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PROCEEDINGS FROM A PANEL

Homosexuality: From Declassification to Decriminalization. Where Do We Go From Here?

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Chaired by Gilbert Herdt

Co-Organized by Judy Young

Participants: Robert M. Kertzner, Matthew Foreman, Rafael Diaz, Caitlin Ryan, Aaron Belkin, and Judy Young

Gilbert Herdt (GH): Good morning. I'm Gil Herdt, Director of the National Sexuality Resource Center (NSRC) and Professor of Human Sexuality Studies at San Francisco State University, and I'm speaking to you from the sound studios of the university. It is my pleasure this morning to serve as moderator for the next two hours of a significant panel discussion on Homosexuality: From Declassification to Decriminalization. Where Do We Go From Here?

Joining me today are six distinguished panelists from around the country, experts on homosexuality, mental health, research, and advocacy on policy related to gay, lesbian, bisexual, and transgender persons. These speakers will address a set of critical issues put to them by their colleagues and by a live audience.

Before we get started, let me briefly explain the context of this discussion and its sponsorship. Besides being a professor of human sexuality studies and an anthropologist, I'm also Director of the NSRC. A relatively new organization, the NSRC is located here in San Francisco and may be accessed online by the public at <http://nsrc.sfsu.edu>. The NSRC is dedicated to raising sexual literacy in the United States in order to

support sexual health, sexual rights, and sexuality education. To achieve such broad goals, we aim to create new dialogues between academics, advocates, and policymakers. In order to achieve social justice and equity in our society, we believe that all Americans are entitled to good sexual health and policies that will make this come about.

Unfortunately, the history of homosexuality in the United States is riddled with struggle, confusion, and injustice. Beginning in the early modern period, homosexuality was treated as a sin, a moral flaw. By the nineteenth century, homosexuality was increasingly regarded as a problem of disease or the lack of disease, with procreation as the norm, and anyone who deviated from the norm was punished. Romance, intimacy, and personal feeling played very little part in this story of social oppression and intolerance.

By the second half of the twentieth century, new social movements promoted the rights and well being of these sexual persons, a shift which took as its high point the 1960s sexual reform movements and the creation of the gay liberation movement. Thus a historical change from treating homosexuality as a sin

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and disease to viewing it as a social movement and a human right occurred in our society during this period. Being gay or lesbian was at that time perceived to be a choice or a lifestyle by many in society, and as the rejection of heterosexuality, marriage, and reproduction—the keys to being normal. The 1990s saw the advent of increasing rights and protections under the law for gay men and lesbians, in part resulting from the struggles that followed the AIDS epidemic, and they had been joined by bisexuals, transgenders, and queers in their efforts to seek a more diverse and just sexual society.

Social changes in the law, policy, and public attitudes regarding homosexuality have occurred very unevenly, however, and reform in European countries, including England, France, and Holland, have ahead of such changes in the United States since the 1950s. Even today, while homosexuality is legal and protected in Europe, and same-sex legal unions are increasingly the norm, it was not until the landmark case *Lawrence v. Texas* in 2003 that anti-sodomy statutes were effectively nullified in America.

This is the context for today's panel. The declassification of homosexuality as a disease figures as a historical precedent and as a foundation for the development of present-day policy. I want to read to you the introduction from the most important scholarly study of these issues, *Homosexuality and American Psychiatry* (1987), by Ronald Bayer.

In 1973, after several years of bitter dispute, the Board of Trustees of the American Psychiatric Association [APA] decided to remove homosexuality from the *Diagnostic and Statistical Manual of Psychiatric Disorders*, its official list of mental diseases. Infuriated by that action, dissident psychiatrists charged the leadership of their association with an unseemly capitulation to threats and pressures of Gay Liberation groups, and forced...a referendum of the full APA membership. And so America's psychiatrists were called to vote upon the question of whether homosexuality ought to be considered a mental disease. The entire process, from the first confrontations...[through the end], seemed to violate the most basic expectations about how questions of science should be resolved. Instead of

