

## LGBT Health Outlook Upbeat

### LGBT Health Reps Optimistic at Spring Meeting

By Bob Roehr  
Contributing Writer

Members of the National Coalition for LGBT Health were upbeat as they met in Washington, DC on March 19. The just concluded LGBT Health Awareness Week had generated a record number of hits on their website, while growing numbers of programs and increased funding offer better ways to serve the community.

"One of the biggest accomplishments is that we have maintained a powerful and legitimate presence in government given the hostility and antipathy toward the gay community from many members of the Bush administration," said Barbara Warren, director of planning and research at the LGBT Community Center in New York City.

Joel Ginsberg, executive director of the Gay and Lesbian Medical Association (GLMA), said they are working with the Human Rights Campaign (HRC) and others to develop a Healthcare Quality Index that will rate hospitals on their policies toward GLBT patients and employees. It is based upon the survey developed by HRC for their workplace project and will be compatible with the standards of the Joint Commission on Accreditation of Healthcare Organizations (JACO).

"It opens the door to issues of cultural competency" in serving LGBT patients, said Kathleen DeBold, executive director of The Mautner Project for lesbians with cancer. She said the business model is most appropriate for large institutions like hospitals. The rating system could later be adapted and rolled out to other settings like community clinics.

Health issues are an increasingly



Dean Wigder and Joel Ginsberg at the meeting on the National Coalition for LGBT Health

important component of the public debate over LGBT political rights. Hospital visitation and health care are winning elements in the discussion over gay marriage and domestic partnerships.

HRC lobbyist Dena Wigder said increased funding for abstinence only programs of sex education and HIV prevention "is really, really alarming." She said the newest restrictions not only require teaching that sexual activity should be only within marriage, but it must be defined as a union between a man and a woman. "It's not about health, it's about ideology. It's trying to make the LGBT community invisible."

One way mainstream health advocates are trying to strike back is with a provision in an appropriations bill requiring that "all federal funding for sexuality education programs must be medically accurate," Wigder said. About 120 congressmen have signed on as cosponsors. The religious right has tried to strip out the "peer-review" language, because much of the "data" behind their positions would not survive the peer-review process of medical journals.

Ginsberg said Democratic mem-

bers of Congress are proposing a federal health disparities bill. "It does not address LGBT populations, it addresses all of the other populations that have demonstrated health disparities—immigrants, rural populations, women, and racial and ethnic minorities."

GLMA spoke with Rep Donna M. Christensen (D-Virgin Islands), a leader of the Congressional Black Caucus on health issues. She added LGBT-inclusive language in the House version of the bill, but it got dropped in conference with the Senate. "We don't know exactly why that happened," Ginsberg called it "an opportunity for our community to lobby around that bill. It's an interesting educational tool."

The National Gay and Lesbian Task Force is creating an inventory and profile of the services, capacity, and funding of as many LGBT social services and healthcare organizations as possible, said policy director Eldie Acheson.

They also are working with 7-10 agencies a year "to seek earmarks" to federal appropriations legislation, seeking to direct funds to individual LGBT service provider

continued on page 11

## Improving Health Care

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"There is little formal education about sexual minority groups included in medical training. As a result, otherwise knowledgeable providers are often uninformed about basic issues essential to providing high quality care" to LGBT patients.

That is not news to many in the community, but the fact that it is being said in the prestigious *New England Journal of Medicine* carries more weight. The article "Improving Health Care for the Lesbian and Gay Community" appears in the March 2 edition. It was written by Harvey J. Makadon, a professor at Harvard Medical School who also is affiliated with the gay oriented Fenway Community Health.

In the article, he recounts how the decision to come out to his own physician at the age of forty, nearly two decades ago, was "a huge issue, and for many people it remains so today. In places like Boston and San Francisco we tend not to think about that," he said in this exclusive interview.

Makadon believes that for many physicians, it is primarily a lack of education on aspects of how the LGBT patient may differ from heterosexual counterparts that leads to less than optimal care. He points out a number of those differences in the article.

Sexually active gay men have a much higher need to be vaccinated for hepatitis B because that activity can put them at greater risk of exposure to the virus. Hepatitis B infection can lead to serious liver damage.

Many physicians assume that lesbians are at low or no risk for cervical cancer and so skimp on pap smears that screen for early lesions that may develop into cancer. In fact, many lesbians have had sex with men early in their lives, and infection with the sexually transmitted human papillomavirus (HPV), which can cause cervical cancer, is quite common. It can take decades for dysplasia and cancer to develop from that exposure, so screening is essential.

"But the one that is hardest to help patients

continued on page 10