

## ***Rapporteur Report-Back***

# **7<sup>th</sup> BC Gay Men's Health Summit** *Health & Sexual Rights*

***Vancouver, BC  
November 3<sup>rd</sup> & 4<sup>th</sup>, 2011***



Presented by:

Date:

“According to a number of recent novels, gay men just want to be held. According to some current writing about HIV/AIDS prevention, gay men actually want to be killed.”

*-David Halperin, cited by Olivier Ferlatte*



Canada's source for  
HIV and hepatitis C  
information

La source canadienne  
de renseignements sur  
le VIH et l'hépatite C

# The rapporteur process...

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- 16 people from across Canada attended & reported back on outstanding themes of the summit
- Each rapporteur summarized every presentation they attended
- At daily meetings each day after the summit, rapporteurs worked together to summarize key themes
- This presentation was created to summarize those themes

# The rapporteurs!



# The 7<sup>th</sup> Annual BC Gay Men's Health Summit

“...a conference for those working or volunteering in gay men's health and HIV prevention in British Columbia and Canada to exchange information and plan future initiatives.” (CBRC)

- Held in Vancouver, BC on Nov. 3<sup>rd</sup>-4<sup>th</sup>, 2011
- Project of the Community Based Research Centre (CBRC) in collaboration with the Health Initiative for Men (HiM) and BC Centre for Disease Control (BCCDC)
- This year's theme: Health & Sexual Rights



# Defining “Gay Men”<sup>1</sup>

- Our belief: a “gay men’s health” movement must incorporate a broad definition of its population and reflect the current diversity of identities and terms within our work and communities.
- This means including all men who engage with other men romantically or sexually regardless of their gender identity (i.e. cisgender and transgender men) or sexual orientation identification (i.e. gay, bisexual, queer, two-spirit, pansexual).
- Wherever possible we have reproduced the terms used by presenters when giving their presentations.
- The term “gay men” at times has been used with the intent that the diversity of our identities and terms are, in part, contained within it.



[1] CATIE. (2010). New Directions in Gay Men’s Health and HIV Prevention in Canada: Pan-Canadian Deliberative Dialogue Report, 2010 (p. 32). Retrieved from <http://www2.catie.ca/en/resource/new-directions-gay-mens-health-and-hiv-prevention-canada-pan-canadian-deliberative-dialogu-0>

# Major Conference Themes

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- Reflecting on our identities
- Intersections of race, ethnicity and sexual orientation
- Acknowledging the impacts of colonization on Aboriginal gay, bisexual and 2-spirit men
- Youth
- Minority Stress model
- “Where are the gay men?” (in research and funding)
- Strategies and approaches to moving forward in our work
- Moving to community and structural levels of action
- Disclosure and criminalization: quarantining gay (poz) men
- The “Treatment as Prevention” Dilemma



# Reflecting on our identities and their complexities...

- Is it ***Gay Men***, or ***MSM***, that we should be talking about? Must think critically about this difference.
- Example of Bullying: Major disparities between those who identify as gay and those who are 'MSM' regarding mental health, depression and suicidality consequences (Terry Trussler, CBRC)
  - Sex Now Survey: Gay men were 8 times more likely to have been bullied than MSM and 4 times more likely to have had their career impacted by their sexual orientation. (Terry Trussler, CBRC)
- In some rural communities men would never identify as gay, but might admit to having sex with men with their healthcare providers (Karly Drabot, UBC Okanagan; Kevin Saya-Moore, LPRC)

# Reflecting on our identities and their complexities (2)...

- We must continue to increase the visibility and inclusion of gay/bi/pansexual trans men in sexual health work:
  - Research has shown lower testing rates, condom use, & perception of HIV risk. 28% of trans people have reported postponing medical care due to discrimination. (Robin Perry, Qmunity)
- Locating intersectionality in broader systems and structures of power and domination (rather than just within individuals). (Daniel Grace, SFU/BC CDC)
- Thinking critically about how we 'measure' sexual identity, and how this results in certain people getting left out of epi data:
  - Using distinct categories, using a continuum (the Kinsey scale), attraction, behaviour, identification, social life, lifestyle. (Jamie Forrest, CBBfE)