being engaged in a somber consideration of data, psychiatrists were swept up in political controversy. The APA had fallen victim to the disorder of a tumultuous era [it was claimed,] when disruptive conflicts threatened to politicize every aspect of American social life...[But] to those who viewed the 1973 decision sympathetically, psychiatry had displayed a remarkable capacity to acknowledge the significance of new research findings and to rethink its approach to sexuality. Psychiatry did not capitulate to the pressure of Gay Liberation, but rather revealed an admirable flexibility. Unlike those who were unyieldingly committed to antihomosexual values... the leadership of the APA had demonstrated wisdom, insight, and the strength to break with conventional but scientifically unwarranted beliefs. (pp. 3-4)

Thus concluded Ronald Bayer. And it is interesting to note that one of the critical players in this drama, Dr. Judd Marmor, a long-time UCLA psychiatrist and psychoanalyst who recently died, once offered the opinion that if judgments about the mental health of heterosexuals were reached only from the patients seen in practice, then psychiatrists would have to assume that all heterosexuals were mentally disturbed.

While the APA voted to declassify homosexuality on December 15, 1973, in fact this policy took effect in January of 1974, almost exactly 30 years ago. Today, six prominent panelists will speak to these issues and it will be my privilege to introduce each of them in turn. It's important for me to say to you that this event has not been scripted; it is being taped live.

With that, I would like to introduce our first panelist, who is Robert M. Kertzner. Bob is a psychiatrist and Adjunct Associate Research Scientist at Columbia University and he is going to speak on the impact of declassification, mental health perspectives, and experience from clinical practice. He is someone who has had more than 25 years of clinical and training experience in dealing with these issues.

Robert Kertzner: Thank you, Dr. Herdt. It's my pleasure to be on the panel this morning. As a psychiatrist and mental health practitioner, I have had a front row seat in witnessing the unfolding legacy of

the 1973 decision by the APA to declassify homosexuality as a mental disorder. I would like to make a few comments about what I see as the most important repercussions of this decision on the mental health and well-being of lesbian, gay, and bisexual (LGB) persons in general, and on those seeking treatment, in particular. I will also briefly comment on the impact of this decision for the mental health field as a whole.

First and foremost, from my perspective, the recognition that homosexuality is not a mental disorder has relieved many individuals of an enormous psychological burden, that their most intimate feelings and desires were inherently sick and incompatible with a healthy and fulfilling life. And, as will be noted by other panelists this morning, declassifying homosexuality as a mental disorder removed a major roadblock in the way of advancing the civil rights of sexual minority populations, which in turn has had major beneficial effects on the psychological well-being of LGB persons.

The 1973 decision also began a slow but inexorable change in the way most mental health practitioners regard homosexuality. This change is not complete and is still characterized by some unfortunate exceptions, but for the most part clinicians now understand that LGB clients seek help for many of the same reasons that heterosexuals do, and that homosexuality, while important as a contextual factor in individuals' lives, does not and could not exclusively create the complex tapestry of an individual's psychological life, including the problems for which individuals seek health.

I recall that early in my practice over 20 years ago, gay clients were more likely to ask how I regarded homosexuality as a psychiatrist, i.e., Did I think it was pathological? With time and a greater sophistication on the part of my clients, and my increasing visibility as a gay professional, I seldom hear this question today. But there are other stories to consider. My colleagues who work in community settings tell me that among older LGB adults a mistrust of the traditional mental health disciplines of psychiatry and psychology endures, sometimes to the detriment of the very individuals who need professional treatment. And since practitioners are an eclectic group, harmful practices still exist, ranging from failures in empathy, stereotyping,

misattribution of problems to sexual orientation, and efforts to change sexual orientation despite clients' wishes and based on the presumption that homosexuality is pathological.

