

VALUING GAY MEN'S LIVES

*Reinvigorating HIV prevention
in the context of our health and wellness*



Canadian
Strategy on
HIV/AIDS

La Stratégie
canadienne
sur le VIH/sida



Gay & Lesbian Health Services
of Saskatoon

Additional copies of this document may be obtained from:

Canadian HIV/AIDS Clearinghouse
Canadian Public Health Association
400 - 1565 Carling Avenue
Ottawa, Ontario
K1Z 8R1

Tel.: (613) 725-3434 / 1-877-999-7740

Fax: (613) 725-1205

e-mail: aidsida@cpha.ca

website: www.clearinghouse.cpha.ca

This document is also available on the website of



Gay & Lesbian Health Services
of Saskatoon at

www.gaycanada.com/glhs

This project was funded through the Canadian Strategy on HIV/AIDS, Health Canada.

The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health.

Acknowledgements

This National HIV Prevention Strategy for Gay Men was developed by a National Reference Group (NRG) of gay men from across Canada who have significant experience and expertise in HIV Prevention for gay men as well as in broader gay men's health issues.

The National Reference Group was identified through a working group initiated in consultation between the community and the HIV/AIDS Policy, Coordination and Programs Division of Health Canada. A detailed list of its members can be found in Appendix II.

Administrative support for the NRG was provided by Gay & Lesbian Health Services of Saskatoon (GLHS) who have been working to address the broader determinants of health for gay men, lesbians and bisexuals since 1991.

The National Reference Group would like to thank the following people for their support of and valuable input into this document:

Lori Crozier of Gay & Lesbian Health Services for her administrative support of the committee and her patience in dealing with a committee comprised of gay men.

Michael Sobota for his excellent facilitation of the meetings of the NRG.

Those gay men and professionals from across the country who participated in focus groups and provided invaluable insights and information which has brought many of the issues in this document to life.

The NRG would also like to extend our appreciation to Bill Ryan, whose leadership and vision have helped shape this Strategy, and his principal collaborator Michael Chervin. They have provided invaluable assistance in researching the issues, conducting the focus groups and writing the two documents that have resulted from this project.

Table of contents

Acknowledgements	3
Executive summary	7
Goals of this strategy	8
Values guiding this strategy	9
Preface	11
Context	13
SECTION 1: Gay men's health and wellness	18
1.1 Gay Men's Health: Why now? What is it?	18
SECTION 2: Making population health speak to gay men's lives	23
2.1 Population Health: Making it Speak to the Realities of Gay Men's Lives	23
2.2 Determinants of health that Speak to Gay Men's Lives	23
SECTION 3: Revitalizing HIV prevention for gay men: Repositioning it within gay men's health and a population health framework that speaks to gay men's lives	38
3.1 Preface	38
3.2 Revitalizing HIV prevention favours analysis and action on the multiple contexts of sex and of gay men's lives	40
3.3 Building and Sustaining Communities Capable of HIV Prevention in the Context of Gay Men's Health and Wellness	45
3.4 Research that Strengthens Gay Men's Health and Wellness, and HIV Prevention Work among Gay Men	47
SECTION 4: Evaluation of the strategy	49
SECTION 5: Conclusion	50
APPENDIX I: Restatement of all the recommendations	51
APPENDIX II: Members of the National Reference Group	55

Executive summary

Gay men, their communities and informal networks in Canada have long demonstrated courageous initiative and incisive analyses in addressing conditions for their health and wellness. This strategy document builds on those strengths. A convergence of recently changing contexts, including gay communities, their changing experience of HIV and their relation to it, as well as the context of federal health policy, has shifted the ground of HIV prevention among gay men in Canada. Gay men, by far the population in Canada with the highest rate of people living with HIV, have been creatively and competently addressing such changes during the past five years or so. However, they have been doing so without the support of a coordinated national strategy and the significant resources mobilized by it. This document aims to address that situation by proposing the framework of such a national strategy, taking the lead from gay men active within their communities. The National Reference Group, composed of gay men of a diversity of fields from across Canada and convened by the HIV/AIDS Policy, Coordination and Programs Division of Health Canada, presents this blueprint to the HIV/AIDS Policy, Coordination and Programs Division to inform and guide their analysis and action.

Drawing on a substantial research report commissioned by the Gay and Lesbian Health Services of Saskatoon, this strategy document at its core seeks to value the lives of gay men in their wide range of backgrounds, life conditions, environments, and varied efforts of individual and community empowerment. A statement of values anchors the proposed strategy. A preface and context set the background of the strategy. This background includes a recent emergence of activity in Canada on gay men's health, including yet going far beyond HIV-related preoccupations, which has given rise to a re-defined framework for effective HIV prevention. The strategy document presents this framework of gay men's health, and also critically engages with a Population Health framework in a way that reformulates it to speak to the lives of gay men. The strategy document resituates HIV prevention within the contexts of both gay men's health and a reformulated Population Health framework, and actively draws out critical implications. The document presents these implications with reference to analysis and action on the multiple contexts of sex and of gay men's lives, to building and sustaining communities capable of HIV prevention, and to research. The strategy document throughout offers recommendations for action by Health Canada, and these are compiled in Annex I.

Grounded in work already present within many gay communities in Canada, this strategy document serves as a springboard toward sustaining a new era of action on HIV prevention among gay men. This reachable goal is an expression of valuing gay men's lives.

Goals of this strategy

Within the context of the Canadian Strategy on HIV/AIDS, this strategy aims to reduce the incidence of HIV in gay men

- by reinvigorating HIV prevention in Canada
- through repositioning HIV prevention in a context of gay men's health,
- within Population Health policy in a way that is relevant to gay men's lives.

Values guiding this strategy

- (1) While we belong to communities of gay, lesbian, bisexual, transgendered and transsexual men and women, this strategy is written for and by men who are connected in some way with gay male communities and/or with a gay male identity.
- (2) Gay men of Canada form a diverse group. We are HIV positive and HIV negative; we are of a diverse range of cultural, class, linguistic, ethnic, and religious backgrounds; some of us are Two-spirit and Aboriginal, and we come from urban and rural areas, as well as in a diverse range of settings. We affirm and value our diversity, aiming to draw on its strengths and to be responsive to it in engaging the health and wellness of us all.
- (3) As individuals and as communities, gay men have demonstrated great resilience in the face of difficult times and harsh social injustices, including homophobia, heterosexism, racism, colonialism, economic injustice and discrimination on the basis of seropositivity. We have developed insightful analyses and practices, often through challenging injustices we experience by resisting them in creative and constructive ways. We have been and will continue to be actors in the pursuit of our health and wellness, including that of HIV prevention, at the individual, interpersonal, cultural and structural levels. We acknowledge such strengths: they need to be central in informing a gay men's HIV prevention strategy for Canada;
- (4) The National Reference Group proposes an HIV prevention strategy to be based on respect for:
 - a. the capacities, abilities and right of gay men to make informed choices for ourselves, facilitated by social and physical environments free of discrimination and power imbalances whether, for example, heterosexism, racism, classism, ageism, sexism, or discrimination on the basis of seropositive status;
 - b. our capacities, as individuals and as a community, to support gay men in making risk-reducing decisions (whether as planned choices or in the heat of the moment) with an empowering approach;
 - c. our right to gain increasing control of our overall individual and collective health and wellness, as well as of the wider conditions influencing them, and our need to revitalize

effective HIV prevention by repositioning it within the broader context of our overall health and wellness;

- d. our sexual orientation, our sexuality and its expression, and our emotional relationships, honoured as integral parts of our lives and as a right regardless of HIV status;
 - e. the contribution that gay men living with HIV have been and will continue to be making as partners and resources in prevention development and work;
 - f. the continued and sustained development of a sense of belonging and of interdependence through vibrant, inclusive gay (as well as gay, lesbian, bisexual and transgender) networks and communities, and their crucial role in engaging the health and wellness of all gay men, including effective HIV prevention.
- (5) We believe that conditions which affirm choices of coming out, in all of the ways that we, as a very diverse population of gay men, experience it at different times in our lives, are essential to increasing our capacity to take care of ourselves.

Preface

The National Reference Group

- In 1999 the HIV/AIDS Division of Health Canada struck a National Reference Group to oversee the development of a new HIV prevention strategy for gay men.
- This group is composed of men from around the country, representing all regions, from community-based backgrounds, the health sector, justice sector, and academe.

The purpose of this strategy / what it's for and who it's for

- This strategy is presented by the National Reference Group to the HIV/AIDS Division of Health Canada to support reinvigorating HIV prevention among gay men.
- We hope that this document will both inspire and support AIDS Service Organizations, Gay, Lesbian, Bisexual and Transgender organizations and gay communities across Canada to reflect further on renewing their HIV prevention efforts.
- This strategy draws substantially on an extensive position paper, overseen by the National Reference Group, which reviewed and critically explored the emerging field of gay men's health, including its repositioning of HIV prevention, in relation to a Population Health framework.¹

Gay men's health and HIV prevention

- Our experience with the successes and limits of HIV prevention in the last two decades points to the increasing importance of seeing health in a holistic manner, taking into account both the whole person and the person's relation to others and to the wider society.
- Those with the most experience in HIV prevention have come to realize, long before policy makers, that looking at HIV prevention among gay men without addressing the psychological, social, legal, political, and economic contexts in which they live ignores major influences on their ability to make healthy decisions.

¹ *Framing Gay Men's Health in a Population Health Discourse: A Discussion Paper*, available through the Canadian HIV/AIDS Clearinghouse of the Canadian Public Health Association.

A Population Health framework

- Health Canada has adopted the Population Health framework as the policy for its federal health programmes; this is a significant change from its previous policy of a Health Promotion framework.
- A Population Health framework presents particular opportunities and pitfalls to gay men as we strive to articulate our health needs and aspirations, and among them, HIV prevention in relation to the new framework.
- In engaging gay men's health with a Population Health framework we are mindful not to lose sight of the benefits of Health Promotion policies and programmes, which in our opinion, are still necessary within or alongside a Population Health framework.
- Even though this document is written for the HIV/AIDS Division within Health Canada, its recommendations have implications that are Health Canada wide, and beyond.

Context

Evidence of HIV infection in gay men over the last two decades.

- Gay men, within the epidemiological category “men who have sex with men”, have consistently been the group most affected by HIV infection since the beginning, in Canada. Epidemiological trends indicate that for the foreseeable future, gay men will continue to be, by far the group most affected by HIV and AIDS.
- HIV prevention priorities, programmes and budgets at governmental and community levels have not been proportionate to the incidence and prevalence of HIV disease among gay men.

History:

- Historically, the role of health institutions in the legal, psychological and social repression of gay men must be acknowledged, along with the accompanying negative and often devastating effects on their health and wellness.
- Various gay men’s health initiatives were emerging in the 1970’s within gay community networks as well as organizations and para-public service agencies, in several communities and regions across Canada, and were the beginning of a gay men’s health movement whose focus quickly shifted to respond to the HIV/AIDS crisis.
- Recognition of gay men’s health as a relevant and mobilizing focus can be seen as an opportunity to recover such earlier initiatives on broader health issues and build on them within a new context.
- Consequently, for many years gay men’s health has for the most part been reduced to HIV/AIDS questions. One consequence has been that gay men have difficulty accessing health resources in most Canadian communities if their need is not HIV related.

