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JASMYN and the Need for LGBTQ+ Specific Organizations in Jacksonville, Florida

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Abstract

Nonprofit organizations receive a substantial amount of their funding from the federal government. In 2017, the current administration proposed cuts in areas of the federal budget that would negatively affect nonprofits and without this essential funding, such organizations may be unable to provide vital resources and services. LGBTQ+ specific organizations in Northeast Florida, such as JASMYN, play a role fulfilling the health and social needs of LGBTQ+ youth that would otherwise not be addressed by non-LGBTQ+ specific organizations.

Introduction

Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) organizations, whether they are political- or service-oriented, have been influential players in the development of the LGBTQ+ rights movement and the community around it. LGBTQ+ specific organizations are nonprofit organizations whose work focuses mainly on LGBTQ+ people and those in the community who are at-risk. These organizations are needed in communities since they combat discrimination and bias, along with providing specialized services dealing with health care and homelessness that meet the needs of LGBTQ+ youth. In 2017, the Trump administration proposed a federal budget that included major cuts to the funding of nonprofits.¹ According to the Urban Institute, “one-third of revenue for 501(c)(3) public charities (nonprofits) came from the government through formal contracts and grants” in 2011.² In Jacksonville, Florida, LGBTQ+ specific organizations are particularly important due to the high

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- 1 Soskis, Benjamin, and Brice McKeever, “How Vulnerable Are Nonprofits under Trump’s Skinny Budget?” Urban Institute, accessed Feb. 6 2020, <http://www.urban.org/urban-wire/how-vulnerable-are-nonprofits-under-trumps-skinny-budget>.
 - 2 Pettijohn, Sarah L. and Elizabeth T. Boris, “Nonprofit-Government Contract and Grants: Findings from the 2013 National Survey,” Urban Institute, (Dec. 2013): 1.

concentration of LGBTQ+ people, yet there is only one such organization located there, JASMYN. This leads to the lack of resources available, especially now that these organizations are threatened with funding cuts. Thus, it is critical that these nonprofit organizations receive government funding since they are often the only ones providing essential resources to the LGBTQ+ community.

Brandon Taylor describes a narrative all too familiar in the South: “At the time, I thought that there was nothing worse than being gay and Southern, that no two parts of a person could be more in conflict, and I felt that there was nothing to be done for it except to leave one or the other behind... The dissonance, I now think, arose because I felt from a very young age that to be Southern, one first had to love God and being gay prevented me from doing so because God could not love me back.”³ North Florida, specifically Jacksonville, is more conservative compared to South Florida and Miami due to its close proximity to the Bible Belt, an area in the Southeastern U.S. “where evangelical Protestantism plays an especially strong role in society and politics.”⁴ This strong religious presence in the region causes conflict when it comes to LGBTQ+ people and their care. The metropolitan area of Jacksonville has a population of approximately 1.5 million, making it the fourth largest metropolitan area in the state, with about 4.3% (about 49,134 adults) who identify as LGBT, the highest percentage of adults in the state.⁵ This conservative culture, along with the poverty and racial disparities present in the region,⁶ cause numerous challenges for LGBTQ+ specific organizations and LGBTQ+ people.

Before World War II, not many LGBTQ+ organizations existed. After the Stonewall Riots in 1969, numerous politically oriented LGBTQ+ organizations were formed in response to the attack on LGBTQ+ rights. It was not until the AIDS epidemic in the 1980s that these organizations became centered around the care of LGBTQ+ people.⁷ At the end of the 1980s, there were 89,343 deaths recorded

3 Taylor, Brandon, “Being Gay vs. Being Southern: A False Choice,” LitHub, Accessed January 28, 2020.

4 Abadi, Mark, “The US Is Split into More than a Dozen ‘Belts’ Defined by Industry, Weather, and Even Health,” Business Insider, accessed Feb. 6, 2020.

5 Brown, Taylor N.T., and Kerith J. Conron, “Jacksonville-Area Community Assessment Report,” The Williams Institute at the UCLA School of Law, accessed Nov. 2019.

6 Horwitz, Claudia, “Out in the South Part Two: LGBTQ Community Assets in the U.S. South,” Funders for LGBTQ Issues, accessed Feb 6, 2020.