But returning to the main effects of the 1973 decision, I believe this decision laid the groundwork for progressive changes in mental health research and public policy regarding homosexuality. Having established that homosexuality implies no mental disorder, we could then look at which LGB individuals are at most risk for mental health problems and by what processes. We could ask what factors promote psychological well-being across the LGB life course, and how these factors are similar to or different from those in heterosexual lives. And we could develop interventions that address the harmful effects of stigmatization and discrimination as experienced by LGB individuals, particularly during times of heightened vulnerability, such as childhood, adolescence, and old age.

The 1973 decision also contributed to greater mental health enlightenment about human sexuality in general, including appreciation for the role of openly gay persons as advocates, consumers, and professionals in our understanding of human sexuality, and the importance of understanding sexuality from multiple viewpoints beyond medical perspectives. And finally, as a result of the debate leading up to the 1973 decision, the APA changed the way it defined mental illness, becoming more cognizant both of the perils of basing knowledge and practice on non-representative patient populations, which had generated incorrect theories about homosexuality that were prone to self-replicating errors, and of the importance of recognizing that psychological and psychiatric viewpoints must be inextricably linked to a social, culture, and historical context.

Thank you.

GH: Our next speaker is Matthew Foreman. I'm very pleased to welcome Matthew to San Francisco. Matthew is a long-term advocate and leader in the gay and lesbian community and currently serves as Executive Director of the National Gay and Lesbian Task Force. He will speak today on recent events and policy implications of declassification and

decriminalization of LGBT individuals.

Matthew Foreman: Thank you, Gil, very much and thanks to the NSRC for sponsoring this policy debate. It's an honor to be with the distinguished panelists and activists.

Thirty years ago, just a few months after the National Gay and Lesbian Task Force was founded, and when we were the only national gay rights organization, we joined the struggle to get the APA to declassify homosexuality as an illness. And I salute my predecessors at the Task Force, especially our first Executive Director, Bruce Voeller, for all the work they did. Without a doubt, the APA's decision was the critical foundation upon which everything our movement has accomplished since rests, and I'm very proud of the Task Force's role in that monumental step.

I'd like to start by acknowledging that the movement for LGBT rights in this nation has come a very long way. In fact, we have made greater strides in a shorter period than any other civil rights movement in this world's history. In just 30 years since the APA decision and 34 years since the Stonewall Riots, we've gone from the regular use of electro-shock therapy to cure us to *Queer Eye for the Straight Guy*, which for many of us is a form of torture in and of itself. And we have also gone from private, intimate relations between members of the same sex not only being criminal but also being prosecuted in three-quarters of the states, to, as of July of last year, being legal in all 50 states. From not one iota of legal recognition for our relationships and our families to the President of the United States just two days ago in his State of the Union address declaring that the nation must protect the sanctity of marriage as a one-man, one-woman institution from the gay and lesbian barbarians at the gate.

Yes, breath-taking progress, but I want to emphasize today that we have not come nearly as far as most people, both gay and straight, think, and that the challenges we face right now as a movement are unparalleled.

People in this country have an unimaginable ability to conflate popular opinion with reality. There is a perception out there that *Will and Grace* actually reflects gay life: that we're all white and comfortable; that discrimination and HIV are plagues of the past;

and that gay people can, in fact, get married, so why are we having this struggle? I feel that our movement and our leaders have compounded these misconceptions by touting advances in public support for our issues while downplaying or ignoring the disconnect between public opinion surveys and legal rights under the law. We excerpt and highlight positive findings; we bypass disturbing ones.

Here are some examples of the divergence between where we stand in this country, legally, and where people think we stand. The vast majority of Americans are opposed to anti-gay discrimination, yet it remains legal in 36 states and the federal government. The vast majority of Americans support extending Social Security survivor benefits to gay and lesbian couples. That right is not even a glimmer on the Congressional horizon.

The reality is that more Americans disapprove of this summer's *Lawrence v. Texas* (2003) decision than approve of it, and in fact, since the *Lawrence* decision and all of the gay discussion that has occurred in this country over the last eight months, we have seen for the first time in 30 years a significant decrease in support in America for our rights. The reality is that half of the public still think that gay and lesbian couples should not be allowed to adopt a child.