When we talk about gay men's health, the focus has been, and seems to continue to be just HIV and AIDS. And that's something that needs to change.^{(3) 2}

² Selected quotes from focus group analyses.

(1) Toronto (nation-wide; in English), HIV positive gay men, 2000

(2) Toronto (nation-wide; in English), HIV negative gay men, 2000

(3) Moncton (Atlantic provinces; in English), gay men of mixed HIV statuses & women working in public or community groups, 2000

(4) Saskatoon (Western provinces; in English), gay men of mixed HIV statuses, 2000

(5) Montreal (local; in French), gay men of mixed HIV statuses, 2000

(6) Toronto (nation-wide; in English), professional health workers, 1999

(7) Montréal (Québec based; in French), professional health workers, 2000

*In the 1980's, doctors didn't know,
and it was the gays who got organized
and said: "We're going to do something.
We've got to think differently.
We've got to modify our sexual activity,
be more careful . . . "* ⁽⁵⁾

- The initial response to HIV/AIDS was almost exclusively within gay male communities. However, gay men's issues were then often quickly side-lined: by a desire to warn everyone that HIV was not solely an affliction of the gay male community, but a threat to all; and by a fear that no health resources would be devoted to a disease that affected only gay men and other vulnerable communities.
- Most strategies for prevention in Canada have identified their targets as men who have sex with men (MSM), wishing to include gay men as an implicit subgroup within the broader MSM definition. This adoption of the epidemiological category of MSM has had costs. In its implementation, a great deal of attention has been directed toward non-gay identified MSM on the presumption that gay men would take care of themselves, or be subsumed into the MSM category. The consequence of this exclusion of gay men has been the neglect of factors that account for HIV transmission among the population group that is most vulnerable to HIV infection. As an intervention strategy, MSM does not work for gay men.
- A Health Promotion framework, adopted as policy by the Canadian government in 1986, was often "taken up" by gay men working in the areas of HIV prevention and of AIDS in a way that drew on and stretched Health Promotion's support of community-driven priorities and community action, the development of caring and supportive environments, as well as participatory social change.

Present trends:

- We are presently at an historic cluster of changes within both gay communities and in Canadian health policy frameworks – changes that hold great potential of repositioning and transforming HIV prevention policies, programming and front-line work.
- We hold a commitment to affirming our individual and collective resilience as gay men and to drawing on our lives as we respond proactively to such changes or shifts.

Shifts within how gay communities are experiencing HIV and HIV prevention include:

- the development and availability of new and more efficient HIV treatments leading to a higher quality of life and allowing

many gay men living with HIV to continue or return to employment and active and visible roles within the gay and the wider community, as well as to active sex lives;

- the importance of gay men living with HIV as an integral part of the development of HIV prevention work;
- HIV prevention for gay men living with HIV is integral to taking care of themselves;
- realizing the limits of the Knowledge Attitude and Behaviour (KAB) model, and identifying the need to move beyond, but not lose, such models which are still essential to HIV prevention, but only part of the solution to preventing HIV transmission among gay men;
- “prevention fatigue” both within community organizations in the delivery of prevention messages, and among gay men who are their intended recipients;
- acknowledging that most gay men feel well informed about the “facts” of HIV transmission but that effective risk reduction must take into account the societal, social, cultural and psychological contexts in which safer-sex decision making occurs;
- recognizing that, given the experience of the last twenty years and the tools that have been developed both individually and collectively, gay men are now equipped to move toward an HIV prevention approach that emphasizes “tools, beyond rules”, or informed decision-making not limited simply to adhering to a series of imposed behaviour codes;
- acknowledging that gay men are also injection drug users, sex trade workers, street youth, and prisoners and the importance of collaboration and solidarity with HIV prevention work with these overlapping and vulnerable groups;
- the emergence of a new generation of young gay men, and newly-out older men, who have not experienced the HIV crisis in the same way as the previous generation; and a need to bridge the intergenerational gaps between younger and older gay men;
- the changing legal and social contexts in which gay men live their lives in Canada;

When we talk about prevention, we talk about HIV negative men only, with the hope that they will stay negative. And so HIV positive men have been eclipsed, and been out of the discussion for a very long time. ⁽³⁾

... people are fed up with the messages. We know that. Another participant stated that, I think the main thing is... that it's time for the message to change because the community has changed. ⁽²⁾

I think that you can make a direct link between the various kinds of unhealthy situations or realities in our community and HIV transmission. And I think that we can't just say that people need to learn more about how to protect themselves. We've got to tell them how to put on a condom, we've got to keep driving that home. Well, that's no good if someone is getting drunk every night because they're having trouble living in a homophobic society, and they're going to go out and have unsafe sex... We've got to address that spiritual stuff, we've got to address homophobia, we've got to address intolerance, self-loathing, the suicide rate. ⁽⁴⁾

Because I could have learned a lot from somebody who was 20 years older than me, just saying it's okay, it'll be okay. And it's a shame, because this is the first time that we have that, and we have to make it happen. ⁽³⁾

...health isn't just physical too, it's emotional, spiritual, and social. And we are dealing with prejudice, internalized and externalized. ⁽⁴⁾

...I think there needs to be changes in legislation, there needs to be all those kinds of changes, because if you really don't think that you have rights, or you think that you're worthless, or you think that you don't deserve a relationship, then how are you going to feel about your – and it's self-esteem. Then you won't care. You will not worry about safer sex, you won't worry about alcohol consumption, you won't worry about abuse, or whatever. This is just so connected, all of this stuff, I find. ⁽¹⁾

- experiencing a renaissance of energy and focus on gay men's health, that is holistic in the sense of approaching the “whole person” and of approaching the person “in context”;
- repositioning and revitalizing HIV prevention within the context of gay men's health;
- redefining HIV prevention as encompassing gay men's self-esteem and ability to affirm themselves, which are related to contexts that are interpersonal (for example, negotiating relationships), cultural (for example, what looks are considered as “hot” and desirable within dominant urban gay communities) and structural (for example, engaging a widespread shift in the imbalance of power between youth and adults).

Shifts within federal health policy frameworks from Health Promotion (1986 to 1994) to Population Health (1994 to the present), and gay men's responses to them entail:

- Health Canada steadily intensifying the framing of its work within a Population Health policy;
- gay men preoccupied with HIV prevention and gay men's health increasingly exploring the benefits and risks associated with a Population Health framework, particularly as compared or contrasted with a Health Promotion framework;
- gay men insisting, within that exploration, that a Population Health framework be fully responsive to their lives and realities, their health, and the conditions that influence their health;
- gay men ensuring that a revitalized HIV prevention approach builds on the strengths, experience and insights of gay men who have done and who are doing HIV prevention/health promotion work across Canada;
- gay men acknowledging that the strengths – according to those who have been working in the HIV prevention field among marginalized populations such as gay men – of a Health Promotion framework, should be maintained, alongside a Population Health framework.

Future at the threshold:

- Taking the lead from community-based energy, analyses and practices, and supported by emerging research and practices across various countries;
- Advancing this forward-looking strategy document as an important initiative to engage the future with confidence and success;
- Developing and sustaining new directions as integral to successfully implementing the mandate of Health Canada.

SECTION 1

Gay men's health and wellness

1.1 Gay Men's Health: Why now? What is it?

The emerging shift within HIV prevention work among gay men toward placing it within gay men's health is influenced by many factors. These include:

- the success and sophistication of gay community-based activism and effectiveness in organizing in the face of HIV-transmission and AIDS;
- the research and analyses of both failed and successful strategies and practices in HIV-transmission prevention programmes among gay men;
- the prolonged lives, greater hope for the future, and more consistent able-ness of many gay men living with HIV through the use of more effective pharmaceutical drugs;
- a “post-AIDS crisis”³ atmosphere, reflecting a relative equilibrium within gay communities regarding the everyday management of HIV and AIDS, after a period of over 15 years;
- the desire by community-based organizations to remain relevant in mobilizing people's imagination and involvement in HIV prevention within a “post-AIDS” atmosphere where there is still significant HIV transmission among gay men;
- the desire to counter homophobic and heterosexist discourses⁴ which have historically positioned gay men as sick or unhealthy, and dispensable, while denying the responsibility of religious organizations, governments, or media in their oppression;
- the desire to unify and create greater coherence to community-based work carried out with both HIV- men and men living with HIV;
- the perceptions of younger generations of gay men and queer youth on HIV prevention and their involvement in it;

³ The period beginning in «developed» countries with the availability of more effective treatments in 1996 leading to lower mortality rates, and higher quality of life for people with HIV. This does not imply that AIDS is something of the past for gay men in Canada, but rather signals an important shift in our experience of HIV.

⁴ Canadian institutions have historically created and sustained discourses which categorized gay and lesbian people as sick, deviant, immoral and criminal, and tolerated no relationship model other than heterosexual.

- the profound impact that is being seen of broader health issues (at the individual, interpersonal, social or cultural, and structural levels) on the prevention of HIV among gay men, and on the lives of gay men living with HIV.

In addition, the move toward addressing gay men's health is motivated and justified beyond its relevance to HIV prevention, for reasons which include the following:

- the articulation of gay men's broader health concerns needs to be taken seriously by the gay community, AIDS Service Organizations and public policy after being for the most part "put on hold" during the past 15 to 20 years because of an intensive, necessary and successful community response to HIV and AIDS;
- research points toward disparities and inequities in health regarding gay men in Canada, which are shown to result in devastating vulnerabilities and consequences for their health and wellness.

Gay men's health, at present, is an emerging discourse, rather than an accomplished fact. Gay men's health and wellness, as yet, is not completely defined. Rather, gay men's health and wellness is in a process of being defined. Efforts across Canada to draw out how it is coming to be seen by gay men are leading to various characterizations or sketches of what it looks like. Some overlapping, key characteristics of gay men's health that are emerging include the following.

- **As holistic**, in a first sense of necessarily taking into account the whole person, his many dimensions, including his mental, physical, spiritual, sexual, and emotional health and wellness, as well as the interdependent relationship between these various dimensions for the person's health and wellness, and second as necessarily situating the individual – and his health and wellness – within various interdependent relations: the interpersonal, the cultural or social, and the structural, whereby all these relations need to be taken into account and addressed for sustained positive change to occur.
- **As different from a conventional medical model of health:** A conventional medical model of health is seen as part of the problem, in many ways. Historically, the medical model has been used to justify and enforce heterosexism by categorizing

I think what we really need to start looking at is health as a quality of life issue and one that encompasses every dimension of life: sexuality, emotional, physical well being, spiritual roundedness...⁽⁶⁾

It was also suggested that one of the implications of a medical understanding of health is that gay men's health becomes predominantly equated with HIV/AIDS and other health issues get ignored. One participant stated that some gay men themselves subscribe to the idea of health as the absence of disease by thinking "I don't have HIV so I'm healthy." (6)

Yes, there is a tendency to take charge of our health, to ask for resources, to create resources, but we are far from having those resources. I find that it is truly a process that is happening in the gay community. (7)

homosexuality as an illness that requires treatment. As well, a conventional medical model, with its focus on disease and its eradication, has contributed to ignoring the overall health and wellness of gay men. The legacy of AIDS activism has challenged the medical model through people with HIV articulating their own health needs, advocating that the system adapt to these needs, and not vice versa.

