



When Health Care Isn't Caring: LGBT Women¹

Results from Lambda Legal's Health Care Fairness Survey

In 2009, Lambda Legal conducted a survey, with the help of over 100 partner organizations, as part of a national Health Care Fairness campaign. **This survey is the first to examine experiences with refusal of care and barriers to health care access among LGBT and HIV communities² on a national scale.** The information in this report is gleaned from the 4,916 surveys completed.

This fact sheet describes the discrimination, substandard care and barriers to health care experienced by LGBT women.² Nearly 38 percent of respondents to this survey (1,866 people) identified as female. Of this group, 86 percent (1,607 people) identified as non-transgender female; almost 8 percent (143 people) identified as transgender; 5 percent (98 people) identified as gender non-conforming or androgynous; and 1 percent (20 people) identified as two-spirit. (Survey respondents could select more than one of these categories.)

Discrimination and Substandard Care

The results of this survey overall show that disturbing numbers of lesbian, gay, bisexual or transgender (LGBT) respondents as well as those living with HIV have experienced significant health care discrimination.

Respondents who identified as female were most likely to be affected by two particular types of discrimination: being denied infertility services and taxation of same-sex partner benefits.

Nearly 18 percent of female respondents reported being denied infertility services, making them more than twice as likely as non-female respondents to report being denied these services. Eighty-two percent of female respondents

¹ Generally, when "LGBT" is used, the "G" refers to gay men. However, when female-identified respondents were asked in this survey to identify their sexual orientation, nine percent said they were "gay," therefore we are describing this group as "LGBT women."

² There were not enough female-identified respondents living with HIV to analyze this group separately. As a result, this fact sheet only contains information about female-identified LGBT survey respondents as a whole, both HIV positive and negative.

reported that taxation of same-sex partner benefits was a problem for them, compared to 77 percent of non-female respondents. Female respondents were also more likely than non-female respondents to be low-income and in relationships, providing some reasons why they were more vulnerable to these types of discrimination.

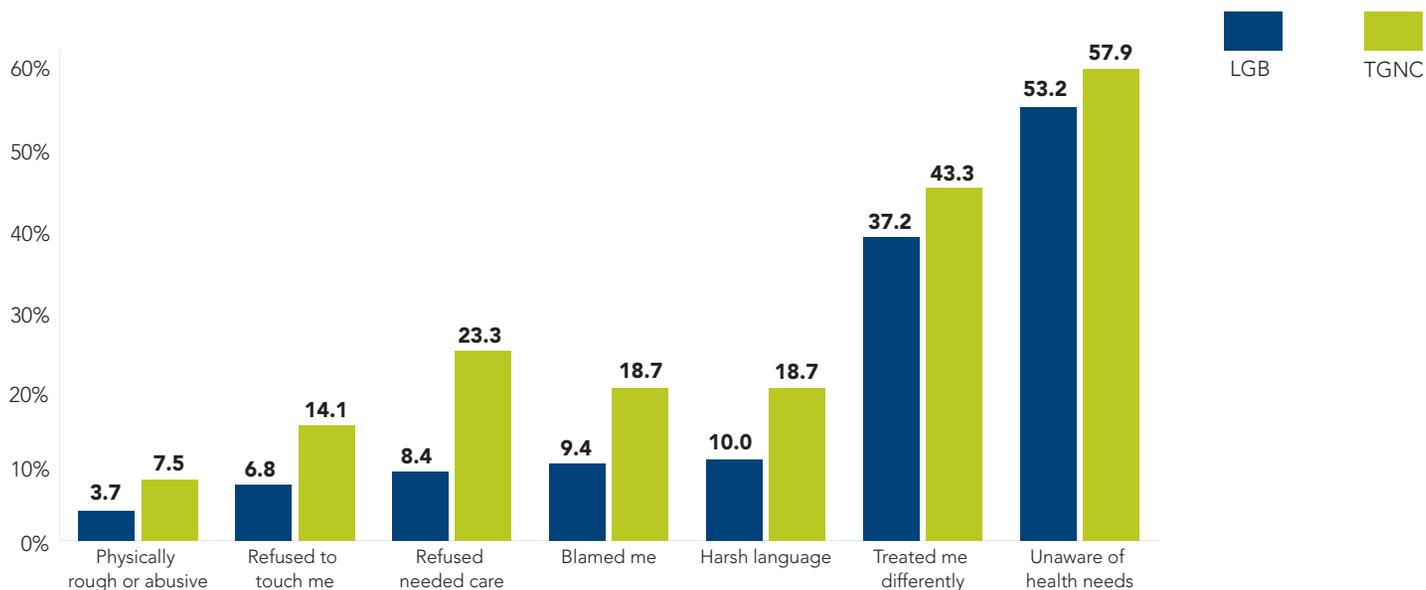
Taxation of same-sex partner benefits refers to the taxes that an individual must pay when he or she covers a same-sex partner or domestic partner under an employer health insurance plan. The estimated amount the employer pays to cover the partner is considered taxable income by the federal government, as well as by a number of state governments, because they do not allow same-sex couples, married or otherwise, the exemption that married heterosexuals receive for the value of their spousal health benefits.

