



When Health Care Isn't Caring:

Lesbian, Gay, Bisexual and Transgender (LGBT) People and People Living with HIV Speak Out

Since coming out, I have avoided seeing my primary physician because when she asked me my sexual history, I responded that I slept with women and that I was a lesbian. Her response was, "Do you know that's against the Bible, against God?" –Kara, Philadelphia, PA

As a gay male who has been HIV positive for 23 years, I have experienced so many biased and discriminatory actions from the first moment of receiving the news of my testing positive in a letter from a life insurance company to having doctors not wanting to even shake my hand. I had receptionists in doctors' offices point out my status on my chart to other office and non-medical personnel and make disparaging remarks. A urologist refused treatment due to my HIV status, and in the past I have been refused health insurance simply because I have HIV. I now get my meds via mail order to avoid prejudice from pharmacy employees. My experiences have forced me back into the closet in many ways because I fear repercussions from anyone associated with medicine. – Robert, Location Withheld

Many of us are vulnerable when we are ill or seeking health care services. For lesbian, gay, bisexual and transgender (LGBT) people and those living with HIV, that vulnerability is often exacerbated by disrespectful attitudes, discriminatory treatment, inflexible or prejudicial policies and even refusals of essential care. These barriers, in turn, can result in poorer health outcomes and often have serious and even catastrophic consequences.

These are the real stories of LGBT people and people living with HIV who have experienced discrimination and mistreatment in health care settings. They were collected as part of Lambda Legal's national Health Care Fairness Campaign. With the help of over 100 partner organizations, Lambda Legal also conducted the first survey to examine refusal of care and barriers to health care among LGBT and HIV communities on a national scale. The compiled results showed that more than half of the nearly 5,000 respondents reported experiencing at least one type of discrimination in care. The stories included in this fact sheet bring to life the survey data and highlight the discriminatory treatment, disrespectful

attitudes and inflexible or prejudicial policies LGBT people and people living with HIV often encounter when they seek medical care.

Health care professionals treated me differently from other patients

Thirty percent of lesbian, gay and bisexual (LGB) respondents and nearly 51 percent of transgender and gender-nonconforming (TGNC) respondents believed health care professionals had treated them differently than other patients.

I am a physician, board-certified in Internal Medicine, writing you the story of one of my patients, Joe (not his real name), who is an openly gay man. I met Joe for the first time while I was covering for my business partner, Dr. M., who was on vacation. Even though Joe was in to see me for a minor issue, I noticed while reviewing his file that he had seen Dr. M. quite a few times over the last couple of years, complaining of weight

loss and “just not feeling right.” Joe’s file was peppered with HIV tests that were all normal, but no other tests were done to evaluate Joe’s symptoms. It took me only a quick office examination to realize that Joe had a thyroid problem called hyperthyroidism (Graves’ disease) which was quickly confirmed with a simple blood test. This condition explained all of Joe’s ailments and, if left untreated, could have had many detrimental effects on Joe’s body, including his heart and bones. I was appalled with my partner’s narrow-mindedness and prejudice that made him assume that gay men’s only health concern is HIV, which made him miss an important medical condition. I wonder how many similar medical conditions in gay men and women go unrecognized and untreated. –Abdallah, Chicago, IL

I am transgender, a registered nurse and married to my same-sex spouse of 6 years. On December 5, 2008 we were involved in a car crash and taken by trauma alert ambulance to a hospital in California. My spouse was more seriously hurt and we were separated at the hospital. I was denied any information about her condition despite identifying myself as her spouse and producing a certified copy of our marriage certificate. This Catholic hospital didn’t recognize my status as next of kin so they would provide no information. I had to wait several hours until I was discharged from the ER to visit her and see how she was doing for myself. This would not have happened if we had been an opposite-sex couple, married or not. No one at the hospital ever apologized for adding to our suffering by denying us what would be usual courtesy if we had fit their standards. Until this happened I had never experienced discrimination in health care—I just couldn’t believe it happened to us. –Jennifer, Folsom, CA

Following an injury to my back on March 10, 1990 I went to see my doctor in San Francisco. I had been seeing him for six months for diagnosis and treatment of chronic pain related to the back injury. At a September 1990 appointment, he said that he did not see why I was coming back to see him as he did not know why I was experiencing the chronic pain. At the time he felt my injury was related to a muscle injury or perhaps some other illness related to “my lifestyle,” implying that I had some HIV-related neuropathy, although my labs did not show any parameters related to immune disorder. I consequently did not return to his care as I felt he was prejudiced toward gay people and people with HIV. –Thomas, Oakland, CA

In 2007 I had to have a liver transplant. That might have been avoided had it not been for a nurse practitioner

who immediately assumed an abnormal blood test was a “warning sign” of HIV—simply because I am a gay man. In 2002, I went to my doctor for a routine checkup. Among the tests given was a CBC or Complete Blood Count. This can actually be a sign of liver disease or hepatitis. My healthcare provider also insisted on an HIV test because I was “high risk” despite being in a monogamous relationship for over five years at that point and celibate for two years prior to that. The HIV test was negative. When the liver test results came in, she called me into the office to explain that I probably had HIV. When I questioned her (I have a medical background myself) she explained that “new information” showed that a drop in platelets was a precursor to seroconversion. She wanted to repeat the HIV test since it was “obviously a false negative.” We repeated the tests. I had to pay out of pocket for them since the insurance company refused—after all, I’d had them done less than two weeks before. –Buck, Tucson, AZ

I was refused needed care

Almost 8 percent of lesbian, gay and bisexual (LGB) survey respondents, nearly 27 percent of transgender or gender-nonconforming (TGNC) respondents and 19 percent of respondents living with HIV reported that they had been denied needed health care.

