

# **THE GAY AGENDA**

**of the  
Lesbian, Gay, Bisexual, Transgender,  
Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents  
of the Houston Metropolitan Area**

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Saturday, 18 June 2005, in Houston, Texas**

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**Phyllis Randolph Frye, Editor  
July 2005**

## TABLE OF CONTENTS

THE GAY AGENDA  
of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

<i>Copyright Information</i>	. . . . .	<i>pg. 1</i>
<i>Preface</i>	. . . . .	<i>pg. 6</i>
<b><u>Chapter One: Who We Are — LGBTIQA — Now and In the Future</u></b>	. . . . .	<i>pg. 7</i>
1 — The LGBT Community Looks Towards Its Future		
2 — Understanding of Intersex and Ban of Genital Mutilation of Intersexed Infants		
3 — Bisexual Validity in Houston’s LGBTI Community		
4 — Sometimes We Question Who We Are (but we do NOT support “restorative theory”)		
5 — We Cannot Effect Change Without Our Allies and Friends		
6 — We Have a Fully Inclusive Spirit with respect to Race and Ethnicity		
7 — Interfaith Affirmation of Inclusiveness by Houston’s Religious Community		
<b><u>Chapter Two: Care and Concern For Our Families</u></b>	. . . . .	<i>pg. 17</i>
8 — Freedom To Marry (and To Divorce) — Not the Unequal “Jumping Over the Broom”		
9 — Counseling for Our Families — spouses and children — and for Our Families’ Needs		
10 --- Freedom to Remain Parents --- Not the Unequal “Sole Physical Custody”		
<b><u>Chapter Three: Care and Concern for Our Elderly.</u></b>	. . . . .	<i>pg. 24</i>
11 — Dedicated, Affordable, Accessible, and Affirming Elder Care		
<b><u>Chapter Four: Care and Concern for Our Youth — Including Safe Schools</u></b>	. . . . .	<i>pg. 25</i>
12 — Safe Schools for Our Youth Made Possible By Advocacy of Active Straight Allies		

13 — Safe Schools and Safe Organizations in Schools for Our Youth and Our Teachers

14 — Comprehensive, Accurate and Age-appropriate Community for Our Youth

15 — Music Making and Performing Spaces for Our Youth

16 — Virtual Youth Community Center On Line With Protections from Predators

17 — Sex Education, Specific To Our Youth and Free Condoms For Our Youth

18 — Enforce Age Limits at Bars and Assist in Addiction Recovery for Youth

19 — Coalition of College Based Support Groups

20 — Mentoring Task Force for Next Generation of Community Leaders

**Chapter Five: Care and Concern for Our Unemployed and Our Homeless** . . . **pg. 37**

21 — Employment Non-Discrimination

22 — Safe, Affirming, Dedicated, Affordable Shelters and Services for Homeless Youth

23 — Right of Transgenders and Intersexed to Access Homeless Shelters

**Chapter Six: Care and Concern for Our Health and Insurance Needs** . . . **pg. 41**

24 — We Cannot Depend Solely On the Initiative of Straight Community for Our Health Care

25 — Support, Prevention and Mental Health Providers Need to be Culturally Sensitive

26 — Annual Behavioral Health Conference, Summit and Task Forces

27 — Filling the Gap: Access to Affordable Medical Insurance, Financial Assistance  
and Affordable Health Care Services

28 — Affordable, Accessible and Affirming Behavioral Health Services and Insurance

29 — Comprehensive Addiction Prevention and Treatment Services and Education

30 — Increase in Comprehensive HIV/AIDS Funding

31 — Safe Sex Education Must Be Tailored to Us and to All Ethnic Communities

- 32 — Encourage Use of Condoms When Having Sex
- 33 — Screening for STDs and HIV Should Be Done Every Year And Mammograms Should Be Done Every 1-2 Years After Age Forty
- 34 — Encourage Vaccination for Hepatitis A and B in High Risk Groups

**Chapter Seven: Demanding Our Equitable Role in Government** . . . . . **pg. 63**

- 35 — Representation on the City Councils
- 36 — Creation and Continuation of a Single Integrated Field Campaign
- 37 — Asking The Medical Community To Denounce The Chromosomes Equal Sex Legal Cases for Transgenders and the Intersexed
- 38 — Repeal of the Unconstitutional Texas Penal Code Section 21.06
- 39 — Accountability as to Political Supporters and Political Opponents

**Chapter Eight: Demanding The Truth - Squelching Lies - about Our "Lifestyle"** . . . . . **pg. 70**

- 40 — Massive Educational Effort at Straight Community and Straight Religious Community
- 41 — Ending Transgender Media Bias
- 42 — Formation of a Virtual Community and Internet Clearinghouse

**Chapter Nine: Demanding Fair and Decent Treatment by "The Establishment"** . . . . . **pg. 75**

- 43 — Non-Discrimination by Civil, Criminal, Juvenile, Family, Probate and Appellate Court Judges
- 44 — Mistreatment by Law Enforcement and by Jail, Prison, Probation or Parole Officials
- 45 — Law Enforcement Must Respect Our Needs for Safety from Domestic Violence
- 46 — Protection from Bias Motivated (Hate) Crimes

**Chapter Ten: Our Sports and Athletics Desires for the Future** . . . . . **pg. 82**

- 47 — Inclusiveness of Our Sports Organizations

48 — Creation and Growth of New Sports Groups

49 — More Effective Communication within Our Existing Sports Organizations

50 — Media Coverage of Our Sports Organizations and Activities

51 — Speakers Bureau to Promote Our Sports Organizations

52 — Cross-Organization Forums, Mixers, and Social Events for Our Sports Organizations

53 — Creation of a Metro Houston Sports Council for Our Community

54 — Our Community's Hosting Of a Sports Festival

*[Editor's Note: The Editor of this document and the Secretary of the Planning Committee for the FUTURES Conference are the same person, Phyllis Randolph Frye. She may be contacted at [prfrye@aol.com](mailto:prfrye@aol.com).]*

## **PREFACE**

*In the summer of 1977, the organized gay community of Houston did not exist. With few exceptions, the only meeting places for gay folks were the various bars in the Montrose area, southwest of Houston. The term "gay community" meant "the part of town where the bars were." There were lesbian, bisexual and transgender activists for "gay" rights, but the media, the police, the mainstream churches and the corporate employers say us as mostly a gay-male only community and dealt with us as such. The gay media of the day were "This Week In Texas" and other now defunct bar advertisers.*

*Even though the Stonewall Riots in Greenwich Village, in New York city, had occurred in June of 1969, the first Gay Pride Parade was in 1976. It was a walk down Main Street for a very daring or nothing to lose individuals. That parade and many others like it were sparsely attended. There was a large fear of being OUTED and a larger fear of being arrested by the police. The so-called "sodomy" statutes made gay folks an easy target. A City Ordinance against cross-dressing was used to persecute transsexuals going through their "real life test" and were also used by police to arrest women in the lesbian bars who wore fly-front pants. The bars were often raided, people lost jobs and the stereotype of gay folks was fixed.*

*The Gay Political Caucus (GPC) began in 1975. Activists began to speak out, but only a handful were actually involved. The Metropolitan Community Church of the Resurrection (MCCR) began the same year. In 1977 the State Bar of Texas held its annual convention in Houston and invited Anita Bryant, the orange juice queen who was fighting gays in Florida and using her fame to spread hate, to do a show. Surprising everyone, except Ray Hill, thousands of local gay folks came out to protest and rally. The community began to gel.*

*In the hope of building institutions to sustain the community of determined people that returned from the Anita Bryant demonstration, Ray Hill called for a Town Meeting which was held on June 25, 1978 in the Astro Arena. The purpose was to determine our community needs and begin to organize for our community needs. As a result of that day's proceedings, we became an organized gay and lesbian community with transgender citizens seeking inclusion, and many organizations were launched, such as, but not limited to The Montrose Clinic, The Montrose Counseling Center, The Gay and Lesbian Switchboard, The Montrose Sports Association and others. Gay medical professionals and professionals and others groups of interest also formed.*

\_\_\_\_\_ *Twenty-six years passed. Many good and not so good things have happened.*

*But the 2004 election of George W. Bush was a political rallying of conservative, fundamentalist christians -- a.k.a. christianites -- that raised an alarm across the country for lesbian, gay, bisexual and transgender (LGBT) people. WE BECAME TARGETS. We all sensed and knew that we must begin again to organize for future action that is proactive and not just reactive. Ray Hill felt it was time to again, in the spirit of Town Meeting, look into our future. And we awakened to the fact that until we mobilize the still silent, straight community of good will, we will not achieve our civil rights nor will we keep any gains we have made towards full citizenship.*

*In mid-November 2004, the first meeting of the Planning Committee was held. The co-chairs became Ray Hill, Phyllis Frye (secretary) and Jack Valinski (E.D. of PRIDE). Over the next six months, at monthly meetings with published minutes, the committee decided to call our conference THE FUTURES CONFERENCE which would create THE GAY AGENDA for the Houston area and seek to be "gayinclusive." We decided to work with and be an event of the GLBT Chamber of Commerce headed by Coy Tow.*

*Prior to the Futures Conference, the resolution publication was published on the internet to the community at large via lists and list-servers collected over the past years. At the Futures Conference, each resolution was considered and approved. Amendments for inclusion and to cover details were sent to the resolution makers for their consideration to accept or reject. This document will be sent around the world on the Phyllabuster list and will also be posted on the Chamber and Pride websites.*

*There are simply too many people to thank for this. We must all take pride in our collective efforts and move forward for our FULL CIVIL RIGHTS!*

*Phyllis Randolph Frye, Editor, July 2005*

## **THE GAY AGENDA**

**of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005**

### **CHAPTER ONE:**

### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #1 of 54

## **THE LGBT COMMUNITY LOOKS TOWARDS ITS FUTURE**

by the Futures Conference Planning Committee  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS from November 2004 through May 2005, members of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community, and others of its allies, of the Houston Metropolitan Area (which includes the City of Houston and its multi-city, multi-county, metropolitan area within the Texas counties of Harris, Montgomery, Liberty, Chambers, Galveston, Brazoria, Fort Bend and Waller) have been meeting in person and via the internet; and

WHEREAS these people were initially called together by Ray Hill in an effort to replicate the success of the 25 June 1978 Town Meeting in Houston; and

WHEREAS Town Meeting began the forward and proactive (as opposed to reactive) movement of the Lesbian and Gay Community in Houston and marked the founding of many institutions, such as, but not limited to, Montrose Clinic, Montrose Counseling Center, and the Montrose Sports Association; and

WHEREAS BOTH Bisexuals and Transgenders have become recognized as fully included members of the LGBT Community since that time; and

WHEREAS it is time again to make a forward and proactive (as opposed to reactive) look into our future, in the form of what we are calling THE FUTURES CONFERENCE: The Conference for the Futures of LGBT Residents of the Houston Metropolitan Area, wherein we will reach consensus on resolutions for our future; and

WHEREAS our future must include, in a "gaynclusive" manner, the entire community and must insure that we are also fully inclusive with respect to race and ethnicity; and

WHEREAS since our enemies often derisively proclaim that we have a sinister and evil "gay agenda," that we publish the results of the FUTURES CONFERENCE as truly being our "gay agenda" and use it in response to our enemies unfounded attacks;

**THEREFORE, IT IS RESOLVED THAT** the LGBT Community of the Houston Metropolitan Area has decided to become proactive rather than reactive, and in the Spirit of the 1978 Town Meeting, will begin to do the following:

- chart our future, to look beyond where we are, in the form of resolutions,
- be wholly "gaynclusive" of the entire community and its allies ensure that we are fully inclusive as to race and ethnicity, and
- **publish the final consensus resolutions as being  
OUR "gay agenda."**

*[Editor's Note: This last bullet was given a larger font at publication to demonstrate the authority for the title of this document.]*



## **THE GAY AGENDA**

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(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER ONE: CONTINUED:**

### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #2 of 54

## **UNDERSTANDING OF INTERSEX AND BAN OF GENITAL MUTILATION OF INTERSEXED INFANTS**

by the Transgender Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS lesbians, gays, bisexuals, and transgenders of the Houston Metropolitan Area understand that the Intersex Community faces some of the same discrimination based on sexual orientation and gender identification; and

WHEREAS intersexed persons are principally of two types<sup>1</sup>:

- those who are considered medically intersexed because their chromosomes are neither XX or XY<sup>2</sup>
- those who are considered medically intersexed because they were born with mixed, dual, incomplete, internalized or some combination of genitals or gonads or both<sup>3</sup>; and

WHEREAS as medical knowledge advances, we may learn of additional similarities or greater overlap among the LGBT and intersexed communities;

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<sup>1</sup> See Julie A. Greenberg, *Defining Male and Female: Intersexuality and the Collision Between Law and Biology*, 41 ARIZ. L. REV. 265 (1999).

<sup>2</sup> Indeed, they may be XO, XXY, XXXY, XYY, XYYY or other combinations.

<sup>3</sup> Genitals are vagina and labia, penis and scrotum while gonads are ovaries and testes. Historically, these people were called hermaphrodites. This often results in genital mutilation at birth to please parental expectations of a "normally sexed" child. One of many problems with this mutilation is that the parents and doctors may guess wrong and essentially create a transgendered, intersexed person. For more detailed information on doctors getting it wrong, see John Calopinto, AS NATURE MADE HIM, THE BOY WHO WAS RAISED A GIRL.

