

# → letters

**Tell it like it is!** Send your letters to: editor@mountainpridemedia.org or Out in the Mountains, PO Box 1122 Burlington, VT 05402

## Kudos to Outgoing Editor Euan Bear

We want to thank you for sharing your talent and your dedication with all of us who read and love OITM. You are a shining star in the GLBTQ community!!

**BEV YOUREE AND CAROL NEPTON**  
Berkshire, VT

## Gays, Catholics and the Vatican

It is becoming more problematic to be both Gay and Catholic. On the one hand you have a Church that condemns GLBT people at the drop of hat. On the other hand you have certain parts of the GLBT Community who think it is not ethical for GLBT people to be Catholic.

The recent Vatican Instruction on Gay Priests was not a doctrinal statement about the moral status of homosexuality, but rather a prudential judgment about who should be admitted to seminaries. Prudential judgments are by definition open to question. However, rhetorically the Vatican can punch, and has been known to use its elbows and the occasional low blow in the clinches. Certainly one cannot read this document and arrive at any other conclusion than it is a mean spirited, and a homophobic document.

A recent article by a syndicated gay columnist pretty much sums up the other side of this coin. We should out any clerics we can, that way we will force them to support gay rights or be seen as hypocrites. In striking out at the Vatican, I think it is important to not strike out at GLBT Catholics in the process. The syndicated columnist engaged

in what borders on an irrational attack on gay priests. Such an attack also denies the ability of GLBT Catholics to trust their own moral experience when it comes to assenting or dissenting as a matter of conscience on current Church's positions.

My issue is not with the syndicated columnist. I think he has every right to express his opinion in an uncensored manner; rather my concern is with balance. None of the Gay Media that ran this syndicated journalist column made room for a GLBT Catholic response in their letters to the editor, however, other members of the gay media and straight media did print our response. My point is not to attack the syndicated columnist who wrote the article, but to raise the issue of fairness and balance in the Gay Media when dealing with the issue GLBT Catholics.

Many GLBT Catholics stay in the Church because of their deep love for their parish communities, and do challenge homophobia in the Church through debate. The debate is taking place, and gay Catholics betray no disloyalty or impiety to either the Church or the GLBT Community by participating and remaining within the Church.

**JOE MURRAY**  
US Convener  
Rainbow Sash Movement

## Actively Inspired

Thank you for printing my little blurb in this past month's issue about OITM's unintentional inspiration that booted me into helping with the new LGBTQ project in Windham County. After reading it in print I realized that those who have worked very hard at the AIDS project may be of-

fended by my remarks. I would like to give my apologies to those who may have thought that I was commenting on the AIDS project directly. I was merely showing my disappointment in the lack of community events in our area.

**ADRIENNE DEGUEVARA**  
Westminster

## No to Constitutional Amendment

I've heard about the debate of people trying to make people separated from one another by putting in a constitutional amendment. To me this sounds like segregation all over again. We should treat everyone equal. As a transsexual female in the very beginning process of transitioning from male to female, I feel we are all equal. Let's have freedom for everyone. We are all equal, let's keep it that way.

By amending the constitution we are promoting hatred and bigotry.

Let's stop that.

**BRITTNAY JAMES**  
Piermont, NH

## Lessons from Canadian Health Care

I would like to highlight a central element of the health care debate that seems to be getting almost no notice—how to address the wildly inefficient administrative structure of the current system.

My family and I had the good fortune to live in the Canadian province of New Brunswick for five years in the 1970s. During that time, my daughter was born, my son had an eye operation and both my wife and I had outpatient hospital procedures. All of this was in addition to the normal run of health care needs—shots, eye exams, flus and gripes—of a young family. For all of this, we filled out exactly one (count 'em, ONE) insurance form. After that initial form, we were issued wallet cards (a new one arrived automatically for my daughter when she was born) which we showed whenever we went to a doctor, a pharmacy or a hospital. Doctors' offices usually had just one nonmedical employee for reception and paperwork duties because they had only one insurance provider and one set of coverage rules to manage, and no problems billing uninsured patients.

One continues to hear near-hysterical stories of waiting lists for care in Canada, but is this so different from our own system? I was recently referred to a specialist by Central Vermont Hospital and found that the first available appointment was three months away. In any case, no one is claiming that Canada or any of the other developed countries' health care systems are not facing the same cost and demographic pressures we are: the twin challenges of an aging population and ever-escalating medical costs. But this is a largely separate question from the (very costly) inefficiency of how our system is administered.