# Intersections of race, ethnicity and sexual orientation

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- Recognize that some languages and cultures do not have positively-associated words to describe and refer to queer people. (Darren Ho, City of Colours Team)
- Racialized communities are underserved, under-researched and underfunded in terms of queer programs and education (Participant comments; Darren Ho, City of Colours)
- “When you are speaking to someone in their native language, they know you are speaking to them.” (Darren Ho, City of Colours)
- Importance of bridging familial and queer cultural heritages, histories, and values

# Our City of Colours (Darren Ho)

**志明**  
**Aaron**  
25歲

**道遠**  
**Spencer**  
24歲

打排球  
Plays volleyball

彈吉他  
Plays guitar

喜歡吃火鍋  
Likes hot pot dinners

做瑜伽  
Does yoga

看曲棍球  
Watches hockey

跟奶奶看連續劇  
Watches soap-operas with grandma

愛道遠  
Loves Spencer

愛志明  
Loves Aaron

HIM logo, PRIDE USG logo, and Our City of Colours logo are present at the bottom.

**ਅਜੇ**  
**Ajay**

ਉਹ ਵੱਢੀਆਂ ਦਾ ਸਨਮਾਨ ਕਰਦਾ ਹੈ  
Respects his elders

ਉਹ ਇੱਕ ਪਤਿਬੁੱਲ ਕੁੱਤੇ ਦਾ ਮਾਲਕਿ ਹੈ  
Has a pet pitbull

ਉਹ ਡਾਕਿਫਨਿਟੋਡ ਕਾਫੀ ਪੀਦਾ ਹੈ  
Drinks decaf coffee

ਉਹ ਫੁਟਬਾਲ ਖੇਡਦਾ ਹੈ  
Plays soccer

ਉਸਦਾ ਪ੍ਰੇਮੀ ਇੱਕ ਮਰਦ ਹੈ  
Interested in men

HIM logo, PRIDE USG logo, and Our City of Colours logo are present at the bottom.

[www.facebook.com/ourcityofcolours](http://www.facebook.com/ourcityofcolours)

# Acknowledging the impacts of colonization on Aboriginal gay, bisexual, and 2-spirit men

“Self-hate is necessary for fear based learning to continue to exist.”

(Rocky James, Indigenous GLBT Consultancy of BC)

- Gender- and sexual orientation-based violence and erasure caused by a history of colonialism has constrained the extent of LGBT indigenous leadership in Canada: we must facilitate bringing LGBT indigenous leadership “out of the closet” (Rocky James, Indigenous GLBT Consultancy of BC)
- Many histories, collective memories, stories, and realities of gender and sexual uniqueness have been erased. There has been an important place for 2-spirit and other GLBT aboriginal people in aboriginal cultures and communities (and in broader society), and we must support work to bring these memories back to life. (Waawaate Fobister, Agokwe)
- *Survivor vs. Survivance* (Rocky James, Indigenous GLBT Consultancy of BC)
- **Agokwe:** Wise woman, within a man. (Waawaate Fobister, Agokwe) (Ojibwa)



# Youth: “It’s *not* getting better.”

- **64% of GLBTQ youth feel unsafe at school (Egale, 2011)<sup>1</sup>**
- This is often due to bullying based on gender expression (people not conforming to gendered stereotypes/expectations).
- Research from the CBRC in BC shows that syndemics are a reality among youth in Vancouver (Olivier Ferlatte, CBRC/SFU)
  - Younger people report higher rates of lifetime events of marginalization than older people (keep in mind: youth are coming out younger)
  - 43.6% of youth with 3+ psychosocial issues reported UAI in his analysis of Sex Now Survey’s data



[1] Taylor, C. & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust.

