1. On November 17, 2010 the Stanford University School of Medicine Faculty Senate approved similar resolution to reduce documented health-care disparities affecting those couples, their families and their children.

2. Recognizing that this health equity issue has significant impact on UCSF Faculty and the broader UCSF community, propose resolution:
   a. “The Academic Senate at the University of California, San Francisco supports granting the rights of civil marriage to same-sex couples as part of our commitment to reduce the documented health-care disparities affecting those couples, their families and their children.”

3. Background
   a. Homosexuality removed as dx in 1973
      i. Now viewed as normal variant of human sexuality
   b. Marriage offers more than 1,138 Federal benefits and responsibilities, not including hundreds more offered by every state.
      i. In the military, the ability to speak of your partner without risk of being discharged
      ii. Assumption of partner’s pension
      iii. Bereavement leave
      iv. Insurance and tax breaks
      v. Medical decisions on behalf of partner
      vi. Sick leave to care for partner
      vii. Social Security survivor benefits
      viii. Citizenship for a foreign-born spouse
      ix. Inheritance Rights
   c. Countries with marriage equality:
      i. Netherlands (2001)
      ii. Belgium (2003)
      iii. Spain (2005)
      iv. Canada (2005)
      vi. Israel* (2006, marriages from other countries)
      viii. Sweden (2009, Registered Partnerships since 1995)
      ix. Mexico City (2009), Recognition in rest of Mexico (2010)
      x. Portugal (2010)
      xi. Iceland (2010)
      xii. Argentina (2010, Buenos Aires in 2009)
d. States in U.S. with full marriage equality:
   i. Massachusetts (2004)
   iii. Iowa (2009)
   iv. Vermont (2009)

e. R.I., MD, NM, NY recognize marriage from other states

f. Marriage reversals:
   i. Maine (passed via legislation, overturned by referendum (53-47%)
   ii. CA (Prop 8)

g. Allow Civil Unions (so, not full marriage equality)
   i. New Jersey (2007)
   ii. Illinois (2011)
   iii. Hawaii (2011)
   iv. EU: Austria, Czech Republic Denmark, Ireland, Finland, France, Greenland, Hungary, Iceland, Ireland, UK.
   v. Switzerland
   vi. Latin America: Uruguay (2007), Ecuador (2008), Colombia (2009), Rio Grande do Sul (Brazil), Coahuila (Mexico),

h. Allow domestic partnerships
   i. California (2005)
   ii. Nevada (2009)
   iii. Oregon (2007)
   v. Many local municipalities, including San Francisco and New York City.

i. Federal DOM Act (1996)
   i. February 2011: US Justice Department will not defend DOMA and will treat “sexual orientation” as “suspect class.”
   ii. March 2011: US Immigrations and Customs Enforcement attorneys suspend deportation proceedings in case of NY bi-national lesbian couple pending marriage-based immigration case

4. What does the research show?
   a. Discrimination accounts for part of the excess psychiatric morbidity in LGB persons
      i. Large epi studies show slightly incr rates of depression, substance abuse and anxiety d/o on LGBT people.
b. A study published in the *American Journal of Public Health* found that states enacting bans against same-sex marriage in 2004 and 2005 saw increases in mental health disorders such as depression and anxiety in their lesbian, gay, and bisexual residents. Heterosexual people living in these states did not show a similar increase in such disorders. (Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *Am J Public Health*. 2010 Mar;100(3):452-9. Epub 2010 Jan 14.

i. In other words, discrimination hurts people’s health.

c. distress associated with legal climate regarding adoption

i. high internalized homophobia (IH) x residence in state with unfavorable legal climate > increases in depression and anxiety

ii. LG persons with high IH in states with favorable legal climates start with high depressive sx’s that decreased over time

d. marriage (in heterosexual populations) associated with multiple benefits:

i. greater psychological well-being, sense of purpose in life, less negative affect

ii. decreased psychiatric and physical morbidity; less mortality

iii. benefits particularly important during times of increased stress

iv. tangible benefits:

1. financial (e.g., survivorship benefits, health insurance coverage, tax advantages)
2. legal protections (e.g., rights for both parents, framework for relationship dissolution)
3. health benefits (e.g., access to insurance, medical decision making)

v. intangible benefits

1. family and community recognition of relationships
2. definition of adulthood
3. “psychosocial insurance”

e. legally recognized relationships (N=406) vs. committed relationships (N=1353) [cross-sectional]

i. less internalized homophobia

ii. fewer depressive symptoms

iii. lower levels of stress

iv. more meaning in life
5. “The marriage ban works a deep and scarring hardship on a very real segment of the community for no rational reason” from Mass. Supreme Court decision, 2003

   a. Commissioned by NIH
   b. Need to develop policies, programs, and research agendas that directly confront the critical health issues facing LGBT individuals and their families.
   c. Some key findings:
      i. LGB youths are at increased risk for suicide and depression,
      ii. HIV-AIDS primarily affects young black men who have sex with other men
      iii. LGBT people are frequently targets of discrimination and violence