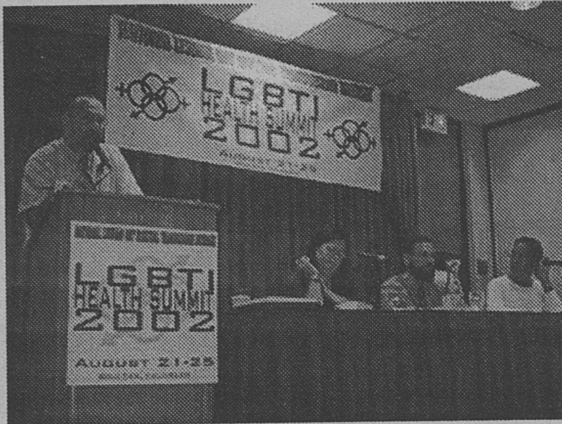

Queer Health Summit Takes Bi, Trans, and Intersex Inclusion Seriously

LGBTI Health Summit 2002 convener Eric Rofes, Pat Dunn of the Gay and Lesbian Medical Association, Bisexual Foundation director Luigi Ferrer, and Monica McLemore of Stanford University discuss the status and future of the LGBTI health movement

By Liz Highleyman

Over 300 gay, lesbian, bisexual, transgender, and intersex people and their allies gathered in August in Boulder, Colorado, for the National Lesbian, Gay, Bisexual, and Intersex Health Summit 2002. The summit, hosted by the Boulder County AIDS Program, was sponsored by the Gill Foundation and Bristol-Myers Squibb. The summit brought together health advocates, activists, healthcare professionals, service providers, researchers, policymakers, and others to explore a wide range of health and wellness issues of interest to the queer community.

The summit was the first queer health gathering at which bisexual, transgender, and intesex issues were a major focus, and in which bi, trans, and intersex people played an integral role in the planning process. Bisexual Foundation director Luigi Ferrer and transman Sean Camargo were members of the seven-member summit organizing collective.

"I think we are at a place in our larger movement history where we understand that gender and sexuality are not so easy to slice up," said collective member Marj Plumb. "Our edges are blurred. We need a large enough container to hold all of us."

The first plenary was devoted to intersex issues and why they matter to the queer health movement. "Ten years ago, no one knew what intersex was. Today, most in the LGBT movement want to be allies," said Cheryl Chase, outgoing executive director of the Intersex Society of North America. "Still, I'm frustrated that people completely misunderstand what we want to do." Advocates for people with intersex conditions oppose surgery to "correct" the gender identity of infants born with indeterminate genitalia. Doctors and parents should instead make their "best guess" about a child's future gender, but should be open to the possibility that the child's gender identity may change. Chase and Emi Koyama (also of ISNA) spoke against the secrecy and shame that surrounds the diagnosis of an intersex condition. "The issue is stigma and trauma," said Chase, "not gender."

While some LGBT participants value intersex inclusion, believing that it encourages a more expansive, non-binary view of sex and gender, Chase and Koyama emphasized that intersex advocates are not arguing for the abolition of gender, for adding 'intersex' on forms along with 'male' and 'female,' or for not assigning a gender to children born with intersex conditions. "We cannot wait until we end gender system to end surgery on intersex infants," Koyama emphasized. "Deconstructing gender is a job for adults, not children."

If intersex is a medical condition rather than an identity, why add the "I" to "LGBT"? Replied Chase, "The people who oppress us don't distinguish between people whose identities are queer, whose genders are queer, and whose bodies are queer."

Several workshops throughout the conference were devoted to bisexual, transgender, and intersex health and wellness. Monica McLemore of Stanford University presented an overview of the current state of bisexual health research, while Pete Chvany of the Bisexual Resource Center looked at health education programs that take a broad view of identity and sexual activity.

Jessica Xaviera of Whitman-Walker Clinic and Jamison Green of Gender Education and Advocacy, Inc. presented a session on transgender health, focusing on hormone treatment, surgery, and mental health. In the wake of recent findings about the potential risks of hormone replacement therapy, Xaviera and Green emphasized the need for more research on the long-term effects of hormones used for sex reassignment.