I find it hard to understand how this

issue has received so little attention. It seems obvious on its face that a single-payer, universal coverage system with a single set of coverage and rules, whether administered by government or a private contractor, would be vastly simpler and more efficient. It would benefit medical providers by greatly simplifying their business operations. It would benefit small businesses and encourage entrepreneurship by removing the huge burden of providing—or refusing to provide—medical benefits. It would benefit large businesses by removing the burden of employee medical insurance and/or high job turnover and strikes. Ditto for municipal and state governments. And finally, it would benefit the general public by doing away with the whole idea of being uninsured, as is already the case in every other developed nation in the world.

**ANDREW JACKSON**  
Montpelier

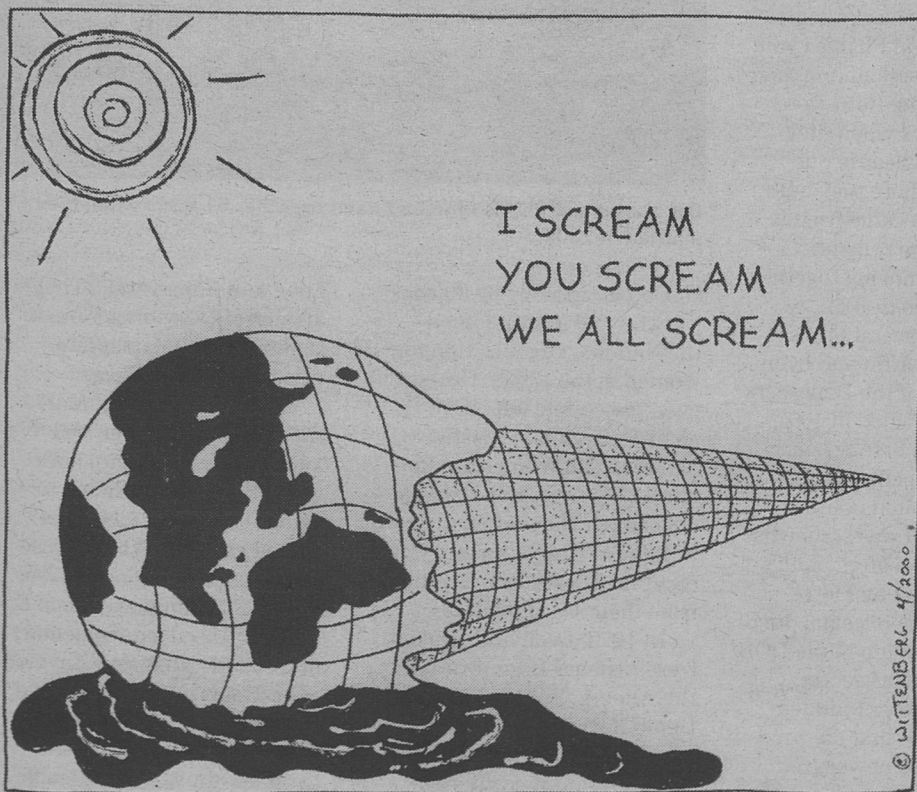
## King was Advocate for All

As a gay man, I am also saddened by the passing of Coretta Scott King because in addition to being a tireless, outspoken symbol of the civil rights movement and a human rights advocate, this great lady spoke out about the struggles of gays and lesbians. She recognized that all forms of bigotry and discrimination are equally wrong.

On March 30, 1998 she said, "I still hear people say that I should not be talking about the rights of lesbian and gay people and I should stick to the issue of racial justice. But I hasten to remind them that Martin Luther King Jr. said, 'Injustice anywhere is a threat to justice everywhere.' I appeal to everyone who believes in Martin Luther King Jr.'s dream to make room at the table of brother- and sisterhood for lesbian and gay people."

**WILLIAM C. STOSINE**  
Iowa City, Iowa

## WITT'SEND BY LEAH WITTENBERG



Global Warning

### CORRECTION

Perhaps it was the influence of the "way-back machine," but we managed to return Nat Michael to a former identity in our front page teasers last issue. She's the one with the "Butch Bathroom Blues." We regret the error.

### NOTE TO READERS:

As luck would have it, right on deadline we learned of the change of the Gender Identity Bill (H.478) to a new number and name: H.865 or "An Act Relating to Nondiscrimination." We also received the GREAT news that the newly-named bill has moved onto the House floor where it could be voted on by the time you see this paper. We've done our best to make the necessary changes in the paper to avoid any confusion.