**THEREFORE, IT IS RESOLVED THAT** the united lesbian, gay, bisexual and transgender community of the Houston Metropolitan Area be instead known as the LGBTI Community, and that the intersexed are to be offered in inclusion amendments to subsequent resolutions which the Conference may pass; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTI Community of the Houston Metropolitan Area urges all organizations and leaders who work with hospitals, doctors, medical insurance and the providers of medical services to speak out publicly and forcefully that genital mutilation of intersexed infants must stop and that no genital surgery should be done on an intersexed child until the child is at least of an age and maturity that she or he (not the parents, but the child itself) can be medically certified to be fully aware of its actual brain gender.

## **THE GAY AGENDA**

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(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER ONE: CONTINUED:**

### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #3 of 54

## **BISEXUAL VALIDITY IN HOUSTON'S LGBTI COMMUNITY**

by the Futures Conference Planning Committee  
submitted by Sally A. Huffer  
at [sal@io.com](mailto:sal@io.com)

WHEREAS the LGBTI Community of the Houston Metropolitan Area is comprised of people who self-identify as Bisexual; and

WHEREAS that self-identification has a multitude of variations, including but not limited to, serial monogamy, responsible non-monogamy, persons whose sexuality is continually fluid throughout their lifetimes, as well as those whose sexuality evolves from one gender to another but is fixed for extended periods, those who are bi-curious, those who engage in sexual relations with multiple participants, and those whose bisexuality encompasses both sexual and affectional (physical and emotional) orientation; and

WHEREAS Bisexuals often find themselves discriminated against within our Community, primarily due to misapprehensions about invoking heterosexual privilege, sexual appetite and satiation, monogamy and non-monogamy; and

WHEREAS we understand that because of these misapprehensions, Bisexuals may feel intimidated of becoming active, open members of the greater LGBTI Community; and

WHEREAS declaring oneself Bisexual for some may be a reasonable stepping stone in the coming out process for some gay men and lesbians, it does not indicate indecisiveness nor should it be presumed to be a safe fence;

**THEREFORE IT IS RESOLVED THAT** the LGBTI Community of the Houston Metropolitan Area openly include those who self-identify as Bisexual and be open to whatever form the bisexuality is manifest.

## **THE GAY AGENDA**

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### **CHAPTER ONE: CONTINUED:**

#### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #4 of 54

### **SOMETIMES WE QUESTION WHO WE ARE (BUT WE DO NOT SUPPORT "RESTORATIVE THEORY")**

by the Futures Conference Planning Committee  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS we, the LGBTI Community of the Houston Metropolitan Area, are comprised of people who remember our own confusion and questioning as to the "who we are" as we grew through childhood, adolescence, puberty and into adulthood, and sometimes even during adulthood; and

WHEREAS we understand that many young children, teenagers, young adults and even elderly people remain confused and questioning about various aspects of the "who we/they are" even today; and

WHEREAS as a small portion (but not our entire lifestyle) of any person's "who we are" is that of our sexual orientation and our gender identification; and

WHEREAS while some of us are Questioning as to our sexual orientation and gender identification, we wholly reject the anti-homosexual, anti-transgender psychotherapeutic quackery being pushed as "restorative therapy" which is aimed at an unfounded belief that fundamentalist, religious treatment will restore a LGBTI person back into being a 100 percent heterosexual and birth genital identified and unconfused person;

**THEREFORE, IT IS RESOLVED THAT** the united lesbian, gay, bisexual, transgender and intersex community of the Houston Metropolitan Area, include those who are Questioning and be instead known as the LGBTIQ Community, and that the questioning persons are to be offered in inclusion amendments to subsequent resolutions which the Conference may pass, and to also take a firm stand against the religionite, psychotherapeutic quackery of restorative theory.

## **THE GAY AGENDA**

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(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005**

### **CHAPTER ONE: CONTINUED:**

#### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #5 of 54

### **WE CANNOT EFFECT CHANGE WITHOUT OUR ALLIES AND FRIENDS**

by the Futures Conference Planning Committee  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS the LGBTIQ Community of the Houston Metropolitan Area acknowledges that one of its best friends is an organization known as P-FLAG, Parents, Family and Friends of Lesbians and Gays (and which is Bisexual and Transgender inclusive in its scope); and

WHEREAS we also recognize the many closeted LGBTIQ people and otherwise heterosexual people are supportive of us and allied to our cause for equal (as opposed to "separate but equal") civil rights, because they have come to know us as individuals, rather than as a grossly stereotyped "lifestyle;" and

WHEREAS we have learned that for everyone of us who comes out, even a little bit, either at work or with some of our family or some of our neighbors, that other closeted LGBTIQ people and otherwise heterosexual people become supportive of us and allied to our cause because they too have come to know us as individuals, rather than as a grossly stereotyped "lifestyle;" and

WHEREAS there is no way that every single LGBTIQ person, even if all were out and active, could account for a majority of 50 percent +1 needed to obtain our equal (as opposed to "separate but equal") civil rights;

**THEREFORE IT IS RESOLVED THAT** the united lesbian, gay, bisexual, transgender, intersex and questioning community of the Houston Metropolitan Area include those who are our Allies in our quest for our equal (as opposed to separate but unequal) civil rights, and that we henceforth be known as the LGBTIQA Community of the Houston Metropolitan Area, and that the allies are to be offered in inclusion amendments to subsequent resolutions which the Conference may pass.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER ONE: CONTINUED:**

### **WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #6 of 54

## **WE HAVE A FULLY INCLUSIVE SPIRIT WITH RESPECT TO RACE AND ETHNICITY**

by the Futures Conference Planning Committee  
submitted by Josephine Tittsworth at [futuretherapist@earthlink.net](mailto:futuretherapist@earthlink.net)

WHEREAS the LGBTIQA community of the Houston Metropolitan Area recognizes the need to be inclusive of all races and ethnicities;

**THEREFORE IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will not hold prejudices nor discriminate against any person on the basis of their race and/or ethnicity, and the LGBTIQA Community will embrace the diversity of all races and ethnicities.

and WHEREAS prejudice and discrimination remains prevalent in our society and that it results in social and economic disparity for unfavored groups and communities; and

WHEREAS the LGBTIQA Community is, by definition, broadly multicultural and specifically multi-racial and multi-ethnic;

**THEREFORE IT IS FURTHER RESOLVED THAT** the LGBTIQA Community actively embraces the positive value of racial and ethnic diversity.

*[ Editor's Note: There was discussion at the FUTURES Conference about placing "religion" into this resolution since this resolution dealt with inclusivity with respect to race and ethnicity. It was pointed out that in Chapter 8 of the FUTURES Conference workbook there was the resolution entitled, "Interfaith Affirmation of Inclusiveness by Houston's Religious Community."*

*After the FUTURES Conference, this Editor decided to move the "Interfaith Affirmation" resolution from Chapter 8 and to place it immediately following the above resolution in Chapter One.]*

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**CHAPTER ONE: CONTINUED:**  
**WHO WE ARE — LGBTIQA — NOW AND IN THE FUTURE**

gay agenda item #7 of 54

**INTERFAITH AFFIRMATION  
OF INCLUSIVENESS BY  
HOUSTON'S RELIGIOUS COMMUNITY**

by the Interfaith Alliance for Inclusiveness  
submitted by Ron Marr at [rmarr@netropolis.net](mailto:rmarr@netropolis.net)

We, representatives of diverse religious traditions, express our conviction that the dignity of all human beings depends upon preserving the dignity of every person. We believe all persons "are endowed by their Creator with certain unalienable rights..." These rights are a natural gift, bestowed without regard to ethnicity, sex, race, culture, religious affiliation, economic or social status, sexual orientation or gender identity.

It is unacceptable that in our society gay, lesbian, bisexual, transgender, intersexed, questioning and allied individuals are often discriminated against and subjected to spiritual, emotional, and physical abuse. Even within some churches, synagogues, temples and mosques, these persons continue to be denied their full rights.

**WE CALL UPON OUR MEMBERS AND THE CITIZENS OF  
HOUSTON TO PRAYERFULLY CONSIDER AND AFFIRM THE  
FOLLOWING PRINCIPLES:**

- Every person is gifted with inherent sacred worth and dignity.
- Sexual orientation and gender identity are given rather than chosen, and therefore morally neutral.
- All persons, regardless of sexual orientation or gender identity, should enjoy the same civil rights including the right to privacy.

**IN LIGHT OF THESE PRINCIPLES, WE PLEDGE OURSELVES TO THE  
FOLLOWING GOALS:**

1. We will strive to make our own faith communities hospitable places where all persons are welcomed and respected, regardless of their sexual orientation or gender identity.
2. We will support initiatives so that gay, lesbian, bisexual, transgender, intersexed, and questioning persons may enjoy the same political, social and economic rights as heterosexual persons.
3. We will support the families of gay, lesbian, bisexual, transgender, intersexed, questioning and allied persons as they provide love and affirmation to their children, siblings and extended family.
4. We will be cognizant of the most recent findings of science and medicine concerning issues of sexual orientation, gender identity and expression, and, will support education, dialogue and interaction among our faith communities and the greater Houston community to better accept and respect the mystery of human sexuality.
5. We will work for justice to end discrimination against gay, lesbian, bisexual, transgender, intersexed, questioning and allied persons.

As children of God called by many names in many tongues, we affirm the call to work for justice and reconciliation within the entire human family, and invite you to join us in committing to these principles and goals.

*[Editor's Note: See Note at the end of the previous resolution, #6 of 54.]*

*[Editor's Note: No one from the Interfaith Alliance that prepared this "Interfaith Affirmation" was present at the time of the FUTURES Conference. It had been a busy day because this FUTURES Conference was also part of several of the Greater Houston, Gay, Lesbian, Bisexual and Transgender Chamber of Commerce events, and this Interfaith Alliance had presented several interfaith workshops prior to the conference. It was felt that they were either involved with those or were doing other follow-up activities. In short, the "ball had been dropped" for the formal presentation.*

*Even so, the conference secretary Frye reported that she had communicated with them during the weeks prior to the conference, and they wanted this "Interfaith Affirmation" presented. Frye went on to say that she had alerted them to the fact that it was not fully LGBTIQ inclusive and that it was not in the proper resolution format. The Interfaith Alliance's Marr replied that the group was simply too large to gather together for those two points on such a short notice.*

*Therefore, conference secretary Frye made the presentation in Marr's stead, and conference moderator Hill ruled from the podium that it would be edited into LGBTIQ inclusivity. It handily passed with approximately twenty people choosing not to vote either way.]*



## **THE GAY AGENDA**

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### **CHAPTER TWO:**

#### **CARE AND CONCERN FOR OUR FAMILIES**

gay agenda item #8 of 54

### **FREEDOM TO MARRY (AND TO DIVORCE) — NOT THE UNEQUAL “JUMPING OVER THE BROOM”**

by the Legal Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS the LGBTIQA Community of the Houston Metropolitan Area are human beings; and

WHEREAS as human beings, we proclaim our unfettered right to marry; and

WHEREAS in most states of the United States and in this State of Texas, those of us LGBTIQA who wish to marry someone of the same-legal sex are barred by law from doing so; and

WHEREAS legal sex in some parts of Texas — the “one man and one woman” legal language — is unclear as the Legislature has continued since 1999 (*Littleton*, 9 SW 3d. 225) to allow case law (binding on thirty-three counties in and surrounding San Antonio) that defines legal sex for purposes of marriage to be only by either XX or XY chromosomal people (putting the legality of the chromosomal intersexed marriages into question) and not defined by genitals (voiding transgender opposite genital marriages); and

WHEREAS all laws barring our marriages to someone of the same legal sex are based on false notions of christianite fundamentalism, or false notions of morality and of false or double-standard interpretations of Biblical passages; and

WHEREAS Biblical proscriptions that are hurled at us by fundamentalist christianites, are false or at best questionable, but even if true — which we do not concede — they are either of Old Testament or are Paulian and are not from the Christ, Jesus, himself; and

WHEREAS heterosexuals in the United States have succeeded during the last several decades in allowing themselves (“*cast the first stone*” in John, Chapter 8) the legal right to divorce, and to remarry and to divorce and to remarry and to divorce and to remarry and to

divorce and to remarry and to divorce and to remarry and to divorce and to remarry and to divorce and to remarry and to divorce as many times as they wish; and

WHEREAS many heterosexuals actually do use this legal freedom to legally divorce and remarry FREQUENTLY; and

WHEREAS the christianite haters of our Community do not acknowledge, for moral purposes, that Jesus proclaimed divorce to be a form of adultery and an abomination to God (in Matthew, Chapter 19); and

WHEREAS the christianite haters of our Community cannot, with any integrity ("*speck in my eye, log in your eye*" in Luke, Chapter 6), use some scripture against us while ignoring other scripture that applies directly to them; and

WHEREAS for those of us in the LGBTIQA Community who are not Black — who are not African-American — we recognize that our civil rights struggle is not the same as the centuries long slavery and horrendous civil rights struggle of the Black community — it is not the same as centuries of slavery ending in a Civil War and a century-plus of continuing racial discrimination; BUT

WHEREAS while we recognize these vast differences, we also call out the fact that the then christianite, racist, power class of slave owners and their ilk would not allow their slaves to marry, but only allowed them to "jump over the broom" which gave no religious or legal protection to that Black heterosexual union; and

WHEREAS this same christianite, racist power class of slave owners and their ilk in the 1840s forced the division of the Baptist Church into the (Northern) Baptist Church and the Southern Baptist Church over the issue of slavery, just as in today's time the Episcopal Church and other denominations are threatening to split over the LGBTIQA same-legal-sex marriage issue; and

WHEREAS after the Civil War, the evolving christianite, racist power class of former slave owners and their ilk made it illegal for interracial marriages to occur between heterosexuals and used Biblical passages to justify the immorality of interracial marriage; and

WHEREAS the United States Supreme Court, in *Loving v. Virginia*, 388 U.S. 1 (1967), made the ban of interracial marriage unconstitutional and overturned a lower court which had written, "*Almighty God created the races white, black, yellow, malay, and red, and he placed them on separate continents. And but for the interference with his arrangement there would be no cause for such marriages. The fact that he separated the races shows that he did not intend for the races to mix;*" and

WHEREAS we LGBTIQA people who wish to legally marry someone of the same-legal-sex are now being opposed by people who wish to place such a ban into our Federal Constitution (the same Constitution that originally recognized slavery and called slave men to be a mere 3/5 of one person); and

WHEREAS if the banning of same-legal-sex marriage is placed into our State and our Federal Constitutions, it will be the second time (Blacks were the first) that an entire class of people has been singled out, in specific language, for less than equal treatment in our Federal Constitution; and

WHEREAS in the recent session of the Texas Legislature, supporters of the Texas Constitutional ban for same-legal-sex marriage used the argument of similarly protecting marriage by banning polygamy (Houston Chronicle, 22 May 2005), we reject that argument because polygamy is another heterosexual problem being imposed on us to justify bigotry; and

WHEREAS the attempts in some states to give LGBTIQA people a mere civil union rather than a full marriage is a separate-but-equal inequality that is on par with the *Plessy v. Ferguson*, 163 U.S. 537 (1896) legal precedent that allowed for schools, and later swimming pools, water fountains, hotels, diners and restrooms to be racially segregated while claiming to be separate but equal while actually being extremely unequal (finally overruled by *Brown v. Board of Education*, 347 U.S. 483 (1954) and its progeny); and

WHEREAS without marriage, thousands of legal protections, such as but not limited to those dealing with immigration, social security and Medicare, cannot be covered by legal contracts and agreements between two loving and committed people who would otherwise be legally married;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area declare that there already exists a freedom of ALL human beings to marry, that we will achieve this goal, that we refuse to be relegated to any form of "jumping the broom" or second-class civil union or other separate and unequal substitutes, that the religious hypocrites who hate us should quit blaming us for problems caused by their own people, that in addition to marriage we also want their same legal right to divorce, and that we completely reject the notion that we are anything less than a moral people.