7 Morris, Bonnie J. “History of Lesbian, Gay, Bisexual and Transgender Social Movements,” American Psychological Association, accessed February 3, 2020.

since AIDS was first reported in 1981.⁸ These organizations demanded increased government funding for research and treatment, along with other demands such as those for certain rights, via mass action and lobbying. One famous example of such an organization is the AIDS Coalition to Unleash Power, Los Angeles or ACT UP/LA. ACT UP/LA provides a great example of how social movements in the late twentieth-century became decentralized and more focused on direct action and protests using mail, along with the recently released communication methods of cell phones and emails.⁹ ACT UP/LA also provides an example of organizations and movements becoming multi-issue, acknowledging the importance of intersectionality. This intersectionality is reflected in the multi-issue focus of modern LGBTQ+ organizations.

These LGBTQ+ specific organizations were formed by the community, for the community due to the inaction of the United States government. When AIDS/HIV first appeared, AIDS/HIV was not viewed as an issue by the U.S. government because it seemed to only affect one minority group in particular: gay men. This attitude and bias limited early research and interventions. Now, it is better understood that gay men are not the sole group affected by HIV/AIDS. The people who are also likely to be infected include African Americans, Hispanics/Latinos, transgender women, and people who inject drugs.¹⁰ AIDS service organizations (ASOs) provided practical services, such as help with medical paperwork or getting meals to those with advanced AIDS.¹¹ These organizations had to take care of people with AIDS (PWAs) because many other healthcare providers refused to. The responsibility for the care of the sick fell onto their family and friends. There was a lot of stigmatization and misinformation surrounding AIDS resulting from society's lack of knowledge about the disease. Some common untruthful ideas associated with AIDS and HIV include that these diseases are always associated with death and behaviors that are disapproved of. For example, AIDS and HIV was thought to be only transmitted via sexual relations, and that it was the person's fault if they

8 "Thirty Years of HIV/AIDS: Snapshots of an Epidemic." amfAR. Accessed February 3, 2020.

9 Roth, Benita, *The Life and Death of ACT UP/LA: Anti-AIDS Activism in Los Angeles from the 1980s to the 2000s*, New York: Cambridge University Press, (2017): 14.

10 "Who is at Risk for HIV?" HIV.gov, (August 24, 2018), accessed Jan. 20, 2020, <http://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv>.

11 Hobson, Emily K, *Lavender and Red: Liberation and Solidarity in the Gay and Lesbian Left*, Oakland, CA: University of California Press, (2016): 159.

were infected since they needed to be punished for not being responsible enough to protect themselves from infection.¹²

The phrase “people with AIDS” was created by the Second National AIDS Forum in 1983 to replace the frequently used terms of “AIDS victim” or “AIDS patient” to humanize those affected and insist “on the rights of PWAs to respect, quality medical care, and active involvement in their own care.”¹³ In the late 1980s, there was an initial push for putting “drugs into bodies,” which called for more research and increasing the availability of AIDS drugs, but that slogan had some dehumanizing features to it and treated people as just things and not human beings. It was soon replaced with “bodies into healthcare,” which focused on the intersectionality of different issues and how things like incarceration, racism, sexism and poverty affected the spread of AIDS and “access to and efficacy of medical care.”¹⁴

LGBTQ+ people experience more health care disparities. The mistreatment of PWAs is reflected in the reservation of LGBTQ+ folks today who avoid seeking treatment out of fear of discrimination from healthcare providers. Discrimination affects the “access to and quality of healthcare services.”¹⁵ According to AVERT, a United Kingdom-based organization that focuses on HIV education, about one in eight people with HIV have been “denied health services because of stigma and discrimination.”¹⁶ The discrimination that LGBTQ+ people face includes: “refusal of needed services, refusals to touch the patient, use of excessive precautions, harsh language from providers, being blamed for health problems, or physical abuse in their health care.”¹⁷ In the United States, lack of insurance and money are both additional barriers to healthcare for LGBTQ+ people. The LGBTQ+ community has higher-than-average rates of uninsured people. Part of the reason why is because of the policies in place that prevent unmarried non-heterosexual partners/spouses from accessing their partner’s health care.¹⁸ This was a bigger issue before same-sex

12 “HIV Stigma and Discrimination,” AVERT, accessed October 10, 2019. <http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>.