In several categories of discrimination covered in this survey, **lesbian, gay or bisexual (LGB) female respondents were more likely than their non-female counterparts to experience discrimination and substandard care.**

- Over 37 percent of LGB female respondents reported that they were treated differently than other people, compared to almost 28 percent of non-female gay and bisexual respondents.
- Over 53 percent of LGB female respondents reported being treated by health care providers who were unaware of the specific needs of LGB people, compared to 39 percent of non-female gay and bisexual respondents.

Transgender or gender-nonconforming (TGNC) respondents who identified as female (also referred to as transfeminine) reported experiences of discrimination and substandard care. These responses were similar to those for TGNC respondents who identified as male (transmasculine).

Discrimination and Substandard Care: Female LGB Compared to Female Transgender or Gender-Nonconforming (TGNC)



- Over 23 percent of female TGNC respondents reported that they had been refused needed care because of their gender identity.
- Female TGNC respondents reported that medical professionals were unaware of their specific needs (58 percent), treated them differently than other patients (43 percent), blamed them for the medical problem for which they sought care (19 percent) or used harsh or abusive language toward them (19 percent). These responses were similar to those for TGNC respondents who identified as male (transmasculine).

Among TGNC survey respondents, those who identified as female were somewhat *less* likely to say they were denied trans-specific care (among those who wanted it). Thirty percent of female TGNC respondents reported this type of discrimination compared to 37 percent of non-female TGNC respondents.

Intersecting Forms of Discrimination

It is well documented that women experience significant health disparities due to sexism and other factors. While this survey was designed to examine the discrimination LGBT people and people living with HIV experience in health care based on their sexual orientation (homophobia), gender identity (transphobia) and/or HIV status (HIV stigma), it is important to point out that LGBT people and people living with HIV may experience discrimination based on a multiplicity of factors including gender, age, health status, race, ethnicity, class and national origin.

Intersectionality theory makes it clear that it is impossible to separate different types of discrimination and oppression because they intersect and interact to create, sustain or deepen negative outcomes. In fact, the intersectional experience is greater than the sum of the different types of discrimination.³

The intersectionality of sexism, homophobia, transphobia and/or stigma based on HIV status can help explain why LGBT female survey respondents were more likely to experience some discrimination and barriers to care than non-female respondents.

LGBT women have unique experiences that may not be best addressed by policies and programs designed with the incorrect assumption that all LGBT people are male. Similarly, programs designed for heterosexual women may not meet the needs of LGBT women. By taking intersectionality into account, policies and programs can more sufficiently address the particular ways in which LGBT women experience discrimination.

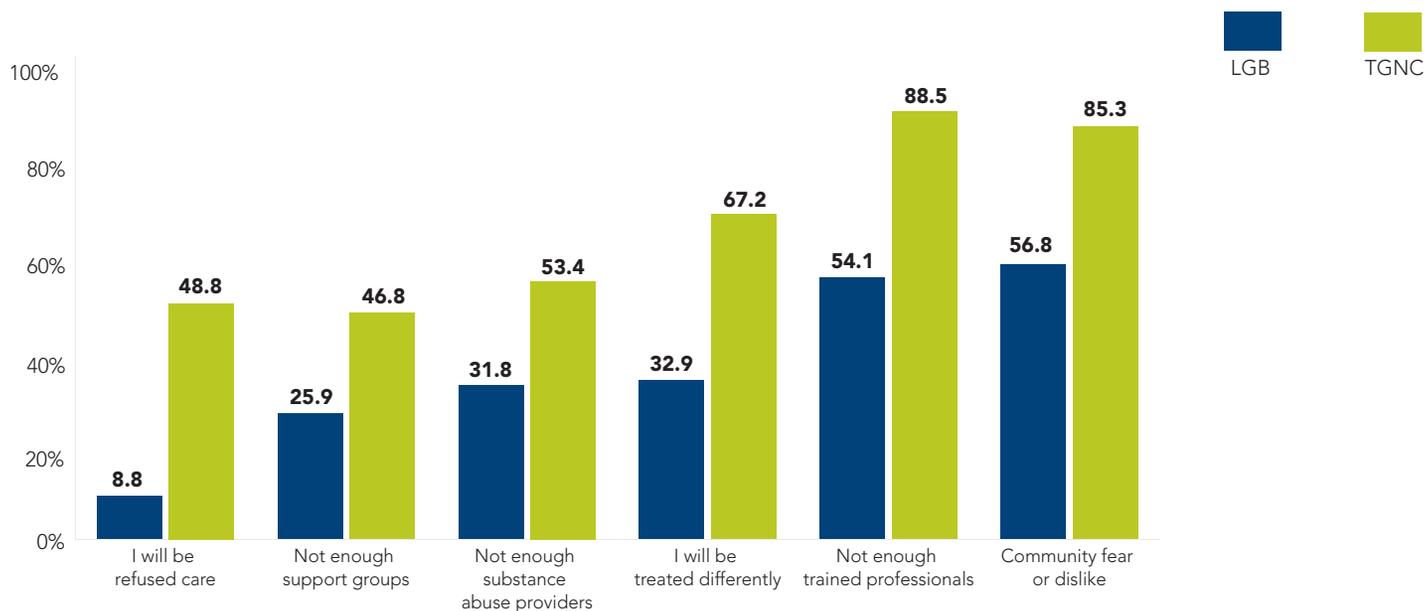
Barriers to Health Care

Female respondents also reported being worried about their ability to obtain needed health care. These concerns are **barriers to care** and can lead to a reluctance to seek care and, as a result, poorer health outcomes. Female respondents were worried that:

- There are not enough health professionals adequately

³ Kimberle Crenshaw, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics*, 1989 U. CHI. LEGAL.F. 139,140.

