

# City of Seattle Commission for Sexual Minorities

## Health Forum Minutes for August 23, 2006

*Capitol Hill Library, Seattle, WA.*

Panelists: Robert Yoon, Gay City Health Project; Tish Gálvan, Verbena; Darren Augenstien, Capitol Hill Pharmacist focused on servicing HIV positive clients; Ken Shulman, Executive Director of Lambert House; Bob Wood, Director of AIDS/HIV for King County Public Health.

Facilitator: Chuck Perry Ellis, Case Manager for Seattle Counseling House.

Panelist questions immediately followed introductions.

### **What is your definition of Health and well-being?**

- Robert: Deliberate action taken to improve your own physical and mental health.
- Tish: Full cultural competency to provide access to care, while acknowledging and understanding the many differences in needs within the GLBT community.
- Darren: Physical, emotional and spiritual health. A holistic view. In USA, however, the focus is not on wellness but treatment of illness. Needs to shift to preventative action and maintenance.
- Ken: Opportunities for LGBT youth to have normal developmental opportunities and support to include a safe and inclusive environment.
- Bob: The University of Rochester model that is a bio- / psycho- / social model. Understanding how all interact, such as genetics, environment, social factors and their positive or negative influences.

### **What are the current issues facing LBGT community regarding health and well-being?**

- Bob: A major study has been accomplished called "Healthy People 2010" focused on this community. It is a comprehensive document that attempts to set a decade list of goals to achieve to improve GBLT communities health and well being. Specifically, GLBT communities seem to suffer disproportionately from Drug and alcohol abuse, cigarette smoking, depression, attempted and successful suicides, intimacy issues.
- Ken: Youth issues in particular are challenging. Mainstream youth struggle with establishing their own identity, peer support and sexual interactions. They reject their parents' values and controls as they reach out for their own development. This is compounded in the LGBT communities as they have further issues around secrecy, wrestling with same sex attraction, outing, social taboos, and the difficulty in finding "like people" because of these issues. The anti-gay culture feeds into feelings of poor self worth, depression, higher incidents of homelessness and suicide. Suicide attempts two to three times that of straight youth. 30% of all youth suicides completed are GLBT youth, a much higher percentage of the population share. Youth also face more violence in schools, drug and alcohol abuse, smoking. For example, a survey of gay male youth shows 68% of them abusing alcohol.
- Darren: Obviously HIV and AIDS continue to be a major health concern in our community. Being LGBT adds to the stressors, because of identity issues and social stigmas. Medications are a major time and financial commitment as well. It is a life long commitment to health and well being.
- Tish: GLBT community is very similar but also quite different. This means there are very different issues to be solved. Currently we do not have enough information by specific segment to focus recourse solutions. For example, we don't have smoking rates by each group of GLBT, and add to that ethnicity, age etc. We do know its higher over all. For example, in Seattle 24% of the population smokes while GBLT smoking rate is 48%. HIV status with trans community as well.
- Robert: *Agrees with all the comments so far.* Additionally, there is a power gap. The LGBT community is a much higher risk group across a number of categories. They face the same issue as the "main stream", but much more challenged as a minority that is misunderstood, perhaps lacks support to under stand the special issues these segments of the population face.

## **How can we improve change this for the better?**

- Tish: Advocacy has to be a big part of the answer. It is critical for you to take responsibility for yourself. To gain information, help and support from both our communities, and your own doctors. And be vigilant. Don't stop until you are satisfied.
- Ken: There are special recourses available in Seattle that already help the LGBT community in specific ways. Seattle has been a more progressive city. For example, with Lambert House, we have extensive programs to help LGBT youths have a great access to meaningful resources.
- Robert: with HIV/AIDS the biggest opportunity is political education. To advocate successfully, you have to motivate and transform. Be able to answer the question "What do I need to advocate for my own health and well-being?" before you look to advocate for others.
- Darren: HIV has had significant progress. We also can't forget the progress made so far. Reflect on it as we continue to move forward. This will help as you reflect on what you really need: internal or external acceptance.
- Bob: It has been a case of swimming upstream, being dashed against the rocks. People get tired and lonely. To make progress, one has to develop effective assertiveness. Skill building is necessary for people to learn to become effective. Additionally, life is very stressful; more so for GLBT community. People tend to use more unhealthy products, participate in more unhealthy activities, all to help relieve the pain they are feeling. While some of these behaviors might be do to culture and norms as seen in the behaviors, we need to focus ourselves on healthier ways to control pain. You do that through education.

The facilitator, at this point, opened the meeting up to questions from the audience.