13 Hobson, Emily K, *Lavender and Red*, 158.

14 Hobson, Emily K, 159.

15 Chance, Travis F, “‘Going to Pieces’ Over LGBT Health Disparities: How an Amended Affordable Care Act Could Cure the Discrimination That Ails the LGBT Community,” *Journal of Health Care Law & Policy*, University of Maryland, 2013 16 (2): 378.

16 “HIV Stigma and Discrimination,” AVERT.

17 Chance, “‘Going to Pieces,’” 378.

18 Chance, 380.

marriage was legalized in the United States, but there are still policies in place that prevent people from being covered by their partner's health care. Another method insurance companies use to prohibit people from receiving care is by the pre-existing condition clause, which excludes people who are HIV+ since it is a life-long diagnosis. Confidentiality is another barrier towards receiving adequate health care. Many LGBTQ+ people do not want to disclose their gender identity or sexuality to health care providers because they fear being outed to their family or facing discrimination from their employers or providers.¹⁹

Until the addition of sexual orientation and gender orientation to the Human Rights Ordinance (HRO) in 2017, there were no laws in Jacksonville protecting LGBTQ+ individuals against discrimination.²⁰ These protections are important in Florida because Jacksonville is listed in the top ten U.S. cities with the highest rates of new HIV diagnoses, along with three other Florida cities: Orlando, Fort Lauderdale and Miami. In 2016, the rate of new infection per capita was 47 per 100,000 people in Miami, the highest of any U.S. city.²¹ There are a couple of factors that cause the high rates of infection in Miami. One issue is that Miami has many immigrants living there who may be unaware of HIV because it is heavily stigmatized where they are from. Another reason is that since there is such a diverse population living in Miami, it is difficult to create campaigns that target specific populations to raise awareness. Campaigns aimed at drug users are not necessarily going to prompt, for example, Latino immigrants to get tested. Additionally, there are also numerous different HIV sub-strands that move more easily between certain populations. It is also difficult for organizations to reach some groups, such as the homeless population, as they tend to frequently change locations. The high number of people who use drugs and the lack of successful needle and syringe exchange programs is the third issue.²² Many of these issues affecting HIV diagnoses in Miami also impact HIV diagnoses in Jacksonville.

19 Hadland, Scott E., and et al, "Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments," *The Pediatric Clinics of North America*, 63 (2016): 961.

20 "Human Rights Campaign." Jacksonville Coalition for Equality, Human Rights Campaign, Accessed 16 Oct 2018.

21 Cohen, Jon. "'We're in a Mess.' Why Florida Is Struggling with an Unusually Severe HIV/AIDS Problem." *Science*, accessed October 16, 2018.

22 Cohen, Jon. "'We're in a Mess.'"

The LGBTQ+ specific organizations provide AIDS/HIV prevention, treatment and education that some people do not have access to elsewhere. Approximately 56% of homeless youth organizations provide STD/HIV testing, 60% offer STD/HIV education and prevention, and around 42% provide general health services.²³ Sixty-eight percent of LGBT community centers provide some type of “direct physical and/or mental health services.”²⁴ Outside of these organizations, it is difficult to find providers that have sufficient knowledge of and experience with the LGBTQ+ community. There is training involved in dealing with LGBTQ+ patients and many providers are not up-to-date on how to competently care for LGBTQ+ youth. Additionally, certain LGBTQ+ youth are at a higher risk for different infections, disorders, and diseases, both mentally and physically.²⁵ Providers need to be aware of this information and be able to treat their patients properly. Delivering proper care means moving beyond the current one-size-fits-all approach and focusing on the specific needs within the LGBTQ+ community. This training is important because it helps teach providers and their staff competency through actions, such as the use of proper pronouns and preferred names, to make sure that LGBTQ+ people are treated with respect. LGBTQ+ specific organizations help solve this issue by either having in-house healthcare providers or connections with LGBTQ+ friendly providers.

