

*Opening Plenary Session:*

**Why Boulder?  
Why Gay Men's Health?  
Why Now?**

**By Eric Rofes**

**Welcome**

On behalf of the four-person collective which organized this event, welcome to the Boulder Summit: Building a Multi-Issue, Multicultural Gay Men's Health Movement! Over 300 people are registered for the Summit, coming from throughout the United States, as well as from Canada, Denmark, and Australia.

Thanks to you, we offer over 100 sessions over the next three days on issues ranging from anti-gay violence to alcoholism to anal cancers, STDs to smoking cessation to steroid use, mental health to microbicides to masculinities. We think our Summit program is comprehensive, timely, and bold. We have sessions targeting the health needs of men of color, rural men, gay male youth, aging gay men, homeless men, men in prison, and gay men with HIV; programs focus on specific subcultures including bears, circuit boys, leathermen, and sex workers. We address provocative issues such as barebacking, public sex, and promiscuity and emerging health challenges such as hepatitis C, tobacco use and the needs of gay men with chronic illnesses

distinct from HIV. Our program raises uncomfortable though critical questions such as

- o Can we create healthy gay cultures without challenging promiscuity?
  
- o What role should U.S. gay men play in the health of our brothers worldwide?
  
- o What should our relationship be to the women's health movement?

We believe that collectively the women and men in this room have come forward to create a program which could easily overwhelm any of us and leave us pulled in a zillion directions. Tonight we suggest you take the time to look over the Summit book and sketch out your own agenda. We recommend creating a schedule which meets your interests but also draws you into new arenas and challenges your current perspective.

I will be upfront with you about one of our primary goals for this Summit: we want you to leave Boulder with a deeper understanding of gay men's health, a broad commitment to activism, and a burning desire to strengthen and create gay men's health projects in your local community. We want the people at this Summit to inspire our broader community to prioritize gay men's health and wellness and spark specific organizing efforts which will make gay men's health as central to our lives over the next two decades as HIV/AIDS has been for the past two decades. And we are delighted to include a track of "model programs" which highlights successful efforts already underway throughout our nation.

Because our collective has called unabashedly for increased attention to issues such as substance abuse, prostate cancer, and hepatitis, some have depicted us as believing that AIDS is over. Let me make one thing clear from the outset: the Summit organizers believe HIV/AIDS remains a central part of our agenda and our program this weekend certainly reflects this commitment. While we believe major shifts are occurring in the ways gay men experience and make sense of HIV, we do not believe the medical condition called AIDS has been cured or that continued activism in this area is not needed. We do believe that future AIDS prevention work with gay men will only be effective if it is embedded in a broader, holistic gay men's health movement, and if it takes seriously the range of mental, physical, emotional, and spiritual health needs of gay men.

While we have received supportive comments on the breadth and quality of our sessions this weekend, we want to acknowledge that there are gaps and silences. For example, there is limited programming on the health challenges facing old gay men in our culture and there are no sessions at all on eating disorders, gaps we tried unsuccessfully to fill. We'd hoped to convene a session on the health implications of rimming--we planned to call this the Rimming Roundtable--but our best intentions came to naught. Given our proximity to Littleton, Colorado, we attempted to create more sessions on school-based violence against gay youth, but the presenter who'd championed this part of the program found himself with a job-related conflict which forced his cancellation. While these gaps may disappoint us, overall we are very grateful to the broad range of innovative sessions which you have created for all of us.

## **The Genesis of the Boulder Summit**

I want to be candid with you about the genesis of this Summit and lay out our objectives in organizing this event. This event grew out of the National Lesbian and Gay Health Conference, an annual convergence of health activists which celebrated its 20th anniversary last July in San Francisco. Many of us have valued our time together at that conference and the many activist projects which it has generated. When we learned last November that the sponsoring group had undergone organizational crisis and that this summer's conference was not likely to occur, we began discussing possible ways to continue some of our work together.

For the last few years, a group of people had organized a track of sessions at that conference which had attempted to grapple with emerging gay men's sexual cultures and new directions for HIV prevention. We began to discuss hosting our own mini-conference this summer to move our work forward. As we passed the word around, we found others shared our interest in seizing the opening left by the demise of the health conference to tackle what we saw as a central organizing challenge: breaking the stranglehold HIV/AIDS held on gay men's health organizing. We believed this was a moment with the potential to catalyze organizing and broaden our focus in a powerful and much-needed way.

Several of us committed to organizing this Summit last November, but we spent three months trying to find an organizational sponsor: a host organization which would be the funnel for our finances and which wouldn't

mettle in the program content. We approached several gay and AIDS organizations which we believed might be amenable to our project and, while they all supported our efforts, none felt they had the time or the organizational capacity to host such a event. In fact, we had given up all hope for holding the event this summer, when, in February, the Boulder County AIDS Project heard of our plight and approached us about working together. Because we were aware of the Boulder Project's innovative work with gay men's sex and had been impressed with their commitment to cutting-edge work, we readily formed a solid partnership.

