national news

It's a start

Researchers in the field of lesbian health convene in the hopes that if they gather data now the funding will follow

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by Bob Roehr

The Institute of Medicine conducted a workshop on lesbian health research priorities in Washington, D.C., on Oct. 6 and 7. The gathering, the first of its kind, is part of a $200,000 study which should wrap up with a report next summer.

"The big news is that they are even funding this study," says Marj Plumb, policy director for the Gay and Lesbian Medical Association.

Dr. Donna Futterman, a researcher at the Albert Einstein College of Medicine, was one of those who spoke at the workshop.

"We know that coping skills, self-care behavior and health-seeking behavior are established early and have an impact on a lifetime of interactions with the health care system," she said. "It should be no surprise that delay in health-seeking and lack of preventive services and gynecologic care are consistent findings in research of lesbians of all age groups."

However, Futterman cautioned, "We have only begun to scratch the surface and much of the information we have obtained may not remain relevant because the social and cultural environment continues to change."

One of the major problems facing researchers is the very definition of who is a lesbian. Is it a question of self-identity, sexual acts or a combination of the two? Social stigma in both study and delivery of care also remains a major impediment.

PHOTO BY BOB ROEHR

Donna Futterman

Sex and STDs

"Lesbians don't have sex as often as do heterosexual cohabiting couples, gay male couples and married heterosexual couples," said Esther Rothblum, a researcher at the University of Vermont. "But on the other hand, lesbians often define sex more broadly. So how do you count that? What about people who live together and call themselves partners, yet have never had sex? The 1990s have just brought up so many problems.

"Most lesbians have been heterosexually active," she continued, adding that perhaps 20 percent of younger women at a lesbian bar are concurrently having sex with men.

Rothblum found that younger lesbians have more male partners "because nowadays with gender blending they feel freer to have sex with men and women."

Anecdotal evidence is that these women tend to seek out heterosexual men and keep their same-sex activities hidden from their male partners.

Women also bear the burden of sexually transmitted disease morbidity because transmission from male to female is much easier than the reverse, Rothblum said.

Rothblum's research also found that heterosexual women and gay men appear more preoccupied with their weight, and report lower ideal weights than do lesbians or heterosexual men.

Dr. Jonathan Zenilman of Johns Hopkins University School of Medicine, meanwhile, noted that only a dozen research papers have been written that focus on lesbians and sexually transmitted diseases.

He differentiated between the STDs that can be easily identified and cleared from the body and those such as "herpes—human papilloma virus, which is the cause of genital warts and [98 percent of] cervical cancer—and HIV," which once acquired are permanent conditions.

Women in an extended phase of exclusive same-sex activity are at low risk for the former, while risk for the latter is determined by one's entire sexual history and the pattern of one's partners' sexual activity. He strongly urged Pap smears as the best way to detect and prevent cervical cancer.

Breast Cancer

Deborah Bowen of the Fred Hutchinson Cancer Research Center in Seattle is conducting a large-scale breast cancer screening program.

Her research leads her to believe that lesbians may not suffer a higher rate of breast cancer.

She believes previous conclusions may have been based upon faulty sampling techniques, and she worries that "in some ways we might be negatively affecting folks" with misinformation.

PHOTO BY BOB ROEHR

Marj Plumb

Earning Power

Money matters were also addressed during the workshop. Labor economist Lee Badgett said lesbians are more likely than heterosexual women to work full time, however, there seems to be little difference in their levels of income.

"Gender is more important to determining income than sexual orientation," she said, but also cautioned against assuming that a household with two gay males will have a significantly larger income.

"Gay men earn about 25 percent less than comparable heterosexual men," Badgett said.

Bias and Invisibility

Workshop participants tackled the topic of institutional bias.

Plumb pointed to the "amount of concern" over study design and sampling when applying for funding or attempting to get research published on lesbian issues.

"When was the last time a piece of research on the homeless was sent back because it was not representative?" she asked. "Is this not lesbian-phobia?"

"It seems to me what is driving the research on these other populations is the perceived need for the information," added Dr. Jocelyn White, a researcher at Oregon Health Sciences University in Portland. White added she doesn't feel that same sense of urgency from funders and editors when it comes to lesbian health concerns.

But she also urged researchers to avoid getting bogged down in creating an "ideal" research framework. She said researchers must work around the bias and create knowledge that is useful, even if imperfect.

Others reported that research on lesbian health issues has been met with a cool reception from some colleagues. A quarter of all researchers said that publicly identifying as lesbian or studying the subject had a negative impact on their employment and promotion opportunities.

Plumb noted that past Institute of Medicine reports have led almost immediately to funding of research projects by the National Institutes of Health.

She wondered if that will happen when this report is completed, which will mark the next key step in the evolution of lesbian health care.