- **As a realm that calls gay men, as individuals and as communities, to transform their relation to their own health and wellness**, in a way that shifts, and thus challenges how heterosexist institutions have controlled the health and wellness of gay men.
- **As seeing mental health and wellness** as an important part of gay men's health and wellness.
- **As seeing both HIV prevention and living with HIV**, as still central issues of gay men's health and wellness.

Benefits of a Population Health Framework for Gay Men's Health

Several potential benefits of a Population Health Framework for gay men's health and wellness may include:

1. Further recognizing and legitimizing the extensive work gay communities and their allies have historically and more recently been doing to address their Determinants of health – without necessarily having called them that – as well as extending possibilities for more substantial support of that work;
2. Legitimizing a greater focus on “bigger picture” policy, with partners, in the name of health and wellness in areas that are not conventionally associated (in a narrower medical sense) with health issues (for example, regarding school curriculum, legal reforms, immigration policies);
3. Supporting the recognition that gay men's health offers to social/economic conditions favoring health and wellness (and conversely, vulnerability);
4. Supporting the consolidation of existing collaborations and partnerships, and the creation of new ones, in addressing a wide range of interdependent Determinants of health.

Risks of a Population Health Framework for Gay Men's Health

Potential risks or limits of a Population Health Framework for gay men's health and wellness are many, particularly when evaluated against other models which also incorporate a strong social-environmental emphasis. These risks or limits include the following:

1. The strengths of a Health Promotion framework are ignored by Population Health;
2. Processes of individual and community empowerment, including community action, appear outside of the logic of a conventional Population Health framework;
3. Population Health functions on the basis of statistically defined populations. Gay men – at this historical juncture where homophobia and heterosexism continue to be strong forces in everyday life – are not in the majority “out”; indeed, only a minority are visible in the public realm (and hence visible statistically). The conventional criteria for Population Health need to be stretched to take into account the reality of gay men's lives;
4. A strong risk exists, within a Population Health framework, of gay men (re)positioning themselves solely as victims in order to gain themselves legitimacy within the framework. This takes on special import, given that gay men's health is geared to recognizing and affirming the strengths and resilience of gay men;
5. Because of the ambiguity within Population Health regarding gay men as a recognized “population group”, it is not assumed that gay men would be seen as relevant to that aspect of Population Health's mission of reducing inequalities in health between population groups;
6. A Population Health framework is driven by evidence-based decision making, where evidence is, for all practical purposes, quantitative. This poses a serious limit on advancing gay men's health, where there are no clear boundaries defining this population, and data is often limited to documenting proportion of HIV seroconversion reported as “MSM”;
7. Commensurate with a strong, if not solely, quantitative emphasis, Population Health's actual criteria for measuring health is the absence of disease (which can be calculated statistically); this poses a serious difficulty for gay men's health and wellness, as an emerging area, with its holistic emphasis;
8. The requirement of partnerships within the wider “community” (intersectoral; multi-sectoral) to address interdependent Determinants of health may force community-based organizations into partnerships not of their choosing. Population Health tends to presuppose that there is a consensus of values and interests among very different sectors of the wider community.

SECTION 2

Making population health speak to gay men's lives

2.1 Population Health: Making it Speak to the Realities of Gay Men's Lives

What might a Population Health approach look like if it were to be responsive to, and build upon, the realities, analyses and tremendous work of gay men in Canada, their organizations and their communities? This policy strategy affirms that such a question is worth engaging and fighting for. It also takes as a given that a Population Health framework can be re-cast in a way that gay men's health, as an emerging area of study and action, in general, and revitalized HIV prevention among gay men, in particular, will be strongly supported and bolstered.

This policy strategy is one step toward gay men critically appropriating Population Health so that it speaks to the realities of their lives and aspirations for health and wellness. Such a critical appropriation of Population Health largely results from deliberating perceived benefits and risks (or limits) of a conventional Population Health approach, and attempts to pro-actively address them. The more participatory and widespread such deliberation, problem-posing and reconstruction by gay men, the more likely they will successfully critically appropriate Population Health.

In the context of Population Health, Health Canada needs to understand the implications, and accept the challenges, of working with gay men, as a statistically invisible population, with a history of systemic discrimination, as characterized by the Supreme Court of Canada:

"Gays, lesbians and bisexuals, as individuals or as couples, form an identifiable minority, which is still today victim to serious social, political and economic inequities."

(Egan vs. Canada (1995 2 R.C.S. 513)

2.2 Determinants of health that Speak to Gay Men's Lives

Determinants of health are the factors and conditions that research has shown to influence health status. Health Canada acknowledges that a Population Health framework in the Canadian context is changeable and in a dynamic process of development. Since 1994, with the adoption of a Population Health framework, Health Canada has expanded the range of Determinants of health to include, for example, the determinants of Gender and of Culture. As well, the way that each Determinant of health is characterized or defined has undergone modifications over the years. The nature and range of the twelve Determinants of health presently used within Health Canada policy will continue to evolve as knowledge in the area grows.

Determinants of health viewed from the wide range of gay men's backgrounds and situations

Within each of the Determinants of health outlined, the health and wellness of gay men in Canada are influenced by more than the dynamics of heterosexism and homophobia, though these may be extremely influential. Racism, ableism, classism, xenophobia and other forms of stereotyping, discrimination and oppression also influence gay men's health and wellness. Gay men are composed of people of a diverse range of overlapping communities. All gay men have multiple identities and are multiply-positioned with regard to class, gender, race, ethnicity, language, religion, serostatus, and so on. Centering the diverse range of gay men in Canada means going beyond seeing heterosexism and homophobia as the only societal obstacles within a given Determinant of Health or to sharing the quality or level of health experienced by the general Canadian population.

Likewise, the resilience of gay men and their communities is due in large part to their courageous actions in the face of the devastation wrought by heterosexism and homophobia. Be that as it may, gay men's resilience is also significantly informed and strengthened by proud historical, community and personal resistance to other interconnected forms of oppression, such as racism including anti-Semitism, classism, ageism, sexism, and so on.

When I was in cubs, my leader, was the best! He was kind, caring, etc., and then this big conflict happened with the parents. They wanted to get rid of him and I couldn't understand why. When I was in my twenties and came out, he was still this perfect person to me, a real role model (...)
but I kept wondering why they got rid of him. Then I started thinking maybe he was gay. You know he wasn't married . . . and things like that. Sure enough, it was because he was gay that the parents wanted to get rid of him, and I thought : "Cripes! He would have been a great role model, it would have been great if he could have been open".⁽⁵⁾

A binding characteristic of Determinants of health is that they are all interrelated. They do not function in isolation from one another. As such, they demand strategic intervention that is comprehensive or holistic, in contrast to sole action on a given Determinant seen as priority or even on just three Determinants. That is a first key context for proposing three likely candidates as priority influences on gay men's health. A second vital context of proposing these priority influences is that such priority influences do not diminish the important influence of other Determinants of health on gay men. A third context is that each of these three proposed overarching Determinants of health function and interact at the levels of the Individual, the Interpersonal, the Social or Cultural, and the Structural. As such each beckons analysis and intervention at all of these levels. The three Determinants of health seen as likely priorities to gay men's health and wellness are:

- Conditions that affirm choices of coming out
- Social Support Networks
- Social and Physical Environments

Conditions that affirm choices of coming out

While the process of coming out is often perceived as an individual event, or in health-related terms a personal coping skill, it is the "conditions that affirm choices of coming out" that is named here as a determinant of gay men's health.

While specific events of coming out are experienced as personal or individual choices (unless "outed" by someone else), it is the context of these choices (the external "conditions") which contributes to the construction and meaning of coming out. Action on those conditions goes to the root of some of the risks to gay men and youth.

Heterosexual men and youth benefit from the privileges of societal conditions that continuously and unambiguously affirm their sexual orientation – these conditions are so strong and taken-for-granted that there is often no individual "choice" of coming out (as heterosexual) to be made by the person, as heterosexuality is both "normalized" and rewarded socially.

One can affirm individual choices of coming out, yet remain ignorant of the conditions that are obstacles to choices of coming out, and specifically of identifying as gay. These obstacles, for

example, are severe and often formidable in most schools, and function at the systemic, social, interpersonal and individual levels. Such obstacles may also include, for example, income levels incommensurate with educational levels, a factor due to heterosexism, as well as poverty, which can in turn contribute to greater vulnerability to systemic discrimination based on heterosexism. As well, these obstacles may also include conditions within gay communities themselves which can engender pain and humiliation for those of relatively less-privileged groups.

Choices (in the plural) of coming out refer to both the many discrete events of coming out within an ongoing process (as opposed to simply coming out once and for all, popularly perceived as with one's parents), yet also to choices regarding both sexual orientation and identity. For example, one may come out regarding sexual orientation as homosexual or bisexual, yet identify as queer, as gay, as a gay Jew, as transgendered, or as Two-spirit, depending on such factors as culture, self-perception, desire to gay identification, peer group, and political analysis – or, for example, intermittently as queer and gay and transgendered depending on the context. This plurality within practices of identification would seem to foster increased health, as an expression of gaining increased control over one's life and health conditions.

Coming out is a time of great personal turmoil in which the risk of HIV infection is heightened, due to the need to address and confront obstacles at the individual, interpersonal, cultural and structural levels.

Social Support Networks

Social support networks are conventionally seen as support from families, friends and communities; such support assists people in dealing effectively with trying situations and in keeping a sense of control over life situations. More generally, social support networks are integral to a person's social environment.

Gay men and gay youth often experience significant diminishment and exclusion within conventional social support networks, due to homophobia and heterosexism. In the face of such degradation and exclusion, gay men have historically and creatively organized, informally and formally, their own social support relationships and networks. Simultaneously, they have also often challenged conventional social support networks to be more responsive to their

I have (...) the chosen family, and I have the blood family, and that's a part of my life, and that's what actually creates my health. That's a part of my health, all of that stuff. And yet I don't think that we see health as all of that, I think that we just see health as physical, and in the gay community, very HIV/AIDS focused.⁽¹⁾

... just because you're part of the queer community doesn't mean that you're immune to other kinds of intolerances. We're not immune to internalized homophobia, why should we be immune to racism, sexism, all those kinds of prejudices? It's there. ⁽⁴⁾

A participant in the group who was a teacher gave a good example: (...) when kids call each other fags, if you do something, you risk receiving the ire of parents. I'm serious! You are not supposed to do anything about that. My boss doesn't want me to do anything about it, and gets on my case because I try to do something about them calling each other fags and sissies. That upsets me and I say: "We hide after incidents like that". We don't dare do anything. You speak to a teacher and he says: "I'm scared to death, I am afraid to say anything, I don't dare do anything, I just let it go". ⁽⁵⁾

wellness; at times, this challenges the very definition or structure of those conventional social support networks.

Social support networks are of particular importance to the health of gay men, given the increased stress they experience due to discrimination. Research indicates that adequate social support reduces such stress.

Social and Physical Environments

While social environment and physical environment are usually presented as two different Determinants of health within Health Canada policy, the two environments are combined here into one Determinant of health. This is primarily because of their interconnectedness, in particular, the social construction of physical space and the physical aspects of social space.

For example, homophobia and heterosexism have historically contributed to the development of physical spaces for and by gay men and men who have sex with men, including public spaces that afford relative anonymity and privacy in sexual relations (including parks, public washrooms, and so on). Gay youth often do not have access to privacy nor the affirmation within their family's home to express homoerotic relationships.