We made an early strategic decision about this Summit which has caused a bit of controversy and for which our collective takes responsibility. We considered attempting to organize an event not only focused on gay men, but on lesbians, bisexuals, and transgender people (LGBT). Indeed, many of us here tonight consider ourselves part of a broad LGBT health movement and have learned much from the cross-fertilization such a movement has encouraged. We made a tough call back in February to focus this year's event narrowly on gay men and we stand by our decision, despite the criticism directed our way. For while we believe in solidarity among lesbian, gay, bisexual and transgendered people--and while we will be delighted to join efforts to initiate a new annual LGBT health conference--we also believe there are times when circumstances compel us to organize separately. We believe this is one of those times.

While many of us have been excited by the surge of organizing among transgendered and bisexual organizers over the past few years, and the incredible strides made by lesbian health activists as their movement has

blossomed this decade, we have not experienced parallel excitement when we've considered gay male health organizing. Instead, we have felt frustrated as we've watched AIDS become a totalizing metaphor for gay men's health, to quote Chris Bartlett. We knew gay men faced other pressing issues and we knew that our AIDS work itself was hampered by our inability to focus resources and attention broadly. We'd attend the annual health conference seeking cutting-edge sessions on gay men's mental health, youth issues, or substance abuse and find little that was not narrowly focused on HIV. As we watched lesbian, bisexual and transgender organizing in the 90s, we wondered what had happened to the gay men's health movement of the 1970s? Where had our creativity, insights, and talents gone?

For those of you who might be unaware, there was a gay men's health movement before AIDS, albeit a small, under-resourced and nascent movement. Its most prominent manifestation were community-based sexually-transmitted disease clinics which emerged out of the free clinic movement of the 1960s. Many of our most prominent AIDS service organizations--Whitman-Walker in Washington, D.C., Howard Brown in Chicago, Fenway Community Health in Boston--existed as gay male STD clinics in the 1970s. The 1970s were also a time when gay men developed models of peer-based counseling, addiction recovery programs, and suicide prevention services to meet our communities' needs.

The development of a gay men's health movement was interrupted by the onslaught of AIDS. Many of our leaders and institutions applied their energies and resources to the burgeoning epidemic--and we are grateful they did. The first major AIDS conferences were convened as part of the National

Lesbian and Gay Health Conference, and most of our major AIDS organizations were created out of existing networks of gay, lesbian, bisexual and transgender health activists. Our communities' extraordinary response to AIDS in the 1980s was made possible by our organizing work of the 1970s, our early networks of queer social workers, doctors, psychologists, and activists, and the existence of gay community centers, gay newspapers, and gay bars, bathhouses and discos.

By stating that the resources and talents of the 1970s were redirected to fighting AIDS, I do not mean to suggest that the gay men's health movement died in the 1980s. Instead, I'd argue that the work continued in quieter, less-prominent ways, and often with very limited funding. Often the gay health movement was intertwined with HIV organizing in surprising and sometimes confusing ways. For example, the number and scale of community centers have expanded impressively over the past 15 years, and many have become full-scale social service agencies meeting a broad range of health needs of our communities. The expansion of services focused on gay youth or gay men of color also occurred during this time, as savvy proposal writers convinced funding sources that strengthening the overall health of our communities was effective prevention work.

And this brings us to the point we are at now, in 1999, and questions we hope to confront here in Boulder:

- o Do gay men's health issues merit attention, resources, and activism in and of themselves, or only when they are implicated in the spread of HIV?

- o Should we demand that the health bureaus of our local, state, and federal governments include gay men's health--as well as lesbian, gay, and bisexual health--prominently in their health initiatives, and never again create entire mainstream health campaigns which ignore the specific needs of our communities?

- o We have created a range of national organizations overseeing our nation's AIDS response, advocating for community needs, and troubleshooting emerging threats related to the epidemic. What national organization oversees gay men's health needs beyond AIDS? What organization serves as our sentinel, troubleshooting new and emerging health threats?

To tackle these daunting questions, four of us took the lead and formed a collective which organized this Summit. We began with no financial resources and knew of no deep pockets who would fund this Summit, so we chose a low-key grassroots organizing strategy. It might surprise you but, until this morning, our collective had never held a face-to-face meeting, or even held one of those expensive and, to my mind, confusing conference calls. We communicated almost entirely by e-mail. By crafting a compelling Call to the Boulder Summit, and promoting it through the Internet and gay newspapers, we generated participation in the Summit, an impressive array of sessions, and, earlier this month, a grant from DuPont Pharmaceuticals. As someone who came of age as an organizer during the 1970s and endured endless meetings where we even processed our processing, I am delighted with this move into postmodern, high tech organizing.

## **Our Specific Objectives**

In a few minutes, I want to shift and ask you to tell us what brought you to Boulder this week? What inspired you to spend your time here, with us, and not on the beach, in the woods, or hanging out with your friends? What local issues were the impetus to get you to this Summit and what projects would you like to invite others to participate in with you? How did you feel when you first heard about the goals of this Summit? Because we hope that each of you will bring home at the end of the weekend something valuable to contribute to your local community, we want to begin our Summit asking you for something valuable which your experience in your local community can offer all of us here today.

