

Editorial

PE1 → Advocacy for Women's Health Includes Lesbian Health

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ABSTRACT

Although research confirms that homosexuality is a normal expression of human sexuality, established scientific studies are often not reflected in laws and judicial opinions for lesbians with regard to employment, taxation, pensions, disability, healthcare, immigration, military service, marriage, custody, and adoption. The expression of homosexual attraction or behavior is sometimes met by disdain or violence. Psychological and epidemiological research confirms that the public discriminatory attitudes and second-class legal status cause physical, emotional, and financial harm to lesbians, their families, and their children. Some lesbians experience discrimination in healthcare and avoid routine primary healthcare. To decrease the harm, and improve the health of lesbians, medical institutions can include sexual orientation and gender identity in their nondiscrimination policies and offer domestic partner coverage in employment benefits. Our specialty societies should review current laws and judicial opinions and advocate for change. Further, specialty societies can effect change by issuing policy statements about issues of orientation and by writing orientation/identity curricula for public schools, colleges, and postcollegiate education to improve their accuracy, reduce sexually transmitted diseases, delay sexual activity, and reduce morbidity from homophobic violence.

INTRODUCTION

THERE ARE THREE GENERALLY RECOGNIZED components of sexuality used in scientific research: attraction, behavior, and identity. A lesbian is thus defined as a woman who is attracted to women, engages in sexual behavior with a woman, or reports herself to be a lesbian. Sexual orientation is thought to develop as various sex hormones affect the developing fetal brain.¹ Many studies of behavioral physiology and of neu-

roanatomic and somatic landmarks in the brain suggest that homosexuality is a biological status with parameters intermediate between the two poles of gender.^{2,3} Additionally, there are many behavioral,⁴ somatic anatomic,^{2,5} and physiological correlates⁶ of homosexuality that confirm the contribution of biology to orientation and gender identity.

National population-based studies in the United States have shown that 4.4%–11.1% of women report a same gender attraction, 4.5% have

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had same gender sexual activity since puberty, and 1.4% identify themselves as lesbians.⁷ Assuming a 2% prevalence of lesbians among 146,707,720 American women (U.S. Census Projections, July 1, 2002), there are about 3 million lesbians in the United States.

LESBIAN HEALTH DEMOGRAPHICS

The Institute of Medicine (IOM) has reviewed lesbian health demographics and has concluded that there are indeed specific healthcare concerns that set lesbians apart from their heterosexual counterparts and are worthy research priorities.⁸

Healthcare concerns

Cardiovascular disease and obesity. Lesbians appear to weigh more, eat slightly fewer fruits and vegetables, report higher rates of heart attacks, and smoke more than heterosexual women.⁹

Lung carcinoma. Higher reported rates of smoking cigarettes¹⁰⁻¹² place lesbians at higher risk of oral, esophageal, gastric, lung, cervical, and colon cancer.

Ovary carcinoma. Lower parity and less use of oral contraceptives, combined with higher rates of obesity and endometriosis, may give rise to a higher rate of ovarian carcinoma in the lesbian population.¹³

Endometrial carcinoma. The risk factors for endometrial cancer include obesity, a high-fat diet, and low parity, all factors that have been associated with the lesbian population.¹⁰⁻¹²

Cervical dysplasia and carcinoma. Some physicians have incorrectly informed their lesbian patients that they do not require a Pap smear because they are in a low-risk category, assuming that they have had no sex with males or could not themselves transmit the human papillomavirus (HPV). However, most lesbians have had sex with men,¹⁴ and HPV can also be transmitted by exclusive lesbian sexual contact.¹⁵ Additionally, lesbians and bisexual women have been observed to be less compliant with Pap smear screening recommendations than heterosexual women.¹¹ A higher rate of smoking is another risk factor for cervical dysplasia.

Breast carcinoma. Among the Women's Health Initiative (WHI) population, lesbians and bisexual women had more breast cancer than heterosexual women, despite similar mammography screening rates as study protocol participants.¹¹ Lesbians possess more risk factors for breast cancer, including nulliparity, alcohol and cigarette abuse, menopausal hormone replacement therapy (HRT), and obesity,¹⁶ and they may have fewer mammograms than the general population.

