ex: anal health, foreskin health, etc), and lack of testing for sexually transmitted infections among others.

-Lee Carson,
Philadelphia, PA



Our doctors are not telling us to stop **smoking** without reason. In case you are thinking it is just the party line that healthcare providers have to say, similar to "just lose weight", allow me to restate it out of love. It is in each of our best interests as gay and bisexual men living with HIV/AIDS to quit smoking immediately!

-Kali Lindsey,
Washington, DC

Gay men are not only impacted by **HIV** policy, but we are also directly impacted by economic justice issues, immigration policies, and national security-- so we need to be involved in those issues. We also need to fight **policies** even when-- or perhaps especially when-- they don't appear to directly impact gay men, and we need to let others guide us in their movements.

- Fred Swanson,
Seattle, WA

Improve the care, housing and genuine health promotion for HIV-positive people.

- Michael Scarce,
San Francisco, CA

In smaller cities, towns, and rural communities, even gay-identified men continue to live in and with communities and families of birth, a pattern which encourages secrecy, invisibility, and social isolation. This is compounded by a lack of gay-specific social infrastructure, socially supported **relationship** stability, legally supported stability (including legal coupling, legal family-building), religious inclusion and in a large number of cases, the additional complexities of living in the South as a person of color and/or a person living in poverty.

- Southern AIDS Coalition

One of the most tragic things that our collective experience as gay men living with, among, and around **HIV**, has robbed us of, is our ability to imagine. We have to imagine. This is a necessity. And for this to happen, we have to bring and centralize artists in the **work** of gay men's health.

- Charles Stephens,
Atlanta, GA

Our communities must operate in the spirit of collaboration and must be reflective of **RADICAL INCLUSIVITY**. We must rally around our commonality and strive together. And specific to the development of leadership we must take charge through action in each step of our individual and collective daily actions. Be present in each moment, **WE** are together, however different we may look, act, talk and see

-Kaijson Noilmar, Seattle, WA

For gay and lesbian youth, for trans youth, for all youth – not having comprehensive, queer- and transgender-affirming sex education, is irresponsible, unethical and life-threatening.

-Lance Toma,
San Francisco, CA

PROMOTING GAY MEN'S HEALTH 2009: A TIME FOR ACTION

The Gay Men's Health Movement consists of formal and informal collaborations of gay men, bisexual men, transgender men, and our allies, who are advocating – worldwide – for access to health care, health care utilization strategies and training, affordable and comprehensive health insurance, and effective, culturally appropriate services across the life course.

Gay, bisexual and trans men are healthy, productive and vital members of the United States. The movement is committed to an expansive vision of health and wellness addressing many challenges, current and emerging. We continue to confront the HIV/AIDS epidemic which disproportionately impacts gay and bisexual men of all colors, particularly Black and Latino gay men and especially young Black gay men. Substance abuse and dependency is of high concern, as are mental health and other social challenges including racism, institutional and otherwise; and violence arising from homophobia, biphobia and transphobia. In addition, we focus on the harms associated with poverty and inadequate housing, incarceration, unemployment or marginal employment within our communities; and harms associated with lack of culturally appropriate and responsive services, and/or lack of services entirely.

We understand that many of our health challenges arise in complex associations with each other (e.g. HIV and substance abuse, poverty and sexually transmitted infections, homelessness and victimization to violence, stigma and mental health disorders, etc) and therefore must be assessed, treated, and managed holistically. Moreover, other social determinants impact our health and wellness, such as lack of comprehensive, age appropriate health and sexuality education in our schools, homophobia and transphobia in law enforcement practices, and unresponsive health and social service systems across most of the nation.

In addition to understanding the personal, biological, environmental, social, cultural and political conditions that challenge our well being and lead to illness; our movement is committed to understanding and sustaining those conditions that increase our health, wellness, vitality, and longevity. The syndemic, co-morbid and collateral characteristics which shape the disparities we face demand a response that goes beyond the clinical and institutional to a broad and sustained mobilization that cuts across and includes multiple communities. We have vast strengths and assets to confront these challenges. Community-building and advocacy efforts are important features of our movement. Together we must strive to sustain a movement that builds our assets and works to reduce our deficits as individuals, loving partners, and communities across a broad and diverse spectrum of gay, bisexual and transgender men.