*[ Editor's Note: There was discussion at the FUTURES Conference about the use of the term "christianite" and other language described by a few as being "inflammatory." Some at the conference wanted "softer" language.*

*The resolution's maker, Frye, explained that she desired such "inflammatory" language because the oncoming political fight over this very issue of Marriage and Divorce was being thrust upon our people by such fundamentalist, literalist, un-Christian people.*

*Further, the maker related that she did not want good, NON-homophobic, NON-transphobic, NON-intersexed-phobic "CHRISTIANS" to be tainted by using the word "Christian" when talking about such fundamentalist, literalist, un-Christian people.*

*Even so, the rules of the conference did allow for amendments to be offered to the maker or the maker organization for consideration. This procedure was explained in writing in the conference workbook and verbally, both at the conference's beginning and again at the time of this discussion. The resolution passed with four NO votes, and the maker never received any suggested amending language from the NO voters.]*

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TWO: CONTINUED:** **CARE AND CONCERN FOR OUR FAMILIES**

gay agenda item #9 of 54

#### **COUNSELING FOR OUR FAMILIES — SPOUSES AND CHILDREN — AND FOR OUR FAMILIES' NEEDS**

by the GLBT Behavioral Health Coalition.  
submitted by Chris Kerr, M. Ed. , LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)

WHEREAS in spite of an increasing backlash, LGBTIQ people will in ever greater numbers in the next ten years marry or enter into civil unions, raise children, and divorce/separate; and

WHEREAS political efforts may continue to restrict marriage equality and adoption; and

WHEREAS LGBTIQ adults will continue to make choices about relationships and living arrangements that are not "traditional;"

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area, in the next ten years, will provide premarital counseling and couples, family, and marriage counseling by therapists who are specialist in LGBTIQA issues and are affordable, accessible, and affirming. The LGBTIQA community of the Houston Metropolitan Area will also provide specialized training on LGBTIQ family and relationship issues for non- LGBTIQ -specific behavioral health service providers; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will provide and train LGBTIQA behavioral health professionals who are prepared to deal with stressors associated with increased marginalization regarding relationship and family issues; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will ensure that all behavioral health providers to the Houston LGBTIQA community are open to and have an expertise in a variety of approaches

to relationship (vs. strictly "couples") therapy that is inclusive of all people and values a diversity of relationships.

## **THE GAY AGENDA**

**of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005**

### **CHAPTER TWO: CONTINUED:** **CARE AND CONCERN FOR OUR FAMILIES**

**gay agenda item #10 of 54**

## **FREEDOM TO REMAIN PARENTS --- NOT THE UNEQUAL "SOLE PHYSICAL CUSTODY"**

submitted by Luke Davis at [luke45davis@hotmail.com](mailto:luke45davis@hotmail.com)

WHEREAS all adults who are parents, regardless of sexual orientation or gender identification, share the same love for their children and desire to provide the best and equal care and opportunities for their children; and

WHEREAS the right to be a parent without government interference is a basic human right; and

WHEREAS many states including Texas continue to insist on using "sole physical custody" language rather than the more appropriate "mandatory Co-parenting language" in cases involving children and custody decisions; and

WHEREAS many states including Texas use the additional language of "best interest of the child" to determine custody leading to abusive situations by all involved including the judiciary and social service industry; and

WHEREAS discrimination in the area of Family Law equally affects heterosexual males and the LGBTIQA Community;

WHEREAS this discrimination is promoted by the same groups of conservative misanthropes; and

WHEREAS numerous and exhaustive studies have shown benefits to the children when both parents have equal physical custody rather than the less appropriate and more common weekend parent and primary care parent. These benefits include, but are not limited to less child abuse, better standard of living, improvements in behavior and social development; and

WHEREAS not all heterosexuals are resistant to the LGBTIQA Community in the Houston Metropolitan Area and this resolution will result in coalition building beneficial to all Houston Metropolitan Area residents;

THEREFORE, IT IS RESOLVED THAT all parents, regardless of sexual orientation or gender identification, declare that there already exist a freedom of all human beings to be equal parents to their children without government interference. We refuse to be delegated to weekend parents because of conservative, false sexual and false gender stereotypes. We want the same equal legal right to be parents after the union or marriage or cohabitation ends. We completely reject the notion that it is in the best interest of the child to grant sole physical custody except under the most extreme custody case.

*[Editor's Note: Every resolution except this resolution was the work of many months of committee work in a variety of vertical interest groups. As such, these other resolutions were submitted and publicized to the LGBTIQA community at-large within the Houston Metropolitan Area for a full month in advance of the FUTURES Conference.*

*Even so, the rules of the Conference did allow for amendments and for new resolutions if they were submitted in writing with enough copies to distribute to the conference attendees, and if they were accompanied by an e-copy on a floppy disk so that the conference secretary (also this editor) would not have to retype the entire measure.*

*This procedure was followed for this resolution.*

*Therefore, this resolution was held until after all of the other, advance-notice resolutions were approved. At that time, this resolution was considered, in full, with the provision for more detailed debate and floor amending. It passed in the above form.]*

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER THREE:**

#### **CARE AND CONCERN FOR OUR ELDERLY**

gay agenda item #11 of 54

### **DEDICATED, AFFORDABLE, ACCESSIBLE, AND AFFIRMING ELDER CARE**

by the GLBT Behavioral Health Coalition.  
submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)

WHEREAS in ten years the LGBTIQA community will be at least proportionally represented in the aging, elder population;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will establish, fund, support and maintain a LGBTIQA dedicated, affordable, accessible, and affirming independent, assisted and nursing home communities, as well as the other full range of eldercare services, such as Adult Day Care, an Activity / Community Center, Respite Care, and specialized training and accreditation for LGBTIQA independent, assisted and nursing home providers; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will unite to fund and provide education and outreach to existing independent, assisted living, nursing homes and hospices regarding LGBTIQA issues, as well as more public awareness surrounding LGBTIQA seniors.



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #12 of 54

## **SAFE SCHOOLS FOR OUR YOUTH MADE POSSIBLE BY ADVOCACY OF ACTIVE STRAIGHT ALLIES**

by P-FLAG, the Parents and Friends of Lesbians and Gays  
submitted by Sue Null at [suenull@rice.edu](mailto:suenull@rice.edu)  
presented by Jim Null

WHEREAS one of the main goals of Parents, Families and Friends of Lesbians and Gays (PFLAG) is the safety and well-being of LGBTIQA young people who are students, and

WHEREAS they are frequently the object of various types of abuse and harassment in the school environment, and

WHEREAS they (and supportive teachers and staff) often receive little or no support from school administrators and staff, and

WHEREAS we are in agreement with the Safe Schools Resolution proposed by H.A.T.C.H.,

**THEREFORE, IT IS RESOLVED THAT** PFLAG Houston invites the larger LGBTIQA community and straight family members and allies to actively support the following goals: To

1. Plan, organize and conduct training sessions on legal, social, and sensitivity issues for school staff and administrators;
2. Provide volunteer, logistical and financial support to individual GSAs (Gay Straight Alliances) in the Houston area schools, both high school and possibly middle school; and to find solutions for GSAs that start with a bang and then fizzle out due to change of teacher sponsor or student leadership;

3. Provide volunteer, logistical and financial support to a GSA-coordination group established by local GSA leaders and/or to encourage the reestablishment (for the third time) of GLSEN (Gay, Lesbian, Straight Education Network);
4. Make printed matter available to every school in the Houston ISD and to other area schools on request about sexual orientation and gender identity;
5. Publicize the availability of our Speakers Bureau to school personnel; and
6. Support teachers, nurses, counselors and other educational staff who work directly with students.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #13 of 54

## **SAFE SCHOOLS AND SAFE ORGANIZATIONS IN SCHOOLS FOR OUR YOUTH AND OUR TEACHERS**

by the H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS schools are not emotionally, psychically or physically safe place for many  
LGBTIQA youth; and

WHEREAS LGBTIQA youth requesting protection from school administrators are often  
denied any help; and

WHEREAS LGBTIQA youth requesting support from a school counselor are subject to  
the 'luck of the draw' as to whether they will receive affirmation and support from their  
counselor; and

WHEREAS we are beginning to lose the gains made in formal school policies prohibiting  
discrimination based on sexual orientation; and

WHEREAS the religious right has targeted Gay-Straight Alliances for destruction; and

WHEREAS LGBTIQA teachers do not feel safe to come out, sending a message of  
shame to young LGBTIQA people; and

WHEREAS LGBTIQA youth have a higher drop-out rate than their heterosexual peers;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the  
Houston Metropolitan Area will form a task force, in coalition with existing organizations such  
as PFLAG and H.A.T.C.H., that works with school administrators to enforce existing policies of  
protection for LGBTIQA students; works with school boards to increase the protection provided  
LGBTIQA students to the level of the protections provided other minority groups; works with  
the State to insure that the code of conduct appended to each teaching certificate includes the  
responsibility of the teacher to prevent discrimination against LGBTIQA students in the

classroom; helps students litigate every violation of their right to a school environment safe from harm; and finally, provide a school where those experiencing severe, uncorrected harm may pursue their education in a safe, supportive environment.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #14 of 54

## **COMPREHENSIVE, ACCURATE AND AGE-APPROPRIATE COMMUNITY FOR OUR YOUTH**

by the GLBT Behavioral Health Coalition  
submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)  
presented by Daniel Garces, MS, LPC, LMFT of Bering Support Network  
at [danielg@beringumc.org](mailto:danielg@beringumc.org)

WHEREAS LGBTIQA youth will be self-identifying and coming out at an earlier age and in ever greater numbers, will not be socialized into traditional LGBTIQA culture and will forge group identities that can only now be imagined; and

WHEREAS resources currently exist for LGBTIQA adolescents, there are few opportunities for them as they transition into adulthood; and

WHEREAS LGBTIQA youth will continue to be ousted from their homes and alienated from traditional support systems, the street population of LGBTIQA youth is expected to increase;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area, in the next ten years, will fund, sponsor and provide creative, imaginative, non-traditional, inventive, accurate and age-appropriate forms of outreach, education, recreation, dating, support, communicating, and community building for LGBTIQA youth, as well as expanding services for non- LGBTIQ family members; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will give a greater emphasis to the needs of LGBTIQA young adults; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will also provide services for youth targeted to the

street population and will establish, fund, support and provide a homeless/runaway shelter and crisis hotline dedicated to LGBTIQA youth.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #15 of 54

## **MUSIC MAKING AND PERFORMING SPACES FOR OUR YOUTH**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS young LGBTIQA people are negatively influenced by mainstream music;  
and

WHEREAS young LGBTIQA people do not have access to musical expression that  
validates their lives and experiences; and

WHEREAS young LGBTIQA people have limited gathering places free of tobacco,  
alcohol and drugs; and

WHEREAS young LGBTIQA people have limited resources towards making music that  
reflects their point of view;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the  
Houston Metropolitan Area will provide a cooperative music making and performance space for  
young LGBTIQA people.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #16 of 54

## **VIRTUAL YOUTH COMMUNITY CENTER ON LINE WITH PROTECTIONS FROM PREDATORS**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS youth go to the Internet first for information about LGBTIQA issues; and

WHEREAS isolated youth get their only contact with other LGBTIQA people on line;  
and

WHEREAS LGBTIQA youth using the Internet to connect with other LGBTIQA youth  
often find adult predators; and

WHEREAS the Internet continues to grow in ways we cannot imagine,

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the  
Houston Metropolitan Area will create and maintain a virtual youth community center on line,  
with special care taken to protect youth, such as following the guidelines used by H.A.T.C.H.  
and similar organizations.