Many LGBTQ+ specific organizations receive some form of government funding for their work with HIV. This includes education, prevention, and treatment. Prevention is especially important because a report called “Getting to Zero” found that people who knew their positive status and took antiretroviral drugs “rarely transmitted the virus or developed AIDS.”²⁶ According to a study done by the Movement Advancement Project, in 2017, about half of the LGBTQ+ community centers surveyed said they received at least one government grant over \$10,000. Part of the reason why these organizations receive this funding is due to the prevalence of HIV/AIDs in the community. These organizations have better access to those

23 Choi, Soon K., and et al, *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*, Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund, (June 2015): 17.

24 Movement Advancement Project and CenterLink, “2018 LGBT Community Center Survey Report,” Movement Advancement Project, Aug 2018, accessed 16 Oct 2018.

25 Hadland, Scott E., and et al, “Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments,” 956.

26 Cohen, Jon. “We’re in a Mess.”

affected by the virus. In 2017, one million people received physical health services from these LGBTQ+ community centers.²⁷ JASMYN, a “youth services organization for lesbian, gay, bisexual, transgender and questioning (LGBTQ+) young people ages 13-23,” is the only LGBTQ+ organization in Jacksonville, Florida and is one example of a LGBTQ+ specific organization that receives government funding.²⁸ Founded by a local teen in 1993, JASMYN started out as a gay youth support group that met weekly and twenty-five years later became “one of Florida’s longest standing LGBTQ+ youth centers... and a nationally recognized organization” with the help of a grant geared towards preventing HIV in youth from what is now known as the Florida Department of Health, and another three-year grant in 1998. Those grants allowed JASMYN to include HIV prevention education to its support groups.²⁹

Homelessness is another major issue that LGBTQ+ specific organizations can provide more beneficial services for compared to other organizations. LGBTQ+ youth present a unique situation because they are overrepresented in the homeless youth population. In Jacksonville, 60% of the homeless youth identify as LGBTQ+, compared to the national rate of 40%.³⁰ This unusually high percentage of LGBTQ+ homeless youth in Jacksonville could be contributed in part to Jacksonville’s location in the South and the challenges that come along with that. In a survey of organizations that work with homeless youth, 40% of the clients identified as LGBTQ+ youth.³¹ The data may underrepresent the number of homeless LGBTQ+ youth served by homeless youth services since many youths may feel uncomfortable sharing their sexual orientation or gender identity with the non-LGBTQ+ specific organizations.

LGBTQ+ people frequently experience discrimination or bias within traditional homeless organizations. Much of the discrimination is based on stigmatizations and the lack of knowledge about the LGBTQ+ community. According to the National

27 Movement Advancement Project, “2018 LGBT Community Center Survey Report.”

28 *JASMYN*, jasmyn.org/. Accessed 16 Oct 2018.

29 *JASMYN*, jasmyn.org/. Accessed 16 Oct 2018.

30 Cravey, Beth R., “Jacksonville’s Youth Crisis Center to Add Area’s First LGBTQ Emergency Shelter,” *The Florida Times Union*, accessed October 16, 2018.

31 Durso, L. E., and G. J. Gates, “Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless,” Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund, (July 2012): 3.

Center for Transgender Equality, about one in five transgender individuals have been homeless at some point in their life.³² Transgender individuals have faced discrimination at homeless shelters where they are “...inappropriately hous[ed] in a gendered space they do not identify with and [the homeless shelters fail] to address co-occurring issues facing transgender homeless adults and youth.”³³ Transgender women have repeatedly been refused shelter at women’s homeless shelters. A study by the Equal Rights Center reported that only 30% of shelters were willing to shelter transgender women with other women, while 21% refused shelter, and 13% said they would house the transgender women in isolation or with men, which opens these women up to the possibility of abuse.³⁴ LGBTQ+ homeless youth are also more likely to experience physical and sexual exploitation than heterosexual homeless youth.³⁵ Currently, there are no federal programs that are specifically designed for LGBTQ+ homeless youth and LGBTQ+ specific organizations help fill that gap.

Traditional homeless organizations do not have the resources to focus on LGBTQ+ specific issues. Lack of funding was cited as the main reason why non-LGBTQ+ specific homeless organizations are unable to offer services specifically for LGBTQ+ youth. In 2015, about 65% of organizations reported the lack of funding as the most important barrier to serving LGBTQ youth.³⁶ For example, the housing programs that have the highest number of LGBTQ+ youth participating in them, such as host home services and permanent housing, tend to be the ones that are the least funded by the government and the least offered by the non-LGBTQ+ specific organizations.³⁷ This is possibly due to government organizations not seeing these as necessary services since they appeal more to a particular group of people, rather than just general homeless youth.

