

POWER, PLEASURE, & EQUITY:

Principles for supporting the sexual health of gay, bisexual, queer, and other men who have sex with men

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The Power, Pleasure, and Equity Vision

The sexual health and wellness of gay, bisexual, queer, and other men who have sex with men across the gender spectrum in the United States is prioritized, well-resourced, community-driven, pleasure-centered, intersectional, and founded in equity.

Background

In August of 2022 a small group of national leaders in sexual health, representing state and local health departments and convened by the MAC Committee of the National Coalition of STD Directors (NCS D), gathered in Rochester, Massachusetts to develop a vision and guiding principles focused on improving the sexual health of gay, bisexual, and other men who have sex with men (GBM) in the United States. Over the course of the two-day retreat, the group, inspired by [The Denver Principles](#), discussed and debated the components of an aspirational document to engage the wide array of stakeholders involved in sexual health policy and program delivery.

The convening came at a particularly challenging time for the nation as federal, state, and local public health entities struggled to respond to the emergent outbreak of Mpox (monkeypox virus) disproportionately impacting GBM. The COVID pandemic remained a critical problem, continuing to place huge, often intractable burdens on a frayed, fragmented sexual health infrastructure suffering from decades of wholly inadequate funding and general neglect.

Specifically, funding for programs and clinical services to address sexually transmitted infections, including testing and treatment, is too low to meet the high burden of disease in most communities in the United States. Federal funding for STI programs has been decreasing even as the needs increase - \$168.5 million in 2003 vs \$152.5 million in 2022 – a devastating 40% drop when accounting for inflation. State and local funding, much of it dependent on federal dollars, continues to fall.

Beyond funding, there are other challenges. Due to a host of barriers inherent in our healthcare system, many primary care providers are not providing appropriate sexual health care, if they are providing sexual health care at all. This is especially true for sexual and gender minorities.

COVID not only laid bare the ugly consequences of years of public health disinvestment, but also ignited growing antipathy to public health, exacerbated by science denialists spreading misinformation and lies, and the framing of public health efforts to contain the pandemic as assaults on our collective freedoms. This anti-science and anti-public health movement even fomented violence directed towards public health workers, up to and including Dr. Tony Fauci, who had been assigned a security detail due to daily death threats.

And it came at a time when the nation was experiencing escalating assaults on LGBTQ communities in the public domain. These attacks include the so-called “don’t say gay” bill in Florida, book banning efforts focused disproportionately on queer titles and works that explore race and racism, the increasing demonization of transgender individuals, and the defilement of gender affirming health care, with deeply disturbing attack on both its practitioners and its patients.

In June, Republicans in Texas updated their party platform. “Homosexuality,” they said, “is an abnormal lifestyle choice. We believe there should be no granting of special legal entitlements or creation of special status for homosexual behavior, regardless of state of origin, and we oppose any criminal or civil penalties against those who oppose homosexuality out of faith, conviction, or belief in traditional values. No one should be granted special legal status based on their LGBTQ+ identification.”



The overturning of Roe v. Wade had led to nearly half the country not having in-state access to abortion services, and that fateful Supreme Court decision opened the door to a future where the repeal of marriage equality was very real. A future where contraception was banned. And a future where insurance companies could decide not to cover PrEP drugs and services in the name of “religious freedom.” On September 8, a Texas court in fact ruled that insurance coverage for PREP under the Affordable Care Act violates the Religious Freedom Restoration Act.

NCS D condemned the ruling, saying:

“Today’s ruling undercuts one of the most powerful tools this nation has in the fight to end the epidemics of HIV and sexually transmitted infections (STIs) – guaranteed insurance coverage for basic preventive medical care. We cannot reduce the burden of these completely preventable infections on people and their communities without access to routine health services.”

“For those of us leading the fight against STIs in the US and emerging threats like Mpox, we have had to watch from the sidelines as science has given us the tools to end life-threatening epidemics, but the courts have continued to baselessly limit access to them.”

“The ruling in Braidwood Management vs. Becerra is just the next domino to fall, after witnessing the successful, gnawing attacks on contraceptive access, abortion, and reproductive autonomy. This latest ruling only accelerates the attack on the nation’s health, and it does far more than just thwart the winnable fights against HIV and STIs. We call on higher courts to reverse today’s ruling. If left to stand, it does exactly what advocates have warned about for a decade now: it risks the future health of every single American.”

As outlined in the [STI National Strategic Plan](#), GBM continue to bear a disproportionate burden of morbidity and mortality related to STIs, including but not limited to HIV, primary and secondary syphilis, gonorrhea, and chlamydia. It is imperative we prioritize the sexual health and wellness needs of GBM in the United States, in all their glorious racial, geographic, socio-economic, age, gender and sexual diversity.

The Rochester group developed a vision and a set of guiding principles to activate in all stakeholder efforts, from sociocultural, behavioral, and biomedical research to program design and delivery at local, state and national levels.

“It is our hope,” said David C. Harvey, NCS D executive director, “that local and state health departments, the CDC, HHS, health care providers, community-based organizations, universities, research organizations, sexual health and rights advocates, and allies will share our journey and endorse Power, Pleasure, and Equity: Principles for supporting the sexual health of gay, bisexual, queer, and other men who have sex with men. Every endorsement is a commitment to provide sexual health services by, for, and with GBM, that are directly informed by and reflected within by the tenets laid out in this living document.”

“The best time to plant a tree was 20 years ago. The second-best time is now.”

– Chinese proverb

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- 1 Recognizing sexual health goes well beyond disease prevention and management, we center pleasure and foster sexual health approaches that are holistic, multidimensional, syndemic-informed, wellness-oriented, free of stigma and shame, and serostatus neutral.
- 2 Foundational to our efforts, we embrace equity through program tailoring, differentiated service delivery, and the distribution and/or re-distribution of resources to under-resourced communities who are most impacted by sexual health disparities.
- 3 Through a social justice lens, we actively disrupt status quo thinking and advocate vigorously across local, state, and national contexts to dismantle racist, white supremacist, and homophobic ideas, systems, and structures.
- 4 Communities provide our direction and guidance, from research through program design, implementation, and continuous quality improvement. We prioritize evidence-informed approaches that exist on the leading edge of innovation and best practice and equally value qualitative and quantitative inputs.
- 5 Celebrating the richness of our communities, we honor a wide array of racial/ethnic/cultural identities, socioeconomic statuses, geographies, ages, sexual identities, and gender expressions. We uplift and support every individual in our big, intersectional tent. We practice cultural humility and actively commit to cultural literacy 24/7/365.
- 6 We make room at every table in our big tent for new voices and perspectives, providing a robust set of opportunities for emerging talent, including engagement, mentorship, and leadership development. We deeply value the importance of stepping back and making space as we continuously endeavor to improve our multidimensional response to our quest for sexual health and wellness.
- 7 As trust is not transactional, we earn and sustain trust worthiness within the communities we serve through daily practice. We prioritize long term community relationships built on consistency, empathy, love, transparency, accountability and shared values and goals.
- 8 Our words are as important as our actions. We walk the walk with integrity and purpose, and talk the talk honestly, with humility, empathy, compassion, and cultural literacy.
- 9 We understand there are structures, systems, entities and individuals who may find these concepts new and potentially challenging. We strive to inform, educate, and advocate outside our big tent in the most endearing and effective way possible.