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #17 of 54

## **SEX EDUCATION, SPECIFIC TO OUR YOUTH AND FREE CONDOMS FOR OUR YOUTH**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS 'abstinence only' sex education results in the eventual death of thousands of people; and

WHEREAS sex education in schools discusses LGBTIQ sexual practices only in terms of disease vectors; and

WHEREAS youth experience numerous difficulties obtaining condoms and dental dams;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area, in coalition with Planned Parenthood and H.A.T.C.H., will provide LGBTIQA specific sex education to young people and that we will provide free condoms and dental dams in the places young people gather.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

#### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #18 of 54

### **ENFORCE AGE LIMITS AT BARS AND ASSIST IN ADDICTION RECOVERY FOR YOUTH**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS young LGBTIQA people continue to use tobacco, alcohol, club drugs and street drugs in ever increasing numbers; and

WHEREAS LGBTIQA bars and clubs continue to admit people under the age of 18; and

WHEREAS LGBTIQA bars and clubs continue to serve alcohol to those under the age of 21; and

WHEREAS LGBTIQA adults continue to provide tobacco, alcohol and drugs to those under the age of 21; and

WHEREAS LGBTIQA teenagers seeking help in recovery from drug abuse and addiction have very limited options;

**THEREFORE, IT IS RESOLVED THAT** the greater Houston LGBTIQA community of the Houston Metropolitan Area will work to make sure bar and club owners and operators enforce the existing age limits on entry and service; that youth seeking help with issues around drug abuse and addiction have safe, affirming and affordable places to go for treatment and support; and that youth 20 and under have a dance club of their own.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #19 of 54

## **COALITION OF COLLEGE BASED SUPPORT GROUPS**

By Josephine Tittsworth, of the  
University of Houston - Clear Lake, GLBT Support Group  
at futuretherapist@earthlink.net

WHEREAS in order for a long-term plan to succeed there must be contingencies in place to cultivate a grassroots base of young people. Time can be our enemy or our friend however if plans exist to prepare for the future then time is our friend. Many of the community leaders today have been working for a number of years preparing and advocating for the LGBTIQA community; and

WHEREAS college campuses all over Texas have organizations that are LGBTIQA in nature. When these resources are utilized to promote quality programs to enable students to step into leadership roles in the LGBTIQA community then our community will benefit greatly. This can be accomplished by the creation of an umbrella program for all college LGBTIQA organizations. The area to be mindful about is the tendency of one or two colleges to dominate the coalitions of other campuses. When this happens then other campuses will soon resend their support to a college coalition.

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area begin to educate, mentor, incorporate, and support our youth by organizing a statewide network for LGBTIQA college organization. Through a coalition of college campuses the LGBTIQA community can initiate programs that include aspects of building blocks for our future. The LGBTIQA community can provide services to support college coalitions through mentorships similar to Big Brothers / Big Sister programs. Other programs can be initiated through the Greater Houston GLBT Chamber of Commerce by offering internships and employment (full and / or part-time) for students while attending college. More efforts to make ourselves available to college campuses to present on issues and to help support the various organizations are needed. More scholarships need to be made available to the entire LGBTIQA community. We need to do whatever it takes to promote, enable, and support the future leaders of our community.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FOUR: CONTINUED:**

### **CARE AND CONCERN FOR OUR YOUTH — INCLUDING SAFE SCHOOLS**

gay agenda item #20 of 54

## **MENTORING TASK FORCE FOR NEXT GENERATION OF COMMUNITY LEADERS**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS the LGBTIQA Community of the Houston Metropolitan Area is often guilty of thinking that young people offer no value to our adult organizations; and

WHEREAS the LGBTIQA Community of the Houston Metropolitan Area assumes young people will fail to keep their commitments at a higher rate than adults do; and

WHEREAS young LGBTIQA people trying to enter adult organizations find that their energy and motivation is not considered a substitute for their lack of skills; and

WHEREAS this lack of community service outlets leaves no choice but isolation or club life for young LGBTIQA adults;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will form a task force, in coalition with existing programs such as H.A.T.C.H., to help existing community service organizations develop a structure to formally mentor and train our future generations of leaders.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FIVE:**

### **CARE AND CONCERN FOR OUR UNEMPLOYED AND OUR HOMELESS**

gay agenda item #21 of 54

## **EMPLOYMENT NON-DISCRIMINATION**

by the Legal Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS employment discrimination based on sexual orientation or gender identity or expression adversely affects the LGBTIQA Community of the Houston Metropolitan Area; and

WHEREAS a growing number of national and multinational firms, and of cities and states in these United States, have already recognized that a more diverse workforce — inclusive of lesbians, gays, bisexuals, transgenders and the intersexed (and hopefully questioning and allies, in the future) — is a healthier workforce and, therefore, these firms and governments have enacted written employment policies or laws that prohibit employment discrimination based on sexual orientation or gender identity or expression (for details, go to [www.transgenderlaw.org](http://www.transgenderlaw.org) and [www.hrc.org](http://www.hrc.org)); and

WHEREAS, from a business standpoint, the Houston Metropolitan Area has a large number of national and multinational firms with headquarters or major offices located herein, and the Houston Metropolitan Area has many chambers of commerce, including a Greater Houston GLBT Chamber of Commerce ([www.ghglcc.org](http://www.ghglcc.org)); and

WHEREAS, from a government standpoint, neither the United States nor the State of Texas has enacted an Employment Non-Discrimination Act (ENDA) to protect employees from job discrimination that is based on sexual orientation or that is based on gender identity or expression; and the Houston Metropolitan Area has a large number of elected members of the U.S. Congress and the Texas Legislature and a large number of elected county and city government officials;

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges all business leaders, chambers of commerce and elected officials who truly want to improve the business climate of this region to speak out publicly and forcefully and to enact written policies and laws that prohibit employment discrimination based on sexual orientation or gender identity or expression.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FIVE: CONTINUED:**

#### **CARE AND CONCERN FOR OUR UNEMPLOYED AND OUR HOMELESS**

gay agenda item #22 of 54

### **SAFE, AFFIRMING, DEDICATED, AFFORDABLE SHELTERS AND SERVICES FOR HOMELESS YOUTH**

by H.A.T.C.H. / Montrose Counseling Center  
submitted by Sally Huffer/Deb Murphy of Montrose Counseling Center  
at [volunteer@montrosecounselingcenter.org](mailto:volunteer@montrosecounselingcenter.org)

WHEREAS LGBTIQ youth self-identify at a median age of 13; and

WHEREAS LGBTIQ youth who come out at home prior to age 18 experience a 1 in 4 chance of being ejected from their homes; and

WHEREAS LGBTIQ youth leave home for the street because they perceive it as safer and more affirming; and

WHEREAS it is estimated that 30% of homeless youth in Houston are LGBTIQ; and

WHEREAS existing youth shelters are not LGBTIQ affirming;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area, in coalition with existing programs such as H.A.T.C.H., will find a way to provide care and shelter for homeless youth that is safe, affirming, dedicated, free or affordable, that links them to services and that contributes to their growth as positive members of our society.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER FIVE: CONTINUED:**

### **CARE AND CONCERN FOR OUR UNEMPLOYED AND OUR HOMELESS**

gay agenda item #23 of 54

## **RIGHT OF TRANSGENDERS AND INTERSEXED TO ACCESS HOMELESS SHELTERS**

by the Transgender Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)  
read by Brenda Thomas

WHEREAS employment discrimination based on sexual orientation or gender identity or expression adversely affects the LGBTIQA Community of the Houston Metropolitan Area; and

WHEREAS when transgenders who are "out" and "in transition" — and those who are intersexed and whose legal birth sex was identified incorrectly and who are therefore "out" and "in transition" for a different reason, but with the same resulting discrimination — become unemployed, they often are rendered unemployable for such a long time that they become homeless; and

WHEREAS when homeless transgenders and the intersexed have not completed genital corrective surgery — because they cannot afford it or they have health problems which prevent it, or they simply decide it is not important — they often are refused access to homeless shelters unless they revert back to living and dressing in the previous and incorrect-for-them gender presentation; and

WHEREAS even transgenders and intersexed people who have completed genital corrective surgery often are refused access to homeless shelters unless they revert back to living and dressing in the previous and incorrect-for-them gender presentation because they have been unable to amend their birth certificates and drivers license information to acknowledge their corrected genital sex; and

WHEREAS a recent study and policy book by The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute, entitled "Transitioning Our Shelters: A Guide To Making Homeless Shelters Safe for Transgender People" (<http://www.thetaskforce.org/downloads/TransHomeless.pdf>) covers this issue in detail; and

WHEREAS the National Coalition for the Homeless has endorsed the policies in this book;

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges all organizations and leaders who work with the poor and homeless to speak out publicly and forcefully that area homeless shelters should comply with this National Coalition for the Homeless guide and, in fact, end all discrimination against transgenders and the intersexed in their access to homeless shelters.



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #24 of 54

## **WE CANNOT DEPEND SOLELY ON THE INITIATIVE OF THE STRAIGHT COMMUNITY FOR OUR HEALTH CARE**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS, the Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning (LGBTIQ) individual or family is part of every community and have particular health care needs; and LGBTIQ individuals may experience health disparities including provider bias and access to care due to lack of health insurance;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQ community cannot depend on the straight community to solve its health care issues. If the incidence of various health care problems is to be addressed, it's up to the LGBTIQ community itself to take action. The best way to start is to let "your" health care provider know that "you" are LGBTIQ, and if they are not sensitive to "your" needs, then find one who is. Every health care professional should know this and should provide a non-judgmental and culturally sensitive environment in which you receive your care.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

#### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #25 of 54

### **SUPPORT, PREVENTION AND MENTAL HEALTH PROVIDERS NEED TO BE CULTURALLY SENSITIVE**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS, gay and bisexual men are also at increased risk for liver cancer, lung cancer, and other cancers linked to cigarette smoking. Smoking rates, alcohol consumption and drug abuse, including poppers, cocaine, crystal methamphetamine, and marijuana among gay men may be higher than the general population. Gay and bisexual men tend to congregate in bars where smoking, alcohol, and recreational drug use are heightened. Alcohol and drug abuse leads to various health problems, including an increased risk for HIV and STDs.

**THEREFORE, IT IS RESOLVED THAT** health care providers, support groups, and prevention, education and mental health providers need to be educated about the needs of gay and bisexual men, to be culturally sensitive to them and to design programs to fit their unique needs.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS, lesbians and bisexual women have an increased risk of breast cancer, lung cancer and hate crimes; and lesbians and bisexual women and their providers often remain uninformed about important health issues, including the need for cervical and breast cancer screening, reducing the risk of Sexually Transmitted Infections (STIs) and HIV, caring for mental health issues including depression; diagnosing and treating substance abuse, pregnancy and parenting assistance, and understanding domestic violence,

**THEREFORE, IT IS FURTHER RESOLVED THAT** health care providers, support groups, and prevention, education and mental health providers need to be educated about the needs of lesbians and bisexual women, to be culturally sensitive to them and to design programs to fit their unique needs.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, a orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the-usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouraging various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQ inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

**AND WHEREAS,** transmen and transwomen and intersexed men and intersexed women have an increased risk of health issues particular to them and of hate crimes; and, transman and transwomen and intersexed men and intersexed women and their providers often remain uninformed about important their health issues, caring for mental health issues, and understanding domestic violence.

**THEREFORE, IT IS FUTHER RESOLVED THAT** health care providers, support groups, and prevention, education and mental health providers need to be educated about the needs of , transman and transwomen and intersexed men and intersexed women, to be culturally sensitive to them and to design programs to fit their unique needs.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

#### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #26 of 54

### **ANNUAL BEHAVIORAL HEALTH CONFERENCE, SUMMIT AND TASK FORCES**

by the GLBT Behavioral Health Coalition.

submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)

presented by Daniel Garces, MS, LPC, LMFT of Bering Support Network  
at [danielg@beringumc.org](mailto:danielg@beringumc.org)

WHEREAS the AIDS epidemic continues to spread; rates of alcohol, drug and tobacco abuse and addiction/dependency remain high in the LGBTIQ community; LGBTIQ teen suicide rates are reportedly three times higher than the rate for non- LGBTIQs; locating and accessing supportive, affordable, and effective medical care can be difficult; and same-sex domestic violence remains a hidden secret with limited resources; there are a wide range of health issues and challenges facing the LGBTIQ community, as well as individual LGBTIQ persons; and

WHEREAS LGBTIQ persons and community will continue to face a wide range of physical, mental, emotional, and spiritual health and wellness challenges, concerns, issues, and problems including: addictions (alcohol, drugs, nicotine, caffeine, cocaine, methamphetamine, ketamine, ecstasy, xanax, food, sugar, sex, internet, gambling), ageing, anxiety, cancer (breast, uterine, prostate, lung, skin, liver, pancreas, etc.), coming out, obesity, depression, diabetes, discrimination, divorce, domestic violence, family issues, grief and loss, hate, heart disease, HIV/AIDS, Hepatitis A, B, C, identity, legal issues, marriage, prejudice, retirement, suicide, and more; and

WHEREAS in ten years LGBTIQ people will experience the growth of negative attitudes in our society including increased lack of acceptance, marginalization, prejudice, discrimination, religious abuse, anti- LGBTIQ legislation; and

WHEREAS the LGBTIQ community continues to face individuals and organizations who claim they have the ability to "convert" or "change" sexual orientation despite current and growing research suggesting this effect can inflict severe mental harm;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQ Community of the Houston Metropolitan Area will continue to provide dedicated, affordable, accessible, and affirming behavioral health services for the LGBTIQ community; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the GLBT Behavioral Health Coalition will provide an annual behavioral health conference/summit to review priorities and provide competency training.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #27 of 54

## **FILLING THE GAP: ACCESS TO AFFORDABLE MEDICAL INSURANCE, FINANCIAL ASSISTANCE AND AFFORDABLE HEALTH CARE SERVICES**

by the Lesbian Health Initiative  
submitted by Pat Gandy at [pgandy99@aol.com](mailto:pgandy99@aol.com)

WHEREAS the LGBTIQA community is under increasing political attack by ultra right wing reactionary elements bent on destroying modern and progressive culture which is inclusive to the LGBTIQA community and

WHEREAS the GLBT community began in the 1970's to organize to promote ourselves and create institutions to address our problems and

WHEREAS many of those institutions such as the GLBT Political Caucus, Montrose Clinic and Montrose Counseling Center arose from that effort and,

WHEREAS we are again in a place in time just as crucial as the 1970's we want to express our appreciation to those who created and volunteered in those institutions to raise money as well as communicate their value to our diverse community and,

WHEREAS we acknowledge the great work done by devoted men and women to address the needs of the HIV-AIDS crisis, and more lately the creation of the LESBIAN HEALTH INITIATIVE (LHI), ASSISTHERS and UNCOMMON LEGACY to address the education and health needs of the Lesbian community, we

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area work to address the health needs of those of our community who have no insurance because of unemployment or lack of coverage where they are employed or who are self employed and unable to afford the high cost of private insurance and

**THEREFORE, IT IS FURTHER RESOLVED THAT** we will work together to put together a system that will serve the needs of the community of not only the HIV-AIDS

Community but the non HIV-AIDS LGBTIQA community by constructing an easy system to navigate that will fill in the gaps in the coverage that these people need.