As well, by developing local gay cultures that address homophobia and heterosexism, gay men have contributed to constructing social space – relatively safer spaces, “breathing spaces” – often through small and medium-size commercial ventures, particularly in urban centres, including bars, saunas, cafés, and restaurants – yet also through community centres, community organizing for housing space, and initiatives within cyber-space. Addressing the fear or threat of violence (gay bashing: from verbal harassment to assault) has been an important motivator in the development of social/physical environments created for self and community affirmation. However, they may not be accessible or experienced as affirming of all, nor always free from fear, including by those of minority ethnic communities and communities of colour, transgendered people, and Two-spirit people.

Within the Population Health literature, social environments conducive to wellness are usually taken to be those that are economically stable, characterized by strong social support networks, free of violence (at school, within the nuclear family, and within communities) and discrimination (such as sexism, racism,

ageism) and cohesive with high levels of community “caring”, volunteerism, and civic participation.

Gay and lesbian communities, and especially overlapping community-based mobilizations focused on AIDS-related issues, have significantly contributed to their political well-being through social movements. In this sense, gay men and their allies have historically been constructing social environments for increased health and wellness through their mobilization as political actors, and continue to do so.

Gay men live in a multiplicity of social environments: rural, urban (suburban and inner city), on reserve and off, in northern communities and southern communities, in foster homes, nursing homes, and prisons, and so on. While these social environments may share discrimination and oppression of gay men, their expression of it, as well as its likely intensity, may be different. In rural areas or small towns, there is perhaps less likelihood of a geographic gay community to “breathe” in, usually less privacy available for those gay men trying to hide their sexual orientation, and fewer gay-specific services.

Further Determinants of health as they speak to gay men's lives

In addition to – and necessarily interrelated with – those three Determinants of health seen as likely priorities (Conditions that affirm choices of coming out; Social Support Networks; and Social and Physical Environments), are further Determinants of health, presented here as they speak to gay men's lives.

Income and Social Status

Income and social status appear to be the most important Determinant of health for the general population; at each step up the income ladder, the probability of good health increases. In a country such as Canada, equitable income, resource and wealth (re)distribution would have a greater determining impact than economic growth on the health of its citizens, including gay men. As such, gay men in Canada have an important stake in addressing wider economic justice issues for their health and wellness.

At the same time, American studies affirm that gay men in the U.S. have lower mean personal incomes than heterosexual men, lower mean household incomes, and that gay men likely experience greater poverty. Canadian reports often underline observations of high poverty among gay men. Often due to governmental policies,

people living with HIV in Canada, most of whom are gay men, are frequently reduced to poverty or to great financial hardship. Gay adolescents and youth are disproportionately homeless, accompanied by poverty and often survival conditions.

The above studies and reports fly in the face of stereotypes about gay men as enjoying a higher average income than that of the general population, and as having a high level of “disposable” income. Business-driven marketing strategists hoping to attract economic investment into gay communities often unwittingly generate and play into such myths. Gay men, as seen through both heterosexist and sexist lens, are often seen as having money to burn (hence disposable) because they “refuse the responsibilities of parenthood” and of “looking after a wife”.

Many quantitative studies on gay men’s income that draw data from selected gay magazine readerships skew results because of a non-representative higher-income data collection base. In general, economically secure gay men are more likely to be accessible to market research measures.

Education

According to Health Canada, education equips people with life skills, allows them to participate in their community, and increases opportunities for employment. Health status increases with level of schooling, we are told, and contributes to a sense of control over life circumstances. Education is taken to be years or levels of schooling.

For gay men, the picture seems to be quite different than that portrayed for the general population. Education, or level of schooling, as a Determinant of health seems to fall apart at the seams. This is in at least two ways.

First, gay men are often unable to turn higher educational qualifications into higher income. Despite possible higher educational levels of gays and lesbians, gay men have a lower mean income level than heterosexual men. As well, American data shows less gay men are employed at the professional/ executive/ managerial level than heterosexual men, interpreted as a result of indirect discrimination.

Second, schooling at its various levels has generally been experienced by gay men as eroding their participation in their community and as diminishing a sense of control over everyday life

circumstances. Indeed, schooling is generally experienced as suppressing their active participation and sense of control over life conditions, through its heterosexist assumptions and practices, including through the homophobic interpersonal relations it often tolerates and hence fosters.

Ironically, how gay youth, adolescents and men often develop a greater sense of control over their life conditions through schooling is through actively challenging their oppressive school environment and its everyday practices. Sometimes, literally surviving the school environment is a victory for many gay youth, adolescents and university students. Some have been courageously reshaping their educational milieu through confronting their personally diminishing and unsafe school or university environment head on, sometimes with strong allies, students and instructors alike, and other times alone.

Employment/Working Conditions

In general, people who have more control over their work circumstances are healthier. Workplace social support is associated with health, as are safe and healthy work settings. Unemployment is associated with poorer health.

Numerous studies and reports conclude that gay men in North America both fear and experience discrimination at the workplace on the basis of their minority sexual orientation. Such discrimination is seen as a form of violence that denies them full participation in basic social and economic activities and institutions.

Workplace discrimination based on sexual orientation has many forms, including: not being hired; being fired; not being promoted; lack of anti-discrimination policy at work; harassment (verbal, written, threats, physical, etc.) on the job, including the possibility of indirect harassment such as workplace chill; lack of employment benefits for partners; pressure to hide one's minority sexual orientation; gay men being subject to discrimination and phobias related to HIV; and "indirect discrimination", which can include gay men avoiding jobs in which they anticipate victimization and instead choose fields in which they feel they are tolerated, often below their educational qualifications. Some types of work, for example, school teaching and pediatric work, may bear more anti-gay fear and discrimination than others.

And all about self-esteem, acceptance, coming out, and all of those issues that keep people from actually being themselves and caring about themselves? I think that a lot of these issues have to be dealt with when we're connecting or inter-connecting with various government agencies, health has to be connected with education, and education really has to start acting responsibly, and allowing the teachers to actually talk about these issues. And work on gay-straight alliance groups in all schools, to actually have much more openness...⁽³⁾

In the face of discrimination, gay men as individuals and as communities have not always been passive. Indeed, they are at the forefront of initiatives, including those of Canadian labour organizations, of confronting and changing the status quo situation at the workplace. As well, it is very possible that gay men and lesbians are more present as self-employed workers, which may be seen as a strategy used to try to increase their health and wellness by avoiding the discrimination of a conventional workplace.

Personal Health Practices, Coping Skills, and Capacities for their Use

Effective coping skills, along with people's knowledge and intentions, are seen within a Population Health approach as essential in enabling people to be self-reliant, solve problems and make choices that increase health. Such practices and skills are seen as integral to wider socio-economic determinants that have significant effect on individual practices, choices and skills. For example, unequal social power relations influencing interpersonal relations are seen to have a profound eroding effect on the capacity of gay men, particularly of minority ethnic, cultural or racialized communities, to implement healthy practices and coping skills, particularly regarding HIV prevention.

Coping skills are taken as the skills people use to interact effectively with the world around them, and to deal with the events, challenges and stresses they encounter in their day-to-day lives. The creative and resilient coping skills and resources of gay men, in the face of tremendous obstacles and oppression, have rarely been affirmed as strengths.

Internalized homophobia, and an accompanying low self-esteem and shame among gay men are closely related to an erosion of their coping skills and a weakening sense of effectiveness. Internalized homophobia, however, is not always the same as a reticence to desire to a gay identity. For example, some African-Canadian gay men's reticence to identify as gay may have little to do with internalized homophobia, and much to do with racism experienced within white-identified gay communities.

Personal health practices and coping skills among gay men, much as health problems in general, have primarily been taken up through a specific concern with sexual behavior, HIV and AIDS. More and more, gay men are recognizing the importance of recognizing, affirming and addressing a broad range of constructive coping skills for health and wellness. This is especially so given the

significant effects of homophobia and heterosexism on their health, as well as the loss, by many gay men, of friends and lovers to AIDS. Such broader skills of coping include: claiming one's gay identity, taking small steps toward health, practicing self-care, finding ways to get support and build community, fighting homophobia and heterosexism when possible, learning ways to express a range of emotions, understanding and recognizing one's anger, and setting boundaries and asking for what one needs,

Healthy Child/Adolescent Development

Positive pre-natal and early childhood experiences have a significant positive effect on eventual health, well-being and coping skills. The quality of such early experiences is influenced by socio-economic determinants. Poverty in particular has a wide negative effect. While Health Canada's Population health literature initially focused almost exclusively on pre-natal and early childhood, more recently it formally includes teens, adolescents or youth – aged 13 to 18 – within the category of child development.

Adolescence for gay youth is a crucial time for their health and well-being; it is during this time of development that that they are most likely to be dealing directly with sexual orientation issues in their lives, including resisting and surviving homophobia and heterosexism.

Social isolation (by family members, peers, teachers, and so on) experienced by many gay youth is a significant factor in the high suicide rate and suicide attempt rate among gay and lesbian youth, as well as their higher rates of alcohol and the substance abuse, and homelessness.

Gay bashing, or violence against gay men, as an overt expression of homophobia, is part of North American life, particularly for gay youth, for whom family violence is especially significant.

As well, it is possible that gay men may have disproportionately experienced the violence of having been sexually assaulted as a child, and its repercussions. Most reported child assaults against male gay youth are perpetrated by heterosexual men. The experience among gay and bisexual men of having been assaulted as a child is linked to greater vulnerability regarding HIV transmission.

*As someone who works on a phone line,
and has worked on a phone line,
I'm hearing gay people,
young gay people who are really fucked up,
who are committing suicide, drinking,
engaging in unsafe sex practices,
who are doing all kinds of self-destructive
things because it's so frigging hard
to be queer.⁽⁴⁾*

...it is important to recognize the interconnectedness of different forms of oppression, and not to assume a homogeneous gay population, when looking at gay men's access to health care. (...) power and privilege... need to be addressed... when we're looking at health and how people are able to be healthy.⁽⁶⁾

Health Services

Health services are conventionally perceived as having a greater influence on the health of Canadians than many other determinants of health. However, health services – in particular those that maintain and improve health, prevent disease and restore health – are seen as an important component of what influences health and wellness.

Homophobia and heterosexism significantly affect the quality of care provided by health care providers within health services. Health practitioners appear insufficiently prepared for interacting effectively with gay clients. HIV seems to have increased the homophobia of certain health care providers, and HIV and homosexuality are intrinsically linked by some health care providers.

Gay men often experience both systemic discrimination in the health care and social services systems (for example, regarding service intake forms that assume heterosexuality, homophobic work environments, etc.) and individual prejudice by health professionals. Transgendered gay men, gay men of colour, and gay men of minority cultural and ethnic groups may experience compounded systemic discrimination and prejudice.

