

**The Gay Men's Health Movement
in the United States:**

**Reconceptualizing & Reinvigorating
Our Work with
Gay Men's Communities**

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The Gay Men's Health Movement in the United States (1997-2005)

- **Origins**

- **Gay men's STD movement of 1970s**

- **HIV/AIDS prevention**

- **LGBT health movement**

- **Feminist women's health movement**

- **Free clinic movement of the 1960s**

→ Dallas, 1995: *GLMA Summit* formally identifies need for new generation of gay men's health work

The Gay Men's Health Movement in the United States (1997-2005)

- **Key Events**

- **Philadelphia, 1997: Transformation of Safeguards from HIV focus to GMH**
- **National Gay Men's Health Summit I., Boulder in 1999: 300 participants**
- **National Gay Men's Health Summit II., Boulder in 2000: 500 participants**
- **2000-2002: Over 25 local & regional gay men's health summits held in the U.S.**
- **Gay Men's Health Summit III., Raleigh, NC in August 2003: 400 participants**
- **Seattle & San Francisco 2003: Opening of Gay City's Health Clinic and Magnet**
- **National / International Expansion: 2003-present**

The Gay Men's Health Movement in the United States (1997-2005)

- **Ideas to Consider about the Gay Men's Health Movement:**
 - **Theory & research based**
 - **Strategically planned**
 - **Principle-driven**
 - **Core issues to gay and bi men of all colors focused upon**
- **Characteristics**
 - **Focused primarily on the "G" in LGBTI**
 - **Decentralized, anarchistic and neotribal → idea and paradigm dispersal is key**
 - **De-professionalized**
 - **Community-based and subculture-based**
 - **Mobilization focused**
 - **Dependent upon the kindness of strangers**

The Gay Men's Health Movement in the United States (1997-2005)

- **The Path Forward**
 - **National Gay Men's Health Summit IV.
October 19-23, 2005 in Salt Lake City→
Where do we go from here?**
 - **Identification and educating of organizers for
diverse gay men's health movements**
 - **Creation of local community-based gay
men's health summits, projects, and
trainings (i.e. Gay City Health Project in
Seattle; Magnet in San Francisco)**
 - **Development of literature and research
projects**
 - **International developments**

Six Foundational Principles

of gay men's health summits, projects, or campaigns

- 1. Replace the HIV-centric paradigm of health advocacy for gay men with holistic models that integrate (but do not default to) HIV**
- 2. Rethink the crisis paradigm of HIV work and embrace contemporary understandings, meanings, and implications of HIV for gay men of all colors & classes**
- 3. Challenge deficit-based models for work with gay men and replace them with asset-based approaches**
- 4. Strategically and politically confront structural forces challenging the well-being of gay & bi men**
- 5. Embrace a “big tent” vision of community, respecting diverse ways of organizing sex and relationships among gay men → *shame and guilt are the health hazards, rather than specific sex practices and sex cultures***
- 6. Launch only efforts that are neither overtly or covertly sanitizing, sanctimonious or moralistic**

Address the 8 Core Issues

Confronting queer men of diverse generations, ethnicities, races, locations, and social classes

- 1. Explore the longings for intimacy and connection with other men and the social structures, networks, and ideologies that promote or prevent such connections.**
- 2. Understand the meanings of anal sex, penetration, & the exchange of semen and explore the relationships between various racial, ethnic, and class-based masculinities and anal sex practices**
- 3. Grapple with the emotions, pleasures, & wounds emerging from childhood and adolescent experiences with boys & men**
- 4. Tap into sources of resilience, creativity, determination, humor & playfulness in diverse gay men's cultures**
- 5. Support healing from trauma: violence, abuse, homophobia, racism, poverty, AIDS and addiction**

- 6. Examine the ways transgression, risk, and the taboo interact with queer men's sexual desires, practices, and subcultures**
- 7. Confront ways in which privileged masculinities of youth present challenges to & opportunities for well-being as men age**
- 8. Revive and recreate community rituals, social structures, and networks to replace those lost during the most intense crisis years of AIDS**

Key Features of the Gay Men's Health Movement

<i>It is not...</i>	<i>It is...</i>
HIV focused	Holistic
Deficit-driven	Asset-driven
Individual focus	Relational focus
Directive	Informative
Fear-based & Moralistic	Trusting & Celebratory
Monocultural	Multicultural
Self-Esteem Building	Community-Building
Professionalized	Grassroots
Unitary	Multiple

Implications for HIV Research and Prevention

- **A powerful gay men's health movement may provide a strong foundation for health promotion related to syphilis, HIV, substance abuse, and domestic violence**
- **HIV prevention may be most effective by not referencing HIV**
- **Challenging HIV-centric thinking may do much to strengthen gay men's health**
- **Non-directive, non-manipulative, non-coercive approaches may be most effective with gay and bisexual men**
- **Sexual meanings and social identities may be central to sexual practices, subcultures, and communities**
- **The Gay Men's Health Movement has the potential to catalyze new thinking, create new projects, and mobilize masses of gay and bisexual men**