"Homosexuality, transgenderism, and intersex are often conflated. We are extremely limited by our vocabulary," said Green. "Only in recent years have we developed our thinking and language about same-sex attraction, gender identity, gender dysphoria, and what it means to feel like a man or a woman. I did not have that language growing up."

In addition to better research and improved surgical techniques, Green cited the need for acceptance of the unique bodies of those who choose not to undergo sex reassignment, those whose "genders and bodies don't match."

Many summit participants took to heart the organizing collective's exhortation to step outside their comfort zone to learn about other segments of the LGBTI community. Dialogues between bisexual and gay men, and between queer FTM transmen and non-trans gay and bi men, offered the opportunity for participants to discuss their misconceptions, fears, and desires regarding the other group.

Some intersex and transgender organizers said they felt they had spent more time educating gay, lesbian, and bisexual allies about intersex and transgender issues, and less focusing on their own health issues. "This summit was a space where more was given by transgenders than gotten back in terms of developing our own communities," said Camargo. "We need workshops for intersex people about our own health needs, medical risks, and long-term health issues," urged Koyama. At the end of the summit, participants agreed to organize separate, identity-based health meetings in odd-numbered years and unified LGBTI summits in alternate years, the next of which will take place in 2004.

Many participants throughout the week expressed how much they valued the unified summit. "While I'd be the first to argue that we continue to draw on the wisdom and experience of lesbians and gay men who've been doing this work forever, we have also got to draw on new leadership and new thinking about gender, sex, and health that have been produced more recently," said summit convener Eric Rofes. "If this movement is to become meaningful to future generations of queers, we cannot tokenize bisexual, transgender, and intersex issues, but must understand the profound ways in which leaders from these communities are transforming the ways we look at gay and lesbian health itself." ▼

For more information visit www.healthsummit2002.org or e-mail lgbtihealthsummit2002@aol.com.

Drug Use and Harm Reduction at Odds in Boulder

By Liz Highleyman

The National LGBTI Health Summit 2002 featured a full track of workshops devoted to drug use, harm reduction, and substance abuse treatment and recovery in the queer community. "We need to address pleasure and desire as well as risk," said track coordinator Richard Elovich of the City of New York. "Harm reduction is not about ideology, it's about facing reality."

There was tension between proponents of harm reduction and advocates for substance abuse treatment. Representatives of the U.S. Center for Substance Abuse Treatment presented SAMHSA's new document, *A Providers Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals.* While many attendees appreciated the effort, others criticized the government for refusing to acknowledge the value of harm reduction. Many expressed concern about binary thinking concerning recovery and harm reduction, which are not polar opposites but rather two points on a continuum. "Recovery is not necessarily abstinence," said Rev. John Magisano of SpeakOUT: LGBT Voices for Recovery. "It's whatever you do to improve your quality of life."

Saturday's plenary session discussed the spectrum of drug use in the LGBTI community. Electronic Dreams Foundation President Alan Brown talked about the need to come out of the closet about drug use. "The shame that surrounds illegal drug use and the stigmatizing and devaluing of people who use illegal drugs is killing people, stifling our ability to communicate effectively about drugs, and preventing people from getting smarter about managing their own drug experiences," he said.

Gay men are often portrayed as heavy drug users, and indeed a study by Ron Stall of the Centers for Disease Control and Prevention showed that some 50 percent of gay men in large U.S. cities had used drugs within the past six months. However, noted Stall, "the proportion who get into trouble is triflingly small." Those that do typically are dealing with other issues such as violence, mental illness, or economic marginalization. "We have to stop looking at drug use as a stand-alone problem," said Stall.

One workshop focused on the connection between the LGBTI health movement and the drug law reform movement. "If the queer health movement is going to be a social justice movement, we can't afford to not look critically at the war on drug users," said DanceSafe Executive Director Tim Santamour.

Adopting a theme of the summit, several speakers encouraged an asset-based rather than a deficit-based view of LGBTI drug use. "Drugs may be used for healing, to overcome personal loss, and to deal with tragedy," emphasized Harvard researcher Patricia Case. "It's my vow to never speak about risk without talking about resilience." ▼

Liz Highleyman is a freelance journalist and medical writer based in San Francisco.