

SASKATOON DECLARATION OF GLBT HEALTH & WELLNESS SEPTEMBER 3, 2001

The following resolutions were unanimously supported by delegates at 2001: A Health Odyssey - Building Health Communities, a LGBT health conference held in Saskatoon August 31 to September 3, 2001. They are broad based and macro in perspective to provide a beginning point in looking at addressing the health care and social service needs and concerns of Canadians who have emotional and/or sexual relationships with people of the same gender. This list of recommendations was originally culled from past grassroots-based research studies on the issues and discussed and voted on by participants in 2001: A Health Odyssey. They are presented here in a generic manner so as to encompass the numerous specified identities that make up our diverse communities; i.e. lesbians, gays, bisexuals, transsexuals, transgendered, Two-Spirit people, queers, seniors, youth, disabled, rural and urban dwellers, their families and friends, etc. (For the purpose of this document these communities are collectively referred to as GLBT) This is not a conclusive list, nor are the resolutions listed in order of importance.

We the GLBT People of Canada:

In recognition that the Canada Health Act guarantees equity in the delivery of health services to all Canadians and in light of the Supreme Court of Canada ruling in the Egan vs. Canada case where they said "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," we propose the following resolutions:

National GLBT health and wellness organization.

Funding must be provided for the formation of a national GLBT health and wellness organization that would advocate for systemic changes in governmental policies including the allotment of core funding for national, regional and local organizations, diversification of educational curricula, encouragement of ongoing research and establishment of a national clearing house of GLBT health and wellness information.

national GLBT health promotion strategy

The development, implementation and evaluation of a national GLBT health and wellness promotion strategy, must be undertaken and driven by GLBT communities in partnership with Health Canada and other departments, supported by significant financial resources for ensuring success. This would involve a strong and closely linked collaboration between Health Canada, other branches and governmental levels and the GLBT communities towards ensuring positive health and wellness for these communities.

Population Health & Determinants of Health

Those that are responsible for the health of all Canadians, (Health Canada and other federal departments, provincial/territorial departments/ministries and regional/district health boards) must develop a broader, more comprehensive, encompassing perspective of GLBT health as a focus. This requires a perspective that moves beyond an illness/disease-based focus (i.e. HIV/AIDS, breast cancer) to a more holistic view that defines health in psychological, mental, emotional, spiritual, physical, environmental and cultural means with documented concrete determinants of health including conditions that affirm choices of coming out. To this end the diverse GLBT communities must be recognized by health policy as distinct health populations with specific health and wellness issues and needs.

Revitalization of HIV/AIDS Prevention in GLBT Communities

In light of the alarming rate with which HIV/AIDS continues to affect GLBT communities, the Canadian Strategy on HIV/AIDS must be strengthened and address HIV/AIDS issues in the context of the broader health and social issues that impact on GLBT populations.

Funding

All levels of government must provide GLBT communities with adequate core funding at national, regional and local levels to address the numerous barriers we face within the health and social service fields. Standards of equitable funding distribution must be established so as to include

the full participation of the diverse GLBT populations.

Directives & Guidelines

Policy and funding processes concerning health and social services at all levels (federal, provincial/territorial, regional, municipal, aboriginal governments,) must develop directives that call for sensitive and equitable health and social service provision to GLBT populations including children and youth. This would include goals of correcting prejudicial attitudes through best-practice guidelines, when implementing policy and programming.

Research

Health Canada and those engaged in health research, such as the Canadian Institute for Health Research, must support continued research and demonstration projects that address health and social service barriers and accessibility issues faced by GLBT populations across the country. The voices of those who have lived with the impact of homophobia and heterosexism must be recognized and legitimized.

Educating Professionals

Educational institutions and professional associations must include and be held accountable for GLBT issues in the curricula of their health, education and social service training to redress the historic invisibility and recognize the contribution of GLBT people, and to counter homophobia and heterosexism. The issues of GLBT people must be integrated both into the curriculum of education systems at all levels and the ongoing professional training of professionals by their professional organizations.

Public Education

Those responsible for the health of Canadians must provide resources for local, provincial/territorial and national organizations to deliver public education to both the LGBT and broader communities as to the role homophobia and heterosexism plays in negatively affecting the health and wellness of GLBT people and their families. Homophobia and heterosexism are killing us.

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