And contrary to popular belief, the movement to win the freedom to marry has thus far been nothing less than a legislative catastrophe for our cause. In the last ten years, 37 states and the federal government have passed laws or amended their constitutions to outlaw gay marriage, California being one of them.

And now, as highlighted in this week's State of the Union address, we face a determined and growing effort to amend the U.S. Constitution, our most sacred document, to enshrine LGBT persons in second-class citizenship for decades to come. Today, as we stand here, as a result of this backlash, there are 15 states now facing renewed efforts to pass constitutional amendments or referenda to outlaw gay marriage. We are under siege, plain and simple, and again, contrary to the myths of the Right and fostered by our own institutions, we are nowhere ready to face these challenges.

With a handful of exceptions, across this state, across this nation, LGBT institutions are poor,

unorganized, and facing a huge opposition, the likes of which we've never seen. If you compare the wealth of our institutions to theirs, just one of their organizations determined to wipe us from the face of the earth, Focus on the Family, has more employees than all, I repeat, all of the LGBT organizations in this country combined.

Over the last three decades, we have gone through a lot, but what we face now is not just more of the same malicious attacks we've been enduring. Now, using the so-called "threat" of gay marriage, the forces of political and religious intolerance have coalesced as never before. And, of course, on our backs they will raise millions and energize their base to turn out and vote. They are determined to use our lives and our relationships to divide America, to drive a wedge through the heart of the electorate, particularly the African American community, not only to stay in power but to increase their grip on the throat of our country.

In closing I say, how is it possible, you have to ask yourself, that our issues and our rights—we are, in fact, a very small minority of the population, no more than five percent—could be so manipulated, could be so powerful, could be a major factor in the national elections? Why? Because there remains a deep, deep well of ignorance and homophobia in American society that can be plumbed again and again.

Yes, we've come a long way, but not nearly far enough. Thank you.

GH: Our next speaker is Rafael Diaz, a distinguished researcher who is Professor of Ethnic Studies at San Francisco State University and Director of the Cesar Chavez Institute. He will speak on the long-term impact of homophobia and racism on gay men of color.

Rafael Diaz: Good morning. I want to begin by thanking Dr. Herdt for the invitation to participate with this outstanding group of colleagues. The first thing I want to do is to really share my enthusiasm and celebratory attitude towards the 1973 decision. It was a very important decision for us all. At the same time, I think we need to be very careful about assessing the real impact in real people's lives this decision has had.

Based on my studies (Diaz, 1998; Diaz & Ayala, 2001; Diaz, Ayala, & Bein, in press) over the past ten years of how gay men of color in the United States, in

particular Latino gay men, have experienced homophobia, I would like to address the question of whether we have seen any impact over time of the APA's decision on the day-to-day lives of these men and to describe as well how they experience sexual and social discrimination as a result of being homosexual.

First we need to understand that homophobia is experienced on at least three different levels. One level is institutional, which means the denial of full access for LGBT persons to jobs and to positions, resulting in many men and women having to pretend they are someone they are not in order to participate in the benefits and resources of society. Also we experience homophobia in the form of interpersonal interactions, through attitudes of prejudice as well as in acts of discrimination, actual abuse, and mistreatment when we interact with others. And finally we experience homophobia in what I think is the deepest way it can be experienced, at the internalized level, when we see one another and we see ourselves with the eyes of the oppressor, which results in our acting and seeing ourselves in the way that people who reject us have acted towards us and viewed us.

I have had the opportunity to assess these different levels of homophobia and the story I want to tell in particular today is about a representative sample of 912 Latino gay men who live in three U.S. cities, Miami, Los Angeles, and New York. These men vary in age from 18 to 54, and I have been able to analyze differences among the different age groups, as a way to capture possible changes over time (hopefully for the better) in reported experiences of homophobia. Overall the picture is quite complex, but I will tell you about a couple of the findings today.

One interesting finding is that we can actually see some changes in the level of institutional homophobia experienced by the men. For example, we can see and document that there is less police harassment today than in the past on account of being homosexual. The men also report less of a need to move away from family and friends in order to live their lives as gay men. In addition, there is less evidence that people are being turned down for jobs because they are homosexual.

