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Volume XVIII, Number 8

OCTOBER 2003

www.mountainpridemedia.org

Dr. Paul Jarris, the new commissioner of Vermont's Department of Health (DoH), presents an opportunity sexual minorities have not had in the last ten years of former commissioner Jan Carney (see sidebar). I sat down with Dr. Jarris to discuss the Vermont Department of Health and sexual minorities. In addition to being an accomplished administrator, Dr. Jarris brings an openness and a willingness to deal with gay and lesbian issues. It will not be an easy journey for the commissioner or the community.

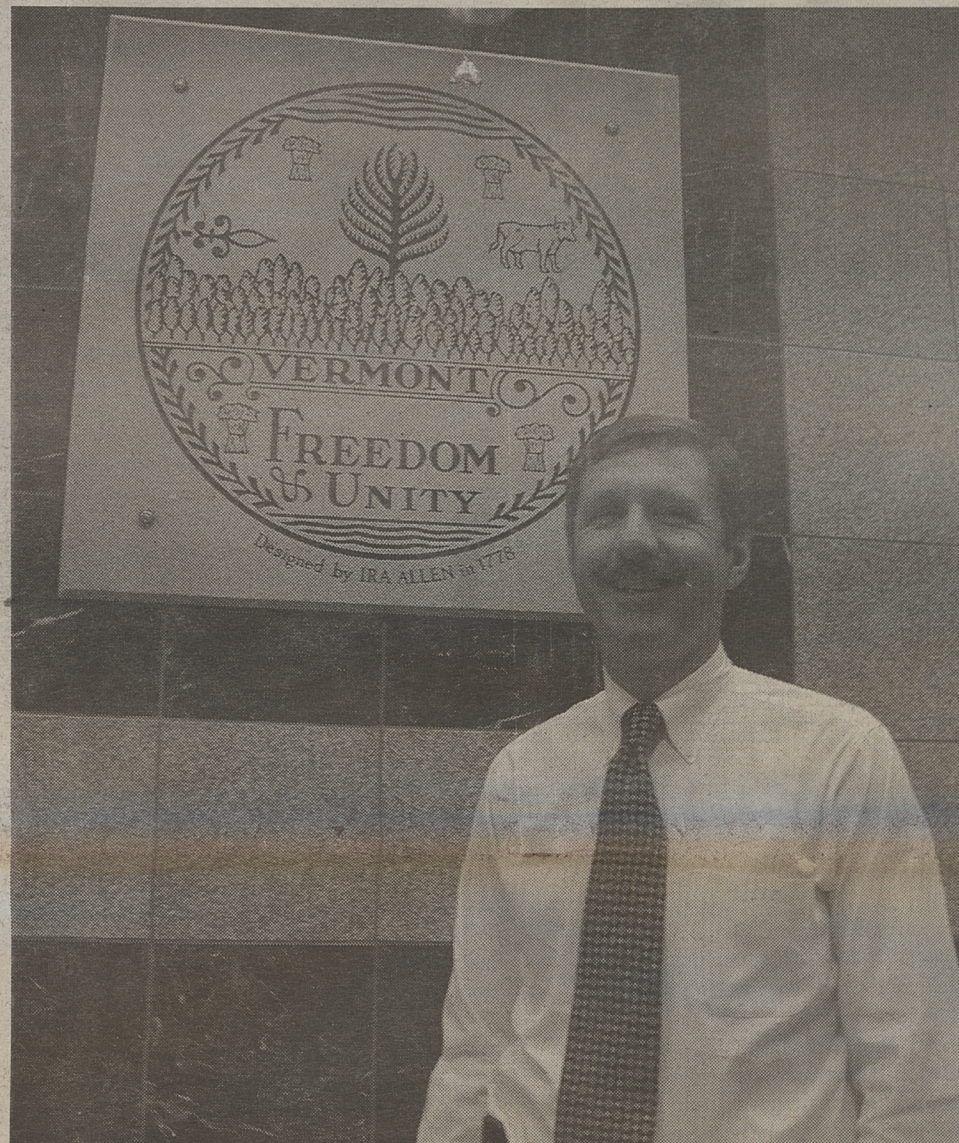
After the first decade of AIDS, DoH had an adequate program to provide AIDS services and prevent HIV through education. In the 1990s, following a nod from the Centers for Disease Control and Prevention, which was paying the bills, DoH broadened its HIV prevention program and contracted with gay and AIDS community organizations to prevent HIV by employing a succession of behavior change theories aimed at stepping beyond the education of gay men and actually changing their sexual behavior. DoH also worked to ensure people living with AIDS had a safety net which would provide drugs, housing, and other forms of care when they could no longer provide for themselves.