**THEREFORE, IT IS FURTHER RESOLVED THAT** we will work together to secure more adequate financing not only for the HIV-AIDS community but for the rest of the community that rather inadequately serves the remainder of the LGBTIQA community.

**THEREFORE, IT IS FURTHER RESOLVED THAT** we will find a way by cooperative endeavor to work hard to create, finance, educate and provide outreach to draw in those who now have few or no services and to provide these systems/institutions with the stability necessary to accomplish their mission.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #28 of 54

## **AFFORDABLE, ACCESSIBLE AND AFFIRMING BEHAVIORAL HEALTH SERVICES AND INSURANCE**

by the GLBT Behavioral Health Coalition.  
submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)  
presented by Daniel Garces, MS, LPC, LMFT of Bering Support Network  
at [danielg@beringumc.org](mailto:danielg@beringumc.org)

WHEREAS in ten years LGBTIQ people will be over-represented in the growing population of the uninsured; and

WHEREAS in ten years LGBTIQ people will be disproportionately over-represented in the growing ranks of the uninsured and anti-LGBTIQ discrimination will mean less federal or state mental monies available for LGBTIQ services; and

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WHEREAS the LGBTIQA community continues to expand beyond large, urban areas; and

WHEREAS LGBTIQA individuals deserve a safe, accepting community with knowledge of their special needs; and

WHEREAS lack of acceptance of LGBTIQA will continue to affect Mental Health and Substance Abuse negatively; and

WHEREAS society lacks acceptance of LGBTIQA people and such lack of support negatively impacts mental health; and

WHEREAS stigma of mental health issues compounded with those surrounding LGBTIQA issues often result in limited resources for LGBTIQA individuals; and

WHEREAS few current mental health workers (outside the LGBTIQA community) have specialized training, knowledge or research of LGBTIQA issues; and



WHEREAS the LGBTIQA community continues to face individuals and organizations who claim they have the ability to "convert" or "change" sexual orientation despite current and growing research suggesting this effect can inflict severe mental harm;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA community of the Houston Metropolitan Area will provide affordable, accessible and affirming behavioral health services and a greater need for alternative funding for those services. The LGBTIQA community has and will continue to look after its own; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will provide for LGBTIQA community insurance pools and more non-traditional sources of funding for LGBTIQA behavioral services. In other words, the LGBTIQA community will have to look after its own.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

#### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #29 of 54

### **COMPREHENSIVE ADDICTION PREVENTION AND TREATMENT SERVICES AND EDUCATION**

by the GLBT Behavioral Health Coalition.

submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)

presented by Daniel Garces, MS, LPC, LMFT of Bering Support Network  
at [danielg@beringumc.org](mailto:danielg@beringumc.org)

WHEREAS LGBTIQA persons and the community will continue to face challenges with alcohol, drugs, nicotine, caffeine, cocaine, methamphetamine, ketamine, ecstasy, xanax, GHB, new designer drugs yet to be created or popularized, as well as food, sugar, sex, internet, and gambling; and

WHEREAS there will continue to be a high percentage of the LGBTIQA community who use, abuse, misuse, and are addicted/dependent on alcohol, tobacco, and other drugs; and

WHEREAS there will continue to be fairly consistent subpopulations of the LGBTIQA community who use, misuse, abuse, and become addicted to alcohol, tobacco, and other drugs; and

WHEREAS in ten years the use of crystal methamphetamine, club drugs, cocaine and alcohol will have grown in the LGBTIQA community; and

WHEREAS the extensive use of crystal methamphetamine and other club drugs over the next ten years is predicted to cause brain damage, depression and other mental illnesses; and

WHEREAS Internet addiction issues will continue to affect LGBTIQA negatively, especially LGBTIQA youth, the lack of acceptance will drive LGBTIQA persons into isolation and into addictive behaviors such as the use of Internet porn and Internet sex chat in order to express their sexuality in secret and in shame;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area shall provide for chemical dependency (and other addictions)

treatment on demand for LGBTIQA people (detoxification, inpatient and outpatient) that is dedicated, affordable, accessible, and affirming; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will provide comprehensive psychiatric services and psychiatric medications on demand for the LGBTIQA community and find creative ways to pay for those services; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area shall form a LGBTIQA Youth Task Force to produce educational materials (especially electronic media on the Internet) specifically for LGBTIQA youth to improve self-acceptance, and reduce isolation and shame. One of the priorities of the LGBTIQA Youth Task Force will be to highlight the consequences of, and solutions to, addictive use of Internet porn and Internet sex chat.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

#### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #30 of 54

### **INCREASE IN COMPREHENSIVE HIV/AIDS FUNDING**

by the Houston GLBT Political Caucus  
submitted by Maria Gonzalez at [mgonzalez@uh.edu](mailto:mgonzalez@uh.edu)  
presented by Jerry Fenske at [jfenske@houston.rr.com](mailto:jfenske@houston.rr.com)

WHEREAS great progress has been made in the treatment of HIV/AIDS patients, and

WHEREAS continued funding of education and prevention programs is essential to keep the spread of the disease minimized, and

WHEREAS the Bush administration and its allies have waged a reckless and deadly war against condom use, and

WHEREAS the issue of HIV/AIDS prevention is of acute importance to the LGBTIQA community as well as in the broader world health community,

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will fight for increased HIV/AIDS funding specifically for condom distribution and free needle exchanges in addition to increased funding for research, education, and foreign aid.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #31 of 54

## **SAFE SEX EDUCATION MUST BE TAILORED TO US AND TO ALL ETHNIC COMMUNITIES**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS gay and bisexual men are at increased risk for certain types of cancer and Sexually Transmitted Diseases (STDs) and may have an increased tendency to have unprotected sex, especially oral sex.

**THEREFORE, IT IS RESOLVED THAT** there is a need for harm reduction and safer sex education that is tailor made to meet the needs of gay and bisexual men including youth, Latinos, African-Americans, and others.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS lesbians and bisexual women can easily transmit Sexually Transmitted Infections (STIs) such as herpes, HPV (genital wart virus), and bacterial vaginosis to each other during sex, and can also transmit HIV, hepatitis B, gonorrhea, and Chlamydia, although less easily; and

WHEREAS many lesbians and bisexual women have had male sex partners in the past or have multiple partners, including men or bisexual women who may also have male sex partners.

**THEREFORE, IT IS FURTHER RESOLVED THAT** there is a need for safer sex education specifically designed for lesbians and bisexual women including youth, Latinos, African-Americans, and other ethnic communities.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, an orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the -usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouring various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQ inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

AND WHEREAS, transman and transwomen and intersexed men and intersexed women are at increased risk for certain types of cancer and Sexually Transmitted Diseases (STDs) and may have an increased tendency to have unprotected sex, especially oral sex; or can easily transmit Sexually Transmitted Infections (STIs) such as herpes, HPV (genital wart virus), and bacterial vaginosis to each other during sex, and can also transmit HIV, hepatitis B, gonorrhea, and Chlamydia, although less easily; or have had male sex partners in the past or have multiple partners, including men or bisexual women or transpersons or intersexed persons who may also have male sex partners.

**THEREFORE, IT IS FUTHER RESOLVED THAT** there is a need for safer sex education specifically designed for transgenders and intersexed including youth, Latinos, African-Americans, and other ethnic communities.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #32 of 54

## **ENCOURAGE USE OF CONDOMS WHEN HAVING SEX**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS with gay and bisexual men gonorrhea is transmitted primarily through unprotected oral and anal intercourse. Gonorrhea can be found in the penis, the rectum and the throat. There is a close link between infection with gonorrhea and HIV; an increase in gonorrhea rates may lead to a subsequent increase in HIV rates and other STDs.

**THEREFORE, IT IS RESOLVED THAT** gay and bisexual men need to be encouraged to use condoms or dental dams when having sex.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS herpes, HPV (genital wart virus), and bacterial vaginosis are transmitted fairly easily between women having sex and although HIV, hepatitis B, gonorrhea, and Chlamydia are much less likely to be transmitted, transmission is still possible. Lesbians and bisexual women are at risk to spread HIV through blood, including menstrual blood, vaginal fluid, or breast milk; and

WHEREAS many lesbians and bisexual women have had male sex partners in the past or have multiple partners, including men or bisexual women who may also have male sex partners.

**THEREFORE, IT IS FURTHER RESOLVED THAT** lesbians and bisexual women who have sex with women need to be encouraged to wear latex gloves when practicing genital touching or digital penetration, to cover the vulva with a piece of plastic wrap or a latex dam ("dental dam") during oral sex, and to cover sex toys such as vibrators and dildos with a fresh condom every time one is used by a different person. Lesbians and bisexual women who have sex with men need to insist that the man use condoms.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, a orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the -usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouring various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQ inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

**AND WHEREAS,** for transman and transwomen and intersexed men and intersexed women gonorrhea is transmitted primarily through unprotected oral and anal intercourse. Gonorrhea can be found in the penis, the rectum and the throat. There is a close link between infection with gonorrhea and HIV; an increase in gonorrhea rates may lead to a subsequent increase in HIV rates and other STDs; or, for transman and transwomen and intersexed men and intersexed women herpes, HPV (genital wart virus), and bacterial vaginosis are transmitted fairly easily between them while having sex and although HIV, hepatitis B, gonorrhea, and Chlamydia are much less likely to be transmitted, transmission is still possible. Transman and transwomen and intersexed men and intersexed women having sex with each other or with lesbians and bisexual women are at risk to spread HIV through blood, including menstrual blood, vaginal fluid, or breast milk; and many for transman and transwomen and intersexed men and intersexed women have had male sex partners in the past or have multiple partners, including men or bisexual women who may also have male sex partners.

**THEREFORE, IT IS FUTHER RESOLVED THAT** transman and transwomen and intersexed men and intersexed women who have sex with each other or with



men or with women need to be encouraged to wear latex gloves when practicing genital touching or digital penetration, to cover the vulva or penis with a piece of plastic wrap or a latex dam ("dental dam") or condom during oral sex, and to cover sex toys such as vibrators and dildos with a fresh condom every time one is used by a different person and to insist that the man use condoms.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

#### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #33 of 54

### **SCREENING FOR STDS AND HIV SHOULD BE DONE EVERY YEAR AND MAMMOGRAMS SHOULD BE DONE EVERY 1-2 YEARS AFTER AGE FORTY**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS the anal PAP is a test that can identify changes in cells in and around the anus and rectum and these changes are precursors to anal cancer. This type of cancer is on the rise gay and bisexual men: 35 of every 100,000 will develop anal cancer.

**THEREFORE, IT IS RESOLVED THAT** screening gay and bisexual men every three years would help detect many cases earlier — when they can be treated more successfully.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS HPV (genital wart virus) can lead to cervical cancer in lesbians and bisexual women; Pap smears are one of the most effective methods of cancer prevention for women; and research has shown that lesbians and bisexual women are less likely to receive pap smears than are heterosexual women; and

WHEREAS sexually active lesbians and bisexual women should be considered at some risk for all Sexually Transmitted Infections (STIs), especially if they have or have had male sex partners; and

WHEREAS lesbians and bisexual women can have breast cancer detected at an earlier stage when it can be successfully treated through breast exams and mammograms; and

WHEREAS lesbians and bisexual women who have abnormal findings from an initial screening sometimes cannot afford the recommended additional screenings or treatments and this increases the risk of cervical cancer and breast cancer for them.

**THEREFORE, IT IS FURTHER RESOLVED THAT** lesbians and bisexual women in a mutually monogamous relationship should be screened for cervical cancer every three years with a PAP test. Lesbians and bisexual women with multiple partners should be screened for STIs every year, and should be immunized against Hepatitis B. Lesbians and bisexual women should examine their breasts monthly and have a health care provider examine their breasts every year. If they have no risk factors for breast cancer, they should get a baseline mammogram when they are 40, then every 1-2 years after that until they are 50, then one every year after 50.