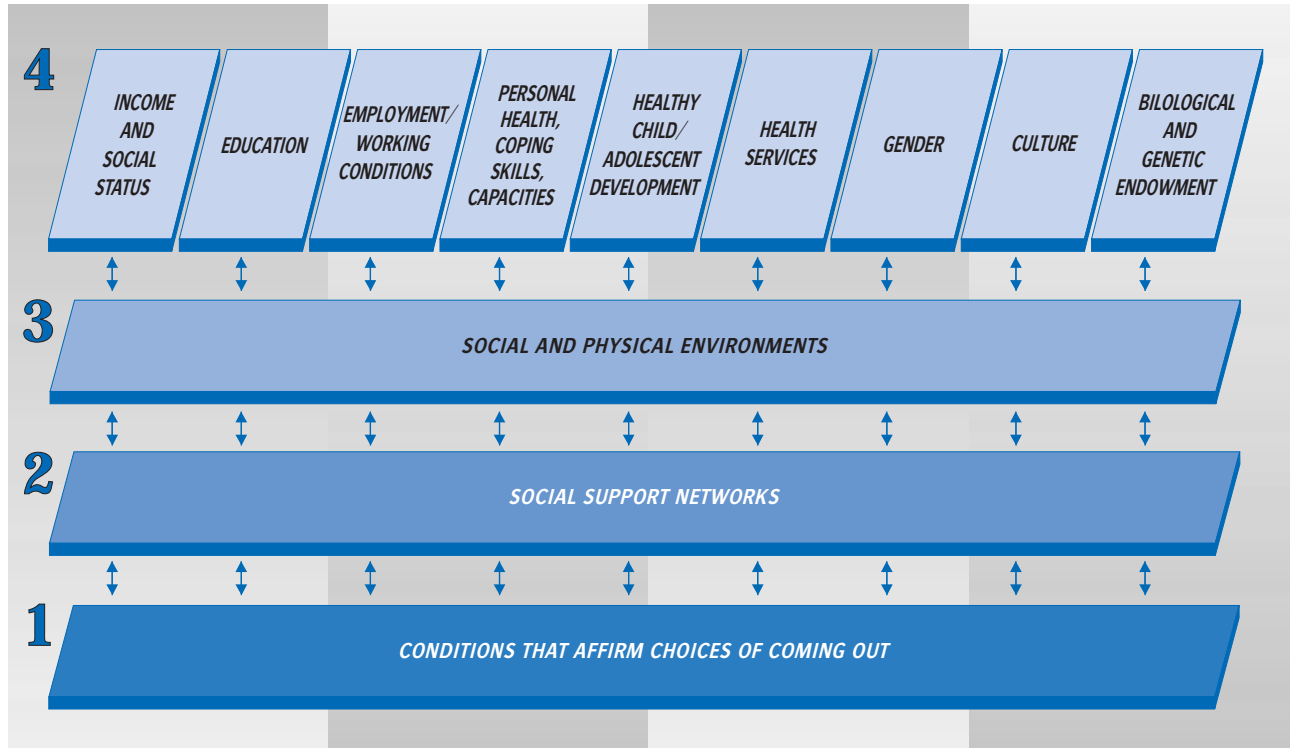
In a pretence of neutrality by treating everyone the same, gay men are often rendered invisible within health care systems. Mainstream health service systems are often perceived as unsafe by gay men and other sexual minorities.

Personal self-esteem, often eroded by homophobia and heterosexism, as well as other relations of inequity such as racism, is a factor in access to relevant health care. Without self-esteem, gay men ...

won't seek out the proper health care, won't feel that they deserve it, don't feel they require it.⁽⁶⁾

The lack of adequate and relevant training of health care providers is a major barrier to the health care of gay men. For example, health care providers do not seem to be trained to collect information necessary to be of assistance to gay men; health care providers also apparently often confound sexual behavior and sexual orientation, and in general appear to be ill-prepared to deal with gay patients. Gay or lesbian health care providers appear to have a better understanding of gay health issues.

Determinants of Gay Men's Health, Their Prioritization and Interaction



The dire lack of funding for the operational costs of gay and lesbian community organizations is a health care problem; these organizations often respond to health services for gay men and lesbians in alternative, community-based ways that increase their health and health conditions.

Gender

Gender is seen as the kinds of roles and behaviors that society expects from the two sexes, as characterized by differences in power and influence assigned by society. Women are consistently undervalued and fewer women have been able to achieve political, social and economic equality with men. Women are more likely to live in poverty and to be vulnerable to sexual and physical violence. The behaviors and roles of men have an affect on their health; for

*As well, the fact that I am a man as well,
I have difficulty communicating my feelings,
asking for help, things like that ...
because we are men and because we have
been socialized as men.
Because of our wounds we don't like
communicating or talking about things.*⁽⁵⁾

example, higher rates of alcoholism and reckless driving have a negative impact on men's health.

Homophobia is often seen as a foundation, along with violence and economic oppression, for keeping sexism (men's control over women) solidly in place. Addressing homophobia and heterosexism is thus key for effectively transforming gender inequity toward improving the health and well-being of women. Conversely, sexism sustains and props up homophobia and heterosexism. Challenging sexism is thus key for effectively challenging homophobia and heterosexism. This has practical implications, for example, regarding an equitable distribution of funding for gay men's health programmes or resources and that directed toward lesbian and bisexual women's health services.

Homophobia and heterosexism limit the roles of both men and women in Canadian society. Dominant concepts of masculinity are constructed through sexism and firmly entrench heterosexual orientation; gay youth and men hence are almost inevitably faced with a difficult questioning of the legitimacy of their masculinity, which may lead to shame, a sense of failure, and internalized homophobia.

Dominant Western gay culture, in its transformation and commercialization over the past twenty years, appears to have repositioned conventional appearances of masculinity ('straighter than straight', "college athlete", "muscle boy") as a cultural norm, whether in a spirit of irony or not.

The lives and perspectives of Two-Spirit people (incorporating two genders and gender roles) generally benefit from traditions of being positively valued among Aboriginal nations and communities, though such traditions have been more recently eroded or suppressed by colonialism. As well, the lives and perspectives of Two-Spirit people may contribute to a positive rethinking of sexual orientation and its relation to transgendered issues within dominant gay communities. Transgendered gay men may deal with specific issues of disrespect, as well as exclusion, within dominant gay communities, and within the wider society; gender identity issues are integral to issues of gay health.

Culture

Culture as a Determinant of health within Canadian Population Health policy is usually taken as having to do with “multicultural health issues” associated with minority ethnic, cultural and racialized population groups of Canada. Such issues are seen as demonstrating how essential it is to consider the interrelationships of physical, mental, spiritual, social, and economic well-being at the same time.

Be that as it may, viewing culture in a wider and more power-sensitive way requires at the same time noting and raising questions about the cultures, values, social relations and institutions of dominant Canadian ethnic and racialized groups (such as white Anglo-Saxon Protestant groups across Canada, and white French Canadian Catholic within Québec and Acadie particularly). It means asking difficult questions about the effects of those dominant cultures on both gay men of those cultures, and on gay men of a wide range of less dominant cultural backgrounds, in ways that acknowledge acculturation and the changeability of culture. Dominant Canadian cultural paradigms, for example, may be critically questioned about their:

- deep historical cultural assumptions of heterosexism and homophobia, often grounded in and justified by Christian discourses appealing to purity, virtue, restraint and protection of the nuclear family;
- Western liberal political values of individualism, individual human rights, and a naturalized political view of competing “interest groups”, as well as a trend within Canada to move from a religious frame of moral vision to one based on the rights of individuals;
- significant collective histories and frames of reference of both racism and colonialism.

The impact on gay men and their communities might be seen as contradictory, for example:

- the rise of gay communities and movements as (predominantly) interest groups within the wider political arena;
- sustained heterosexism and homophobia within everyday life and in key institutions such as schools, and significant violence and internalized oppression, yet increasing legal protection of individual rights related to sexual orientation;

- the reproduction of racism and ethnocentric frames of reference within dominant gay communities and cultures

Speaking to the lives of gay men of various minority Canadian ethnic, cultural and racialized groups means taking seriously their lives, struggles and hopes dynamically within, against and in parallel to dominant cultures, values, relations and institutions.

First Nations, Inuit and Aboriginal contexts (whether northern, southern, rural, urban, on reserve or off reserve) are of a very wide range of cultures and cultural dynamics, with which Two-Spirit people interact and to which they contribute.

In general, gay men and communities in Canada have developed a multiplicity of vibrant cultures that, in a contradictory way, both creatively contest and reproduce features of a more generic “Western gay culture” and a dominant Western culture. Engaging this complexity underlines the importance of addressing gay cultures in ways that simultaneously affirm them (for example, the benefits of circuit parties, of gyms, of well-developed critiques of homophobia, of vibrant community organizations and initiatives) and critically question them (for example, from perspectives critical of sexism, ageism, ethnocentrism, and colonialism).

Biological and Genetic Endowment

The health of gay men would appear, much like that of anyone else of the general population, to be influenced by inherited predispositions which may affect health. Nonetheless, it would seem that any discussion of how such inherited predispositions among gay men might be different or similar to those of heterosexual men is overdetermined by the history of heterosexism and homophobia within Western societies.

In particular, gay men have been the object of oppressive scientific discursive and other practices which have historically medicalized them, using discourses of biology as a means of subjugating them, often through marking them as inferior and sick. Within a context of heterosexism, scientific discourses appealing to biology or “nature” have been used, for example, to interrogate the “cause” of homosexuality with questionable aims, for example, possibly for eventual genetic counseling or genetic selection. Within such a context, it would be understandable that this Determinant of health would raise negative reactions among gay men as a legitimate or

... our ability, our willingness to talk about issues, but I think also that it's our willingness to reflect on socialized beliefs and roles. We can look at everything taboo, and challenge whether or not – those sorts of discussions we're quite willing to have, so I think that is a strength. ⁽³⁾

relevant category speaking to the positive pursuit of gay men's health and wellness.

It may possibly be to the benefit of gay men's health to further explore and draw out the full implications of heterosexist biological accounts of sexual orientation, of gay men, and of their health issues, particularly for educational purposes.

Recommendations Concerning Population Health Policy As It Speaks to Gay Men's Lives

It is recommended that Health Canada:

1. **Explicitly acknowledge that Population Health policy addressing gay men's health and wellness be guided by that population's empowerment to name its own needs and aspirations;**
2. **Explicitly recognize gay men as a population that experiences inequality regarding health and wellness, and inequity in services, despite that population's statistical invisibility;**
3. **Support the emerging, community-driven field of expertise, resources and area of action in gay men's health;**
4. **Provide adequate resources to enable gay communities, organizations and networks to critically appropriate, advocate for and implement a Population Health framework, making it speak to their lives, including those of gay men living with HIV, those who are HIV negative and those who do not know their serostatus;**
5. **Support community capacity building as a central means of contributing to gay men's health and wellness through substantial and consistent public funding of community-based infrastructure, operations, programmes, and projects;**
6. **Add "Conditions that affirm choices of coming out" as a Determinant of gay men's health within present Population Health policy, and that other Determinants of health commonly used within Population Health policy be flexibly shaped to respond to the realities of gay men's lives;**
7. **Include "Conditions that affirm choices of coming out", "Social Support Networks", and "Social and Physical Environments" as possible priority Determinants of gay men's health;**
8. **Allocate adequate funding resources for ongoing research related to gay men and to the Determinants of their health;**
9. **Sponsor a collaborative national study on the sexuality of Canadians to establish a comprehensive picture of gay men's lives, their perceptions related to gay identities, their practices and values, and their relationships with gay and other communities in Canada;**
10. **Intensify and sustain greater collaboration among various branches of Health Canada, between Health Canada and gay communities, and between Health Canada and other sectors and all levels of government, in the pursuit of gay men's health and wellness.**
11. **Plan, implement and evaluate collaboration and action on the interrelated Determinants of gay men's health among various sectors of Health Canada, other federal departments, provincial, territorial and municipal governments, and other sectors, in partnership with gay communities of Canada.**

SECTION 3

Revitalizing HIV prevention for gay men: Repositioning it within gay men's health and a population health framework that speaks to gay men's lives

3.1 Preface

Revitalizing HIV prevention for gay men requires building on the foundation of effective and often courageous work – over a span of over fifteen years – of gay (and bisexual and lesbian) activists, networks and organizations addressing HIV, as well as those of AIDS Service Organizations working in alliance with vulnerable communities across Canada.