However, attention to gay health never went beyond HIV and other sexually transmitted diseases. A lack of information about gay health, questionable cultural competency, a seemingly aimless Office of Minority Health, and deep philosophical differences between the gay community and the broader field of public health pose a handicap Dr. Jarris must overcome in order to be successful serving Vermont's sixty thousand sexual minorities.

Information Please

When asked about what DoH is doing to improve the health and wellbeing of sexual minorities, Dr. Jarris said, "What are the key indicators of health among the population? That means understanding what are the health and safety risks to the gay and lesbian community. Some of the obvious ones are STDs or HIV. What are we doing? What programs do we have to address prevention, identification, and treatment of STDs?"

"I can't give you that answer right now, but there are people in the department whose job it is to identify those things. ... Vermont recently was found to be top in the nation of notifying people who had an HIV test of the results of that test. There is an indicator of success. But there need to be other indicators of success."



A Prescription For Neglect

Gay Health Activist Ric Kasini Kadour Looks At What Might Change Under New Department of Health Commissioner Paul Jarris

tors of success."

The sad truth is DoH knows very little about the health and wellbeing of sexual minorities. With a few exceptions – the

Vermont Youth Risk Behavior Survey and statistics related to HIV transmission – DoH doesn't gather statistics on sexual minorities. The Vermont Cancer Registry, the Vermont Oral

Health Survey, Vermont Hospital Discharge Data, or the Vermont Behavioral Risk Factor Surveillance System either fail to identify the sexual orientation of respondents or rely on data from other sources who do not. The result is that the DoH does not know how many gay men smoke, how many lesbians have breast or ovarian cancer, whether or not heavy drinking is an issue in the transgender population, and so on.

This ignorance has far reaching consequences for Vermont's sexual minorities.

Public health is the degree to and the manner by which individuals in a society are in a state of complete physical, social and mental wellbeing as represented by a collection of statistics called health indicators – number of disease cases, rate of risk behaviors, mortality rates, and so on.

Health is about information. On an individual level, one needs to know what the risks are, how lifestyle affects wellbeing, how to prevent disease, and how to get more out of life. But on a community level, public health relies on health indicators to address emerging issues and improve the quality of health and life on existing issues.

The reason we live twenty years longer than our great-great grandparents is because government, through public health, has systematically made improvements in the environment (cleaner drinking water, fewer toxins in the air, removal of lead paint and asbestos from buildings) and showed people how to live healthier lives. We don't eat, smoke, or drink the same as our great-great grandparents and, as a result, we are healthier.

Health departments use these statistics to monitor and improve the wellbeing of the population. DoH's ignorance of sexual minorities – their failure to gather data on the health and wellbeing of gay, lesbian, bisexual, and transgender Vermonters – means they are incapable of monitoring and improving the wellbeing of the sexual minorities.

Bang For the Buck

Asked about how the Department of Health is addressing the disproportionate rates of smoking between sexual minorities and the general population, Dr. Jarris said, "I don't know the answer about, for example, if there is a higher incidence of smoking among gays than there are among straights or heterosexuals, but we might be able to get at that. Then, the question is, Are the messages we continued on p. 8

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