LGBT Health Equity: Steps Toward Progress and Challenges Ahead

William Byne, MD, PhD

Key words: Affordable Care Act, European Parliament, health disparities, intersex, LGBT, marriage equality.

THE JOURNAL, *LGBT HEALTH*, was launched to facilitate communication among members of the health workforce so that we might take full advantage of an unprecedented window of opportunity to advance lesbian, gay, bisexual, and transgender (LGBT) health in the United States and around the world. This opportunity was created by a confluence of developments, including the publication of the groundbreaking 2011 Institute of Medicine report on the health of LGBT populations¹ and progressive health policy changes, intended to reduce LGBT health disparities and overcome barriers to care, as outlined in the editorial of the inaugural issue of the journal.² That editorial also included a call to action to open this window of opportunity even wider and to visualize and create a new era of LGBT health equity.² Since the launch of *LGBT Health*, the journal has provided a vital forum for rapid scholarly communication of advances in LGBT health research, medical education and training, advocacy, and policy.

This editorial opens with a brief review of some of the most recent and notable positive developments in LGBT health, including the recent landmark U.S. Supreme Court ruling on marriage equality. In light of these developments, the goal of LGBT health equity seems more attainable than ever. However, we must not be lulled into complacency. In many regions of the world, where LGBT persons lack basic human rights and civil protections, LGBT health equity can hardly be imagined. Even in the U.S., there is still no federal law protecting LGBT individuals against discrimination in employment, housing, and public accommodation, and serious health disparities persist. Much remains to be done. This editorial also includes an overview of the current issue of *LGBT Health*, and concludes with an update on the journal's growth and its increasing impact.

On June 26 of this year, the U.S. Supreme Court handed down a landmark ruling that all 50 states must now uphold marriage equality, making the U.S. the 21st country to recognize same-sex marriage. In a Gallup poll conducted in May, a record high of 60% of Americans favored marriage equality.³ By upholding same-sex spousal rights and benefits, the ruling removes some significant barriers to LGBT health-care. It also may increase LGBT visibility and acceptance and, thereby, reduce the LGBT stigmatization and minority stress that contribute substantially to disparities in LGBT

health.¹ Implications of the marriage equality ruling for LGBT health are addressed more fully in a perspective article by Angela Perone, Esq., in this issue.

The ruling on marriage equality came just one day after the Court upheld a key aspect of the Affordable Care Act (ACA), despite an error in its wording. Under the ACA, insurers can no longer deny coverage based on a person's sexual orientation, gender identity, or pre-existing health conditions. A recent analysis of data from the Health Reform Monitoring Survey found that, in the two years since enactment of the ACA, the percentage of uninsured LGB Americans has decreased by approximately 50%.⁴ Thus, the recent ruling by the Supreme Court is a major victory for LGBT health equity.

A 15-year-old ban on Medicare funding of sex reassignment surgeries was lifted in May 2014. Since then, more private insurance plans have begun to cover gender transition services as has Medicaid in several states (New York, Oregon, Massachusetts, Vermont, Washington, D.C., and Maryland).⁵ In addition, the requirement that health insurance carriers for federal employees exclude gender transition services was lifted this year⁶ and, beginning with calendar year 2016, all federal carriers will be required to provide such coverage.⁷

Polls have shown that many LGBT individuals, particularly those who are transgender, perceive their medical providers to lack the training required to address their specific needs effectively.⁸ Lending support to this perception are findings from a 2011 survey of American and Canadian medical school deans showing that, across all 4 years of medical school, a median of only 5 hours was devoted to LGBT content.⁹ In November 2014, the Association of American Medical Colleges published a guide that comprehensively addresses the implementation and assessment of new LGBT medical curricula.¹⁰ The new guide recommends that LGBT competencies are integrated throughout the curriculum rather than restricted to a few dedicated LGBT health lectures, as is typical today. While implementation of the recommendations in this guide will assure that future providers will be trained in LGBT competencies, additional steps are needed to educate those already in practice. In recognition of this need, the California State Assembly passed a bill in September 2014, requiring that continuing medical education include information "pertinent to

the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities.”¹¹ Hopefully, other states will follow suit.