Additionally, the issues that affect homeless LGBTQ+ youth differ from those of other homeless youth. Most LGBTQ+ youth are homeless due to one of two

32 “Housing & Homelessness,” National Center for Transgender Equality, accessed February 3, 2020.

33 “Housing & Homelessness,” National Center for Transgender Equality.

34 Rooney, Caitlin, et al, “Discrimination Against Transgender Women Seeking Access to Homeless Shelters,” Center for American Progress, accessed 16 Oct 2018.

35 “LGBT Homelessness,” National Coalition for the Homeless, accessed February 3, 2020.

36 Choi, Soon K., *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*, 19.

37 Durso, L. E., and G. J. Gates, “Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless,” 14.

major factors: their parents rejecting them because of their sexuality/gender and not feeling comfortable staying at home or being forced to leave after coming out.³⁸ LGBTQ+ youth are also reported to have been homeless longer.³⁹ LGBTQ+ specific organizations are more able to address those family concerns. Youth Crisis Center is a nonprofit located in Jacksonville, who has recently been working with JASMYN, that focuses on helping youths that have experienced traumatic situations and providing “short term crisis care, mental health counseling, skills-based group training, and transitional living services programs” both for the youths and their families.⁴⁰ Their focus on the relationship between youths and their families is crucial because of the fact that many LGBTQ+ youth are homeless due to issues with their families. By dealing with the families, these organizations aim to tackle the youth homeless problem at its source. This organization has a program called “Family Link” that provides counseling for families with youth-related issues. Also, JASMYN facilitates youth and family support groups to help prevent the rejection of youth by their parents and deal with any issues that come up when youths come out to their parents. LGBTQ+ specific organizations have the ability to provide services that focus on the personal development of the youths. Those organizations have the funding available to create early intervention programs. One example is the collaboration between JASMYN and the Youth Crisis Center called the “House of Hope.” This house serves as a place where homeless LGBTQ+ youths can live, receive life skills training, mental health counseling, access to medical care, academic support, and career development. This project also can provide connections to stable or permanent housing and connections to jobs or college.⁴¹

One thing that is distinct about LGBTQ+ organizations is that they cover a multitude of needs in one location. LGBTQ+ people need help in a variety of areas, from health to school to meals. One model of organization that became popular in the 1980s was the ‘San Francisco Model’ pertaining to AIDS care. The ‘San Francisco Model’ is where all the health and social services needed by those in the hospital were brought to one location.⁴² It also allowed for there to be cooperation between AIDS

38 “LGBT Homelessness,” National Coalition for the Homeless.

39 Choi, Soon K., *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*, 4.

40 Youth Crisis Center, accessed February 3, 2020.

41 Youth Crisis Center, accessed February 3, 2020.

42 Hobson, Emily K, *Lavender and Red*, 159.

service organizations and government agencies for the benefit of the people. This was done because it was recognized that AIDS impacted more things than just one's health; it affected people's relations with others and their access to food, among other things. Currently, many LGBTQ+ specific organizations across the United States, such as JASMYN, are structured similarly to the 'San Francisco Model' in that they offer many diverse services to the LGBTQ+ community in one place, making it easier for them to have access to things that would otherwise be difficult for them to get.

LGBTQ+ specific organizations play an important role in communities that have other organizations that provide similar services. They assist LGBTQ+ people in avoiding and dealing with discrimination that they may experience at other organizations and provide services that tend to their specific needs. Homelessness and health care are the two areas where these organizations support LGBTQ+ people more than non-LGBTQ+ organizations. Since the amount of money these organizations get affects the types and amount of services they offer, if there was a cut in the amount of support they receive from the government, these LGBTQ+ specific organizations would be forced to stop offering some services that other organizations may not offer. This could severely impact the LGBTQ+ community, and many others, in a negative way since they would no longer have access to necessary services. In Jacksonville, if JASMYN were to lose its funding and close, it would leave thousands of youth without access to necessary care. If anything, more funding needs to be given to these organizations to eliminate youth homelessness and increase the access and quality of health care, along with funding the other programs these organizations run.

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