Many gay men, both those living with HIV and not, undertook such activism and work in their own communities surrounded by death and dying. Much of this was peer-initiated and peer-led – people struggling for their lives and those of their loved ones. What has emerged from much of this work and vast span of experiences is the key importance of the following:

- **Taking initiative**, creating vision, acting, organizing and responding to community realities – rather than simply waiting for others to do so;
- **Advocacy (individual and community)**, community organizing, community development, and participatory policy change regarding both immediate resources as well as structural factors;
- **Creating or strengthening supportive and equitable social and physical environments** – from interpersonal to societal spaces – free of discrimination;
- **Drawing on cultural strengths to create favorable environments**, responding to, contributing to, and vibrantly expressing various gay, as well as queer and transgendered cultures, that affirm sex and intimate relationships between men, and a profound conviction that gay lives are worth living;
- **Acknowledging, recognizing and affirming the wide range of diversity among gay men**, their experiences, their locales, their desires and their identities;
- **Community** as a locus for definition, implementation and evaluation of priorities and actions for HIV prevention work as well as informal or formal accountability (whether “community” is seen as an informal peer network, a community-based organization, a wider community infrastructure of a given city or region, or as a broader movement across countries);

- **Research that is interdisciplinary, and participatory, integrates learning, knowledge production and social action, emphasizes community participation,** a transfer of skills among community members, and is either community-led or co-directed within partnerships;
- **Education that involves gay men, their organizations and their communities in learning from their experiences and producing knowledge that is relevant to them** and geared to action;
- **Resources, including funding, for creating and sustaining community infrastructures and programming,** to support and achieve lasting, incremental change, continuity and hope, and long-term effectiveness among gay men and their communities;
- **Working with allies and developing collaborative relationships,** including with researchers, overlapping networks of bisexual and lesbian women (for example, gay, lesbian, bisexual and transgender organizations), community activists and community groups of various social movements, allies within various levels of government and para-public organizations, within schools and universities, and so on.

Well before Population Health became a policy framework for Health Canada, HIV prevention work among marginalized communities, and particularly among and by gay communities, often placed action on various “determinants” of health (before they were named as such) at the forefront of action priorities.

3.2 Revitalizing HIV prevention favours analysis and action on the multiple contexts of sex and of gay men's lives

Revitalizing HIV prevention among gay men by repositioning it within gay men's health and wellness, as well as by responding creatively and critically to change within health policy at the federal level, lead to specific implications. These join simultaneous implications related to the trend over the last ten years toward the increasing integration of risk reduction and harm reduction approaches into gay men's HIV prevention efforts. While the impact of these approaches still needs to be evaluated, risk reduction and harm reduction frameworks emphasize the importance of understanding the sociocultural contexts of risk behaviour. They also constructively affirm the capacity of individuals to make appropriate, context-related decisions, as well as acknowledge that each individual may be at a different stage of readiness in changing their behaviour.

All of the implications, dovetailed with recent research on HIV transmission among gay men, point to the key importance of the contexts both of sex and of gay men's lives, more generally, as sites of analysis and action. These include the following contexts:

- **Gay men's health**, in a holistic sense. This can refer to gay men's mental, emotional, physical and spiritual health and wellness, as well as the interconnectedness between them (for example, between mental health and physical health). Equally, it can refer to the relation between gay men's health and wellness and the interpersonal, cultural or social, and structural or societal factors that influence them (for example, between mental health and income level or employment conditions). In a nutshell, addressing HIV prevention in a way that is isolated from other aspects of gay men's health, and from various determining influences on gay men's health, has been less effective.

Cases in point include:

- Non-clinical depression, and other mental health issues, can render gay men more vulnerable to engaging in sex that may be high-risk for HIV transmission. Non-clinical depression among gay men can be brought on by everyday homophobia and heterosexism, by the numbing poverty that an HIV positive status can bring, by the racism experienced by gay

There are a lot of people who have drug use problems, they've got alcohol problems, they're dealing with families that are rejecting them, all of this stuff. So you can throw "practice safer sex" at them so much, but if they're blasted out of their minds or if they're really worried because they don't know where they're going to be staying that night because their parents kicked them out, it's not going to work.⁽⁴⁾

men of colour, by being rejected in bars, moving, losing employment, losing a lover, loneliness, having to disclose that you are HIV+, or by the often marginalized status of older gay men within the day to day life of many gay community activities. Offering increased access to relevant counselling to gay men can be a crucial component of HIV prevention, yet addressing discrimination, oppression and social exclusion is required in pulling out several of the problem's roots.

- Consolidating and securing in sustainable ways existing community spaces – and creating new ones – that further or more directly respond to gay men's "yearnings" and are increasing inclusive of the diverse range of gay men can be seen as important to strengthening social support networks within gay communities. Such support networks have a strong bearing on the overall health and well being of gay men, and in turn may have important ramifications for HIV prevention among gay men.

- **Situating unsafe sex behaviour within a wider context of reducing or minimizing risk of HIV infection.** First, gay men are, in sophisticated ways, engaging in behaviours conventionally considered unprotected, while taking care to reduce the risk of HIV transmission, or taking care to erase any risk at all.

Cases in point include:

- Over the past decade, significantly more gay men have come to know their HIV antibody status; this has in turn facilitated a model referred to as "negotiated safety". This model refers to gay men in ongoing relationships, both having tested HIV negative, negotiating with one another not to use condoms during sex, and having arrived at a clear, explicit understanding between them about sex without condoms in their own relationship and about any and all sexual practice outside of that relationship as being protected. As well, "negotiated safety" could be extended to include gay men in on-going relationships who are each living with HIV.

Second, in focus groups across the country, gay men said that safer sex behaviour 100% of the time from 100% of gay men is not always reached in the sphere of human interaction. While they were in agreement with and supported the goal, they

I think that it fundamentally has to start with "gay men are worth it". Gay men are whole, human beings who deserve to live and have full access to health, and all of those things. So there's a starting point. And HIV prevention can take many, many different forms. Other forms than it is taking now, which tends to be more behavioral.⁽³⁾

We can look at the meanings that people make, and how they develop those around sexual activity, or relationships, or different places or times, and the ways in which they have sex. It brings in situated cognition, that they might make certain decisions at certain times, and different decisions at other times. It's a whole series of things that that brings in. And I think that it would be so healthy around a dialogue of sexual health.⁽³⁾

... what we're talking about in HIV prevention, in some places they have actually had in their posters, pictures of men having oral sex.

Almost as an acceptable sexual outlet, they actually let that be, and so it was that kind of harm reduction. You basically want to reduce the harm, and you're never going to get completely safer sex, out of people. ⁽²⁾

"It's unrealistic that's for sure, it's something that can't work. Even though it's difficult to say out loud, it's something that we all know. In our heart we all know." ⁽³⁾

Group members stated that it is unrealistic to expect 100% of gay men to practice safer sex 100% of the time. One person commented that ... it's about risk reduction, it's not about prevention. Because you can't prevent risk. ⁽⁴⁾

The reality of it too is that the only way for it to never happen is for everyone to not have sex. And I don't think that any of us want that to be the option, which means that therefore we have to accept a certain amount of risk. Because regardless of what else you do, as long as you are having sex, in some form or another, there is a risk. And so then we have to accept a certain amount of risk, and just like with driving cars, we could stop car accidents by taking away all of the cars. But that's not what we choose to do. ⁽⁴⁾

believed that gay men and those who devise HIV prevention programmes for them need to consider ways of supporting all gay men in sustaining and increasing their capacities and abilities to manage risk in a variety of situations.

In a fundamental way, there have been **three shifts in perspective**:

- **First**, the **definition** has shifted from the concept of **men who have sex with men (msm) to gay men**.
- **Second**, the **focus** on gay men who are not having safer sex all the time has shifted to an understanding that **supporting safer sex behaviour is more complicated** and that **maintenance is a long-term project** for individual gay men and gay communities. Situating behaviours, whether they be safer or not, within the lived context of sex includes the context of **gay men's lives as subjectively experienced by them**.
- **Third** and in a very practical sense, this means **suspending the moralistic judgements** of the general public, some scientists and policy makers, some religious leaders, some front-line prevention workers, and some gay men themselves, to allow for a more integral discourse. This discourse would encourage a clearer understanding of the **real life issues that impede gay men** from either protecting themselves or their partners from risk, or from making decisions that reduce risk. While it is recognized that the conventional KAB (Knowledge-Attitude-Behaviour) models of intervention continue to be valuable, they are a beginning point on a continuum of HIV prevention.

The three shifts in perspectives acknowledge and underline the importance of the contexts influencing personal effectiveness and interpersonal dynamics. Such contexts include social power relations of inequity, people's living conditions, as well as the social and economic policies shaping them.

Cases in point include:

- This means moving from a sole focus on answer-telling by those "who know", toward extending that practical focus to question-raising within situations that are peer-led, to sharing stories and exploring them, to being comfortable with

uncertainty and no clear answers, to trusting gay men's capacity to reduce the risk of HIV transmission.

- It means moving from a focus on providing rules (do's and don'ts) to gay men regarding behaviours toward extending that focus to gay men appropriating skills or tools that assist them in addressing obstacles, conflicting pressures, communication difficulties, and so on – obstacles that inhibit minimizing the risk of HIV transmission.
 - This means distributing condoms and lubricant plus extending that practical focus to developing stronger self-esteem among gay men through ways that sustain or build peer networks (small groups, house parties, etc.), to learning to further identify and legitimize one's wants, yearnings, needs and limits, to learning more effective skills of communicating or negotiating them in the heat of the moment.
 - This implies a practical shift from a focus on the behaviourally-defined category of "men who have sex with men," toward the identity or community category of "gay men" as a population – gay men as a focus which takes into account people's lives as experienced by them in a day to day way, importantly including the emotional and relational aspects of gay men's lives.
- Situating unsafe sex behaviors within a wider context of reducing the risk of HIV transmission brings about **a societal responsibility to actively and effectively support all gay men in their risk-reduction decision-making efforts.**

It is becoming clearer that, on the whole, gay men have developed a greater ability to manage the risk of HIV transmission. This is an expression of a relative equilibrium within gay communities following so many years of having lived surrounded, first by people dying of AIDS, then by people living with HIV. Nonetheless, many gay men have not yet developed all the necessary mechanisms, including the knowledge, skills, tools, and self-trust they need to equip and inform their personal decision making. These include both exploring the factors that may inform one's intuition, as well as strengthening or learning new skills. This is so, particularly as each level of decision making becomes more complex and appears to bring its own challenges, especially given the more

*... there's a stratum of risk, and how much risk
are each of us willing to take.
And that's our own decision.
And part of that is that is coming
through a sense of validation.
And if we improve that sense of validation,
our threshold of risk might be less. ⁽²⁾*

complex nature of the situations, including relationships, in which gay men live. Each level of decision making requires greater sophistication in knowledge, communication or self-affirmation, especially given recent realities, for example, anti-retroviral therapies.

