TORIE OSBORN

Just for the health of it

MARJ PLUMB'S EYES FLASH WITH ANGER: "We could see a revolution in health care in this country practically overnight. There's an unprecedented window of opportunity here, but it's closing fast!"

Plumb, a highly regarded advocate for national gay health care, is telling me about a nationwide strategy on health issues. Some solid work on AIDS, lesbian health, and gay-youth advocacy is under way, she says, but it's uncoordinated. Significant change can take place only with a well-orchestrated national plan of action. "Even if Clinton is not reelected," she says, "widespread and systemic changes could be made in the next two years—permanent and positive changes that would ripple out to touch millions of lesbian and gay lives."

The problem, as Plumb sees it, is that the health care strategy of national gay organizations focuses entirely on lobbying Congress—a Congress so conservative that "it wouldn't pass the New Deal today if F.D.R. begged on his knees," she says. Instead, we should bypass "the brick wall of Congress and go where the space is wide-open"—working with federal agencies such as the Department of Health and Human Services that are showing a new openness to gay issues.

This is not a pipe dream: A place at the table of federal health care policy is ready for us.

Take the U.S. Public Health Service (PHS), the largest federal health body, with 53,000 professional staffers and an annual budget of $21 billion. It oversees six giant organizations, including the NIH and the CDC. Reports Plumb: "One top PHS staffer told me, 'Under Clinton the shade has finally been pulled up on the gay issue. We're open to a massive overhaul.' These are career health professionals who care about health care, not ideology. They have been ignorant about us; now they're ready to change funding patterns, research methods, public information and education campaigns, training agendas—everything. But they can't do it without our leadership."

NGLTF and HRCF have no full-time health policy staff, and national lesbian and gay health organizations are drastically underfunded. Plumb estimates that as little as $300,000 a year for two years could fund enough staff (about eight positions) to implement the following and much more:

- The 15 existing gay and lesbian health clinics could draw on the resources of the National Health Services Corps, which supplies doctors and nurses to clinics in the federal network, thereby extending service to at least 150,000 new patients a year.
- Every major metropolitan market with an organized gay and lesbian community could apply for federal funding for its own lesbian and gay health clinic to provide low-cost or no-cost primary care. Plumb estimates that within two years we could have 25 new clinics serving up to 200,000 lesbians and gays who currently lack medical care.
- Substance-abuse treatment centers, rehab agencies, and youth suicide groups across America run by lesbians and gay men could likewise see a major new infusion of federal dollars. And special funding initiatives could give incentives to mainstream suicide-prevention hot lines as well as drug and alcohol treatment centers to expand their programs to reach out to lesbian and gay populations. These measures could easily translate into hundreds of thousands of gay lives saved over the next decade.
- All federal agencies are currently required to provide HIV information to their employees. But the existing materials omit any discussion of real-life discrimination such as AIDS phobia or homophobia. These educational materials could be revised immediately.
- Thanks to work by Plumb and other lesbian health activists, the CDC is in the process of targeting lesbians in its national screening programs for prevention of breast and cervical cancer. Coordinated national follow-up is necessary, however, to get the funded programs set up and to publicize them in such a way that lesbians get access to them.

This kind of savvy and realistic federal health care agenda would not just save lives. It would also build badly needed bridges between our national political groups and the impressive array of local lesbian and gay clinics, community centers, and other agencies that have developed 25 years' worth of expertise in our community's medical and human services issues. Their work could be parlayed into a lasting legacy of widespread new programs, policies, and funding streams. In addition, entrenched homophobia could be substantially diminished in the massive network of government-funded agencies throughout the country.

This is not a pipe dream. This is real power, and it's entirely attainable. A place at the table of federal health care policy is set and ready for us. For about 3% of the combined budgets of HRCF and NGLTF, millions of gay and lesbian lives could be transformed and our national movement invigorated. What are we waiting for?