Anal/colon/gastric carcinoma. Smoking, obesity, and high alcohol intake have been shown to increase the rates of colon and gastric cancer. Lesbians on the WHI and Nurses' Health Study II (NHSII) protocol studies were shown to have had fecal occult blood tests and to have developed colon cancer at rates similar to those of heterosexuals and bisexuals,¹¹ but in studies of the general population, screening may be less, and smoking and drinking more frequent.

Mental health. It has been suggested by researchers that higher smoking and drinking rates among lesbians may indicate higher rates of depression, stress, low self-esteem, and complications of childhood abuse—all possible effects of being a lesbian in a heterosexual-oriented society.¹⁷⁻¹⁹ In a 1994 study of 1925 lesbians from all 50 states, over half of the sample had had thoughts of suicide (18% had attempted suicide), 37% had been physically abused as a child or an adult, 32% had been raped or sexually attacked, and 19% had been in an incestual relationship while growing up.¹⁴ About 75% of the sample had received counseling at some time, half of these for reasons of sadness and depression.^{14,20} Both the NHSII and the WHI report that the women who identify as lesbian or who have sex with women are more likely to admit to being depressed and to be taking antidepressants.^{10,11} When questioned about causes of depressive stress in their lives, most lesbians report stress from isolation and social ascription of inferior status^{21,22} and lack of support from families and friends.²³ Lesbians who did not hide their homosexuality report more satisfaction in their jobs and relationships,^{24,25} although this coming out can result in either greater acceptance or becoming a target for violence.²⁶ Such a paradox can help to explain why depression and psychiatric morbidity are more common for lesbians.

Although being a lesbian or a sexual minority

is not inherently (genetically, biologically, morally) hazardous, risk factors are conferred through what has been called “homophobic fallout.” The process of homophobia—the socialization of heterosexuals against homosexuals and concomitant conditioning of gays, lesbians, bisexuals, and transsexuals against themselves—must be recognized by healthcare providers as a legitimate and potent health hazard. With the richer concentration of risk factors for heart disease and many cancers observed in the lesbian community,²⁷ many federal researchers have recommended investigation of culturally competent risk reduction strategies and stratification of data by sexual orientation in new and ongoing longitudinal epidemiological studies, such as the National Health and Nutrition Examination Survey and the National Health Interview Survey.^{28,29}

LESBIANS TODAY

Despite a history of prejudice and discrimination, most lesbians live successful, happy lives. Some have entered psychotherapy wanting to change their sexual orientation. However, they were found to be suffering from society’s disdain for them or were feeling pressured to change by ill-informed family members or by the teachings of many religious groups.³⁰ The American Psychiatric and Psychological Associations now view homosexuality as an unchangeable “normal variant of human sexuality” and as a “component of one’s identity, an enduring emotional, romantic, sexual or affectional attraction that a person feels toward another person [that] falls along a spectrum or continuum,” of attraction, behavior, and identity.³⁰ The American Academy of Pediatrics has reviewed the data on children who are gender atypical or who recognize their homosexual orientation during their youth and assures parents that their children are normal, recommending that youth be affirmed in their orientation and taught to accept themselves as they are.³¹ These organizations have urged that society accept homosexuality as part of the broad and diverse fabric of human sexual expression and life.

The definition of “family” for lesbians often involves a partner and the creation of a network of close and accepting friends as a family-of-choice, especially if their family-of-origin has rejected them. For example, the most frequent sources of

support for lesbians who had recently developed breast cancer were partners, friends, and prior partners, with related family and co-workers rated last.³² Many lesbians (both single and coupled) choose to bear and raise children. A 2002 comprehensive review of published studies about more than 500 children raised in lesbian households concluded that the children developed normally regarding gender identity, sexual orientation, self-concept, moral and social judgment, and intelligence.³³ A recent review of studies that focused on children of gay, lesbian, and bisexual individuals similarly concluded that there was no difference in self-esteem, adjustment, educational goals, development, and well-being of children based on whether their parents were homosexual or heterosexual.³⁴ This study also found that lesbian mothers were more involved in their children’s lives, were more nurturing, and exhibited greater harmony in their parenting approaches than heterosexual couples.³⁴ This review indicated that teenage boys with homosexual parents were more sexually restrained and exhibited less aggressive and more nurturing social behavior than boys raised in heterosexual families. Girls raised by lesbians gravitated toward less stereotypically feminine dress, play, and occupations.³⁴

