SPEAKING OUT ON GAY MEN'S HEALTH: A CRITIQUE OF THE COMMONWEALTH'S *MEN'S HEALTH POLICY*

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ABSTRACT:

- Gay, bisexual and transgender [GBT] men in Western cultures experience a number of poor health outcomes related to mental health, STIs, drug use, and other health related issues. These concerns are largely related to GBT men's stigmatised role in Western culture.
- The Commonwealth's recent men's health policy document overlooks the special health concerns of GBT men, despite discussions of the health concerns of numerous groups of minority men.
- This oversight is demonstrative of heteronormative attitudes that are endemic to contemporary medicine in Australia, and serve to perpetuate the cultural silence with regard to gay men's health.
- The Commonwealth is urged to re-consider this oversight in future discussions and policy statements regarding men's health.

In its recent position paper regarding men's health, the Commonwealth's Department of Health and Ageing [1] addresses the burden of disease and illness faced by Australian men. This document represents a significant advancement in both a national discussion regarding men's health, and the use of a truly gendered perspective when engaging in that dialogue.

Within the document, the health of several groups of particularly disadvantaged men is addressed. These groups include Aboriginal/Torres Straight Islander men, men of a low socio-economic status (SES), and rural men, among other groups. It is obvious that men in those groups experience compromised health as a result of their minority group status, and the social, economic, and political disadvantages that are engendered through minority identification. The health of these men is important, and worthy of increased attention so as to rectify the inequities described in the report.

Despite the report's exemplary identification of several groups of minority men, it is surprising that it does not expressly identify gay, bisexual, and transgendered (GBT) men as a specific at-risk group. Indeed, GBT men face particularly poor health outcomes, often as a result of social homophobia that renders silent the voices of gay men, and serves to impair these men's access to

adequate health resources [2]. Transgender men may suffer even worse outcomes, due to their especially hidden and stigmatised place in Westernised culture [3].

Evidence abounds regarding the poor health outcomes related to GBT men. For example, Cochran [4] and King, et al [5] both demonstrate gay men experience significantly higher levels of psychological distress than do their heterosexual counterparts. Rates of depression [3] and eating disorders [6], among other mental illnesses, are higher in gay men. Additionally, while it is universally recognised that men-who-have-sex-with-men (MSM) are an at-risk group for HIV, it is often not discussed that other sexually transmitted infections are experienced at higher rates among gay men. Infections such as syphilis and gonorrhoea are on the rise among gay men, a trend that is counter to overall population prevalences [7, 8]. Finally, rates of illicit drug use among GBT men are staggeringly high, with some reports indicating 52% incidence of use in the prior six months [9]. It is because of evidence such as this that a previous Commonwealth document [10] recognised GBT men as a disadvantaged group with regard to health outcomes. This previous inclusion makes GBT men's subsequent exclusion from the 2009 document all the more surprising, given that there is no evidence to suggest that the health outcomes described above have improved significantly over the past decade. The 2009 document's silence is deafening.

However, cultural silence regarding the health of GBT men is endemic within Westernised medicine. Contemporary health practice is arguably heteronormative in nature – that is, it falsely presumes all individuals are heterosexual [2, 3, 11, 12]. Accordingly, the health concerns of GBT men are either not recognised, or are believed to be identical to their heterosexual colleagues. While it is likely that GBT and straight men share many health concerns, the manner in which these men are able to address these concerns, and interact with the health care system, is differentiated by sexual orientation. The authors of this commentary each have been involved in aspects of gay men's health for some considerable time. Through in-depth qualitative interviews focusing a range of health-oriented issues, we have had the opportunity to listen to the voices of the men who are silenced. We have also had the opportunity to hear their experiences of difference. One gay man, who was being treated for prostate cancer, summarised this difference when he claimed "I suppose I see a hospital as being a heterosexual kind of place" [12, p. 33]. Statements such as those reveal the lack of recognition of gay men within Australian medicine, and are categorically antithetical both to the notion of empathy that should underpin medical practice, and to the current Government's commitment to health for all men. Health for all cannot be achieved when hospitals are still seen as "a heterosexual kind of place." The 2009 report, through its exclusion of GBT men, not only fails to rectify this failure, but, in fact, compounds it, through government-sanctioned indifference to the health of GBT men.

As health professionals, we are called to challenge cultural practices that impair the health of individuals and populations. The silence regarding GBT men's health is one such practice that requires immediate political and cultural action. The inclusion of GBT men in all forms of social and health reform is necessary to begin the process breaking down the heteronormative barriers that, arguably, exist in Western cultural health practices. Without this occurring the

possibility of improving the health practices of GBT men are somewhat limited. Further, the development of a more tolerant and compliant society with respect to sexualities will be thwarted.

Recognition of the issues that confront GBT men within the Commonwealth's men's health policy could have proven to be a silenced voice beginning to speak out. It is unfortunate that such an opportunity was not provided which is not only reflective of current heteronormative practices, but also the basis upon which this group of men have remained silent.

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