On July 13 of this year, U.S. Defense Secretary Ash Carter announced steps aimed at eventually ending the current ban on transgender men and women serving openly in the U.S. military, including a six-month study to assess the “readiness implications of welcoming transgender persons to serve openly.”¹² Militaries in Canada, Germany, and Australia already allow openly transgender people to serve and, on June 8 of this year, the American Medical Association issued a resolution titled “Military Medical Policies Affecting Transgender Individuals,” which concluded: “There is no medically valid reason to exclude transgender individuals from service in the U.S. Military.”¹³ The fact that the U.S. is reexamining its policy reflects the increased social acceptance of transgender persons and is yet another step in reducing the stigmatization of transgender people and its adverse effects on health. At the time that the military is reviewing its policies of transgender exclusion it should also review its policies of categorically excluding individuals with intersex conditions and other disorders of sex development (DSD). The U.S. Army regulation that precludes transgender persons from serving also categorically excludes individuals with these somatic conditions.¹⁴ The regulation states that “these conditions render an individual administratively unfit rather than unfit because of physical illness or medical disability,” and includes them among a list of mental disorders that are considered to also render an individual unfit.¹⁴ In addition, both this regulation and the Department of Defense Regulation¹⁵ which excludes those with intersex conditions and DSD, use antiquated language (e.g., the terms, hermaphroditism and pseudohermaphroditism) that professional consensus suggests should be avoided because it is imprecise and potentially perceived as pejorative by patients.¹⁶ The ability to serve in the military should be determined based on each individual’s fitness rather than seemingly arbitrary categorical exclusions.

On the international front, an overwhelming majority (24 in favor, 1 against, 1 abstention) of the European Parliament recently voted to adopt a report that calls upon the United Nations (UN) to protect and respect the rights of LGBT and intersex individuals as well as those living with HIV.¹⁷ In view of anti-LGBT legislation enacted recently in UN member nations such as Gambia,¹⁸ Kyrgyzstan,¹⁹ and Russia,²⁰ the action of the European Parliament is especially noteworthy and welcome. In 2000, the UN adopted a declaration listing targets to be reached by 2015.²¹ The recent report from the European Parliament lists targets for years beyond 2015.¹⁷

The current issue of *LGBT Health* begins with a perspective article by Angela Perone on the impact of the recent U.S. marriage equality ruling on LGBT health. Health benefits mediated through both decreased barriers to care and mitigation of LGBT minority stress are addressed. The perspective is followed by a review article by Katharine Lacefield and colleagues that employs a series of meta-analyses of studies conducted over the past 20 years to examine and compare correlates of condomless anal sex in men who have sex with men (MSM) who have or have not been diagnosed with HIV infection.

Three original research articles address health issues of sexual minority women. Ulrike Boehmer and colleagues examine sexual minority women’s health behaviors and out-

comes after breast cancer. Ariella Tabaac and colleagues employ U.S. national survey data to forge a mediational chain among multiple variables including outness, social support, mental health, and wellness behaviors. Robert Coulter and colleagues employ survey data in the first published study to examine whether syndemics are present in sexual minority women as has been reported in men who have sex with men. A syndemic is the aggregation of two or more diseases in a population that interact to exacerbate the negative health effects of one or more of the diseases. The authors present evidence that syndemics do occur in sexual minority women and that they appear to be related to perceived discrimination on the basis of sexual orientation.

Two original articles focus on transgender women: Yuko Mizuno and colleagues use data from the Medical Monitoring Project, a surveillance system designed to produce nationally representative estimates of the characteristics of HIV-infected adults, to elucidate the characteristics of transgender women living with HIV and receiving medical care in the U.S. Compared to non-transgender persons, they describe disparities in durable viral suppression and unmet needs for basic services; and in a study of sex workers who are African American transgender women, Tooru Nemoto and colleagues identify and compare unmet needs among those living in Oakland with those living in San Francisco, its more affluent neighbor. An original exploratory study by Catherine Lesesne and colleagues describes the reported experiences of teenage MSM and their preferences for communication with school staff about matters related to sexual orientation.