While gay men are increasingly sophisticated in their decision-making efforts regarding minimizing risk, not all efforts by gay men to reduce the risk of HIV transmission (while engaging in unsafe sex or leading to it) are automatically sophisticated.

Cases in point include:

- Gay men can potentially benefit from increased support in managing sexual pluralism – planned or unplanned – within couples negotiating unprotected anal intercourse. This can include addressing dominant ways of communicating trust or romantic love that can place gay men at risk for HIV transmission because they can lead to assuming monogamous sexual relationships too early on.
- The “signals” that some gay men may use to guide their judgements about the HIV status of a sexual partner (for example, straight-looking, seemingly inexperienced, “healthy”-looking); such “signals” may be related more to flights of fantasy than to factual evidence.
- A tendency by some gay men to use drugs, including alcohol, abusively, as a way to allow themselves sex or intimacy with other men, in ways that impair their decision-making abilities around HIV-transmission. Such abuse may often be due to the effects of internalized homophobia brought on by heterosexist religious upbringings, painful school experiences, or generally living in a heterosexist world.
- The unnecessary “trade offs” that gay men may sometimes make that render them vulnerable to HIV transmission. Such “trade offs” are culturally and socially structured; engaging in unprotected anal intercourse in a possibly sero-discordant encounter can be seen as a worthwhile “trade off” for having sex with someone particularly “hot” (good looking according to dominant norms), or with someone who’s perceived as positioned with more power, whether related to class, race, geography and so on. Such social inequities may contribute to decisions by gay men that put them at considerable risk.

3.3 Building and Sustaining Communities Capable of HIV Prevention in the Context of Gay Men's Health and Wellness

HIV prevention in the context of gay men's health requires that efforts be made to enhance the capacity of the community in the definition and delivery of health and wellness, as well as prevention initiatives in the context of systemic infrastructure and organizational infrastructure.

Addressing HIV prevention in the context of the Determinants of gay men's health means consolidating and creating new relationships within communities, and between those communities and various institutions and branches of government. Such relationships will need to develop around policies, programmes and initiatives conventionally seen as within the realm of HIV, however going beyond it into broader areas of health.

Systemic Infrastructure

Systemic governmental, and intergovernmental - including policy - support is a crucial basis for strengthening communities capable of HIV prevention in the context of gay men's health and wellness.

The recommendations provided herein provide a template for the adoption of an HIV Prevention Strategy for Gay Men in Canada, which is essential for the following reasons:

- It affirms the importance of devoting sufficient resources, including financial, to the prevention of HIV infection among gay men;
- It provides federal leadership and national coordination;
- It mobilizes often disparate resources;
- It reduces duplication of efforts;
- It creates a critical mass of expertise of various types;
- It promotes intra and inter-departmental communication and collaboration;
- It can stimulate, on a national level, collaboration between federal, provincial/territorial and Aboriginal governments;
- It can foster various concerted forms of collaboration, including partnerships, between governments and communities.

Recommendations on Revitalizing HIV Prevention for Gay Men

It is recommended that the HIV/AIDS Division of Health Canada:

12. **Develop, implement and evaluate an HIV Prevention Strategy for Gay Men** in partnership with gay communities across Canada, sustained with an appropriate infrastructure and with significant financial resources for ensuring success;
13. **Establish a community-based reference group to oversee the implementation and evaluation of the HIV Prevention Strategy for Gay Men;**
14. **Establish as the primary goal of a Strategy of HIV Prevention for Gay Men the revitalization of HIV prevention among gay men by repositioning it within the determinants of gay men's health;**
15. **Draw on lessons learned within gay communities, organizations and networks through activism and work in HIV prevention concerning issues experienced by people living with HIV and wider health concerns;**
16. **Revise the allocation of CSHA prevention funding in order to redress the historic underfunding of HIV prevention within gay communities and to address present realities, by not simply redistributing existing funds, but allocating significant new resources;**
17. **Explicitly acknowledge the wide range of gay men's backgrounds and identities (including ethnic, cultural, language, class, race, religious, gender, and so on), serostatus (positive, negative or unknown), geographic locations (including rural, urban, northern, southern, and so on), and experiences, in the policy making, planning, coordination and resource allocation processes;**
18. **Take responsibility and provide leadership in confronting homophobia and heterosexism in gay men's HIV prevention, as well as other forms of systemic discrimination that gay men experience.**

Recommendations Regarding Building and Sustaining Communities Capable of HIV Prevention in the Context of Gay Men's Health and Wellness

It is recommended that the HIV/AIDS Division of Health Canada advocate for:

19. The development, implementation and evaluation of a Gay Men's Health Strategy, in partnership with gay communities across Canada, with significant financial resources for ensuring success;
20. The establishment of a community based reference group, to oversee the development, implementation and evaluation of a national Gay Men's Health Strategy including partners from the Canadian HIV/AIDS Strategy;
21. A gay men's health bureau/directorate to implement the strategy and oversee its development, sustained by significant and adequate financial resources;
22. A Gay Men's Health Strategy in the context of active support of the health and wellness of lesbian and bisexual women, bisexual men, transgender and transsexual people, and Two-spirit people, in ways guided by them, and sustained by significant and adequate financial resources.
23. An immigration policy that does not impose HIV testing on new or potential new immigrants to Canada as a prevention strategy;
24. An engagement from Canadian international funding organizations (for example, CIDA, Health Canada International Affairs Directorate, and so on) toward outreach to gay men and their communities, organizations or informal networks in countries participating with Canadians in initiatives designed to reduce HIV transmission.

Collaboratively defining and developing a Gay Men's Health Strategy is essential for two reasons:

- As a foundation for the success of an HIV Prevention Strategy for Gay Men;
- Ensuring the health and well-being of gay men in a broader sense is in itself justifiable with or without relation to HIV prevention.

Organizational Infrastructure

Developing community capacity requires strengthening organizational infrastructures. This includes the following:

- Sustainable financial resources, that structurally favour the autonomy of community based organizations to set and pursue their missions;
- Sustainable representative and participatory mechanisms for organizations to build social capital, including a strong and meaningful sense of belonging on the part of community members;
- Opportunities to "step back" among staff and volunteers from immediate day-to-day concerns in order to undertake envisioning and strategic planning processes;
- Sufficient resources for organizations to manage themselves effectively;
- Affirming the importance of ongoing training and professional development opportunities for staff (both paid and unpaid) in the community organizations, and providing time and financial resources for them;
- Prevention of burnout among staff and volunteers, including the provision of care for those who deliver services (grief and loss, multiple loss, self-care, victim services);
- Increasing the capacity of community organizations to both define and perform outcome evaluation;
- Increasing the capacity of community organizations to lead and/or participate in research in significant and meaningful ways, including community based research efforts.
- Intersectoral and multidimensional collaboration: Gay and lesbian organizations have benefited from and will

continue to benefit from being connected up to broader organizations in the community across the country, such as health coalitions, anti-poverty groups, immigrant groups, refugee groups, ethno-cultural community groups, United Way, and so on.

3.4 Research that Strengthens Gay Men's Health and Wellness, and HIV Prevention Work among Gay Men

In Canada, emphasis has been increasingly on HIV prevention research, and HIV-related research more generally. This emphasis includes:

- community-based research, where community members are involved as key actors in defining research questions and participating in seeking responses, and are benefiting from a transfer of research skills and knowledge;
- collaborative research bringing together the talents and resources of various sectors of the wider community, including community organizations, their coalitions or federations, universities, government bodies, and so on;
- research that integrates program design issues, as well as evaluation issues, and has a clear impact on them;
- research framed by gay men's health.

Recommendations Concerning Research

It is recommended that the HIV/AIDS Division of Health Canada:

25. Recognize, support and build on the strengths of HIV prevention research efforts among gay men and gay communities in Canada, including participatory research methodologies and research guided by ethics and values related to individual and community empowerment;
26. Support the infrastructures and sustained organizational capacity of gay communities and organizations to lead or collaborate on research;
27. Encourage and support, with substantial and adequate resources, research into the gay men's lives, and particularly under-researched areas, such as the various contexts of sex and intimacy among gay men, male couple relationships and dynamics, and gay men's efforts to reduce harm or risk, the favourable conditions and the obstacles affecting those efforts, and in ways that support affected communities to create knowledge about the sociocultural factors contributing to HIV vulnerability;
28. Encourage the inclusion of questions related to behaviour, identity, drug use, and risk management contexts in all national and provincial HIV related epidemiological data collection exercises;
29. Encourage and support with appropriate resources community-based research, qualitative social science, and expertise in such areas as gay and lesbian studies, queer studies, sexuality, Africana studies, Aboriginal studies, culture and communication, including toward the reformulation of a Population Health framework so that it speaks to gay men's lives;
30. Implement the previous three recommendations through RFP's into the peer review process of the Canadian Institutes for Health Research, and other Health Canada related research;
31. Advocate for the inclusion of sexual orientation content in national and regional research surveys regarding sexuality, gender, health and wellness, suicide, and so on;
32. Encourage and support, with substantial and adequate resources, research that integrates program design and evaluation issues.

What we would like to say to gay male communities about gay men's health and wellness

- We wish to acknowledge the work of historic importance of many organizations in the community that have struggled to provide gay men and lesbians with information and services about their health, often without support, and their work in addressing systemic discrimination, exclusion and violence, understanding the importance of the Determinants of health before they were named and recognized as such.
- We wish to acknowledge the resilience and strength in our community in the face of historic repression, systemic discrimination and exclusion and the tirelessness of individuals and organizations who struggled and continue to struggle for equality and justice.
- We wish to acknowledge the presence of HIV+ gay men, their resilience and strength, and the importance of their experiences in developing the original movement to support people with HIV, and prevention strategies. In celebrating the better health of many gay men with HIV, we live in solidarity with those who are ill, and in remembrance of the thousands of gay men who have died of HIV infection in Canada.
- We wish to acknowledge the solidarity of lesbians across the country in addressing the HIV epidemic, including taking on leadership roles beside gay men in developing the first AIDS Services Organizations, and in caring for gay men who were sick and dying.
- We wish to acknowledge that gay and lesbian health and service organizations were the first to respond to the HIV crisis, and that gays and lesbians founded the first and still existing AIDS Service Organizations in Canada, often without any recognition or support.
- We wish to acknowledge the importance of supporting those organizations that continue to provide health and wellness services, those organizations that address systemic discrimination and our allies in various social movements, and to assist in the reinvigoration of a gay men's health movement in Canada.
- We wish to remind health and wellness organizations in gay male communities across Canada of the significant contribution their work is making to the HIV prevention effort, and to honour that work.
- We wish to encourage broader organizations (social, sport, educational, advocacy, etc) in gay male communities across Canada to name their significant contribution of their work to the health of gay men and by extension to creating favourable conditions for HIV prevention.
- We wish to acknowledge the gay men who participated in focus groups for this project across the country, and their strongly expressed desire to have more occasions to talk to each other in meaningful ways.
- To call the community to intensify its actions so that we may become a community:
 - More open to the presence and role of gay men with HIV in our midst who often feel marginalized in their own communities of gay men;
 - More aware about its health and wellness in a renewed understanding of health as seen holistically and through its determinants;
 - More willing to advocate for social change, aware of its impact on health and wellness;
 - More open to learning from the lessons of other groups such as women and lesbians in advocating for transformed health services;
 - More welcoming of diversity among ourselves so that we embrace more fully gay men of diverse cultures, languages, ages and sexualities who often feel alienated in our organizations;
 - More mindful of the different experiences of gay men of different generations who may define themselves and their lives differently due to the different circumstances in which they grew up, came out and affirmed who they were in vastly different circumstances;
 - Able to approach one another non-judgementally.

