

Healthy Vermonters 2000

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two of the members attended only 2 of the meetings, and the gay representative attended only the task force's initial meeting. Perhaps even more damaging, there was a lack of aggression in pursuing feedback and the perspectives of the broader glbt community.

In the end, beyond declaring the current lack of existing health data for the glbt communities "a public health concern in and of itself" and recommending that the individual glbt communities be evaluated as unique societal entities, the task force crafted three recommendations informing the Healthy Vermonters 2000 document:

Facilitate, promote, and assess the education of Vermont's health care providers and public health policy makers about homophobia, heterosexism, transphobia, and sexism within the context of culturally competent health outreach and health care provision to the glbt communities

Influence Vermont lawmakers to reach parity and inclusion within Vermont's marriage laws to ensure that same sex couples have equal rights for domestic partner health insurance coverage and medical decision making on behalf of same sex partners and children of same sex family units

Include gender identity as being protected from discrimination in hiring, insurance coverage, and health care access in

Vermont's non-discrimination laws.

The weakness of this output lies not in what has been proposed, but in what continues to be overlooked. Nowhere in the Healthy Vermonters 2000 document are there specific objectives addressing the prevention of HIV transmission among men who have sex with men. No mention is made of the deleterious impact on the mental and physical health of those living in a homophobic society, and of the impact of the stress and anxiety confronting glbt youth trapped in circumstances that remain unsafe. And the words "gay" and "lesbian" simply never appear.

But it gets even worse. The Healthy Vermonters 2000 Report does include a section on HIV, and the most recent (1996) Progress Report presented 5 "Objectives" for the year 2000:

1. Increase the percentage of sexually active adolescents who use condoms to at least 75%.
2. Increase percentage of injection drug users in treatment programs to at least 50%.
3. Increase percentage of schools with HIV education to at least 95%.
4. Increase percentage of primary care providers who counsel patients about HIV and sexually transmitted diseases to at least 75%.
5. Increase percentage of injection drug users and their partners receiving education on preventing HIV to at least 75%.

Feel invisible? With an entire section of the report devoted to HIV in Vermont, the only place

gay men appear in this Progress Report is in the panels of the AIDS Quilt which provide a backdrop for the presentation of the HIV objectives. Being a gay man well beyond my adolescent years, I wonder reading this list of objectives if homophobia is endemic at the Department of Health. The Vermont Department of Health has an AIDS Program, headed now by Joshua Noble and previously by Terje Anderson and Deborah Kutzko. Where were/are their voices in shaping these objectives?

How should this be addressed? The task force is aware that much more can and needs to be done to truly address the Commissioner's goal of enhancing the appropriateness and effectiveness of the Healthy Vermonters 2000 document. One of the more heartening recommendations of the task force was that its members continue to meet beyond the deadline set for making recommendations to the Commissioner, in an effort to provide an improved context for later revisions of this or comparable documents. They are not empowered, however, to spend state funds in constructing outreach mechanisms to the state-wide community, and so will substantively depend on the initiative of our community in providing guidance and direction to the task force. Input can be forwarded to the Office of Minority Health of the Vermont Department of Health at P.O. Box 70, Burlington 04502-0070. Our silence ensures only that we continue to remain overlooked, unconsidered and invisible.

The Attorney General's Response to Gay Marriage

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— "If the fundamental right to marry were expanded, as defendants suggest, it would have to encompass polygamy, group marriage and, perhaps, other forms of marriage presently deemed unlawful."

— "What is not debatable is the possible fluidity of any class premised upon sexual orientation. What would be the boundaries of such a class? Would having homosexual thoughts make one a homosexual? Would one or two experiences? There is no doubt that numerous persons 'experiment' with homosexuality, bisexuality and heterosexuality. ... Unlike other 'suspect classes' there is, at the very least, a component of choice as regards some persons who engage in homosexual conduct."

— "Vermont affords marriage to opposite-sex couples, in part, because of the biological differences between the sexes that are necessary to propagate the species. Vermont's laws do not classify based upon stereotypes or prejudices."

— "By authorizing only marriages of opposite-sex couples, the state furthers its interest in promoting marriage as a way to unite men and women."

— "The state has an interest in promoting child-rearing in a setting which provides both male and female role models."

— "The state has an interest in furthering the link between procreation and child-rearing."

— "The conception of marriage as a precursor to raising a family will thus be diminished. In its place will come marriage as a tax status, a means to obtain economic benefits."

— "The state has an interest in preserving the institutional stability of marriage, especially when this institution is under attack as it is today. The Legislature could conceivably have concluded that expanding marriage to include same-sex unions would destabilize the institution of marriage."

— "The use of sperm donors by lesbian couples and gestational surrogacy by gay male couples could increase significantly. At present, there is a substantial ethical debate over the use of surrogacy contracts and sperm donors."

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