

HEALTH



People line up outside Test Positive Aware Network nonprofit clinic in Chicago to receive the mpox vaccine on July 25, 2022.

ERIC COX/REUTERS

Community Care

Health centers nurture LGBTQ+ bodies, minds and souls

By Matt Alderton

The date was May 17, 2022. It was more than two years into the COVID-19 pandemic, and Americans everywhere were epidemiologically exhausted. In Massachusetts, however, public health officials had just clocked the first case in a brand-new infectious disease outbreak.

The pathogen now known as mpox was first documented in monkeys in 1958. Caused by a virus similar to the smallpox virus, it causes flu-like symptoms; a painful, pustulous rash; and, in the rarest cases, death. **CONTINUED >>**

HEALTH



Activists stage a protest outside of the San Francisco Federal Building on Aug. 8, 2022, to demand an increase in mpox vaccines and treatments as the outbreak continued to spread. JUSTIN SULLIVAN/GETTY IMAGES

When the U.S. Department of Health and Human Services declared mpox a public health emergency in August 2022, there were more than 10,000 documented cases in the United States — mostly in the LGBTQ+ community, where the virus had spread rapidly. Cases slowly declined from there, however, and by January 2023 the threat had mostly faded.

Credit for the containment belongs not only to the LGBTQ+ individuals who embraced safer sex practices and stood in blocks-long lines for vaccines, but also to the doctors and nurses at community health centers who delivered critical care and education tailored to at-risk patients.

“LGBTQ+ clinics and community centers were the first to respond and set up very quickly and very efficiently not only information for our community to keep us safe, but also vaccine programs,” says Alex Sheldon, executive director of GLMA, previously known as the Gay & Lesbian Medical Association. “The (U.S. Centers for Disease Control and Prevention) had raised huge alarm bells about where this was going to go, and that it was going to

spread even further into the general population. But because of the quick and efficient responses of these clinics and community centers, and because of the trust they already had with community members, they were able to respond so quickly that it for the most part stopped mpox in its tracks.”

The rapid, responsive care that LGBTQ+ community health centers provided during mpox is the same care they provided during the COVID-19 pandemic and the HIV/AIDS crisis decades prior. More importantly, it’s the same care they provide daily to LGBTQ+ individuals who need routine services like primary and preventive care, screening for sexually transmitted infections and mental health counseling.

“Many LGBTQ+ clinics were started by LGBTQ+ providers who had a stake in their community’s well-being. So, they developed health care settings that were designed around their own needs,” Sheldon says.

“These places center our community within every single part of what they do.”



Dr. Travis Gayles, CEO of Howard Brown Health, is proud of the work they do to provide a complete range of coverage for the LGBTQ+ community.

HOWARD BROWN HEALTH



The 2024 theme for GLMA’s 42nd Conference on LGBTQ+ Health in Charlotte, North Carolina, was Practice With Pride. PROVIDED BY TRICIA COYNE

UNIQUE HEALTH NEEDS

Because LGBTQ+ people can have unique health care needs, it’s critical that health care systems are tailored to those needs.

“LGBTQ+ people ... experience a lot of health disparities, and the vast majority of those health disparities are driven by the pronounced stigma and discrimination that LGBTQ+ people face in our everyday lives,” explains Sheldon, who says stigma creates stress that can impact both mental and physical health. “Navigating a world that isn’t built for you because it’s designed around cisgender and heterosexual experiences — who your partner is, what you do on the weekends, how you built your family — can be a really challenging way to live.”

LGBTQ+ people who have experienced discrimination often go out of their way to avoid it in the future, which might mean delaying health care or opting out of it entirely to avoid providers with whom they don’t feel seen or safe.

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“The longer you delay getting health care ... the more likely you are to have adverse health outcomes because of that delayed care,” Sheldon says.

Therein lies the merit of community health centers, says Dr. Stephen Abbott, medical site director of the Max Robinson Center at Whitman-Walker, a nonprofit community health system serving LGBTQ+ patients in Washington, D.C.

“Often, issues surrounding an individual’s care don’t get disclosed if somebody doesn’t feel comfortable in the environment where they’re seeking care,” Abbott says. “If you go into a waiting room and there’s nobody there affirming your pronouns, or they make certain assumptions about who your partner is, or they can’t take a decent sexual history, or they don’t know how to do an appropriate mental health screening that’s informed by traumatic experiences in your past, then you’re not going to get appropriate care.”

HOLISTIC CARE

Community health centers make LGBTQ+ patients comfortable by fostering inclusion in every respect — having gender-neutral intake forms, hiring medical and administrative staff from the community, offering LGBTQ+ periodicals in waiting rooms and depicting LGBTQ+ individuals on websites and in patient literature, all of which foster trust so that patients are more likely to show up for appointments, seek preventative care and adhere to medical advice and guidelines.

“Community health centers that have historically served the LGBTQ+ community have demonstrated the ability to look past a person’s sexual or gender identity and see them as a whole person,” says Dr. Travis Gayles, CEO of Howard Brown Health, a nonprofit community health system serving LGBTQ+ patients in Chicago. “And when you’re seeing the whole person, you can gain new perspectives and insights, ask appropriate questions, offer appropriate treatment and, ultimately, create better health outcomes.”

Community health centers such as Whitman-Walker and Howard Brown are particularly proud of the care they provide for individuals with HIV; preventative services like pre-exposure prophylaxis (PrEP) and Doxycycline post-exposure prophylaxis (Doxy PEP) for HIV and STI prevention, respectively; and their provision of gender-affirming care to individuals who are trans and nonbinary. To measure their success, however, they rely as much on social and emotional metrics as clinical ones.

“There are folks who have come to us for mpox, for HIV treatment or for gender-affirming care who have moments of pure joy and gratitude that you can’t measure with the resolution of a rash, a viral load or even completion of a transition,” Abbott says.

Gayles concurs. “Yes, we look at clinical out-



Nurse Johnny Gloriouso gives an mpox vaccine to Marko Antonio Arroio Silva at DAP Health in Palm Springs, California, on Sept. 10, 2022. ANDY ABEYTA/THE (PALM SPRINGS, CALIFORNIA) DESERT SUN



The Max Robinson Center at Whitman-Walker serves the Washington D.C. community.

PROVIDED BY WHITMAN-WALKER

comes. But what’s also important is empowering patients with stable housing, academic opportunities and employment opportunities. ... When you’re going to a health center like ours that understands all those (social determinants of health), it increases the likelihood that you’re going to be connected in a meaningful way to those services.”

‘WE’LL GET THROUGH THIS’

Both the LGBTQ+ community and the health centers that serve it are experiencing significant challenges, according to Sheldon, who notes that the Trump administration budget proposes significant reductions in funding and support for sexual and gender minorities. HHS, for example, has closed its Office of Minority Health; the Centers for Disease Control and Prevention is considering closing its Division of HIV Prevention; the National Institutes of Health has terminated more than 270 grants focused on LGBTQ+ health research, worth at least \$800 million; and Congress is mulling significant cuts to Medicaid, on which many community health centers rely.

“Our health systems are under attack, but ... I remain incredibly optimistic,” Sheldon says. “When (governments) say we are invisible or worthy of erasure, we have always risen to the occasion by caring for ourselves and each other ... We are once again rising to the occasion and will not back down.”

Utilizing community health centers for services, donating to them, and singing their praises to philanthropists and policymakers can help fuel the fight, Abbott adds. “We’re going to be here no matter what,” he says. “We’ll get through this.”