IMPACT OF CIVIL MARRIAGE LAWS ON FAMILY HEALTH, CHILD SECURITY, AND AGING

U.S. marriage laws

Lesbians who are committed to each other and to the families they choose to raise are not granted the same legal and financial protections that U.S. laws confer to stabilize heterosexual couples. Civil marriage contracts are not provided same sex couples in the United States but are in The Netherlands, Belgium, Denmark, and Canada. Rights and responsibilities of marriage in the form of civil unions have been conferred in three states, Vermont, California, and Hawaii, as they have in 14 of the 22 members of the European Union. No state allows women to marry, and 38 state assemblies have passed laws to prohibit recognition of same sex marriages from other states, and 3 states have prevented recognition of any other state’s domestic partnership or civil unions.

Social Security and Disability programs, housing, and food stamps

Whether one is eligible for Social Security payments and, if so, how much one receives are both dependent on marital status. After the death of an insured worker, a nonworking senior or disabled spouse, even if divorced, receives financial support based on the deceased individual's earning history.³⁵ However, when a domestic partner worker dies, no benefits are conferred to the surviving disabled or senior lesbian partner, or to any children of the homemaking spouse unless the child has been officially adopted. Such a loss to the bereaved family can result in poverty.

Child support, established under the Social Security Act, provides help in enforcing the support obligations of absent working parents to their children and to the spouse with whom the children may be living.³⁵ In a marriage, if the supported spouse is receiving assistance under Medicaid or Aid to Families with Dependent Children, the state will help enforce the support obligation. However, Temporary Assistance to Needy Families does not offer support for children living with nonrelatives and will not seek child support from a nonmarried abandoning domestic partner.³⁶

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Veterans' benefits

Veterans' benefits include pensions, indemnity compensation for service-connected death, medical care, nursing home care, right to burial in veterans' cemeteries, educational assistance, and housing. A surviving spouse or child of a veteran is entitled to receive dependency and indemnity compensation payments when the veteran's death was service connected.³⁷ If it is discovered that a veteran's marriage is invalid, the purported marriage still may be recognized as long as no legitimate widow or widower requests benefits. Married spouses of veterans may be beneficiaries of National Service Life Insurance; be eligible for interment in national cemeteries if the veteran is eligible; receive educational assistance, job counseling, training, and placement services; and receive preferences in federal employment.³⁷ None of these benefits are available to spouses of lesbians who have served their country.

Taxation

According to the General Accounting Office (GAO), there are 179 provisions in federal tax

laws based on marital status that favor married couples.³⁸ There are no estate, property transfer, or gift taxes between married spouses. Survivors in an unmarried couple must pay a 53% tax to inherit their partner's assets over the standard deductible. When the partner of a lesbian dies and their home is in joint tenancy, the home will automatically be reappraised at what is usually a higher value, therefore increasing the tax burden on the surviving partner. In addition, the lesbian will owe the new value of the estate taxes on the whole property (not just her partner's portion). Neither of these would happen to a married couple who held their home in joint tenancy. Married spouses can file their income tax together and potentially benefit from the 59 provisions designed to financially benefit the couple.

Judicial access and services

Federal laws protect the intimacy of a couple.³⁸ Married spouses have the right to sue for wrongful death of a spouse and the right not to testify against the other. Marriage also entitles couples seeking dissolution to access to family law courts, employing the state's divorce, and custody laws. Homosexual relationship agreements are relegated to business courts for examinations of their contracts, with no consideration of marriage, divorce and custody laws.

Military service

Although lesbians can serve in the military, they must hide their orientation. In 1993, the policy of "Don't ask, don't tell, don't pursue" became law. The proponents of this law promised an end to the military policy of asking about sexual orientation and pursuing witch hunts within the military. The actual result has been that policy violations and discharges have increased remarkably, with more than 7800 American service members (most of whom have been women) losing their jobs, at a replacement cost of over \$230 million to taxpayers.³⁹ Not included in the replacement costs are the costs of investigation and the loss of countless men and women who resign or choose not to reenlist because of the gay ban.