**THEREFORE, IT IS FURTHER RESOLVED THAT** additional screening should be available to all lesbians and bisexual women. For abnormal PAP tests, additional screenings should include colposcopy, endometrial biopsy, cryotherapy, and laser excision. For abnormal mammograms, additional screenings should include diagnostic mammograms, spot compression, ultrasound, Fine Needle Aspiration (FNA) biopsy, and core/excisional biopsy.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, a orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the-usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouraging various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQA inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

AND WHEREAS, for transman and transwomen and intersexed men and intersexed women, the anal PAP is a test that can identify changes in cells in and around the anus and rectum and these changes are precursors to anal cancer; and because HPV (genital wart virus) can lead to cervical cancer, Pap smears are one of the most effective methods of this type of cancer prevention; and sexually active transgenders and intersexed should be considered at some risk for all Sexually Transmitted Infections (STIs), especially if they have or have had male sex partners; and breast cancer detected at an earlier stage when it can be successfully treated through breast exams and mammograms; and transgenders and intersexed who have abnormal findings from an initial screening sometimes cannot afford the recommended additional screenings or treatments and this increases the risk of cervical cancer and breast cancer for them.

**THEREFORE, IT IS FUTHER RESOLVED THAT** transman and transwomen and intersexed men and intersexed women in a mutually monogamous relationship should be screened for anal or cervical cancer (or both as appropriate) every three years with a PAP test. Those with multiple partners should be screened for STIs every year, and should be immunized against Hepatitis B. Those who have breasts should examine their breasts monthly and have a health care provider examine their breasts every year. If they have no risk factors for breast cancer, they should get a baseline mammogram when they are 40, then every 1-2 years after that until they are 50, then one every year after 50. Additional screening should be available to all. For abnormal PAP tests, additional screenings should include colposcopy, endometrial biopsy, cryotherapy, and laser excision (as is appropriate). For abnormal mammograms, additional screenings should include diagnostic mammograms, spot compression, ultrasound, Fine Needle Aspiration (FNA) biopsy, and core/excisional biopsy.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SIX: CONTINUED:**

### **CARE AND CONCERN FOR OUR HEALTH AND INSURANCE NEEDS**

gay agenda item #34 of 54

## **ENCOURAGE VACCINATION FOR HEPATITIS A AND B IN HIGH RISK GROUPS**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS hepatitis A is transmitted through the oral-fecal route and tends to occur more commonly among gay and bisexual men. Hepatitis B is transmitted the same way as HIV, but is much more infectious than HIV and both can be damaging to the liver.

**THEREFORE, IT IS RESOLVED THAT** gay and bisexual men need to be educated and encouraged to get vaccinated to prevent infection with hepatitis A and B. There is now one vaccine for both Hepatitis A & B.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS Hepatitis B can be transmitted between women during sex, and Hepatitis B is transmitted the same way as HIV, but is much more infectious than HIV and both can be damaging to the liver.

**THEREFORE, IT IS RESOLVED THAT** sexually active lesbians and bisexual women should be immunized against Hepatitis B.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, a orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the -usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouring various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQA inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

**AND WHEREAS**, in transmen and transwomen and intersexed men and intersexed women, Hepatitis A can be transmitted through the oral-fecal route and, Hepatitis B can be transmitted the same way as HIV, but is much more infectious than HIV and both can be damaging to the liver.

**THEREFORE, IT IS RESOLVED THAT** sexually active transmen and transwomen and intersexed men and intersexed women need to be educated and encouraged to get vaccinated to prevent infection with Hepatitis A and/or B as is appropriate. There is now one vaccine for both Hepatitis A & B.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SEVEN:** **DEMANDING OUR EQUITABLE ROLE IN GOVERNMENT**

gay agenda item #35 of 54

## **REPRESENTATION ON** **THE CITY COUNCILS**

by the Houston GLBT Political Caucus  
submitted by Maria Gonzalez at [mgonzalez@uh.edu](mailto:mgonzalez@uh.edu)  
presented by Jerry Fenske at [jfenske@houston.rr.com](mailto:jfenske@houston.rr.com)

WHEREAS the importance of diversity on all of the City Councils of the many cities within the Houston Metropolitan Area is assumed, and

WHEREAS the importance of having representation on all of the City Councils of the many cities within the Houston Metropolitan Area is pivotal to the success of any community in this city, and

WHEREAS the LGBTIQA community is an important and growing part of the Houston Metropolitan Area,

**THEREFORE, IT IS RESOLVED THAT** the HGLPC will work for consistent representation of the LGBTIQA community on all of the City Councils of the many cities within the Houston Metropolitan Area as elected and voting members of each City Council.

*[Editor's Note: This was amended to represent the future goal of having openly LGBTIQA\_elected officials in the many cities in this area. It is assumed to also call for same in the various county elections although it did not specify: this inference is drawn from the Caucus' history of screening and endorsing in elections for posts in addition to the City of Houston.]*

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SEVEN: CONTINUED:** **DEMANDING OUR EQUITABLE ROLE IN GOVERNMENT**

gay agenda item #36 of 54

### **CREATION AND CONTINUATION OF A SINGLE INTEGRATED FIELD CAMPAIGN**

by the Houston GLBT Political Caucus  
submitted by Maria Gonzalez at [mgonzalez@uh.edu](mailto:mgonzalez@uh.edu)  
presented by Jerry Fenske at [jfenske@houston.rr.com](mailto:jfenske@houston.rr.com)

WHEREAS anti-gay initiatives are frequently on the ballot in our community, and

WHEREAS the LGBTIQA community does not have full equality in our communities, and

WHEREAS pro- LGBTIQA initiatives need to be prepared and on the ballot, and

WHEREAS the LGBTIQA community needs to develop a strong identified voter base, and

WHEREAS Equality Knocks-Houston is currently an active field campaign in the city,

**THEREFORE, IT IS RESOLVED THAT** a single integrated field campaign  
always exist and work on behalf of the LGBTIQA Community of the Houston Metropolitan  
Area.

*[Editor's Note: This was amended to represent the future goal of having openly LGBTIQA\_elected officials in the many cities in this area. It is assumed to also call for same in the various county elections although it did not specify: this inference is drawn from the Caucus' history of screening and endorsing in elections for posts in addition to the City of Houston.]*



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SEVEN: CONTINUED:** **DEMANDING OUR EQUITABLE ROLE IN GOVERNMENT**

gay agenda item #37 of 54

## **ASKING THE MEDICAL COMMUNITY TO DENOUNCE THE CHROMOSOMES EQUAL SEX LEGAL CASES FOR TRANSGENDERS AND THE INTERSEXED**

by the Transgender Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS discrimination that is based on sexual orientation or gender identity or expression adversely affects LGBTIQA Community of the Houston Metropolitan Area; and

WHEREAS a Texas appellate court has ruled that a person's sex is biologically fixed at birth and cannot be changed. See *Littleton v. Prange*, 9 S.W.3d 223 (Tex. App – San Antonio 1999, pet. denied), *cert. denied*, 531 U.S. 872 (2000)<sup>4</sup>; and

WHEREAS the ruling in *Littleton* was designed to appease religious<sup>5</sup> homophobia based apparently on the misconception that those who undergo "sex change surgery"<sup>6</sup> are gay men who do it solely to be able to marry other men<sup>7</sup>; and

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<sup>4</sup> The *Littleton* court held that regardless of genital correcting surgery, the legal sex of a transsexual could not be changed from that listed at birth. Moreover, the court assumed that every person's chromosomes matched his or her birth genitals and that all people had either XX or XY chromosomes. (The concurring opinion mentions and then ignores intersex.) The decision in this case is available at <http://www.christielee.net>.

<sup>5</sup> The second paragraph of this ruling began by asking "[I]s a person's gender immutably fixed by our Creator at birth?"

<sup>6</sup> "Sex change surgery" is a pejorative term to transsexuals since they feel they were assigned the wrong sex at birth because of their birth genitals, and they undergo "genital corrective surgery" to correct this birth defect or mistake. The term "gender dysphoria" is seen as meaning "we have a sickness." by most people in the entire transgender spectrum. Similarly, cross dressers find pejorative the term "transvestite." Medical practitioners who were not transgendered and saw the transgendered as a group to be managed medically imposed these terms upon the transgender community. (Similarly, they also tried to manage the gay and lesbian community medically at least into the 1970s.)

<sup>7</sup> In practice, this effort has backfired to some extent in that lesbian couples where one is a transwoman and gay couples where one is a transman can be—and some have—legally married in San Antonio as a result of the *Littleton* ruling. For examples, go to <http://www.tglegal.com> and click on [Wicks: Legal Same-Sex Marriage](#).

WHEREAS the *Littleton* case continued the thirty year legal notion<sup>8</sup> that chromosomes—not genitals—were the sole factor for determining a person's legal sex, it limited the chromosome pairs that could be used for legally determining sex for the purposes of marriage to only XX and XY (thus omitting most of the intersexed community) and ultimately relied on the inspection of genitals at birth to be sufficient for the assumption of a person's chromosomes in adulthood; and

WHEREAS while no NONtransgendered patient would allow their physician to treat them using only outdated medical knowledge from thirty years ago, the legal community and the medical community both continue to allow the *Littleton* ruling to use medical knowledge that is thirty years old and outdated<sup>9</sup>; and

WHEREAS huge strides in medical knowledge of the brain sex of transgenders has been published and updated since the mid 1990s that plainly shows that for transsexuals, the immutable determination of a person's sex is in the brain<sup>10</sup>;

WHEREAS many courts within the Houston Metropolitan Area have followed the *Littleton* ruling<sup>11</sup> even though they are outside the jurisdiction of the 4th Texas Court of Appeals and therefore were not required to adhere to that decision; and

WHEREAS the Texas legislature refuses to address this matter<sup>12</sup>, and the Texas Supreme Court refused to hear these arguments during the appeal of *Littleton*<sup>13</sup>; and

WHEREAS a model of better legal standards using current medical advances in this area is the ruling from Maryland's highest court (equivalent to the Texas Supreme Court) is *In re Heilig*<sup>14</sup>;

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<sup>8</sup> Begun with the British case of *Corbett* 2 All E.R. 33 (P. 1970).

<sup>9</sup> See Meiselman, Alyson; Frye, Phyllis Randolph; and Rose, Katrina C., "Slavery, Sex & Gender, and the Ancient Doctrine of Stare Decisis: A Re-Examination of the Doctrine in Light of Time Influenced Legal Reasoning and The Current State of Transgender Legal Issues," 2 *Geo. J. Gender & L.* 735 (2001).

<sup>10</sup> See, e.g., Jaing-Ning Zhou et al., A Sex Difference in the Human Brain and Its Relation to Transsexuality, 378 *NATURE* 68-70 (1995); F.P. Kruijver, et al., Male-to-Female Transsexuals Have Female Neuron Numbers in a Limbic Nucleus, 85(5) *J. Clin. ENDOCRINOLOGY & METABOLISM*, 2034-41 (2000); and Kruijver, Frank P.M., *Sex In The Brain, Gender Differences in the Human Hypothalamus and Adjacent Areas – Relationship to Transsexualism, Sexual Orientation, Sex Hormone Receptors and Endocrine Status*; (2004) ISBN: 90-808705-2-8.

<sup>11</sup> The 4th Texas Court of Appeals court that ruled in *Littleton* has jurisdiction over San Antonio (Bexar County) and the surrounding 30 counties — specifically, Atascosa, Bandera, Brooks, Dimmit, Duval, Edwards, Frio, Gillespie, Guadalupe, Jim Hogg, Jim Wells, Karnes, Kendall, Kerr, Kimble, Kinney, La Salle, Mason, Maverick, McMullen, Medina, Menard, Real, Starr, Sutton, Uvalde, Val Verde, Webb, Wilson, Zapata, and Zavala.

<sup>12</sup> Bills addressing the process for determining the legal sex of transgenders both before and after the *Littleton* decision have been introduced in Texas Legislative Sessions from as early at 1993.

<sup>13</sup> The Petition for Discretionary Review submitted to the Texas Supreme Court is available at <http://www.tglegal.com> and at <http://www.christielee.net>.

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges all medical professionals (both individually and through their professional associations) who deal with the transgender community to speak and write to judges and legislators (copied to the media) demanding that they apply only relevant and advanced medical knowledge in the formation of legal doctrine and that they repeal the *Littleton* standard and adopt a standard similar to *Heilig*.

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<sup>14</sup> 372 Md. 692, 816 A.2d 68 (2003) at <http://www.courts.state.md.us/opinions/coa/2003/38a02.pdf>.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SEVEN: CONTINUED:** **DEMANDING OUR EQUITABLE ROLE IN GOVERNMENT**

gay agenda item #38 of 54

## **REPEAL OF THE UNCONSTITUTIONAL TEXAS PENAL CODE SECTION 21.06**

by the Legal Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS, Section 21.06 of the Texas Penal Code, which criminalized private, consensual, and non-commercial sexual conduct between adult members of the same sex, was used to arrest and otherwise to discriminate in civil, family and business actions against actual or presumed LGBTIQA people; and

WHEREAS, the United States Supreme Court, recognizing this basic unfairness, specifically struck down this statute and all sodomy laws in the country by a 6-3 vote in *Lawrence and Garner v. Texas* in June 2003; and

WHEREAS the State Bar of Texas adopted in its legislative policy package to include an urging of the repeal of this law;

WHEREAS this Section of the Texas Penal Code has not been repealed by the Texas Legislature and remains on the books as a relic to bigotry and unconstitutional unfairness;

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the greater Houston Metropolitan Area demands that those members of the Texas Legislature from the Houston Metropolitan Area to work vigorously to remove this unconstitutional law from the Texas Penal Code.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER SEVEN: CONTINUED:** **DEMANDING OUR EQUITABLE ROLE IN GOVERNMENT**

gay agenda item #39 of 54

## **ACCOUNTABILITY AS TO POLITICAL SUPPORTERS AND POLITICAL OPPONENTS**

by the Houston GLBT Political Caucus  
submitted by Maria Gonzalez at [mgonzalez@uh.edu](mailto:mgonzalez@uh.edu)  
presented by Jerry Fenske at [jfenske@houston.rr.com](mailto:jfenske@houston.rr.com)

WHEREAS elected officials who fight for LGBTIQA equality need our continued support if they are to be effective advocates on our behalf, and

WHEREAS elected officials who oppose LGBTIQA equality will not change their minds unless we make their position politically disadvantageous,

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will be accountable to supportive representatives and hold accountable those who oppose our rights and fight against us.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER EIGHT:**

### **DEMANDING THE TRUTH — SOUELCHING LIES — ABOUT "OUR LIFESTYLE"**

gay agenda item #40 of 54

## **MASSIVE EDUCATIONAL EFFORT AT STRAIGHT COMMUNITY AND STRAIGHT RELIGIOUS COMMUNITY**

by P-FLAG, Parents, Families and Friends of Lesbians and Gays  
submitted by Sue Null at [suenull@rice.edu](mailto:suenull@rice.edu)  
presented by Jim Null

WHEREAS the fundamental cause of discrimination against the LGBTIQA community is **ignorance** of the nature of sexual orientation and gender variations and this manifests itself in every aspect of life (military, employment, education, marriage, religion, family, legislation, etc.); and

WHEREAS the understanding and acceptance among members of the general public seems to be diminishing in some areas; and

WHEREAS significant legal and social advances are not likely until this situation is remedied,

**THEREFORE, IT IS RESOLVED THAT** we call upon **greater participation of the LGBTIQA community**, their families, their friends and supporters in undertaking a **massive educational effort** within the straight community. Such a program would include, but not be limited to, such types of education and communication as speakers' bureaus by several existing groups, presentation of programs and printed materials to community and religious groups, preparation and presentation of video programs, encouragement of TV stations to carry more educational programs about the LGBTIQA community and the issues affecting them, etc.