But allow me to focus finally on our own vast ambitions. While we are thrilled you've come to Boulder and excited by the program, we maintain five specific work objectives for our time together:

First, we very much hope to see the energy of this Summit trigger the expansion of gay men's health projects throughout this nation. We want to see conferences, organizations and networks formed which champion broadly-defined gay men's health issues. Learning from our AIDS efforts, we want to see projects emerge from various gay male ethnic and racial groups which define and prioritize specific communities' health agendas. We want local and national groups to form which take responsibility for oversight and planning for the health needs of our diverse populations. We hope some of you will leave here eager to organize a local summit on gay men's health,

establish a gay men's health project, or research gay men's health beyond HIV.

Second, we want to see gay activism come alive and focus as much on issues such as anti-gay violence or access to health care or STD treatment programs as HIV/AIDS. If a decade ago, we united under banners proclaiming Silence = Death, today the silence surrounding non-HIV related gay men's health issues is deafening. We want gay men out in the streets demanding universal health care for all, full funding for mental health services and the development of new technologies to promote gay men's sexual health.

Third, we have planned action sessions throughout the Summit which are our attempt at a "product-oriented" agenda. We urge you to consider participating in sessions which will attempt to create a publication focused on gay men's health, an algorithm for doctors to use when gathering a sexual history from gay men, a public statement from gay men 35 and under, or mechanisms to continue our work after this Summit has ended. Ultimately, underlying this Summit is an anarchistic spirit of optimism: we believe that the simple mix of 300 extraordinary people will produce countless organizing projects over the next few years. We urge you to be part of making that happen.

From the start of organizing this Summit, we have been upfront about our fourth objective: we want to support men 35 years old and younger to take on leadership roles in our health movement, reframe existing questions to fit their own interests and needs, and assert their voices loud and clear. It

strikes me as ironic that during the gay liberation period, our movement's leaders were primarily in their teens, twenties, and early thirties. When I was a young gay man, few thought it odd that a 22 year old would be the editor of a gay paper, leader of an activist group, or author of a political manifesto. The vanguard of the women's movement, the civil rights movement, and anti-war efforts was teeming with young people. Today, gay people 30 and under are often classified as youth and offered mentorship programs to learn from activists of my generation. It has been exciting for me that with one exception (me!) the four-person collective organizing this Summit are age 30 and younger. While we want this Summit to confront generational tensions head-on, our ultimate goal is to network and energize young health activists from all over the nation .

And finally, fifth, we want to transform the ways in which we think about and evaluate gay men, shifting away from a perspective which exoticizes, demonizes, and pathologizes our bodies and our lives and into a model which recognizes the tenacity, survival-skills, and overall resilience of our cultures and communities. What would it mean to understand openly gay men as the resilient portion of our community, that portion which has suffered physical assault, religious abuse, and political violence yet emerged emotionally intact and spiritually strong? What would it mean to understand our gender play, kinship networks, and sexual cultures not as pathetic products borne of a homophobic society, but as adaptive survival strategies which have served us well?

Hence we hope to examine several sides of the issues and cultures which commonly are scrutinized in one limited way. We might decry the

substance abuse occurring at circuit parties, but also understand that rank and file gay men by the thousands find something valuable--something life affirming--about the mixture of music and men dancing together. We might read drag queens or leathermen as sexist caricatures borne out of patriarchal culture, or we might understand them as radical subversions of gender norms and attempts at more nurturing forms of masculinity. Some among us might be concerned at the failure of most gay men to organize their relationships as long-term monogamous couples, but as Peter Nardi's recent book on gay male friendships suggests, by prioritizing friendship networks over nuclear families as the primary unit of gay male social organization, we may, in fact, have strengthened the bonds of community in ways quite uncharacteristic of most cohorts of American men.

These five objectives guide our work this weekend. By the end of our time together, we hope the phrase "gay men's health movement," will roll off our tongues as easily as phrases such as "HIV/AIDS," or "protease inhibitors," and that we will bring back to our hometowns a renewed commitment to nurturing an activist health movement for gay men.

Let me be clear about one final point. At several times during the organizing of this Summit we were tempted to articulate our motivation for organizing this event by utilizing what has become the traditional American way of generating support around health issues: the crisis construct. We felt pulled to deploy the murder of Matthew Shepard, or the rise in reports of rectal gonorrhoea, or alarming reports about Hepatitis C to fan the flames of crisis in order to draw people to our event. We did our very best to resist this temptation because we are clear about one thing: we want to create a gay

men's health movement that will build momentum outside the toxic cycle of crisis and resolution which frames most contemporary health organizing. Join with us in igniting a movement that will sustain itself against the capricious whims of media attention and the inexplicable shifts in interest by funders.

Join with us to create a multi-issue, multicultural gay men's health movement which will sustain us for many, many decades.

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