Employment benefits and related laws

Employer-sponsored benefit plans can provide ongoing health insurance after death or divorce of the employee, as well as the right to unpaid

leave to care for a seriously ill spouse. In addition, there are 270 health, educational, and survivor benefits for spouses of government employees, including foreign service workers.³⁸ These include per diem allowances for moves, unpaid leave to care for a disabled spouse, employment assistance, commissary privileges, and free secondary education overseas in the Defense Department school system. If the employee dies, final paychecks and undesignated life insurance benefits go to the married spouse. None of these benefits are available to the lesbian government worker and her significant other.

The federal government is the largest employer in the United States, employing a substantial number of women, especially from low and lower-middle class socioeconomic strata, providing them a lifeline into the middle class with a superior benefit package. Despite support from 75% of the polled population,⁴⁰ the Employment Nondiscrimination Act (ENDA) has not passed the U.S. Congress. First introduced in 1975, the measure would bar employers from hiring or firing or making promotion or compensation decisions based on sexual orientation, with reasonable exemptions for religious organizations, small businesses, the military, and nonprofit, voluntary groups, such as the Boy Scouts. Without passage of this act, it remains legal in 36 states to discriminate in hiring based on sexual orientation.

Immigration, naturalization, and aliens

Federal laws governing the conditions under which noncitizens may enter and remain in the United States, be deported, or become citizens give special consideration to married spouses of immigrants and aliens. Under the current Immigration and Nationality Act, citizens may sponsor their married spouses and relatives, but not domestic partners, for immigration and citizenship purposes. The Permanent Partners' Immigration Act was introduced in the Senate in February 2001 to include "permanent partners" in place of the word "spouses" in the Immigration and Nationality Act, but this has not been passed.

Trade, commerce, loans, intellectual property, financial disclosure, and conflict of interest

Married spouses may file jointly for bankruptcy protection. Renewal rights and termination rights for a deceased spouse's copyrighted work go to the surviving spouse. Married couples may file

for loans and be considered together. Employees of executive, legislative, and judicial agencies may not appoint relatives, including spouses, to agencies in which they serve or exercise control. These rules do not currently apply to domestic partners.

Crimes and family violence

Attempting to influence a U.S. official through threats directed at a spouse is a federal crime. It is a federal crime for a person to travel across a state line with the intent to injure their married spouse. The National Commission on Crime Prevention and Control established a uniform response to spousal sexual assaults and sex offenses, but these special circumstances are not applicable in domestic partnerships.

Custody and adoption

Adoption laws, like marriage laws, are designed to protect the family's health and well-being. Adoption creates a permanent legal relationship for a child with both parents so the child can be legally spoken for, inherit, and be protected in case of loss of either parent. Currently, there are no federal or state protections guaranteeing that a lesbian seeking custody of a child will be assessed on her parenting skills alone, as recommended by the American Academy of Pediatrics.⁴¹ Women who identify themselves as lesbians are often denied insemination services,^{42,43} as well as the right to adopt, and thus are denied the privilege of motherhood. Florida, Mississippi, Utah, and Arkansas prohibit adoption by lesbians and same gender couples.

SOLUTIONS FOR THE DISPARITIES

Approximately three quarters of Americans support laws to protect gays and lesbians from prejudice and discrimination in employment and housing and to provide them with employment benefits, inheritance rights, employer-provided health insurance, and social security benefits.⁴⁰ Among the general public surveyed by the Kaiser Family Foundation, 66% believe that homosexual behavior is a normal part of some people's sexuality. Americans (56%) support U.S. military service for gay men and lesbians. Fully 78% say gay men and lesbians experience significant prejudice and discrimination, and 88% say they would ac-

cept a lesbian, gay, or bisexual family member or friend.

Still, there is legally sanctioned inequality of treatment and outright discrimination against homosexuals in this country. Advocates of gay and lesbian rights have sought passage of legislation to prohibit discrimination on the basis of sexual orientation in employment, housing, public accommodations, and public service. However, many people are under the assumption that these proposed laws will confer special rights.

