HEALTHY BENEFITS OF SAME GENDER MARRIAGE – NOT JUST A SOCIAL ISSUE – passed only after removal of “marriage” and renamed EQUALITY FOR SAME GENDER FAMILIES

RESOLVED, That the AAFP support full legal equality for same-gender families to contribute to overall health and longevity, improved family stability and to benefit children of Gay, Lesbian, Bisexual, Transgender (GLBT) families.

9-2011 COD REFERENCE COMMITTEE DISCUSSION

The reference committee heard testimony on the definition of “civil marriage” as a legal status granted by license of the state. This definition is meant to distinguish the legal status from religious marriage, which is not affected by civil marriage. What other medical specialties think of this legal status issue was reviewed. The American College of Obstetricians and Gynecologists, in 2009, issued a policy statement that noted the negative health effects on lesbians and their families that are produced by the lack of legal recognition of their relationships. The American Academy of Pediatrics (AAP) issued a statement as early as 2006 that pointed out the value of civil marriage in promoting a healthy family. The AAP statement noted that the civil marriage provides legal rights that cannot be secured any other way. The AMA passed a resolution earlier this year recognizing that exclusion from civil marriage contributes to health care disparities affecting same-sex households. The denial of the right to marry was characterized as a social determinant of health. The AAFP was urged to support family medicine colleagues and patients who want a marriage license generally recognized as valid. Supporters of the resolution noted that marriage contributes to stability because it provides couples with a wide variety of health care benefits. In terms of health, it is clear that a family with two married parents is desirable. The implications are far broader than health, although the evidence on behalf of improved health is strong.

The reference committee also heard testimony that the American Journal of Public Health showed significant mental health concerns for patients in those states that had implemented legislation that prevented same-sex marriages. The AJPH article also noted that states with legal protections for same sex couples had fewer psychiatric problems. Exclusion from marriage, it was noted, would be a form of bullying and consigning gay and lesbian individuals to second class status. It was pointed out that civil marriage is not a new social experiment, since many of these couples have had long-term relationships that are strengthened by marriage. Testimony also was offered that Healthy People 2020 stated that unavailability of marriage has hurt the health of gay and lesbian couples. Consequently, family medicine should advocate on behalf of our patients. The reference committee was urged to let family medicine be bold in its defense of equal access to health care that equality of marriage rights provides. The reference committee heard that there are about 1,000 civil rights that do not convey to members of civil unions.

Others recommended that the committee should oppose the resolution because approval of it would make the AAFP the only physician organization fully in support of marriage equality for same-sex couples. It was stated that, instead of approving this resolution, AAFP should depend on the definition of family to guide the members on this very divisive issue. Others in opposition noted that recognition of marriage is a state issue, and the AAFP does not direct the policy decisions of constituent chapters. The intent of the resolution was described as legislating morality. Whether science supports the health value of civil marriages was disputed because the studies are based on incomplete research. Members noted that this resolution involves a
fundamental unit of our government and society and it should not be undermined. According to some who addressed the committee, this is too divisive and should not be passed. Some said that AAFP should assume that the resolution becomes a fundamental religious issue as soon as the policy includes the term “marriage.” Over 70 percent of U.S. citizens are religious, and this resolution could unintentionally endorse religious discrimination.

The reference committee understood the profound concerns of this issue and the views of both sides of the debate. The committee recognized the evidence pointing to the health value of stable relationships and that this evidence is recognized as valid. The committee was greatly concerned about the broad implications of continuing discrimination against any group of patients. The committee also understood the genuine religious conviction of members who felt the term “marriage” was a religious one. Since the issue is the recognition of fundamental legal and social rights, the committee thought a substitute resolution that would convey the AAFP’s commitment to oppose discrimination and support equality would not need to use the controversial term of “marriage” to arrive at the desired conclusion.