Fears and Concerns About Accessing Health Care: Female LGB Compared to Female Transgender or Gender-Nonconforming (TGNC)



trained to care for LGBT people (54 percent for LGB females and 89 percent for transgender females);

- Medical personnel will treat them differently because of their sexual orientation or gender identity (33 percent for LGB females and 67 percent for transgender females); and
- They will be refused the medical care they need because of their sexual orientation or gender identity (nearly 9 percent for LGB females and nearly 49 percent for transgender women).

- Take intersectionality into account when developing policies, programs and services.
- Advocate for improved laws and accreditation standards.

Governments should:

- Include equal coverage of LGBT people and people living with HIV in all antidiscrimination and equal opportunity mandates.
- Require all health care facilities and education programs that receive government funding to develop and implement goals, policies and plans to ensure that LGBT people and people living with HIV are treated fairly; and provide ongoing cultural competency training for all health care students and professionals.
- Change laws to require recognition of the families of LGBT people, including those who live within less common family structures, and require health care providers to do the same.
- Pass laws that explicitly protect LGBT people and people living with HIV from discrimination in health care settings.
- Prohibit discriminatory practices by insurance providers that deny or limit coverage of medically necessary care for LGBT people and people living with HIV, such as reproductive and transition-related health care.

Key Recommendations

Health care institutions and providers should:

- Establish nondiscrimination, employment, fair visitation and other policies that prohibit bias and discrimination based on sexual orientation, gender identity or expression and HIV status; recognize families of LGBT people and their wishes; and provide a process for reporting and redressing discrimination if it occurs.
- Mandate cultural competency training for all health care students and professionals about sexual orientation and gender identity and expression; include information about the ways LGBT women along with other LGBT people who are members of other marginalized populations may experience discrimination in health care settings; and provide strategies to eliminate such discrimination.

Individuals and organizations should:

- Educate themselves and each other about LGBT rights and, when possible, educate health care providers about the needs of LGBT patients.
- Become educated about sexism and other forms of discrimination as well as the concept of intersectionality as a way to understand how LGBT people and people living with HIV who are also women are affected by multiple types of discrimination.
- Advocate for improved laws and policies.
- Report unfriendly and discriminatory practices, share stories of health care discrimination and pass on referrals to friendly providers and institutions.
- Use existing mechanisms—such as advance directives and other documents—to create as much protection as possible for themselves and their loved ones.

Demographics

Of the 1,866 survey respondents who identified as female:

- Nine percent (163 people) identified as gay, 75 percent (1,372 people) identified as lesbian, 19 percent (346 people) identified as bisexual, 20 percent (373 people) as queer, 6 percent (110 people) as same-gender loving and almost 2 percent (27 people) as heterosexual.
- Eighty-eight percent (1,640 people) identified as white; 6 percent (114 people) identified as Latina, 6 percent (111 people) identified as black or African American, almost 4 percent (67 people) as Asian American, 3 percent (62 people) as Native American, nearly 1 percent (17 people) as Middle Eastern and almost 7 percent (123 people) identified as multiracial. Six percent (104 people) were born outside of the U.S.

Female respondents were younger than those who do not identify as female. Twelve percent (220 people) were age 18-24, 47 percent (880 people) were age 25-44, 22 percent (405 people) were age 45-54, 15 percent (281 people) were age 55-64 and 4 percent (80 people) were age 65 or older.

Female respondents were more likely to be in some form of partnership. Sixty-three percent of female respondents reported being in a relationship, compared to 50 percent of non-female respondents.

Female respondents were also more likely to be low-income yet less likely to be unemployed than non-female

respondents. Ten percent of female respondents reported household incomes below \$10,000, compared to 8 percent of non-female respondents. Fifty-eight percent of female respondents worked full-time jobs, 13 percent worked part-time jobs and 9 percent were students. Twelve percent of female respondents were unemployed and were not students, compared to 19 percent of non-female respondents.

Overall, respondents to this survey, while representing a diverse sampling of the larger community of LGBT people and people living with HIV, were somewhat more privileged than the LGBT population as a whole in terms of income level, educational level, and access to health insurance. **Because those who are affluent, educated and insured are more likely to be well-served by health care systems, this report likely understates the discrimination and barriers to health care experienced by LGBT women.**

From *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV* (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

For the complete survey report, visit www.lambdalegal.org/health-care-report. If you feel you have been discriminated against, contact Lambda Legal's Help Desk at 866-542-8336 or send an email via our web form at www.lambdalegal.org/help/online-form.