The first of three short reports examines the coming out of sexual minority youth and the impact of parental rejection on internalized homophobia and mental health (Julia Puckett and colleagues). The second report identifies predictors of suicidal ideation in a Virginia statewide sample of transgender individuals (Brian Rood and colleagues). The third report, by Sarah MacCarthy and colleagues, examines sexual network profiles and risk factors for sexually transmitted infections among African American sexual minorities in Mississippi.

Finally, Henry Ng provides a highly laudatory review of the book, *Trans Bodies, Trans Selves*,²² edited by Laura Erickson-Schroth, from the perspective of an academic physician who works with transgender and gender nonconforming patients. Dr. Ng concludes that the book is a rich and valuable resource accessible to both medical professionals and consumers and that it will one day be considered a classic like its inspiration, *Our Bodies, Our Selves*.²³

In closing, I am very pleased to announce that *LGBT Health* has been accepted for coverage in Thomson Reuters’ products and services. Beginning retroactively with our first volume, published in 2014, *LGBT Health* will be indexed and abstracted in Current Contents®/Clinical Medicine, Current Contents®/Social and Behavioral Sciences, Science Citation Index Expanded (also known as SciSearch®), Social Sciences Citation Index®, Journal Citation Reports/Science Edition, and Journal Citation Reports/ Social Sciences Edition. The early achievement of this milestone reflects the quality of the journal’s content, for which we are indebted to our contributors, the editorial board, and our expert reviewers. This accomplishment also reflects the journal’s important contribution to building a strong evidence base in the

field of LGBT health. Due to a significant increase in the quality and quantity of manuscripts submitted to the journal, and in anticipation of continued growth, *LGBT Health* is increasing in frequency to six issues per year in 2016.

With the unwavering support of the journal publisher, Mary Ann Liebert, Inc., publishers and the appointment of a new managing editor, Julia Chapman, as well as four new associate editors (Conall O'Cleirigh, Ulrike Boehmer, Madeline Deutsch, and Henry Ng, who will join us in October) we are committed to the dissemination of high quality research in LGBT health and will ensure that submitted articles are reviewed promptly and published in a timely fashion.

As always, we encourage you to participate in this mission by submitting your original research, reviews, and perspective articles, and providing feedback on recent content in the form of letters to the editor. Priority is given to scholarship that can be put into action to advance LGBT health. International contributions are especially welcome.