# Youth (2)

**“Community is not built around anal sex.”**

(Michael Reid, talking about sex ed materials for queer youth)

- **Sexual Health Education with young gay/bi/MSM men (Michael Reid, YouthCO)**
  - We must continue to counter heterosexist youth sex education
  - We have to remember that youth do not necessarily relate to very (homo)sexualized health promotion materials. They are new to condoms and HIV prevention, so we must always continue to 'go back to the basics'
- **Youth in a New Zealand study were compared to older gay men. (Nathan Lachowsky)** This breaks down a number of assumptions regarding differences between younger and older gay men.
  - Differences:
    - Youth tended to be less knowledgeable about HIV, more likely to have UAI with casual partners (but less so with boyfriends), and more often assume their partner would disclose his HIV status. They also tended to have more anal sex than older gay men.
  - Similarities:
    - Rates of STI testing, HIV testing, STI prevalence, and overall number of partners.

# The impact of homophobia can follow gay men for their entire lives.

- **39.6%** of gay men who were bullied as youth reported that it impacted their career later on in life (Sex Now Survey, Terry Trussler, CBRC)
- Youth who are bullied are **2.5-3.5 times as likely** to develop mental illness later on in life. (Sex Now Survey, Terry Trussler, CBRC)
- There is a proven, **direct link** between societal homophobia, heterosexism, and MSM's vulnerability to HIV – this will be outlined in the upcoming PHAC status report on HIV and Gay, Bisexual, Two-Spirit, and MSM in Canada (Chris Boodram, PHAC)

# The Minority Stress Model (Ilan Meyer)

- A model that is used to help explain the health disparities between queer and non-queer populations.
- **The experience of stress is socially distributed:** acknowledging the *extra stressors* that queer people live with every day and the often negative outcomes they produce (above the “general population”)
- **Minor events and non-events are as important as the major ones in minority stress:** Expectation of rejection, concealment of identity, and internalized homophobia

*“People in minority positions use their third eye to constantly observe what is going on, which is a constant activation of the fight or flight response.”*

(Ilan Meyer, The Williams Institute, UCLA School of Law)



# The Minority Stress Model (2) (Ilan Meyer)

- Experiencing a prejudice-related life stress event leads someone to be 3x more likely to experience a physical health problem in 12 months.

**“What would your life be like if homophobia, racism and sexism did not exist?”**

- **Positive marginalization** (a positive, self-affirming response to marginalization): Celebrating the lessons we’ve learned in experiencing and overcoming discrimination and oppressions.
  - For some people marginalization allowed for a sense of belonging to a community, meaning, purpose, and a stronger self-identity.





# “Where are the gay men?”

- **Gay/bi/2-spirit/MSM men are underrepresented in funding and research in the context of the proportion of the HIV epidemic we comprise**
- **From 1979-2009, 55.4% of HIV positive people in Canada were MSM (Chris Boodram, PHAC), but:**
  - Of the 1,605 abstracts over the last 5 years of CAHR conferences, only **7%** actually focused on gay, bi and other MSM, and **1.5%** on HIV-positive MSM. In the past two years, none of these mentioned East Asian, Middle Eastern, Refugee, Trans or Disabled MSM (Len Tooley, University of Toronto).
  - In 2001, an environmental scan showed that from \$7.5 million invested in BC’s community responses to the HIV epidemic, only \$104,000 went directly to gay men’s HIV prevention. (Olivier Ferlatte, CBRC)
- **Is this evidence-based policy?**

# “Where are the gay men?” (2)

*“Underrepresentation of MSM in research and funding is perpetuating and exacerbating injustice and blurring the diversity of our communities.”*

