Resolution for the Indiana State Medical Association (ISMA)
2011 Annual Convention

Marriage Equality and Public Health
Whereas Indiana General Assembly bill HJR-6 provides “that only marriage between one man and one woman shall be valid or recognized as a marriage in Indiana”;
Whereas HJR-6 also provides “that a legal status identical or substantially similar to that of marriage for unmarried individuals shall not be valid or recognized”;
Whereas bans on nontraditional marriage do have well-documented adverse health consequences for the populations involved;
Whereas ISMA resolution 10-02A, which was overwhelmingly embraced by the ISMA at its 2010 convention, reads as follows: Therefore, be it resolved that the Indiana State Medical Association (1) recognizes that exclusion from civil union or marriage contributes to health care disparities affecting same-sex households; (2) will work to reduce health care disparities among members of same-sex households, including minor children; and (3) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households;
Whereas the intent and substance of HJR-6 and 10-02A are mutually incompatible;

Therefore, be it resolved that the ISMA, through its Committee on Legislation, will (1) publicly oppose future Indiana General Assembly efforts promoting HJR-6; and (2) support legislative efforts in support of nontraditional marriage.

Discussion
Last year the ISMA passed 10-02A by an overwhelming majority voice vote at its annual convention. Subsequent Indiana legislative efforts (HJR-6) calling for the so-called constitutional “gay marriage ban” threaten to directly contribute to health care disparities affecting same-sex households. The practical adverse health consequences to be anticipated if a constitutional ban on nontraditional marriage were to become law in Indiana are summarized in an article of mine that was published by the American Journal of Public Health (AJPH) in June of this year. Note that the AJPH is a peer-reviewed journal and is recognized as one of the premier public health journals in this country. That it published my commentary article is validation as to the source material cited and for the conclusions reached.

I believe that our state is at a crossroad with respect to how it deals with sensitive issues wherein we find tradition to be in conflict with empirical evidence. I believe it is our responsibility to our patients and our state to offer the education and leadership that promote dignity, respect, and equal treatment of all people in a fashion that will optimize mental and physical health outcomes.

William C. Buffie, M.D.