Within our own communities, too, our members experience a wide range of access to services, resources and referrals which leads to disparate health outcomes for many. The concerns of gay, bisexual, and transgender men of color and men in rural and frontier communities are not always heard. Similarly, immigrant men may struggle to join our communities even as they concurrently aim to adapt to broader American society. Men without the advantages of income, education, housing, and supportive friendships also are made invisible. While the historic and current impact of racism traditionally impacts Black gay men most directly – all of us are affected negatively. We are committed to overcoming these deficits within our own communities.

Support for well-designed and focused research into the health-related needs of our communities is a priority. Much of this research establishes with overwhelming confidence that gay, bisexual, and transgender men, often defined in public health as MSM, experience significant health disparities when compared with heterosexual men. Research must focus on which assets and programmatic interventions work to reduce disparities and produce health and wellness in collaborative and supportive ways. The lack of accurate and sensitive data collection and analysis about gay, bisexual, and trans men's health is yet another hazard. Few longitudinal studies exist to help guide our health care providers, or assist us as consumers. Best practices have not been articulated or disseminated. Randomized controlled trials have not included gay, bisexual, and transgender men as they should. Research regarding technologies important to our communities (e.g. rectal microbicides) has been woefully neglected. We support the need for more scientifically designed research to understand and improve our health. In addition, this research should always begin with direct collaboration

with gay, bisexual, and transgender, from inception and implementation, to dissemination of findings and beyond.

Recommendations for Policymakers: Improving Gay Men's Health and Lives

We have been hard at work. Since the early 1970s, with the formation of volunteer based STD and community health clinics, gay, bisexual, transgender men and our allies have been engaged in creating culturally appropriate health care services for our communities. These early efforts have expanded to a nation-wide system of LGBT health care centers in our major urban areas. These centers were essential to our community's early response to the HIV epidemic. Many of these centers continue to suffer from inadequate financial support and numerous smaller cities and rural areas are in need of such services.

Since the mid-1990s, there have been a number of national and regional conferences and meetings in the United States organized for leaders in the gay men's health movement to share information and resources, caucus, restore our energy and clarify our vision, and to develop resources and strategies for improving the health of our communities. Often, these forums have been held in partnership with lesbians, transgender women, public health providers, medical and other clinical providers, scientific and policy communities, community leaders and other activists. We have been in ongoing contact with each other to think, research, plan and work holistically and in coalition. A significant outcome of these efforts was the founding of the National Coalition for LGBT Health, the Gay Men's Health Summits and the formation of a working group on LGBT health at the U.S. Department of Health and Human Services.

Most recently, to spur the development of a gay men's health advocacy plan, Project CRYSP – a Chicago Department of Public Health gay men's health collaboration among four agencies – began soliciting input from a variety of stakeholders across the country in April 2008. They were asked to share their vision of a 2009 Gay Men's Health Agenda – to list the objectives and strategies needed to advance our health and well-being. Twenty-one participants, representing a wide spectrum of organizations and demographically diverse individuals, submitted the policy initiatives, advocacy objectives and the activities they felt were essential to a comprehensive gay men's health agenda for 2009. Submitted in the form of blog posts, the ideas were published on the LifeLube blog – a gay men's health and wellness portal – with comments and discussion strongly encouraged.

An analysis was conducted of the ideas presented through this process and an overview of the process and collected input was presented to 200 gay, bisexual and transgender men's health leaders and advocates at the closing session of the 2008 National Gay Men's Health Summit in Seattle, October, 2008. Feedback and additional ideas were recorded during the extensive open discussion portion of the session. This entire process informs this document.

As a new Administration and Congress sets a course for America, with a focus on health care reform, leaders of the gay men's health movement join with the National Coalition for LGBT Health and other allies in advocating for policies and resources to advance the health and well being of gay, bisexual, and transgender men.