*(Len Tooley, University of Toronto)*

- A recent analysis of the Canadian Institute for Health Research’s research budget revealed that only **9.7%** of the budget for grants mentioning HIV prevention also make any mention of MSM. (Barry Adam, U of Windsor / OHTN)
- In its 8th Round of Funding the Global Fund to Fight AIDS, Tuberculosis, and Malaria, only **2.1%** (US\$ 19 million) of the US \$903 million was specifically allocated to project for MSM. (Barry Adam, U of Windsor / OHTN)
- Only **2.6%** of all sessions from the entire International AIDS Conference in 2010 exclusively focused on MSM. (Len Tooley, U of Toronto)



# Exploring possibilities: Ways of moving forward

- **Community based organizations *can* take on HIV testing.** (James Tigchelaar, BC CDC)
- **BC CDC is undertaking a trial project to assess the viability of on-line HIV and STI testing.** (Janine Farrel, SFU; Travis Hottes, BC CDC)
- **Early HIV testing (Pooled NAAT test) is working in BC for MSM.**
  - 10-12 day window period
  - With early HIV testing there was a 127% increase in diagnoses of guys in acute/early phases of HIV infection, and the number of individuals newly diagnosed with HIV increased by 11%
  - 14/34 acute HIV infections would have been missed if pooled NAAT testing was not used.



# Exploring possibilities: Ways of moving forward (2)

- **Theatre, arts, body mapping and telling stories from our communities are powerful prevention, healing and research tools.** (Waawaate Fobister, Agokwe; Michael Harris, Life after Death as examples)
- **HiM uses evidence to inform its strategies:** this provides insulation from sex-negative critiques. “Our work needs to meet men where they are at” – and the evidence exists to tell us where that is. (Jodi Jollimore, HiM)
- **Engaging physicians is a necessary strategy.** (Karly Drabot, UBC Okanagan; Kevin Saya-Moore, LPRC)
- **Services for men moving away from intimate partner violence.** (Terry Howard, Positive Living BC)

# Exploring possibilities: Utilizing Technology

*“We need to be aware of the virtualization of the sexuality of a wired generation”*

*(Barry Adam, U of Windsor, OHTN)*

- There are **limitations of technological solutions** (not all have access) (Janine Farrell, SFU; Travis Hottes, BC CDC)
- **Advertising on the internet** can be a cost-efficient way to reach hard-to-reach populations. A **resource** on this has been developed and is available from Len Tooley ([lentooley@catie.ca](mailto:lentooley@catie.ca))



# Moving to community and structural levels: IT'S TIME TO ACT!

*"We need social change on a grand scale to bring gay health into being."*

*(Terry Trussler, CBRC)*

- Many anti-discrimination laws are in place, but they are not necessarily preventing bullying, suicides, homophobia: these laws need to be put into practice. (Terry Trussler, CBRC)
- Creating supportive environments when youth are coming out has a significant impact on gay/bi/two-spirit/MSM's resilience (Chris Boodram, PHAC)
- "Kids need more than safe spaces, they need supportive spaces." (Ilan Meyer, *The Williams Institute, UCLA School of Law*)



# Valuing our communities, solidarity, and connecting with our cultural memories (Elders)

- **Social support networks are important to gay men in seeking support:**
  - There is evidence that they enhance MSM resiliency to HIV (Chris Boodram, PHAC)
  - These networks have evolved from a lack of relevant clinical and other social support services (Terry Howard, Positive Living BC).
- **Bathhouses & bars: what were seen as locations of risk are now being seen as sites of resilience.** (Chris Boodram, PHAC)
- **We must engage with our Elders' wisdoms, and our histories as a community: this is a key cultural survival strategy.**  
(Andrew Mackey, O2E – Older to Elder; Waawaate Fobister, Agokwe; Barry Adam, U of Windsor, OHTN)



# Naming and Challenging Systems of Control

*“How much can you rely on institutions for help, when it’s those same institutions that are oppressing you?”*

(Rocky James, Indigenous GLBT Consultancy of BC)

- **We must continue to resist pathologization.**
  - Homosexuality is and has been considered deviant and pathological: a crime, a sin, an illness.
  - Is the same happening as a result of our continued focus on gay men’s sexual practices as the most important ‘location’ to address HIV vulnerability? What about the larger environments (homophobia, bullying, healthcare, etc.)?