Unfortunately, we have not seen a decrease in the experiences of harassment by peers and victimization

in school; in fact, there is actually an increase in the level of homophobia expressed by peers and in schools. Within the family, there are more men who are in their twenties who feel that their homosexuality hurts and evokes shame in their families. So while I think we can say that there is a clear effect of a decrease overall in institutional homophobia, the act of coming out itself can elicit more discrimination. I was personally very surprised and saddened to see an increase in the victimization by family and peers that the younger Latino gay men reported in this particular study.

I think that these findings raise a couple of issues for me. First, we need to understand how a policy decision intended to protect a group, such as the major one by the APA to declassify homosexuality as a mental illness, can ultimately lead to cultural changes that create negative effects for the members of the group. Such policy may end up having the reverse effect. In this case, the greater visibility of Latino gay men appears to have resulted in an overall increase in negative responses to them within their communities. Consequently, we need to examine, in a very balanced way, how such policy decisions, which are intended to help the affected group, may ultimately not be sufficient to eradicate discrimination and victimization.

I do think you need to think about these very real possible negative outcomes of progressive policy change. Based on my experience of having interviewed thousands of gay Latinos—and I think my conclusion applies to gay men of color in general—I believe that most of them experience a sense of personal shame in relation to homophobia and discrimination, not because homosexuality is seen as a disease, but because it is seen as a problem with their gender, indeed with their very manhood. What this means is that these men are discriminated against not so much for having a different sexual orientation but because they are viewed as effeminate and therefore shameful in relation to the gender expectations of their culture.

Finally, I want you to know that we have documented, in my own studies and in those of others (see for example, Kimmel, 1997), that when there is an increase in racial discrimination and an increase in poverty, gender ideologies and gender-scripted behavior tend to be intensified. Therefore, when men come to this country into communities of color and

experience increased racism, poverty, and discrimination, they may display a compensatory increase in hyper-masculine behavior. This reactive hyper-masculinity is associated with greater and more brutal homophobic reactions toward gay men.

We need to be aware that sometimes the homophobia that exists within communities of color is not based solely on negative attitudes about sexual orientation. In fact, in many Latin American and developing countries as well as in communities of color within the U.S., the concept of sexual orientation is almost absent. What is more fundamental is the concept of gender. Because of this fact, this important declassification, which has had a wonderful impact in many ways, still has not cut it for a lot of communities of color. Ultimately, in order to diminish homophobia and discrimination against gay men in these communities, we will need to address the underlying issues of patriarchy, reactive hyper-masculinity, and gender definitions associated with homosexuality.

GH: Our next speaker is Caitlin Ryan, who is Director of Adolescent Health Initiatives at the Cesar Chavez Institute at San Francisco State University, a long-time advocate and community organizer, and an expert on issues related to lesbian health and youth of sexual orientation minorities. Today, Caitlin will speak on the impact of declassification and discrimination on LGBT youth.

Caitlin Ryan: Thank you, Gil. It is a pleasure to be here for this terrific panel. The impact of declassifying homosexuality as a mental illness on youth has been profound, and together with the United States Supreme Court's decision last year in *Lawrence v. Texas* (2003) to decriminalize homosexual acts, will, in essence, make coming out normative during adolescence. There are so many things that I could say about the impact of this decision on young people and future generations of young people that my comments could really fill the time we have. Instead I will just make a couple of points that I think are most salient.

Thirty years ago, very few youth came out during adolescence. Most homosexuals never came out publicly, much less at work or school. Many were out to only a few people, including a few family members.

Since the late 1980s, gay youth have begun to create a vibrant new community connected to the Internet through Gay Straight Alliances (GSAs) that have formed in schools and community support programs. These groups promote leadership skills that many young people channel back into LGBT communities.