One important element is to provide support and training to our allies in houses of worship and organizations which may be sitting on the fence and may need a nudge to move forward. A second important element is to reach out to people of color and minority groups within the LGBTIQA community.

PFLAG stands ready to take a major role in this educational process.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER EIGHT: CONTINUED:**

### **DEMANDING THE TRUTH — SOUPELCHING LIES — ABOUT "OUR LIFESTYLE"**

gay agenda item #41 of 54

## **ENDING TRANSGENDER MEDIA BIAS**

by the Transgender Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)  
presented by Brenda Thomas

WHEREAS discrimination based on sexual orientation or gender identity or expression adversely affects the LGBTIQA of the Houston Metropolitan Area); and

WHEREAS most national, state and local lesbian, gay and bisexual organizations have fully accepted transgender inclusion in the LGBT (hopefully to be expanded in the future to the LGBTIQA) civil rights movement; and

WHEREAS THE ASSOCIATED PRESS STYLEBOOK AND BRIEFING ON MEDIA LAW <sup>15</sup> states that transgender persons should be referred to by the pronoun of their gender presentation; and

WHEREAS much of the mainstream media (print, radio and television) do not follow this industry guideline and instead refer to transgenders solely by their presumed sex at birth; and

WHEREAS much of the mainstream media use a transgender's legal name rather than his or her preferred name, which the transgender often is unable to change for lack of money or cooperative courts; and

WHEREAS the mainstream media often sensationalize news reports involving transgenders and even may use a transgender angle primarily as a salacious and titillating tag to a story; and

WHEREAS even some prominent "gay" media are not transgender inclusive—unless the story is transgender specific; and

WHEREAS certain members of the mainstream and "gay" media have continued these discriminatory practices in spite of challenges from members of the LBGT community and their allies;

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<sup>15</sup> Editor Norm Goldstein, Perseus Publishing, Cambridge MA, June 2002.

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges all organizations and leaders who work with the media to encourage the media to report legitimate transgender news and issues, to stop discriminating against transgenders in news reports, and to comply with THE ASSOCIATED PRESS STYLEBOOK's rules referring to transgenders.



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER EIGHT: CONTINUED:**

### **DEMANDING THE TRUTH — SOUPELCHING LIES — ABOUT "OUR LIFESTYLE"**

gay agenda item #42 of 54

## **FORMATION OF A VIRTUAL COMMUNITY AND INTERNET CLEARINGHOUSE**

by the GLBT Behavioral Health Coalition.  
submitted by Chris Kerr, M. Ed., LPC, of Montrose Counseling Center  
at [life@montrosecounselingcenter.org](mailto:life@montrosecounselingcenter.org)  
presented by Daniel Garces, MS, LPC, LMFT of Bering Support Network  
at [danielg@beringumc.org](mailto:danielg@beringumc.org)

WHEREAS in ten years the internet and its possibilities will grow in ways not yet imagined, especially for the next generation; and

WHEREAS the LGBTIQA community is seeing a strong presence on the Internet offering both opportunities for networking, education, professional training, online mental health support, community building and drawbacks of internet addiction, safety; and

WHEREAS the lack of acceptance will drive LGBTIQA youth into isolation and into addictive behaviors such as the use of Internet porn and Internet sex chat in order to express their sexuality in secret and in shame; and

WHEREAS Internet addiction issues will continue to affect LGBTIQA youth negatively;

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will establish, fund, staff and maintain a virtual LGBTIQA community, town hall meeting, information clearing house, community-wide calendar, education and other types of meeting places; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will unite and fund an Internet clearinghouse to serve the entire Houston LGBTIQA community; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will form a LGBTIQA Youth Task Force that will

produce educational materials (especially electronic media on the Internet) specifically for LGBTIQA youth to improve self-acceptance, and reduce isolation and shame; and

**THEREFORE, IT IS FURTHER RESOLVED THAT** the LGBTIQA Youth Task Force will also highlight the consequences of, and solutions to, addictive use of Internet porn and Internet sex chat.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER NINE:** **DEMANDING FAIR AND DECENT TREATMENT BY "THE ESTABLISHMENT"**

gay agenda item #43 of 54

#### **NON-DISCRIMINATION BY CIVIL, CRIMINAL, JUVENILE, FAMILY, PROBATE AND APPELLATE COURT JUDGES**

by the Legal Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS discrimination in the courtroom that is based on sexual orientation or gender identity or expression adversely effects the LGBTIQA Community of the Houston Metropolitan Area); and

WHEREAS all state and county judges who have jurisdiction over civil, criminal, juvenile, family and probate matters are elected under political party label; and

WHEREAS moderate judges from any political party who could otherwise and have been elected and re-elected in a general election, are often intimidated by their party's political forces to be less moderate and more extreme lest they be challenged in their party's primary and actively campaigned against by their own political party's machinery; and

WHEREAS lesbian, gay, bisexual, transgender and intersexed litigants — petitioners, respondents, defendants and appellants — often feel that if they are "out" or "outed" during a legal proceeding, they will be at a huge disadvantage; and

WHEREAS, in fact, such litigants often do experience a huge disadvantage of prejudice and bias by the judge and court officers, in general, and specifically as in these examples:

- in adoptions by lesbian, gay, bisexual, transgender and intersexed persons who are out as singles or who are in a committed same-sex relationship, they are often denied or overburdened in the production of legal proofs
- in change of name cases for transgenders, medical letters and other requirements, outside of the statute, are often required by judges that are not required for other changes of name

- in change of name cases for transgenders, some judges will not allow a change of name until after genital surgery, forcing the person to live and try to find work with the original name during the years prior to surgery
- in change of name cases for transgenders, judges do not see that a change of a gender specific name without correcting the gender identification on the Texas Driver's License is tantamount to an incomplete change of name<sup>16</sup>
- in birth certificate amendments for transgenders, local courts are applying *Littleton*<sup>17</sup> from a different jurisdiction when they are not required to, and even though the underpinning for *Littleton* is now moot and questionable at best.<sup>18</sup>
- same-sex lesbian, gay, bisexual, transgender and intersexed couples who were married legally elsewhere have difficulty bringing, and may not be able to bring, divorce cases in Texas
- in divorce cases, those lesbian, gay, bisexual, transgender and intersexed persons divorcing from heterosexual persons are often portrayed as less deserving in the property division and in the custody or visitation of children

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges that all judges throughout the region actively end the overt and the subtle forms of discrimination that exist in their courtrooms based on sexual orientation or gender identity or expression.

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<sup>16</sup> Also, in matters of public safety, it is easier for the Texas Department of Public Safety to locate someone if their driver's license gender identification matches their actually presented gender.

<sup>17</sup> *Littleton v. Prange* is a Texas court case written by the 4th Texas Court of Appeals (San Antonio) and applies only to San Antonio and its surrounding 32 counties (which includes none of the Houston Metropolitan Area). Counties outside of the 4th Court's jurisdiction do not *have to* apply it as a legal precedent. The *Littleton* case ( 9 SW 3d. 225 can be found at <http://www.christielee.net> ) states that regardless of genital correcting surgery, the legal sex of a transsexual cannot be changed from that listed at birth which was determined by an assumption of chromosomes to be only XX or XY as were assigned by the birth genitals. A secondary effect of *Littleton* is that intersexed persons are neither male nor female and can marry either no one or anyone — we simply do not know at this time. (For more information, go to <http://www.tglegal.com> and click on "Same-Sex Marriages Have Existed Legally in the United States for a Long Time Now.")

<sup>18</sup> The legal underpinning of *Littleton* and all bad-for-transgenders case law is the 1970 British case called *Corbett v. Corbett*. This case began the entire litany that stated that for legal purposes sex is solely determined by chromosomes. (Again we must add, where does that leave the intersexed, many of whom are neither XX nor XY, or if they are but are intersexed due to having genital ambiguities at birth, which of the chromosome sets was assumed for legal sex purposes? What if the doctors and parents made the wrong guess?) *Corbett* was rendered moot by the enactment of the 2004 Gender Recognition Act by the British Parliament. Additionally, with more published medical studies that show the brain sex of transsexuals, the 35+ year chromosome argument is without merit.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER NINE:**

### **DEMANDING FAIR AND DECENT TREATMENT BY "THE ESTABLISHMENT"**

gay agenda item #44 of 54

## **MISTREATMENT BY LAW ENFORCEMENT AND BY JAIL, PRISON, PROBATION OR PAROLE OFFICIALS**

by the Legal Vertical Interest Group  
submitted by Phyllis Randolph Frye at [prfrye@aol.com](mailto:prfrye@aol.com)

WHEREAS discrimination by local police and prosecutors, by County sheriffs, constables and prosecutors, by State police and prosecutors, by Federal policing agencies and prosecutors and by jailers, prison officials, probation and parole officers in all jurisdictions, that is based on sexual orientation or gender identity or expression adversely effects the LGBTIQA Community of the Houston Metropolitan Area); and

WHEREAS many of the above officials are either elected or appointed by officials who are elected under political party label; and

WHEREAS those elected officials who are moderate officials from any political party who could otherwise and have been elected and re-elected in a general election, are often intimidated by their party's political forces to be less moderate and more extreme lest they be challenged in their party's primary and actively campaigned against by their own political party's machinery; and

WHEREAS lesbian, gay, bisexual, transgender and intersexed suspects, defendants, inmates, victims and witnesses often feel that if they are "out" or "outed" during a police investigation or incarceration or parole or probation proceeding, that they will be at a huge disadvantage; and

WHEREAS, in fact, they often do experience a huge disadvantage of prejudice and bias by these officials, in general, and specifically as in these examples:

- for transgenders, they are routinely denied hormones while incarcerated even if they were on hormones prior to incarceration

- for transgenders who are partially surgically or hormonally reconfigured, they are housed solely on the basis of genitals even though such housing leaves them subject to abuse by fellow inmates
  
- for transgenders on parole or probation:
  - (1) if employment is a condition of probation, the court rarely acknowledges on the record and to the court liaison that failure to become employed as a result of anti-transgender discrimination does not constitute failure to meet that condition;
  
  - (2) if placed in a halfway house or homeless shelter, the court rarely acknowledges on the record and to the court liaison that the residence be instructed that this person is transgendered and should not be required to transition back to the prior gender;
  
  - (3) if substance abuse counseling is a condition of probation, the court rarely acknowledges on the record and to the court liaison that the program be instructed to address the transgender guilt issue as related to dependency and that the transgendered probationer is to be treated with dignity in the new gender presentation
  
- for anyone who expresses gender identity in a manner other than male appearing-men or female appearing-women, they are treated with ridicule and prejudice.

**THEREFORE, IT IS RESOLVED THAT** the united LGBTIQA Community of the Houston Metropolitan Area urges that all policing, prosecuting and jailing officials and all parole and probation case workers throughout the region actively end the overt and the subtle forms of discrimination based on sexual orientation or gender identity or expression that exist in their jurisdictions.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER NINE: CONTINUED:** **DEMANDING FAIR AND DECENT TREATMENT BY "THE ESTABLISHMENT"**

gay agenda item #45 of 54

## **LAW ENFORCEMENT MUST RESPECT OUR NEEDS FOR SAFETY FROM DOMESTIC VIOLENCE**

by Montrose Clinic  
submitted by Sonna Alton at [salton@montroseclinic.org](mailto:salton@montroseclinic.org)

WHEREAS gay and bisexual men are at increased risk for domestic partner violence and for "hate crimes" especially given their social tendencies toward bars, bath houses and sex clubs where there may be increased alcohol and drug consumption. Many of these attacks never get reported, due to the victims' fear of further discrimination, shame, and intimidation by police and similar concerns. This can also lead to significant bodily harm.

**THEREFORE, IT IS RESOLVED THAT** gay and bisexual men need to be educated on domestic violence and advanced warning signs and that it is not okay to be treated differently by law enforcement individuals because you are gay.