# Disclosure and criminalization: Quarantining gay (poz) men

- In Canada in 2009, there were 25 reported deaths among people diagnosed with AIDS.<sup>1</sup> Influenza kills 2,000-4,000 Canadians each year, but HIV is criminalized. Why? A direct fear of sex, homophobia. (Michael Reid, YouthCO; Jesse Brown, YouthCO; Luke Swenson, BCCfE)
- Surveillance, criminalization, disclosure can in many ways be seen as mechanisms to effect the 'quarantining of gay men' (Eli Manning, SFU)
- Realizing that criminalization, based on fear and stigma, does not actually affect behaviours but instead pits gay men against each other, hurting our communities. (Michael Reid, YouthCO, Jesse Brown, YouthCO, & Luke Swenson, BCCfE)
- Until there is consistency in the application of laws pertaining to HIV transmission, those living with HIV will be viewed as the ones chiefly responsible to eliminate "significant risk."



# The “Treatment As Prevention” Dilemma

- Cindy Patton and Barry Adam posed challenging questions regarding Treatment As Prevention (in particular how it is playing out with the Seek and Treat for Optimal Prevention [STOP] HIV/AIDS Project in BC.)

*“Community mobilization has been the most effective tool to advance the health of gay/bi men since the beginning of the HIV/AIDS epidemic – let this not be forgotten.”*

*(Barry Adam, U of Windsor, OHTN)*

- Through funding processes, money (and health economics) may be used as a tool to force discourse about how to address HIV prevention and treatment in our communities and organizations.
- Population science  $\neq$  Everyday Practice



# The “Treatment As Prevention” Dilemma (2)

- **“We should never allow costing arguments to cloak themselves in the language of compassion.”** (Cindy Patton, SFU)
  - Treatment as prevention uses dehumanizing, epidemiological and population-based language. This is in severe contrast to individual-centered care supported by concepts of human rights.
  - A problem because those groups who are prone to HIV are the same ones that are prone to human rights violations.
  - “Are we engaging in a massive research project without any ethical review?” (Cindy Patton, SFU)
- **“Who will get the blame?”** (Riyas Fadel, COCQ-SIDA)
  - Treatment As Prevention – what will happen if, and when, it doesn’t work?
  - Are we creating a hierarchy of “good” and “bad” PHA’s based on whether, and how, they take treatment?



# Calls for increased research

- **Resiliency & strengths** of the gay community
- **How to influence public opinion** (and policy-makers' perception of public opinion), so that we can influence policy (research, funding, service-provision decisions) (Olivier Ferlatte, CBRC)
- We are missing important understandings and data on the **intersections of race, gender and sex.**
- **Sexual rights**
- **Social networks, social mobilization** (contemporary grassroots action)
- The **role & responsibility of health care providers & systems** in addressing HIV/STIs & gay men's health (homophobia within the healthcare system).