LGBT youth are much more likely now than only a few years ago to come out during adolescence while they are still in school and living with their families (<http://familyproject.sfsu.edu>). Being open about their sexual and gender identities helps these young people integrate their identities, it helps them increase their intimacy in family relationships, and it makes them more comfortable with who they are. But being out and being open about who they are also increase their risk for victimization, which can have serious health and mental health consequences, as many researchers have documented and as I have seen in my work with these young people. In fact, school victimization is one of the most pressing policy issues for LGBT youth and also for youth who are perceived to be gay. In California schools, for example, 7.5 percent of middle and high school students—and that represents over 200,000 youth—were victimized because someone thought they were gay (California Safe Schools Coalition, 2004). We know that youth who are victimized are much more likely to attempt suicide, to miss days of school, to feel unsafe or afraid, and to use alcohol and drugs.

One of the clear lessons of declassifying homosexuality as a mental illness is that institutional policy change that affects human and civil rights must be accompanied by parallel revisions in the social and legislative policies that support such change. LGBT youth are more visible because society is less negative about gay people overall, certainly less than it was 30 years ago, but they are also at greater risk in our schools and communities, especially in communities that fail to adopt and implement anti-harassment laws.

Among the most compelling findings of our study of queer youth and their families (Ryan, forthcoming) is the progress that families are making in integrating their gay family members into the greater family system. At the same time, parents live in fear that their child will become another Matthew Shepherd in a hostile and unsafe environment. There is a universe of new options available now for LGBT adolescents as a

result of these changes, but they also present clear challenges to ensure the safety and well-being of these young people. These are concerns that we as a community and we as a society need to keep in the forefront of the work that we are doing for future generations of LGBT individuals.

GH: Our next speaker is Aaron Belkin, who is Associate Professor of Political Science and Director of the Center for the Study of Sexual Minorities in the Military at the University of California, Santa Barbara. He will speak today on Don't Ask, Don't Tell: Exploring the Gay Ban in the Military.

Aaron Belkin: Thank you so much, Gil. It is such an honor to be here at the NSRC. You have made heroic efforts over the last few years to build this center into an incredible resource and it serves as a huge inspiration for people working in the field. So thank you for inviting me to be here today.

I would like to address the specific question: What impact did the 1973 decision to move our understanding of homosexuality away from a mental illness model towards a more normative model have on anti-gay policy in the U.S. military? I would argue that that decision forced the military to reframe how it performs homophobia in the armed services. Over the last fifty years the military has invoked many different rationales for firing gay people. In fact, some people refer to U.S. military anti-gay policy as a policy in desperate search of a rationale. In the 1950s, gays and lesbians were fired because they were imagined to pose a security risk. In the 60s and 70s, they were said to be more prone to alcoholism and mental illness. After the APA declassified homosexuality, the military reframed the way it performed homophobia by invoking other arguments about the imagined detriment to unit cohesion that gays and lesbians would have.

So while the impact of the declassification was important in terms of how arguments are framed, I would argue that that's not really where the action is. Indeed, because the military has simply changed its rationale for firing gay people whenever scholars showed that the previous rationale was not accurate, I would say that the much more important approach to understanding what military anti-gay policy is about is

to look at this policy site as a place where various groups and actors and actresses in civil society try to capture a state institution, in fact the most powerful state institution and the biggest employer in the country. They try to capture that institution in order to use it to set up ideas about who is normal and who is deviant, and then send those ideas out to the rest of civilian society. That's why family values groups care so much about the military and specifically about military anti-gay policy.

Why should people who don't like the military or who don't care about the military or who don't know anything about the military, why should those people, why should you, why should other people, care about Don't Ask, Don't Tell, about the current military anti-gay policy? I would argue that the policy is not just about a waste of money, even though it is true that, conservatively speaking, we have spent about 500 million dollars, half a billion dollars, firing 100,000 gays and lesbians over the last 50 years. Nor is it just about violence against women, even though I know women in the military who have been raped and who have not been able to report their rape for fear of being investigated as a lesbian, and even though Canada experienced a 43 percent decrease in the level of violence against women in the military after it lifted its ban on gays and lesbians (Belkin & McNichol, 2001). It is also not about the firing of Arabic linguists in the middle of a dire shortage of language talent. I would argue that there are other reasons why people who don't like, or who don't care about, or who don't even know about the military should be concerned about this policy.