*[Editor's Note: The original resolution provided by the Montrose Clinic was for gay and bisexual men only as that is the vast majority of its clientele. The Clinic assumed that the Lesbian Health Initiative would do similar resolutions for lesbians and bisexual women. When this did not occur, a committee formed and Glenda Redworth submitted the resolution amendments to include lesbians and bisexual women.]*

AND WHEREAS there has been an overwhelming silence about same-sex domestic violence; lesbians and bisexual women who are victims are often ashamed to tell anyone; the isolation that accompanies domestic violence can be compounded by our homophobic society; and many law enforcement professionals are still confused about same-sex domestic violence.

**THEREFORE, IT IS RESOLVED THAT** law enforcement professionals and lesbians and bisexual women need to be educated about domestic violence so that they know that lesbians and bisexual women have a right to be treated with support and dignity if they are being abused by a partner, and that it is not okay for law enforcement individuals to treat lesbians and bisexual women differently from heterosexual women in domestic violence situations.

*[Editor's Note: Unfortunately, the medical and health experiences of transgendered men and transgendered women and intersexed men and intersexed women are not fully recognized within the larger LGB medical and health support community.*

*The idea of a transman dealing with cervical cancer or in having to deal with menstrual problems due to the loss of a job resulting in the loss of income resulting in the loss of male hormone injections is foreign to most. Anatomically, a transman may or may not have breast reduction, a hysterectomy, a metoidioplasty or phalloplasty with or without a scrotal implant or urethra extension or vaginal closure, and may or may not be on male hormone injections due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*The idea of a transwoman dealing with prostate enlargement and resulting urinary difficulties or in dealing with the loss of a job resulting in the loss of income resulting in the use of street hormone injections or street silicone injections is foreign to most. Anatomically, a transwoman may or may not have facial electrolysis, breast enhancement, a orchiectomy, a vaginoplasty with or without labioplasty, and may or may not be on female hormones due to financial ability or insurance refusal (or jail administration refusal if incarcerated) or health complications or no inner desire for any or all of these other than to live full-time in the brain's gender identity.*

*And, the idea of an intersexed man or intersexed woman dealing with a myriad of medical difficulties relating to either being non-XX or non-XY chromosome patterns with their possibilities for medical or genital complications or to dealing with possessing dual or differing-from-the -usual genital presentations, or with having a genital mutilation at birth which resulted in the incorrect gender assignment from the brain's gender identity is foreign to most.*

*In all of these cases, there is an extreme reluctance of the transman or transwoman or intersexed man or intersexed woman to seek any medical or health care assistance at all because of past abuse and mistreatment and misdiagnosis resulting from embarrassment or misunderstanding by the medical and health care providers. This problem is magnified a hundred-fold if the provider is in the public assistance realm.*

*Further, it must be noted that transmen and transwomen and intersexed men and intersexed women have, during some part of their lives, been sexual people via oral or genital or anal sex and have come into sexual contact with the genitals of other people or had their genitals come into sexual contact with other people. The permutations of intercouring various combinations of bodily fluids is large and does occur.*

*These people deserve the same standard of medical and health care services as do others in the LGB community.*

*THEREFORE, THE EDITOR SUBMITS THE FOLLOWING AMENDMENT because this resolution was amended during the Futures Conference "to be LGBTIQ inclusive as is appropriate," and was further amended -- see above -- after the conference.]*

AND WHEREAS, there has been an overwhelming ignorance about domestic violence involving a transman or a transwoman or an intersexed man or an intersexed woman either in a same-gender and same-genital or in a same-gender but differing-genital or in a differing-gender and differing-genital or in a differing-gender but same-genital relationship; transmen and transwomen and intersexed men and intersexed women who are victims are often ashamed to tell anyone; if transmen and transwomen and intersexed men and intersexed women tell anyone, it is their gender status that becomes the topic of inquiry rather than their being the targets of violence; the isolation that accompanies domestic violence can be compounded by our homophobic and transphobic and intersexed-phobic, gender bi-polar society; and many law enforcement professionals are still ignorant about same-sex domestic violence.

**THEREFORE, IT IS RESOLVED THAT** law enforcement professionals and ALL PEOPLE and transmen and transwomen and intersexed men and intersexed women need to be educated about transgender and about intersex and about domestic violence so that they know that transmen and transwomen and intersexed men and intersexed women have a right to be treated with support and dignity if they are being abused by a partner, and that it is not okay for law enforcement individuals to treat transmen and transwomen and intersexed men and intersexed women differently from heterosexual women in domestic violence situations.



## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER NINE: CONTINUED:** **DEMANDING FAIR AND DECENT TREATMENT BY "THE ESTABLISHMENT"**

gay agenda item #46 of 54

## **PROTECTION FROM BIAS MOTIVATED (HATE) CRIMES**

by the Houston GLBT Political Caucus  
submitted by Maria Gonzalez at [mgonzalez@uh.edu](mailto:mgonzalez@uh.edu)  
presented by Jerry Fenske at [jfenske@houston.rr.com](mailto:jfenske@houston.rr.com)

WHEREAS terrorist acts are designed to intimidate and incite fear through violence, and

WHEREAS bias motivated crimes are a disturbingly common form of domestic terrorism, and

WHEREAS the LGBTIQA community has often been a target of such terrorist acts,

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA Community of the Houston Metropolitan Area will fight for anti-terrorist legislation designed to protect everyone from bias motivated crimes.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN:**

#### **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #47 of 54

### **INCLUSIVENESS OF OUR SPORTS ORGANIZATIONS**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS as gay, lesbian, bisexual, transgendered, intersexed, questioning and allied people, we have experienced, are now facing, and are likely to continue to encounter fear, prejudice, hostility and/or lack of acceptance in many aspects of our daily lives, and

WHEREAS LGBTIQA individuals are sometimes made to feel unwelcome or uncomfortable participating in sports activities outside the LGBTIQA community, and

WHEREAS with our own community, we can deliberately decide not to perpetuate and reinforce those fears, prejudices and lack of acceptance,

**THEREFORE, IT IS RESOLVED THAT** the LGBTIQA sports organizations of the Houston Metropolitan Area promote inclusiveness, welcoming all who wish to participate.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN: CONTINUED:**

#### **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #48 of 54

### **CREATION AND GROWTH OF NEW SPORTS GROUPS**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS many sports and athletic activities are not yet represented in Houston by LGBTIQA sports groups, and

WHEREAS there are a number of young and emerging LGBTIQA sports groups in the Houston Metropolitan Area, which are trying to establish themselves, become better organized and increase their membership, and

WHEREAS there are in the Houston Metropolitan Area LGBTIQA sports community a number of well organized and highly successful sports organizations which might mentor emerging LGBTIQA sports groups, and

WHEREAS there is strength in community and community in strength,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA sports community foster the formation and growth of new sports groups, teams, clubs, and leagues, especially for sports where such groups do not yet exist.

Creation of new groups may include the gathering, soliciting, or discovery of interest in various sports and athletic endeavors through the use of surveys, mixers, media communications, speaking engagements or other means.

Fostering growth of existing groups may include sharing of lessons learned and providing advice on how to

- increase membership,
- become more financially stable,
- identify & utilize venues & equipment,
- establish & build relationships with sports governing bodies (GLBT, state, national, international, etc.).

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

**CHAPTER TEN: CONTINUED:**  
**OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #49 of 54

### **MORE EFFECTIVE COMMUNICATION WITHIN OUR EXISTING SPORTS ORGANIZATIONS**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS Houston has over a dozen LGBTIQA or LGBTIQA-friendly sports and athletic organizations, and

WHEREAS a general absence of awareness of Houston LGBTIQA sports and athletic groups within the LGBTIQA community limits the growth of these groups, including overall membership, number of teams, and potential spectator/fan base, and

WHEREAS many of the LGBTIQA or LGBTIQA-friendly sports and athletic organizations have an Internet presence through websites and/or Internet interest groups,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA sports and athletic organizations communicate their existence even more effectively to each other and to the world.

All Houston LGBTIQA sports and athletics organizations are encouraged to proactively communicate their existence and contact information through appropriate and available means, to link to one another on the Internet, and to work together to establish a central clearinghouse web site for Houston LGBTIQA sports and athletic organizations.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN: CONTINUED:**

### **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #50 of 54

## **MEDIA COVERAGE OF OUR SPORTS ORGANIZATIONS AND ACTIVITIES**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS the Houston Metropolitan Area LGBTIQA sports community encompasses over a dozen sports and athletic organizations, and

WHEREAS, these sports organizations host many different events, tournaments, leagues, competitions, and other activities that should be communicated to the LGBTIQA community at large, and

WHEREAS there is presently minimal media coverage of the Houston Metropolitan Area LGBTIQA sports community in Houston media outlets, and

WHEREAS the general Houston population, and, in particular, the LGBTIQA community are largely unaware of the Houston LGBTIQA sports community organizations, events, activities, plans, or results,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA sports community promote greater awareness of the sports community by providing regular updates and communications to the media outlets and organizations.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN: CONTINUED:** **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #51 of 54

## **SPEAKERS BUREAU TO PROMOTE OUR SPORTS ORGANIZATIONS**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS over 100 LGBTIQA or LGBTIQA -friendly organizations are active within the Houston Metropolitan Area's LGBTIQA community, and

WHEREAS the stated mission of most of these organizations focuses on purposes other than the promotion of sports or athletics, and

WHEREAS many individuals within these organizations may have an interest in sports or athletics, as a participant, fan/spectator, sponsor, or in some other capacity, and

WHEREAS these individuals and organizations may not be aware of the many different LGBTIQA or LGBTIQA-friendly sports and athletics groups in the Houston Metropolitan Area,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA sports and athletic community provide speakers from their organizations for the purpose of promoting their sport, their organization, and the sports community generally.

The availability of speakers representing the LGBTIQA sports community will facilitate outreach and awareness to the 100+ LGBTIQA community organizations in the Houston Metropolitan Area.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

**CHAPTER TEN: CONTINUED:**  
**OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #52 of 54

### **CROSS-ORGANIZATION FORUMS, MIXERS, AND SOCIAL EVENTS FOR OUR SPORTS ORGANIZATIONS**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS Houston Metropolitan Area LGBTIQA sports and athletic groups can benefit collectively and individually from communicating with one another, and

WHEREAS such communication promotes the sharing of ideas and information on topics of mutual concern such as organization models, membership promotion and retention, strategies for budgeting and fund raising, and

WHEREAS coming together in discussion of shared interests and concerns promotes mutual understanding and respect,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA sports community host periodic information forums, social mixers, and other events to promote and advertise the Houston Metropolitan Area LGBTIQA sports community as a whole and its various individual organizations and groups.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN: CONTINUED:** **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #53 of 54

## **CREATION OF A METRO HOUSTON SPORTS COUNCIL FOR OUR COMMUNITY**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS over a dozen LGBTIQA sports organization exist in the Houston Metropolitan Area, and

WHEREAS each of these groups faces similar challenges and obstacles in organizing, attracting members, securing funding, finding venues, as well as developing & hosting events, and the many other tasks and activities that go along with running a sport group, and

WHEREAS individuals or organizations can learn from and support each other on many levels, and

WHEREAS promotion by the full LGBTIQA sports community of the efforts of individual sports organizations and coordination of shared interests will benefit the community as a whole,

**THEREFORE, IT IS RESOLVED THAT** a Houston Metropolitan Area Sports Council be formed, composed of all LGBTIQA sports and athletic groups, clubs and leagues who wish to participate, in order to foster growth, cooperation, and unity of the Houston Metropolitan Area LGBTIQA sports community.

Such a council would be provide a collective image of the Houston Metropolitan Area LGBTIQA sports community, wherein we may celebrate our individual and collective victories, provide direction and nurturing for emerging sports and, while being supportive of each other as individuals and organizations, also promote our community as a community and serve as a representative of Houston Metropolitan Area LGBTIQA sports as a whole to the city in which we live.



Such a council would serve as an information base for all sports organizations, and provide an opportunity to share common concerns and learnings in areas such as

- access to venues/facilities,
- insurance for events & activities,
- best practices on how to execute tasks we have in common, such as
  - organizing events & activities,
  - fundraising & sponsorships,
  - creating membership and promotional materials,
  - producing team uniforms and apparel, and
- liaison to groups outside the sports community.

## **THE GAY AGENDA**

of the Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning and Allies  
(LGBTIQA) Community of Residents of the Houston Metropolitan Area - July 2005

### **CHAPTER TEN: CONTINUED:**

#### **OUR SPORTS AND ATHLETICS DESIRES FOR THE FUTURE**

gay agenda item #54 of 54

### **OUR COMMUNITY'S HOSTING OF A SPORTS FESTIVAL**

by the Sports Vertical Interest Group  
submitted by Keith Wright at [kmwright@pdq.net](mailto:kmwright@pdq.net)

WHEREAS participation in sports provides positive benefits physically, socially and psychologically, and

WHEREAS the Houston Metropolitan Area LGBTIQA community already has a wide variety of sports organizations and leagues, and

WHEREAS the Houston Metropolitan Area community at large is generally unaware of the sports endeavors of the Houston Metropolitan Area LGBTIQA community, and would benefit by becoming aware of the diversity of LGBTIQA individuals and their interests in sports and their abilities and skills in a wide variety of sports, and

WHEREAS knowledge of the LGBTIQA sports organizations and leagues would promote a positive image of the LGBTIQA community to the cities and people of the Houston Metropolitan Area,

**THEREFORE, IT IS RESOLVED THAT** the Houston Metropolitan Area LGBTIQA Community establish and host a public Sports Festival, beginning in the spring of 2006, featuring tournaments, exhibitions, competitions, matches, demonstrations and contests highlighting all the LGBTIQA sports organizations and leagues in a such a way that the Houston area press, media, city officials and population at large will be made aware of the diverse interest, skill and participation in sports by the Houston Metropolitan Area's LGBTIQA residents.