



Healthcare Challenges for Gay and Lesbian Americans

[By Akbar Ali]

The unique challenges presented to gay and lesbian Americans in search of quality healthcare on par with that of their heterosexual counterparts reveal a myriad of issues which, at present, seem without resolution.

An estimated 45 million Americans are uninsured, with additional millions underinsured. The ratio of uninsured gays and lesbians runs to about twice that of heterosexuals, a troublesome figure when one considers that almost 20,000 Americans die each year because they are either uninsured or underinsured to the point that a necessary level of medical care cannot be met. And the emotional costs of insufficient coverage paint only half the picture: the Institute of Medicine estimates that upwards of \$100 billion is spent each year in the U.S. on medical care for the uninsured.

Though there has been a notable progression toward increased domestic partner benefits in recent years across all spectrums of the business sector, gays and lesbians lag significantly behind in receiving full, open, and quality healthcare. The reasons are manifold, with the most prominent being that the insurance rights afforded to married heterosexual couples do not translate to gay couples in the same form. There are minimal (and often meaningless) provisions granted, but these are further weighed down by the fact that many gays and lesbians fear having to out themselves to their employers or colleagues or that they may be forced to forgo health

coverage altogether because of the additional costs involved.

Stuart Schear, director for the Cover the Insured Week campaign, affirms, "Without a doubt, if gay relationships were recognized, either through marriage or civil unions, there certainly would be a higher percentage of gay, lesbian, bisexual, and transgendered adults who had health coverage than currently do."

Jason Schneider, a clinical instructor at Emory University in Atlanta and an attending physician at Grady Memorial Hospital, adds that the lack of health insurance typically compels individuals to forgo regular visits to their primary care physician, a situation which all too often leads to undiagnosed conditions left to be treated in the emergency room when it is sometimes too late to do anything. Schneider, a board member of the Gay and Lesbian Medical Association, further believes that a fear among gays and lesbians of homophobic doctors makes them hesitant to seek treatment.

The attendant issue of who gets to make decisions regarding the health of ailing gay and lesbian individuals also needs further clarification. Currently, the law states that the first of kin have the

right to make final decisions regardless of whether the patient has a partner. The National Center for Lesbian Rights advises gay women to take the necessary steps to ensure that in the case of such an emergency the couple has it clearly established who is in charge of medical decisions: "Unless you have designated someone to make these decisions for you by executing a durable power of attorney for health care, providers will turn to your relatives to make these decisions."

For now, the best hope for the gay community seems to be the formation of a national organization dedicated to broadening their healthcare rights. With so much focus on issues like gay marriage and "don't ask, don't tell" policies, health insurance for gays and lesbians has been a low priority for too long. Access to those who shape and enact laws is necessary and can only be achieved through a concerted effort to break through the institutionalized bias against homosexuals in America.

As Victoria Brownworth, a lesbian reporter and columnist suffering from multiple sclerosis and breast cancer puts it, "When you are a member of a minority and you don't have access to the larger power structure, you are screwed."