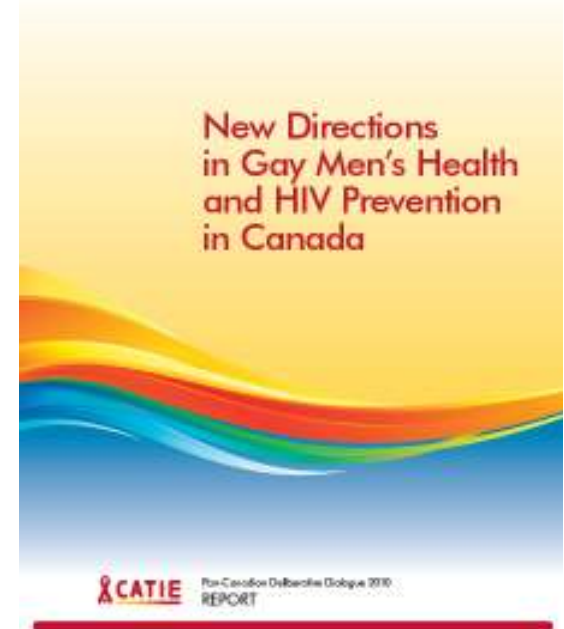
# Resources & things to look at

- Keep an eye out for the upcoming **PHAC Status Report** on HIV and Gay, Bisexual, Two-Spirit and other Men who Have Sex with Men in Canada
- **“Life After Death”** by Michael Harris (The Walrus, Sept. 2011)
  - <http://www.walrusmagazine.com/articles/2011.09-society-life-after-death>
- **“Rights Language and HIV Treatment: Universal Care or Population Control”** by Cindy Patton (Rhetoric Society Quarterly, June 2011)
  - <http://uirsg.files.wordpress.com/2011/09/patton.pdf>
- **“Epistemic fault lines in biomedical and social approaches to HIV prevention”** by Barry Adam (Journal of the International AIDS Society, 2011)
  - <http://www.jiasociety.org/content/14/S2/S2>



# More resources...

- **“New Directions in Gay Men’s Health and HIV Prevention in Canada”** by CATIE  
<http://www2.catie.ca/en/resource/new-directions-gay-mens-health-and-hiv-prevention-canada-pan-canadian-deliberative-dialogue-0>
- **GetTestedBC** – On-line testing services updates website (BC Online Sexual Health Services Program)
  - <http://bclovebytes.wordpress.com/about/>
- **Rainbow Health Coalition** of Canada’s Website
  - <http://www.rainbowhealth.ca/>



» **Sex Now Census 2011**

» <http://www.cbrc.net/sexnow>



# And even more resources...

- Health Initiative for Men's new testing site:  
*What's Your Number?*
  - <http://checkhimout.ca/testing/>
- Project Stride (on Stress, Identity and Mental Health)  
[Ilan Meyer]
  - <http://www.columbia.edu/~im15/>
- Rick Mercer's Rant on teen suicide
  - <http://www.youtube.com/watch?v=J1OvtBa2FK8>



# 2011 BC Gay Men's Summit Rapporteurs

- **Alexis Musanganya**, Montréal, Québec, Arc en ciel d'Afrique
- **Anthony Buccitelli**, Montréal, Québec, AIDS Community Care Montréal
- **August Horning**, Prince George, BC, Learning Difficulties Centre of BC
- **Evan Coole**, Sydney, Nova Scotia / Cape Breton, AIDS Coalition of Cape Breton
- **Garfield Durrant**, Toronto, Ontario, BlackCAP
- **Garnet Woloschuk**, Saskatoon, Saskatchewan, The Avenue Community Centre for Gender & Sexual Diversity
- **Gaston Cotnoir**, Sudbury, Ontario, Access AIDS Network
- **Gens Hellquist**, Saskatoon, Saskatchewan, Canadian Rainbow Health Coalition
- **Kyle Wilson**, Prince George, BC, College of New Caledonia
- **Len Tooley**, Toronto, Ontario, CATIE
- **Michael Burtch**, Ottawa, Ontario, AIDS Committee of Ottawa
- **Reece Malone**, Winnipeg, Manitoba, Rainbow Resource Centre
- **Richard Utama**, Toronto, Ontario, Asian Community AIDS Services
- **Riyas Fadel**, Montréal, Québec, COCQ-SIDA
- **Rob Poole**, Edmonton, Alberta, HIV Edmonton
- **Robert Birch**, Victoria, BC, AIDS Vancouver Island
- **Roberto Ortiz**, Montréal, Quebec, RÉZO



*Many thanks to the summit organizers for the conference and for hosting the rapporteurs!*