

Fish, Isms, Medicine, and Marriage

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Ask a fish in a fishbowl to enumerate the advantages of water. After careful consideration, he might tell you he needs water to swim. Now take the fish out of the fish bowl. Necessity will make him aware of a multitude of things he can't do any more. He'll tell you he needs water to move, to eat, and to breathe. He will discover what it means to be wet. It will be all he wants to talk about. His kin, still swimming in the fish bowl, will find this display dramatic and overly emotional. They'll say he's lost all perspective, but, really, he's just lost their perspective. The fish out of water now looks at fish bowls and water from an entirely different angle. That's just a fact of positioning.

Now imagine that the fish in the fish bowl get to decide if the fish out of water can share his new perspective at the general fish meeting and in the fish bowl newsletter. They alone decide if his perspective is legitimate and valuable to the collective. That is power. Now imagine that the fish in the fish bowl get to decide the rules of reentry and what, if any, accommodations will be made to help the fish reenter the fish bowl. That's politics.

Perspective, power, and politics are fundamental to the concept of heterosexism and all the "isms."

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What does this have to do with medicine and marriage? The absence of literature on the health-related aspects of gay marriage, and my experience trying to publish on this topic, suggest that there may be systemic barriers to publication in mainstream medical journals that limit inclusion of topics relevant and important to sexual minorities.

When I tried to publish on the health-related aspects of gay marriage, I was told that "Gay marriage is not a medical issue," the topic is "interesting . . . but not a priority given the number of letters received," and "It is not a typical policy issue." I was baffled. From my perspective, gay marriage was a national priority, inextricably intertwined with health, and medicine had a critical role to play in the debate. I didn't think anyone was discriminating against me personally, but I did feel an "ism" at work. Minorities, including sexual minorities, see things from a different perspective. They often have different priorities. That's just a fact of positioning. That difference in position and perspective is amplified when the political climate heats up, and that is the situation for sexual minorities in the United States today.

Over the last few years, the debate over gay marriage has raged in families, in churches, and in the US Senate. The intensity of the debate is best reflected in unprecedented attempts to limit gay rights on a constitutional level. Measures to ban gay marriage appeared on the

November 2004 ballot in 11 states, and in all 11 states the measures passed. Some states passed amendments to deny gays the right to marry. Other states passed more far-reaching measures. Michigan, my state, voted to amend the constitution to make marriage "or any similar union, for any purpose" a solely heterosexual privilege. Our attorney general, Michael Cox, announced that the passage of this amendment permits him to put an end to domestic partner benefits currently offered by state agencies and institutions. He says the amended constitution takes away the right for unions to negotiate for these benefits.

Discrimination at this level will trickle down to protected places, including medicine. Gay faculty and staff at Michigan State University and University of Michigan medical schools are among those who may lose domestic partner benefits (court cases are pending). There is other possible evidence of discrimination trickle down. Recently, a medical school in New York banned a student group offering support to gay-lesbian-bisexual-transgendered (GLBT) medical students. Banning a gay support group seems a natural next step for those emboldened by the rhetoric of the anti-gay marriage movement.

Partner benefits are just the tip of the iceberg. There are more than 1,000 legal rights associated with marriage that are denied to gay couples.¹ For example, gay indi-

viduals cannot leave their pensions or social security benefits to their partners. They have to hire a lawyer to establish protections related to finances and home ownership that married couples enjoy without legalities being necessary. They are not legally entitled to bereavement days if their partner dies. They are not entitled to the benefits of the Family Leave Act. If a partner is hospitalized, they can be denied visitation, and they can be left out of any decision making regarding their partner's medical care. They are denied many tax benefits. They are not entitled to the same work-related visa opportunities as married couples.

