The quote below by playwright, novelist, essayist, and openly gay activist James Baldwin has great relevance for Lesbian, Gay, Bisexual, Transgender, Queer, and Other (LGBTQO+) persons today. It has particular relevance for Black gay men, henceforth referred to in this writing as “Same Gender Loving Men” (SGLM), a term coined by African American activist Cleo Manago (Business Equity, 2019). This term represents an identity by Black gay and bisexual men that affirms their affection and love for each other.

SGLM face multiple oppressions: They are Black, gay, and male, so they live at the intersection of race, gender, and sexual orientation. Moreover, older SGLM have faced these challenges their entire lives. Many are rejected by their own community, are the victims of discrimination through overzealous policing, are barely tolerated by White gays, and face tough health disparities. These include but are not limited to disparities in the incidence of and societal and medical responses to HIV/AIDS, violence, homophobia, stigma, and substance use disorders (SUD) (American Psychological Association, 2018; Bryant, 2008).

IF YOU FALL IN LOVE WITH A BOY,
YOU FALL IN LOVE WITH A BOY.
THE FACT THAT MANY AMERICANS CONSIDER THIS AN ABOMINATION, SAYS MORE ABOUT THEM THAN IT DOES ABOUT HOMOSEXUALITY.
(BALDWIN, 1969)
One example of how health disparities affect SGLM is the disproportionate impact of HIV/AIDS in this community. In the 1980s when the epidemic began, it affected mostly White gay men; now the face of the epidemic is Black and Brown. The stigma associated with healthcare providers is one example. The CDC gives the following illustrations of discrimination against SGLM by health care professionals: 1) refusing to provide care, 2) refusing casual contact with HIV/AIDS patients, 3) Referring to HIV+ patients as HIVers or "Having the package" (Centers for Disease Control and Prevention, 2021a). According to the Centers for Disease Control and Prevention, SGLM, including bisexual men, are by far the most severely affected population. This trend has more to do with poverty, lack of insurance, and stigma than with promiscuity (McKinzie, 2018).

In 2018, 83% of all new HIV infections occurred among gay men ages 13 to 24. Moreover, young Black SGLM represents a shocking 42% of new HIV diagnoses among young SGLM and bisexual men (Centers for Disease Control and Prevention, 2021b). For example, in Georgia, AIDS is the leading cause of death for Black men between the ages of 35 and 44 (McKinzie, 2018). SGLM accounts for 63% of HIV and AIDS cases, even though they represent only 28% of the state’s population. Disparities are also seen in SGLM who have substance use disorders (SUD).

Substance Use Disorder is more prevalent in the SGL community compared to the general population (Centers for Disease Control and Prevention, 2016). This increases their chances of contracting HIV due to risky sexual behaviors and injection drug use. Recent research suggested that gay men are more likely to use illegal substances such as marijuana, psychedelics, hallucinogens, stimulants, sedatives, cocaine, barbiturates, and MDMA. Methamphetamine use is also prevalent within this population (Centers for Disease Control and Prevention, 2016). Substance use often serves as a coping mechanism in dealing with discrimination, homophobia, and loneliness associated with growing older.
There are more than 3 million LGBTQO+ adults living in the US, and this number is expected to double in the next 20 years. Naturally, this population has serious concerns about health and wellness during their senior years (SAGE, 2014). A recent study confirmed that some of the concerns about growing older for LGBTQO+ adults in their 40s and 50s include insufficient income, lack of appropriate healthcare resources, remaining independent, loneliness, and lack of social support networks (SAGE, 2014).

Older SGLM have the added burden of having experienced a lifetime of discrimination and homophobia, and many witnessed the decimation of an entire generation of their friends during the 80s and 90s by the AIDS pandemic. As a respiratory therapist, this author remembers taking care of many AIDS patients who presented with pneumonia and other respiratory difficulties. I recall stories of friends who were prevented from visiting patients in the hospital because of homophobic family members. Consequently, many died alone and heartbroken. This daunting history still haunts many older LGBTQO+.