I was 36 years old at the time of this story, an out gay man, and was depressed after the breakup of an eight-year relationship. The doctor I went to see told me that it was not medicine I needed but to leave my “dirty lifestyle.” He recalled having put other patients in touch with ministers who could help gay men repent and heal from sin, and he even suggested that I simply needed to “date the right woman” to get over my depression. The doctor even went so far as to suggest that his daughter might be a good fit for me. –Joe, Minneapolis, MN

I am a post-operative trans woman who began my gender transition in 2004. After talking about transitioning with my family MD, she agreed to continue her medical relationship with me. Because she was not experienced in treating a trans person or prescribing HRT (Hormone Replacement Therapy), she referred me to a local endocrinologist who could perform blood work and recommend a hormone replacement regime. When I called

the endocrinologist to set up an appointment, I was told by the secretary, “We don’t treat people like you.” I called the two other local endocrinologists and was told the exact same thing. My psychologist told me that some of her clients experienced the same when they tried to secure an appointment with an endocrinologist. She told me that they just don’t want trans people in their waiting rooms because they might make other customers feel uncomfortable, or they simply have a moral objection to trans people. Endocrinologists like this relegate people like me to self-medicate, which can be dangerous to our health. Hormones are easily available over the Internet without a prescription.

–Emilie, Boise, ID

Not enough health care professionals adequately trained

Nearly 50 percent of LGB respondents and almost 50 percent of those living with HIV believed that health care professionals were not properly trained. Respondents who were TGNC were most likely to report having this experience (nearly 90 percent).

I went to visit my school’s health clinic for an annual checkup. *While I was filling out my health history information sheet, I was pleasantly surprised to find that there was space to indicate whether I was sexually active with male or female partners, the number of partners I’d had, and the type of birth control I used. I thought that this was a great example for LGBT-friendly medical facilities. Unfortunately, when I was called into the exam room, the nurse didn’t read the form and proceeded to ask me if I was sexually active and used condoms. When I replied no, and told the nurse that I was a lesbian, she was shocked. After that, the appointment was awkward and I felt as though the nurse was not willing to touch me because of my sexual orientation. It just goes to show you that having a LGBT-friendly form does not make a clinic LGBT-friendly.*

–Torrey, Portland, OR

I had prostate cancer six years ago. *The urologist was fully aware of my sexual orientation. A few years ago I went to the urologist who took over his practice when he retired, for erectile dysfunction. He asked me how hard I’d get on a scale of one to ten, if I saw a beautiful woman. I told him “I’m gay.” His reaction? “Very funny.” I didn’t find this particularly funny.* –Gregory, Brooklyn, NY

I am a doctor who treated an 18-year-old high school student. *He moved from the West Coast, where he had lived with his dad, to move in with his mom on the East Coast because of trouble in school. He was having attacks of sudden shaking and weakness. His mom took him to her primary care provider, who referred him to a neurologist, suspecting temporal lobe epilepsy (a very rare condition). He underwent thousands of dollars’ worth of tests—all of which turned out normal. I saw him professionally at the request of his boyfriend. Turns out he had been gay bashed in the bathroom at his old high school. He received death threats while there. None of his new physicians had asked him about his sexual orientation. It quickly became apparent to me that he was having anxiety or panic attacks as he recalled these events. I treated him with small doses of Lorazepam when he felt an attack coming on. This completely eliminated the attacks. The presumption of heterosexuality and failure of his primary care provider and consulting neurologist led to many costly and unnecessary tests and failure to correctly diagnose and treat his problem.*

–John, East Stroudsburg, PA

Health care professionals used abusive language

Nearly 11 percent of LGB respondents, almost 21 percent of TGNC respondents and almost 12 percent of those living with HIV have interacted with health care professionals who have used harsh or abusive language toward them.

When I left the U.S. Army in 1993, *I moved to Georgia to go to college. As I had a disability from my active duty service, I tried to sign up for the Vocational Rehabilitation and Employment program to pay for my college tuition. In order to qualify for the program, I had to attend an evaluation with the local VA clinic psychiatrist. At the beginning of my appointment, the psychiatrist asked me why I had left the Army. I explained that I had come to accept that I was gay just before Don’t Ask Don’t Tell became policy, so when it did, I chose to leave the service. The psychiatrist proceeded to spend the entire rest of our hour convincing me that I was not a lesbian, just “misguided by some other gals” and that he could “cure me of my deviancy.” By the end of the hour, I knew my chances of signing up for the program were gone. The psychiatrist even went so far as to offer me free counseling at his “camp for girls like you to get better.”*

–Michelle, San Jose, CA

Lambda Legal would like to thank all of the individuals who have so graciously and bravely shared their personal stories for this project.

If you feel you have been discriminated against and would like legal information and assistance, 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.

The data included in this factsheet are 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). For the complete survey report and supplemental factsheets, visit www.lambdalegal.org/health-care-report.