There are also many less-obvious benefits of marriage that are frequently denied to gay partners. Spouses are invited to graduations, award dinners, and orientations. They are referred to in speeches that laud the achievements of their partners. They are sometimes handed the flag or the Medal of Honor for their partner's military sacrifice or service. They are compensated in the case of tragedy, such as the monetary support offered by the government and charities to the spouses of the victims of 9/11. Spouses are the stuff of informal but important conversations. Small disclosures about family and spouses create personal connections that smooth the path of professional relations. In fact, we are expected to stand up for our spouses and, in some cases, to display pride in them, as politicians do when campaigning.

You may dismiss the issue of marriage because you think civil unions will resolve the conflict and preserve the rights of your gay patients and colleagues, but that assumption needs further discussion. I would argue that civil unions will never be a substitute for marriage because separate rights can never be equal rights. Every kid on the street knows what "different" means. If you are separated from

the others, you are inferior, broken, contagious. It's the meaning of the teenage pejoratives "You're gay" and "That's gay." Every thoughtful adult knows that if different rights are given to two groups, the minority group will suffer. Blacks under "separate but equal" never drank out of the best water fountains, and gays, if given civil unions and not marriage, will have to fight for every aspect and advantage of marriage. Discrimination is like a weed. It needs only a small crack in legalese to flourish. Civil unions are that crack.

I live in a state where it is still legal to fire someone based solely on sexual orientation, where I am denied the right to second-parent adoption, and where gay marriage has never been legal. And yet, there was always the promise of justice and the belief that the constitution would someday eradicate those discriminatory laws. The sense of security I enjoyed from the existence of the constitution was as ubiquitous and indestructible as water might be to a fish in a fishbowl. Since the marriage debate and the resulting constitutional changes, I don't feel that security any more. For the first time, I know what it is to have water and what it is to be without it. I am trying to understand what citizenship means to me without the constitutional promises that were, for me, its foundation.

The debate and present status of gay marriage appears to me to have considerable economic and psychosocial ramifications. It makes me curious about a lot of things. Academia is often thought of as a safe place for minorities to express their views openly. Will the political tone and impending changes in partner benefits on some campuses change that perception of safety? Will this change the degree to which faculty pursue research on gay-related medical issues? What, if anything, is happening to prevalence rates of mood disorders in the gay population? Has the current political tone

influenced the prevalence of stress-related diseases in the gay population or the frequency with which gay patients "come out" to their physicians? To what degree have changes in health benefits affected access to care for gay patients and their children? An open discussion about gay marriage can raise many potential research questions. It should raise ethical questions as well. Do medical associations have a social responsibility to engage in the debate over gay marriage? How might our ethical traditions inform and interpret this debate?

Is the topic of gay marriage the domain of medicine? From my perspective, how could it not be?

A PubMed search revealed that there has not been one article published in a mainstream journal on the health-related aspects of gay marriage. The detachment of medicine from the gay marriage debate is disturbing, and it is a signal that an "ism" is at full tilt. Don't get me wrong. I'm not suggesting that my articles should have been published. I am saying that somebody's voice in the medical community should have made it through by now. Minority silence is a consequence of not having the power to affect the rules of the system, and minority groups, like the GLBT community, may need to be empowered, accommodated, and encouraged to share their perspective with the broader medical community.

Enough said. I'm out here flopping around yelling at the top of my gills. I know how that can look to fish in the bowl. You might say I'm over the top. (I could say the same about you. It's a matter of perspective.) Let's face it—over the top is where a fish out of water has to go if he wants to get back into the fish bowl. So let's make a splash. Let's stir up the muck. There is an important social debate going on in this country that deserves the attention of mainstream medicine. Marriage is a priority for the gay community. Marriage is a pertinent policy issue

with long tendrils that reach into many aspects of a biopsychosocial model of health. Marriage is also a medical issue. Give us a shot at the fishbowl newsletter, and we will show you why, and, in doing so, we will add our perspective to the breadth and depth of medicine.

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REFERENCE

1. Human Rights Campaign (HRC). Answers to questions about marriage equality. Washington, DC: HRC's FamilyNet Project, 2004.