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Men's Health Summit interviews

Over 300 expected at grassroots summit

by Mark Schultz

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DURHAM — More than 300 people are expected to attend the third national Gay Men's Health Summit May 7-11 in Raleigh, part of a nationwide attempt to build a grassroots movement — and energize efforts in North Carolina — addressing sexual, mental and community health concerns.

Topics at the summit will include — but not be limited to — major illnesses like hepatitis, chronic fatigue syndrome and prostate cancer, as well as mental health issues, same-sex domestic violence and the relationship between spirituality and health.

"Gay men, especially in terms of access to health care and the health challenges they face are significantly different than heterosexually identified men," said Eric Rofes, coordinator of the 11-member collective organizing the conference. "We have ample studies that show health disparities for this population."

Previous conferences in Boulder have attracted 300 and 500 people each. Participants include gay men, but also people concerned about the health issues facing men who identify as gay, bisexual or queer or who don't use any of those labels.

The *Herald-Sun* interviewed three participants in the upcoming summit: Rofes, a professor of education at Humboldt State University in California; Erik Libbey, gay health coordinator at AIDS Rochester Inc.; and Wayne Wilson, a community program manager in HIV prevention at Family Health International in Research Triangle Park. Wilson is also chairman of the board of Triangle Community Works, a volunteer organization that runs the Triangle's Gay and Lesbian Help Line: 919-821-0055 Sunday through Thursday, 6:30-9:30 pm.

Q: Why a gay men's health summit?

Libbey: A gay men's health summit is necessary because the health needs of queer men outside of HIV/AIDS have been far under-addressed in both our culture and our medical and health services communities for too long. Events like the summit give us an opportunity to reframe the concept of being healthy queer men so that it continues to involve traditional issues such as HIV, AIDS and other sexually transmit-

ted diseases but does not [make] these issues a focal point.

Rofes: [The summit] is also an opportunity for those who are doing this work in isolated places — the only young gay man in Baltimore doing this work, or the only middle-age Latino in San Diego — to find people doing similar work in other parts of the country. That's one of the things

we've found before that comes out of the summit. Sometimes it's like a lifeline to find someone else facing the same dilemmas in a different city.

Q: What is gay men's health?

Libbey: Gay men's health is exactly what it sounds like: creating better health and wellness for gay / bi / queer men. It is about considering these men as a whole — including their physical, sexual, mental, spiritual and social health — and understanding how all of these components interact with each other to create better health.

Wilson: You'll find if you look at the topics that will be discussed at the conference that there's a common theme of being positively focused. Living a good life where you accept yourself really affects your health in the long term. Being able to feel good about yourself and how you relate to yourself and your primary partner, or partners, allows you to live a healthier, more productive life.

Q: So where does HIV and AIDS fit on the spectrum of gay men's health issues in 2003? Has AIDS overshadowed other health concerns gay men should pay attention to?

Wilson: It's certainly there, particularly when you find folks who think it's OK to have unsafe sex. Some of the younger kids in particular think if you get HIV it's OK, because it's treatable, or some people think it's curable. A lot of times they don't know the realities of the drug treatment that people have to go through and how it affects their lives. Trying to prevent people from becoming infected is a big challenge. In North Carolina it doesn't seem like there's a lot of money going to men who have sex with men prevention, which is kind of disturbing.

Rofes: The way I would put it is an AIDS-cen-

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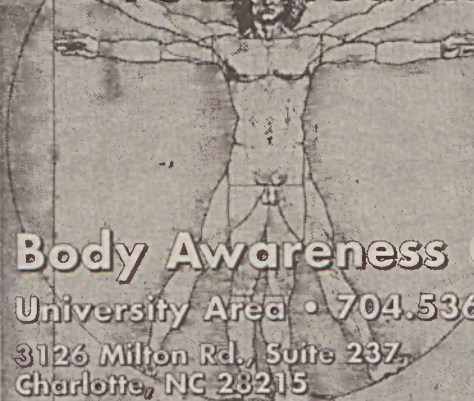
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