RECOMMENDATIONS:

1 Fund and expand social, behavioral and biomedical research: Due to the health disparities gay, bisexual and transgender men endure, it is essential that more research is conducted to inform the community and clinicians as to the reasons for these disparities, find solutions to improving the health of the population, and to track and monitor health care outcomes. Sadly, research into the sexual health and wellbeing of our communities has often been demonized as morally offensive research or mischaracterized in its intent. This must end. We demand adequate funding for social, behavioral and biomedical research - including longitudinal and lifecourse studies, and random controlled trials. The research must include our diversity, as

well as underserved and underrepresented communities, especially African American and Latino communities, as well as Asian/Pacific Island, Native American and other communities of color, and the impacted youth of those populations, all transgender men, and men outside urban centers as well as other other underserved regions. Attention to both current and emerging needs is paramount.

② Develop and fund data collection efforts on sexual orientation and gender identity in all federally funded research. Vital to successful research and intervention are adequate data. We must be represented, along with lesbians, and all bisexual and transgender men and women, in all appropriate municipal, state, and federal population, workforce, demographic, and health studies, surveys and research. There are no reasonable excuses for excluding us, since we are part of every population, part of every school and workplace, consumers of health care and other services, residents of every community, and taxpayers to local, state and federal governments.

③ Fund campaigns to combat homophobia, biphobia, and transphobia: In partnership with our communities we call for local, state and federal funding, community foundation funding, faith community funding, and other support to combat ignorance, hatred and misunderstanding. We must address prejudice and build bridges across diverse communities; increase family, school, and community acceptance for LGBT youth; reduce stigma in health care and other services; and overcome discrimination in the workplace. We call for adequate funding for these programs, and we are ready to lead these efforts.

④ Eliminate No Promo Homo: We recognize that the delivery of culturally appropriate and responsive health information is dependent on setting and context. Grounded in science-based evidence, we insist on being allowed to speak within our communities effectively. Therefore, we demand the removal of state and federal legislation that serve no scientific purpose. For example, we should immediately repeal Section 2500 of the federal Public Health Service Act (42 U.S.C. Section 300ee(b), (c), and (d)) that does not allow the “promotion” of any type of sexual behaviour – heterosexual or homosexual. This language debilitates programs that are funded to reach sexually active adults of all backgrounds.

⑤ Create an Office for LGBT Health at HHS: We request the appointment of a Senior Advisor or Office for LGBT Health at the United States Department of Health and Human Services to provide focused and sustained leadership and guidance for HHS, and other departments and agencies with connections to LGBT health. We stand ready to join advisory panels at HHS, and other departments and agencies, to complement, or in preparation, for this Office.

⑥ Develop and implement a strategy to reduce health disparities among gay, bisexual and transgender men through direct programmatic funding. With leadership from a Senior Advisor or Office of LGBT Health, funding from both governmental and private sources would be coordinated with the goals of reducing disparities in the health of gay, bisexual and transgender men - including HIV/AIDS, substance

abuse and dependency (for example, cigarette smoking and methamphetamines), mental health and other social issues, and violence victimization (including hate violence and intimate partner violence). Improving access to culturally competent, responsive, quality health care must be prioritized through community specific efforts or legislation for universal health care coverage.

7 Implement and fund sexual health and wellness campaigns directed towards the gay, bisexual and transgender men's communities utilizing an array of public and private resources: Through both public and private sources, these campaigns should ensure that both LGBT and non-LGBT health and social service organizations support male-to-male sexuality, and bisexuality, while promoting sexual health and overall wellness for the gay, bisexual and transgender men's communities. Distinct populations must be focused on individually and should include African Americans, Latinos, Asian/Pacific Island and Native American men, older men, men with disabilities, men who have primary partners, serodiscordant partners, men in recovery, young men and others.

8 Develop and implement a strategy to remove barriers to health care among transgender people through legal changes and education of medical and health insurance professionals. We must revise the standards of care for gender transition to replace the "gatekeeping" model with a model of informed consent, and we must end the discriminatory practices that deny health insurance to transgender people and that deny coverage for certain procedures that are covered for non-trans people.

- To sign on to the Gay Men's Health Agenda, either as an individual or organization, please send an email to gaymenshealthagenda@gmail.com and include your name, organization (where applicable), city, state, and country.