Historically, LGBTQO+ individuals have experienced unspeakable violence because of their sexual orientation. Matthew Sheppard’s death at the hands of those who hate gays gained national attention in 1998 as one of the most atrocious acts in modern history. His assailants pistol-whipped him, tied him to a fence, and burned him alive. This venomous hatred against SGL persons has not subsided.

Violence against transgender people has increased dramatically in recent years. In fact, with 44 members killed, 2020 was one of the deadliest years on record for this community.

- Dustin Parker was found shot and killed on New Year’s Day, 2020 in Oklahoma.
- Monika Diamond was shot and killed in March while she was being treated in an ambulance in South Carolina.
- Dominique Rem'mie Fells’s body was found floating on a Pennsylvania River in June.
- Felycya Harris was shot and killed at an Augusta, Georgia park (Donaghue, 2020).

First, these individuals were human. They were also loving partners, parents, family members, friends, and most of all community members. They did our hair, graced our television screens, sang our songs, and worshiped at our churches. They did not deserve this horrible fate.

The media has been ripe with news coverage of how COVID-19 has disproportionately affected the Black community. However, there has not been a concerted effort to track the impact of COVID-19 on the SGL community or the LGBTQO+ community overall. We know that the virus has disproportionately affected the African American community, because of the higher prevalence of chronic diseases such as asthma, diabetes, COPD, heart disease, and HIV/AIDS within this community. We can only assume that SGLM is at increased risk of devastating outcomes if they contract the virus (Centers for Disease Control and Prevention, 2021b).
As we ended National Pride Month 2021 in June, let us not forget the invaluable contribution of the Black Gay Community to the betterment, not only of the Black community, but of the world at large—people like James Baldwin, Alvin Ailey, Bayard Rustin, Angela Davis, Queen Latifah, and Robin Roberts.

Just as the struggle for true equity has required affirmation of the basic rights, dignity, and worth of African Americans, it also requires the affirmation of the basic rights, dignity, and worth of Black LGBTQO+ individuals. As promoters and defenders of physical and behavioral health, we cannot do less than voice this affirmation—and honor this affirmation—in our lives and our work.

In closing, Baldwin’s words underscore the simplicity of the message:

“LOVE HIM AND LET HIM LOVE YOU. DO YOU THINK ANYTHING ELSE UNDER HEAVEN MATTERS?” —JAMES BALDWIN (1956)

A recent commentary (Liu, 2021) reminds us that Baldwin’s words continue to echo from the grave, to help inspire and inform our continuous work within the LGBTQO+ community:

“In his iconic novel Giovanni’s Room, gay author James Baldwin makes a powerful statement about love. He proclaims that sex and gender don’t matter; all that matters is that two people love each other. Nothing should stand in their way if they have love in their hearts. These words resonated with millions of people who felt like their emotions were invalid because of the gender of the object of their love. With this quote, Baldwin assured them that it didn’t matter because love is love” (Liu, 2021).
Actionable steps should be taken by those who work with the LGBTQ+ community. This includes healthcare providers, social workers, pastors, community members, policymakers, and other interested personnel. We have the potential to affect social justice in solidarity with the Black Lives Matter movement so that our entire community is included in our quest to be freely whole and wholly free. This can be done best by providing space for the LGBTQ+ to realize their desires to be, to belong, and to act in a society whose cultural landscape is evolving rapidly.

The following recommendations can provide some guidance:

- The American Psychological Association recommends the use of community-based participatory methods in research so that the voices and needs of the SGL community can be heard and their stories can be told (American Psychological Association, 2018).
- Healthcare professionals should be given proper training, policies, and protocols to ensure that LGBTQ+ patients are identified and treated with dignity and respect.
- Medicare should be expanded to include greater access to services for this community, an important step toward health equity.
- SGLM who have good social support from family, friends, and the wider gay community have better outcomes in terms of health and wellness (Centers for Disease Control and Prevention, 2016).
- The LGBTQ+ community must place a lens on itself, confronting biases that sometimes target transgender people. Equally important are issues of ageism and body image in this community.

Surveillance data
include questions related to LGBTQ+ community health, including SGLM (Centers for Disease Control and Prevention, 2021a).

Information regarding sexual orientation
included in the patient intake process.

Language matters
Only appropriate and respectful language should be used when working with or communicating about the LGBTQ+ community.