## **When will the HPV vaccine be available? (This is the vaccine that is a "silver bullet" for the prevention of many cervical cancer viruses.)**

2 to 6 months. The bigger issue is the cost. The FDA has approved it, but there is a debate under way as to whether this should be simply recommended or mandated. The age range being discussed is 7-22. We still don't know if boosters will be needed. And there is the issue of the conservative view point that this vaccine is unnecessary as abstinence prevents the virus opportunity. It is a very expensive drug and there needs to be a way to fund it. That has yet to be decided. Additionally, the population most at risk is women of color. How can they afford it if there isn't insurance coverage?

## **Why is the panel made up of community and organizational leaders vs. people from the community?**

Our jobs are to provoke people to examine these issues and how things impact us. We are all from the community. The power angle is about how you take personal responsibility for yourself and your own well being.

That said, more needs to be done in the community at large. Gender identity and sexual orientation are different. More education is needed to really understand. As a community we need to demand it, and call ourselves on it when we neglect to. There is a round table of GLBT groups that are looking to pull together what resources are available for all groups in the LGBT community.

One thing the trans community needs is more prominent leadership. It would be helpful to have more visible and involved trans leaders.

**It has already been said while the GLBT community may have some things in common, there are a lot of difference that call for different strategies. How the trans community does in particular needs to be more included. Too often we are simply an after thought at best. i.e. health issues and treatment discussions. This community has very different needs.**

Inclusion of the trans community is critical. And again, one place where health issues and strategies are discussed and offered for all grouping the GLBT community, including the trans community, is Lambert house. There is a great page in our manual drafted by our trans youth group that speaks directly to these

separate needs and issues. (*Manual read aloud.*) It is difficult for groups who appear invisible.

### **Will Medicare and Medicaid likely stop funding trans surgeries?**

Decision is not made. Currently it is covered. It does need ongoing advocacy as the group it impacts is most isolated.

### **How are HIV/AIDS issues being addressed with the trans community?**

Doctor issues are a major issue. While some doctors may be comfortable dealing with HIV/AIDS cases, many not prepared or educated on trans issues. Where do you begin to build trust with your doctor? You need to determine if your doctor wants to treat you as a trans patient first.

### **How can the trans community be included in a more meaningful way, such as receiving more funding? Funding availability is an issue, as well as widespread fund raising efforts. The government actually excludes it from some programs. How can this improve?**

Visibility is key to increasing funding. Educating, being visible and a strong self advocate. All groups need to respect differences, understand them. The bisexual & transgender community was put off by the renaming of the Gay and Lesbian Medical Association. It was not intended to sound exclusive, but it did to bisexual and transgender communities. We all need to be more culturally competent and avoid unintended consequences. That will help in educating the broader society of these differences, and helping to build respect.

### **Currently my Doctor requires 3 months of psychoanalysis before I am allowed to proceed with gender reassignment therapy. There is little information provided about the side effects of hormone treatment. And of course the costs of reassignment are very expensive. What can be done to help those who can't afford it?**

There are some sliding scale options available for therapy and 3 months is recommended but not a required protocol. Additionally, because sex reassignment is such a significant life change, it is probably healthy to spend some time examining the desire in therapy. However, there is currently no large scale solution yet. It is also true that because of the cost of drugs, there is a black market for them.

Additionally, personally advocate with your government representatives. They need education too.

### **Do you see evidence that any other cities are more successful in dealing with all of these issues?**

- Bob: The 2010 Healthy People is a national publication to look into.
- Ken: Governor Weld of Massachusetts supported LGBT youth with over 1 million dollars annually to support resource centers.
- Darren: Ryan White funding has been a national success. A good example of public and private collaboration.

### **Is there an AA or NA group available for GLBT groups specifically?**

*A number of resources were mentioned.*

### **Is it realistic to suggest we can as a group really take care of ourselves with limited funding available and government intrusion?**

It gets back to knowing the power structures in your community and insuring we all walk the talk. Personal advocacy, education, and support of each other are critical. Better to light one candle than to rail in the darkness.

### **Is there any support for discussion on spiritual health as part of wellness? What resources exist on**

### **this topic for the LGBT community?**

There are no national organizations. There are a number of churches (i.e. MCC, Dignity, Unity) that are very supportive or aimed at providing support for our community. But much more needs to be done here. Seattle Gay News has a page outlining some options.

*Statement:* King County had two hearings were a clergy man came out very supportive of positive support for the trans community. He needs to get positive feedback for that.

### **Do we really have a single community?**

No, but we have communities with some commonalities. As minority groups, we need to band together to gain visibility and support. We need to look for ways to improve all of our lives. Diversity is very broad, but basic human rights is very clear. We all deserve them. We need to focus on common goals and common ground.