SECTION 4

Evaluation of the strategy

It is key to ensure a relevant on-going evaluation process to monitor and evaluate the development, implementation and impact of the proposed HIV prevention strategy for gay men as well as the recommendations contained within. Such an evaluation process, its goals and its indicators, need to be coherent with the empowerment-oriented values driving the strategy, the holistic characteristics of gay men's health, and a reformulated Population Health framework that speaks to the lives of gay men.

The National Reference Group is taking leadership in developing and recommending a framework for an ongoing evaluation of the proposed HIV prevention strategy for gay men. This will be presented to the HIV/AIDS Division of Health Canada in a separate, accompanying document.

Conclusion

Since the beginning of the HIV epidemic, gay men, their organizations (which were already working on the broader determinants of health) and AIDS Service Organizations initiated programs in HIV prevention. The experience of the last twenty years has highlighted the successes and limits of these initiatives. Reinvigorating HIV prevention means seeing gay men as whole persons and as members of communities. This is the first step of any effective prevention strategy.

This proposed HIV prevention strategy for gay men **Valuing Gay Men's Lives: Reinvigorating HIV Prevention in the Context of Our Health and Wellness** strongly recommends seeing HIV prevention through the lens of gay men's health and wellness, recognizing that gay men are “**still today victim to serious social, political and economic inequities**” (Supreme Court of Canada). Addressing these inequities impacts directly on the health and wellness of gay men, their communities and the country as a whole. The proposed HIV prevention strategy for gay men contained in this document provides a blueprint for analysis and action to transform HIV prevention in a way that engages gay men and their lives.

It is our ardent desire that the HIV/AIDS Policy, Coordination and Programs Division of Health Canada adopt the recommendations in this strategy. At the same time, we strongly encourage the Division to champion these recommendations within Health Canada, other federal departments and provincial/territorial ministries, as well as within all other jurisdictions whose mandates impact on the health and wellness of all Canadians.

Restatement of all the recommendations

Recommendations Concerning Population Health Policy As It Speaks to Gay Men's Lives

It is recommended that Health Canada:

1. **Explicitly acknowledge that Population Health policy** addressing gay men's health and wellness be guided by that population's empowerment to name its own needs and aspirations;
2. **Explicitly recognize gay men as a population** that experiences inequality regarding health and wellness, and inequity in services, despite that population's statistical invisibility;
3. **Support the emerging**, community-driven field of expertise, resources and area of action in gay men's health;
4. **Provide adequate resources to enable gay communities, organizations and networks** to critically appropriate, advocate for and implement a Population Health framework, making it speak to their lives, including those of gay men living with HIV, those who are HIV negative and those who do not know their serostatus;
5. **Support community capacity building** as a central means of contributing to gay men's health and wellness through substantial and consistent public funding of community-based infrastructure, operations, programmes, and projects;
6. **Add "Conditions that affirm choices of coming out"** as a Determinant of gay men's health within present Population Health policy, and that other Determinants of health commonly used within Population Health policy be flexibly shaped to respond to the realities of gay men's lives;
7. **Include "Conditions that affirm choices of coming out", "Social Support Networks", and "Social and Physical Environments"** as possible priority Determinants of gay men's health;
8. **Allocate adequate funding resources for ongoing research** related to gay men and to the Determinants of their health;
9. **Sponsor a collaborative national study** on the sexuality of Canadians to establish a comprehensive picture of gay men's lives, their perceptions related to gay identities, their practices and values, and their relationships with gay and other communities in Canada;

10. **Intensify and sustain greater collaboration** among various branches of Health Canada, between Health Canada and gay communities, and between Health Canada and other sectors and all levels of government, in the pursuit of gay men's health and wellness.
11. **Plan, implement and evaluate collaboration and action** on the interrelated Determinants of gay men's health among various sectors of Health Canada, other federal departments, provincial, territorial and municipal governments, and other sectors, in partnership with gay communities of Canada.

Recommendations on Revitalizing HIV Prevention for Gay Men

It is recommended that the HIV/AIDS Division of Health Canada:

12. **Develop, implement and evaluate an HIV Prevention Strategy for Gay Men** in partnership with gay communities across Canada, sustained with an appropriate infrastructure and with significant financial resources for ensuring success;
13. **Establish a community-based reference group to oversee** the implementation and evaluation of the HIV Prevention Strategy for Gay Men;
14. **Establish as the primary goal of a Strategy of HIV Prevention for Gay Men** the revitalization of HIV prevention among gay men by repositioning it within the determinants of gay men's health;
15. **Draw on lessons** learned within gay communities, organizations and networks through activism and work in HIV prevention concerning issues experienced by people living with HIV and wider health concerns;
16. **Revise the allocation of CSHA prevention funding** in order to redress the historic underfunding of HIV prevention within gay communities and to address present realities, by not simply redistributing existing funds, but allocating significant new resources;
17. **Explicitly acknowledge the wide range of gay men's backgrounds and identities** (including ethnic, cultural, language, class, race, religious, gender, and so on), **serostatus** (positive, negative or unknown), **geographic locations** (including rural, urban, northern, southern, and so on), **and**

experiences, in the policy making, planning, coordination and resource allocation processes;

18. **Take responsibility and provide leadership in confronting homophobia and heterosexism** in gay men's HIV prevention, as well as other forms of systemic discrimination that gay men experience.

Recommendations Regarding Building and Sustaining Communities Capable of HIV Prevention in the Context of Gay Men's Health and Wellness

It is recommended that the HIV/AIDS Division of Health Canada advocate for:

19. **The development, implementation and evaluation of a Gay Men's Health Strategy**, in partnership with gay communities across Canada, with significant financial resources for ensuring success;
20. **The establishment of a community based reference group**, to oversee the development, implementation and evaluation of a national Gay Men's Health Strategy including partners from the Canadian HIV/AIDS Strategy;
21. **A gay men's health bureau/directorate** to implement the strategy and oversee its development, sustained by significant and adequate financial resources;
22. **A Gay Men's Health Strategy in the context of active support of the health and wellness of lesbian and bisexual women, bisexual men, transgender and transsexual people, and Two-spirit people**, in ways guided by them, and sustained by significant and adequate financial resources.
23. **An immigration policy that does not impose HIV testing** on new or potential new immigrants to Canada as a prevention strategy;
24. **An engagement from Canadian international funding organizations** (for example, CIDA, Health Canada International Affairs Directorate, and so on) toward outreach to gay men and their communities, organizations or informal networks in countries participating with Canadians in initiatives designed to reduce HIV transmission.

Recommendations Concerning Research

It is recommended that the HIV/AIDS Division of Health Canada:

25. **Recognize, support and build on the strengths of HIV prevention research** efforts among gay men and gay communities in Canada, including participatory research methodologies and research guided by ethics and values related to individual and community empowerment;
26. **Support the infrastructures and sustained organizational capacity** of gay communities and organizations to lead or collaborate on research;
27. **Encourage and support, with substantial and adequate resources, research into the gay men's lives**, and particularly under-researched areas, such as the various contexts of sex and intimacy among gay men, male couple relationships and dynamics, and gay men's efforts to reduce harm or risk, the favourable conditions and the obstacles affecting those efforts, and in ways that support affected communities to create knowledge about the sociocultural factors contributing to HIV vulnerability;
28. **Encourage the inclusion of questions related to behaviour, identity, drug use, and risk management contexts** in all national and provincial HIV related epidemiological data collection exercises;
29. **Encourage and support with appropriate resources** community-based research, qualitative social science, and expertise in such areas as gay and lesbian studies, queer studies, sexuality, Africana studies, Aboriginal studies, culture and communication, including toward the reformulation of a Population Health framework so that it speaks to gay men's lives;
30. **Implement the previous three recommendations through RFP's** into the peer review process of the **Canadian Institutes for Health Research**, and other Health Canada related research;
31. **Advocate for the inclusion of sexual orientation** content in national and regional research surveys regarding sexuality, gender, health and wellness, suicide, and so on;
32. **Encourage and support, with substantial and adequate resources, research that integrates program design and evaluation issues.**

APPENDIX II

Members of the National Reference Group

Barry ADAM – Windsor

Barry is a Professor of Sociology at the University of Windsor, and author of *Experiencing HIV* (Columbia University Press, with Alan Sears) and *The Global Emergence of Gay and Lesbian Politics* (Temple University Press, with William Doyvendak and Andre Krouwel) as well as articles on safer sex decision making among gay men, and living with combination therapies. He was also co-founder of the AIDS Committee of Windsor.

Derrick BISHOP – St. John's

Derrick is a Nurse Educator with the Health Care Corporation of St. John's. He is co-chair of the Newfoundland Gays and Lesbians for Equality and a board member of the AIDS Committee of Newfoundland and Labrador.

Tony CAINES – Toronto

Tony is an HIV/AIDS Educator with Toronto Public Health. He has been actively involved in the African-Caribbean Canadian community and the HIV/AIDS movement for the past twenty years.

Barry DEEPROSE – Ottawa

Barry is a Director of Human Resources with the Department of Justice. He has extensive experience as a gay activist and is one of the founders of the AIDS Committee of Ottawa, as well as a member of the Ontario Advisory Committee on HIV/AIDS. He is president of Pink Triangle Services, Ottawa's gay and lesbian social service agency.

Gens HELLQUIST – Saskatoon

Gens is the Executive Director of the Gay and Lesbian Health Services of Saskatoon. Gens has thirty years experience in developing programs in the area of gay men's health and has been active in the HIV/AIDS movement locally, provincially and nationally since 1993.

Henry KOO – Toronto

Henry is a Program Consultant with the AIDS Community Action Program, Ontario/Nunavut, Health Canada. He has many years experience as a community worker with Asian gay male communities in Vancouver.

René LAVOIE – Montréal

René has been involved in the gay community over the last twenty years. He is the Executive Director of Séro-Zéro whose mission is HIV

prevention in Montreal's gay community. As well, he is a community researcher in several projects. He is a member of several provincial and national committees.

John MacTAVISH – Kingston

John is the Regional Services Coordinator for the HIV/AIDS Regional Services in Kingston. He has worked as an outreach worker in the field of HIV/AIDS for fourteen years and has been active in the development and evaluation of MSM programs.

David PEPPER – Ottawa

David is the Director of Community Development for the Ottawa Police Service. He has been a community activist for many years and possesses considerable experience and knowledge in the area of health, criminal and social justice in the gay community.

Paul PERCHAL – Vancouver

Paul is a long-standing gay activist in Vancouver who has been directly involved in the development, delivery, and evaluation of HIV/AIDS and health programming in the gay community. He is also the founder of the Lesbian, Gay, Bisexual and Transgendered Health Association of Vancouver and a board member of the Community Based Research Institute of Vancouver.

Health Canada

Ron Clarke

Angela Favretto

Julia Martin

Gay and Lesbian Health Services of Saskatoon

Lori Crozier