A great deal of progress in creating remedies for these observed psychological and physical health disparities has already been made in the healthcare field. The American Medical Association (AMA) passed a policy statement regarding the equitable provision of medical care to gay men and lesbians. The American Medical Women's Association (AMWA) passed without opposition a policy statement urging "national, state, and local legislation to end discrimination based on sexual orientation in housing, employment, marriage and tax laws, child custody and adoption laws; to redefine family to encompass the full diversity of all family structures; and to ratify marriage for lesbian, gay and bisexual people . . . creation and implementation of educational programs . . . in the schools, religious institutions, medical community, and the wider community to teach respect for all humans."

The AMWA has set a powerful example in writing policy statements endorsing government legislation to end discrimination against lesbians. All specialty societies can extend their current set of policy statements to include lesbian health where it has already been forward thinking and protective of women's health in general. For example:

- Include "marital status, sexual orientation, gender, or perceived gender" in every nondiscrimination statement.
- Have a policy statement about health of sexual minorities that would note that it is against the professional code of ethics to deny lesbians insemination or obstetrical services and to deny adoption to homosexuals or transsexuals based on orientation.
- Provide a sample printed nondiscrimination policy suitable for framing and encourage all members to post it on their waiting room wall. As an example: "This office appreciates the diversity of women and does not discriminate

based on race, age, religion, ability, marital status, sexual orientation, gender, or perceived gender."

- Become a resource for health information for clinicians about orientation and gender issues. The specialty societies should encourage and support appropriate training for newly qualified providers about lesbian health concerns. Organized curricula in schools can enable clinicians to provide culturally competent medical care to all patients.
- Encourage practice groups to learn cultural competence in the care of lesbians, bisexuals, intersexuals, and transsexuals.
- Encourage members to create patient intake forms that inquire about domestic partnerships, taking into account the family ties created by lesbian and gay relationships.
- Recommend that clinicians urge lesbians and gay men in committed relationships to obtain contracts for a surrogate decision maker in the event that they are unable to make their own decisions. These are available at most hospitals. Lesbians should be cautioned that these contracts may not be honored in all states or in the 83 countries that criminalize homosexuality, with punishments varying from denial of equal protection, fines, censorship, and incarceration to execution.
- Encourage research. The IOM recognized the "historical barriers [which] continue to affect what research is done, how it is perceived, what kinds of resources are available . . . [and the] negative effects on academic careers of working with a stigmatized population, the lack of mentors for conducting research in this setting and the lack of funding."⁸ Participants in the Scientific Workshop on Lesbian Health 2000 have called for stratification of the National Health Interview Survey, the Youth Risk and Behavior Survey, and several ongoing disease-specific surveys.^{28,29}
- Endorse the need for equality of treatment of all women by all the U.S. laws.

DISCUSSION

Although some people worry that issuing nondiscriminatory policy statements constitutes an endorsement of homosexuality, it should be noted that similar policies issued regarding race, religion, and ability are not seen as endorsements

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of a particular race, religion, or ability. Similarly, supporting nondiscrimination for lesbians can improve women's health. When Stanford University became the first university to provide lesbian and gay faculty with a benefit package equal to that provided to heterosexual faculty, the subcommittee reviewing the issue stated:

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One imagines, for example, that a decision by Stanford 40 years ago to take the lead in eradicating discrimination against blacks, women or Jews in admissions, hiring, memberships in sororities and fraternities, etc., would have been politically unpopular with many alumni, as well as with the larger political community. One also imagines that had Stanford taken such a leadership role, few in the Stanford community would look back on that decision now with anything but pride.

Our work as advocates for women's health issues is not complete until we advocate for all women, especially those who are as undervalued, underrepresented, and misunderstood as lesbians.

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KATHERINE A. O'HANLAN

PE1

Dr. Bowman: Is placement of paper correct? Editorials should be in front of issue. Should this be a Guest Editorial? Opinion? Comment?

AU1

Clarify meaning of “those of heterosexuals and bisexuals, but in studies of the general population, screening may be less, and smoking and drinking more frequent.”

AU2

How does the recent Massachusetts law stand here? Update.

AU3

Sentence starting “However, Temporary Assistance to” not clear. Clarify meaning.

AU4

Immigration and Nationality Act correct? Not Law?

AU5

Source of quote?

AU6

What does “it” refer to?

AU7

Give source of quote as response

AU8

Please give correct, complete reference 10