First, policy is about full citizenship. If you look at the understandings and definitions of citizenship going back for more than a thousand years, you will see that a full citizen is almost always, in every society, someone who has the right to enter into contracts, someone who has the right to own property, someone who has the right to get married, and someone who has the right to serve in the military. Gays and lesbians will never be able to lock in their hard-won citizenship rights in other areas as long as the largest employer in the country continues to fire them.

Second of all, the Don't Ask, Don't Tell policy constitutes a very dangerous appropriation of the

citizen's right to name, define, and conceptualize their own identity. Janet Halley (1999), a professor at Harvard Law School, explains this brilliantly when she states that any discriminatory system—Nazism, Apartheid, anti-Semitism, Don't Ask, Don't Tell—requires definitions of targeted groups so that institutions like courts know whom to punish, whom to fire, and whom not to fire. Not that these definitions are ever coherent; on the contrary, they are often quite incoherent. But the point is that for Don't Ask, Don't Tell to move forward, for it to work, the state had to put into Congressional law a definition of who a gay person is, whereas usually in this country we prefer to let people define their own identities. If you want to be a Jew, that's fine. If you want to be a woman, that's fine. Whatever you want to be, the government usually lets citizens define their own identities. That is not true with Don't Ask, Don't Tell. If that precedent were to spread outward to other government institutions, we would have a very dangerous situation indeed.

I want to conclude by suggesting that the name of this panel is actually misleading. Contrary to what Gil said in his opening remarks, the *Lawrence v. Texas* (2003) decision did not decriminalize sodomy throughout this country. Most people don't understand that in the military, sodomy remains illegal, for gays and for straights. There are people in jail right now for having engaged in consensual private sodomy behind closed bedroom doors. In addition, in the military, each separate count of sodomy makes a person liable for up to five years in jail. If you do it three times in one night, you can go to jail for 15 years. After the *Lawrence* decision, people sitting in military jails for sodomy filed appeals, and the Court of Appeals for the armed forces, the highest military court in the land, agreed to hear one case, the *Marcum* case (*United States v. Technical Sergeant Eric Marcum*, 2002), a challenge to the military's ban on sodomy. The government filed a brief in the *Marcum* case claiming that private consensual sodomy in the military cannot be decriminalized because doing so would undermine unit cohesion and good order in the ranks, even though research (National Defense Research Institute, 1993) shows that about 70 to 80 percent of people in the military engage in private consensual sodomy, broadly defined as any sexual activity beyond vaginal intercourse. The lawyers

in the government's case literally cut the rationale for Don't Ask, Don't Tell out from the policy and inserted it into their brief to argue that sodomy could not be decriminalized. And this, if nothing else, explains how the precedent embodied at the very heart of Don't Ask, Don't Tell can travel outward to other laws, other policies, and other institutions, and thereby serve to enable the grossest forms of discrimination. Thank you very much.

GH: I'm now pleased to introduce Judy Young, who is National Liaison and Community Outreach Director of the NSRC here in San Francisco. She is also a board member of the Black Coalition on AIDS and Northern California Society for Public Health Education. Today Judy will speak on a view from the African American community.

Judy Young: Greetings. It is an honor to speak on this panel, with these wonderful colleagues, and I appreciate that opportunity. So thank you.

I am here to present the view from the African American community and it is important for me to begin by saying that when we talk about African American communities and African Americans, I am referring to a large groups of communities, not one big, monolithic group of people but a large group of many different types of communities. Therefore, we cannot all be lumped together as one, and I cannot speak for all of the members of these diverse communities. While it is important that you hear my voice today, I can only offer a perspective based on my own personal lived experiences and on my work in and with communities.