References

1. Institute of Medicine: *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, D.C.: The National Academies Press, 2011.
2. Byne W: A new era for LGBT health. *LGBT Health* 2014;1:1–2.
3. Gallup: Record-High 60% of Americans Support Same-Sex Marriage. May 19, 2015. Available at <http://www.gallup.com/poll/183272/record-high-americans-support-sex-marriage.aspx/> Accessed July 7, 2015.
4. Karpman M, Skopec L, Long SK: QuickTake: Uninsurance Rate Nearly Halved for Lesbian, Gay, and Bisexual Adults since Mid-2013. April 16, 2015. Available at <http://hrms.urban.org/quicktakes/Uninsurance-Rate-Nearly-Halved-for-Lesbian-Gay-and-Bisexual-Adults-since-Mid-2013.html> Accessed July 7, 2014.
5. Campanile C: Medicaid to pay for New Yorkers' sex-change surgeries. *New York Post*. December 17, 2014. Available at <http://nypost.com/2014/12/17/medicaid-to-pay-for-new-yorkers-sex-change-surgeries/> Accessed July 7, 2015.
6. U.S. Office of Personnel Management: Healthcare and Insurance. FEHB Program Carrier Letter: All FEHB Carriers. SUBJECT: Gender Identity Disorder/Gender Dysphoria. Letter No. 2014-17. June 13, 2014. Available at <http://www.opm.gov/healthcare-insurance/healthcare/carriers/2014/2014-17.pdf> Accessed July 7, 2015.
7. U.S. Office of Personnel Management: Healthcare and Insurance. FEHB Program Carrier Letter: All FEHB Carriers. SUBJECT: Covered Benefits for Gender Transition Services. Letter No. 2015-12. June 23, 2015. Available at <http://transequality.org/sites/default/files/images/blog/FEHB%20CL%202015-12%20Covered%20Benefits%20for%20Gender%20Transition%20Services.pdf> Accessed July 7, 2015.
8. Lambda Legal: When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV. New York: Lambda Legal, 2010. Available at <http://www.lambdalegal.org/publications/when-health-care-isnt-caring> Accessed July 7, 2015.
9. Obedin-Maliver J, Goldsmith ES, Stewart L, et al.: Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011;306:971–977.
10. Association of American Medical Colleges: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Non-conforming, or Born with DSD: A Resource for Medical Educators. First Edition, 2014. Available at <https://www.aamc.org/download/414172/data/lgbt.pdf> Accessed July 7, 2015.
11. California Legislative Information: AB-496 Medicine: Continuing medical education: Sexual orientation, gender identity, and gender expression. (2013–2014) Available at http://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201320140AB496 Accessed July 7, 2015.
12. Starr B: Pentagon may lift ban on transgender people. *CNN Politics*. July 14, 2015. Available at <http://www.cnn.com/2015/07/13/politics/pentagon-may-lift-ban-on-transgender-people/> Accessed July 15, 2015.
13. Federal Practitioner: AMA Challenges Transgender Troop Policies. June 10, 2015. Available at <http://www.fedprac.com/articles/editor-s-pick/article/ama-challenges-transgender-troop-policies/0ce80bee36323059b1deef968205ab27/ocregister.html> Accessed July 15, 2015.
14. Army Regulation 40-501, Medical Services: Standards of Medical Fitness, August 4, 2011. Available at http://www.apd.army.mil/jw2/xmldemo/r40_501/head.asp Accessed July 15, 2015.
15. Department of Defense: SUBJECT: Medical Standards for Appointment, Enlistment, or Induction in the Military Services. Department of Defense Instruction. Number 6130.03. April 28, 2010, Incorporating Change 1, September 13, 2011. Available at <http://www.dtic.mil/whs/directives/corresp/pdf/613003p.pdf> Accessed July 15, 2015.
16. Hughes IA, Houk C, Ahmed SF, et al.: Consensus statement on management of intersex disorders. *Arch Dis Child* 2006; 91:554–563.
17. The European Parliament's Intergroup on LGBTI Rights: European Parliament votes for UN development strategy to include LGBTI rights. November 26, 2014. Available at <http://www.lgbt-ep.eu/press-releases/european-parliament-votes-for-development-strategy-to-include-lgbti-rights/> Accessed July 7, 2015.
18. Margolin E: Another African nation to enact anti-gay law. *MSNBC*. Updated October 15, 2014. Available at <http://www.msnbc.com/msnbc/gambia-anti-gay-law> Accessed July 16, 2015.
19. Morgan J: Kyrgyzstan's anti-gay bill, even worse than Russia's, will become law. *Gay Star News*. June 24, 2015. Available at <http://www.gaystarnews.com/article/kyrgyzstans-anti-gay-bill-even-worse-russias-will-become-law240615/> Accessed July 16, 2015.
20. Elder M: Russia passes law banning gay 'propaganda'. *The Guardian*. June 11, 2013. Available at <http://www.theguardian.com/world/2013/jun/11/russia-law-banning-gay-propaganda> Accessed July 16, 2015.
21. United Nations General Assembly: Resolution adopted by the General Assembly. 55/2 United Nations Millennium Declaration. September 18, 2000. Available at <http://www.un.org/millennium/declaration/ares552e.pdf> Accessed July 16, 2015.
22. Erickson-Schroth L (Ed.): *Trans Bodies, Trans Selves: A Resource for the Transgender Community*. New York: Oxford University Press, 2014.
23. Boston Women's Health Collective (Eds.): *Our Bodies, Ourselves: A Book By and For Women*. New York: Simon and Schuster, 1973.

William Byne, MD, PhD
Editor-in-Chief

E-mail: william.byne@mssm.edu