The declassification of homosexuality as a mental disorder and as a disease and its more recent decriminalization have important implications for African American communities. Some positive implications have been named already by the panel and they apply to African Americans as well as to others. Everyone benefits when we stop seeing individuals as diseased because of their sexual identity and sexual orientation. On one level, the benefits of this decision are evidenced in the ability and the freedom that people have had in coming out, to themselves, to their communities, to their families. At the community level, this change is seen in the increased visibility of African

American individuals who identify as lesbian, gay, bisexual or transgender and is noted in the growing participation by many African Americans in the national LGBT Pride events that happen throughout this country.

There are, however, many in the community that would question whether this progress is felt or experienced in individual lives on a day-to-day basis for African Americans, in their personal experience or in the collective experience of the community. One of the ways the complexity of the issue for lesbian, gay, and bisexual people of African descent comes into play is when you examine the day-to-day realities of people with multiple identities—those identities that are visible and those that are hidden, those that we choose to reveal and those that we cannot hide. Traditionally in African American communities, individual identity is connected to community. It is shaped and influenced, it is reflected by and often is defined both by who you are as an individual and by who you are as a member of the community. It is about the dynamic relationship between the two. Family, and especially extended family and the ethnic community, provide important support, functioning as a buffer and a refuge from racism and oppression.

As is true for many lesbian, gay, and bisexual people of color, African Americans who are also members of lesbian, gay, and bisexual communities live with multiple identities. African American lesbians, gays, and bisexual persons have often been forced to learn useful coping mechanisms against racism and discrimination before they have even identified to themselves that they are lesbian, gay, or bisexual. And for many of these people the questions and conflict remains: Should I name or claim a specific identity? Can I claim them all? Must I choose between them? Do I see myself and do people see me as African American first and then gay, or do people see me and do I identify as gay first and then African American? When I'm in African American communities, do I make my gay identity known or unknown? What are the benefits and consequences of either decision and of this experience? When I'm in gay communities, my racial identity is visible and cannot be hidden. What are the benefits and challenges of this experience?

As you look at the complexities of multiple

identities, it becomes challenging to tease apart the layers, to get a clear picture and a clear understanding of the meaning of declassification of homosexuality as a mental illness for people of African descent. As you think about the progress that has been made in this country following this decision, it is also important to remember back to slavery, which in the United States only ended about 140 years ago, when people of African descent were not even considered to be human beings. Reflecting back to that time in history as a comparison, we can see that today, in 2004, tremendous progress has occurred in the area of civil rights. Yet African Americans are still experiencing institutional and internalized oppression and racism. For those African Americans who are also LGBT identified, the issue of both civil rights and LGBT rights remain. There is more work to be done.

Likewise, since the declassification 30 years ago, much progress has been made, progress that has been named by my predecessors on this panel. We have much to be thankful for and yet we know that the struggle is not over. There is much work to be done, for African American communities, for lesbian, gay, and bisexual communities, for youth and senior communities, for all communities.

The landmark decision, all the work preceding that decision, and all that we have learned since then have moved us closer to recognizing, understanding, and practicing human rights. The issue of human rights is just as much about having our own rights as people as it is about our responsibility to participate in ensuring the rights of others. And indeed, again, in this last 30 years, progress has been made. But all of us must continue to be responsible, to stay engaged in the dialogue, and to discover what the next steps are in the struggle for human rights. Where do we go from here? In which directions should we take our next step, and how will we do that?

At the NSRC, we also look at those issues, and part of our mission includes looking at ways that we can encourage this dialogue, that we can increase the conversation, that we provide resources, information, and leadership opportunities for people to talk about and to consider these difficult questions, to ask themselves: What is it that we can do? What is it that challenges us? Where do we need to grow? One way we

do this is to bring together people from all different types of communities, researchers, persons from communities of color, youth, seniors, bringing everyone together in different ways to create these dialogues, just as we've had here today on this panel. It is important that we look to see where we can go from here, for as we have learned from history, it is in the energy of our coming together and of our taking responsibility, as well as the action and the movement of sitting together, committing, and talking about these issues that will help us move forward.

GH: Thank you, Judy, and thank you to all of the panelists.

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