STD and Genitourinary Infections in Lesbians: Practical and Research Update

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Jeanne Marrazzo, MD, MPH
Department of Medicine, Infectious Diseases
Seattle STD/HIV Prevention Training Center
University of Washington

Discussion Points #1: Expectations

- What is the patient's perspective on coming to see you?
- How do you feel about this encounter, and how can you be better equipped to provide appropriate care?

The patient's perspective

- Sexual minority patients may have different expectations for the health care encounter based on prior experience with the health care system:
  - overt homophobia, insensitivity, invisibility
- Lesbians are very likely to have had these experiences through routine gynecologic care
- For women, special barriers exist to accessing care, including economic (lack of insurance through spouse; lower income than men)
- Lack of an open, easily identified referral system for appropriate providers

The provider's perspective

- Confusion about the 'true' prevalence of homosexual behavior ("am I *really* likely to have any lesbian patients…out here?")
- Discomfort in dealing with patients whose sexual behavior / orientation is different from one's own
- Discomfort in discussing sexual history in general

Discussion Points #2: Specific Knowledge

- How common is same sex behavior among women?
  - *Am I going to see lesbians in my practice?*
- What *is* same sex behavior among women?
  - *How can you have sex without a penis anyway?*
- Are lesbians at risk for key diseases (STD, cervical, breast / ovarian cancer)?
  - *Do I need to ask specific questions? Screen?*
- Do providers and patients think lesbians are at risk for STD and cervical neoplasia?
- Are any diseases more common among lesbians?

Sexual behavior, Sexual Orientation, and Sexual Identity

Knowledge about each of these components can provide different, valuable information about your patients, and can be obtained using different approaches/questions

- *Sexual behavior*: what a person does sexually
  - actions; "WSW" and "MSM"
- *Sexual orientation*: a person's feelings of sexual attraction
  - not necessarily acted upon
- *Sexual identity*: how a person labels or defines her or himself
  - 'lesbian,' 'queer,' 'bi'

Lesbians and Sexual Health / STD

- Some beliefs about lesbians*

  They are women, therefore:

  - they tend to be monogamous
  - they don't want to have sex that often (at least as frequently as men)
  - they have fewer lifetime sex partners than men
  - they don't like having sex with men
  - they are too 'clean' to get STD's
  - their sexual behaviors don't transmit STD's
  - they aren't really having sex

*people have actually said all of these to me

Gynecologic and Reproductive Health in Lesbians: Specific Concerns

- STD: prevalence, transmission
- Pap smears* and cervical neoplasia
- Bacterial vaginosis
- Reproductive tract cancers: breast,* ovary
- Childbearing options
- *Use of preventive care services by lesbians; incorporation of sexual history into routine evaluation by primary care providers

Topics for Discussion

- How common is same sex behavior among women?
  - *Am I going to see any in my practice?*
- What do we know about lesbians' risks for key diseases (STD, cervical, breast / ovarian cancer)?
  - *Do I need to ask specific questions? Screen?*
- Do providers and patients think lesbians are at risk for STD and cervical neoplasia?
  - *Maybe not*
- Are any diseases more common among lesbians?

Am I going to see 'lesbians' in my practice?

- Prevalence estimate of lifetime same-sex behavior among women in U.S.: 8%
- Prevalence of women identifying as lesbians: 4%
- Most (80-95%) lesbians have had sex with men
- Many (~20%) continue to be sexually active with men
- All estimates strongly depend on population studied

Laumann 1994; Sell 1995; Johnson 1995; Diamant 1999; O'Hanlan 1996

Do I need to ask specific questions? Should screening for the usual diseases be performed any differently? What about Pap smears?

What do we know about lesbians' risks for key diseases:

STD, cervical, breast, ovarian cancer?

Lesbians and Sexual Health / STD

'General' belief that lesbians are at low risk: **Why?**

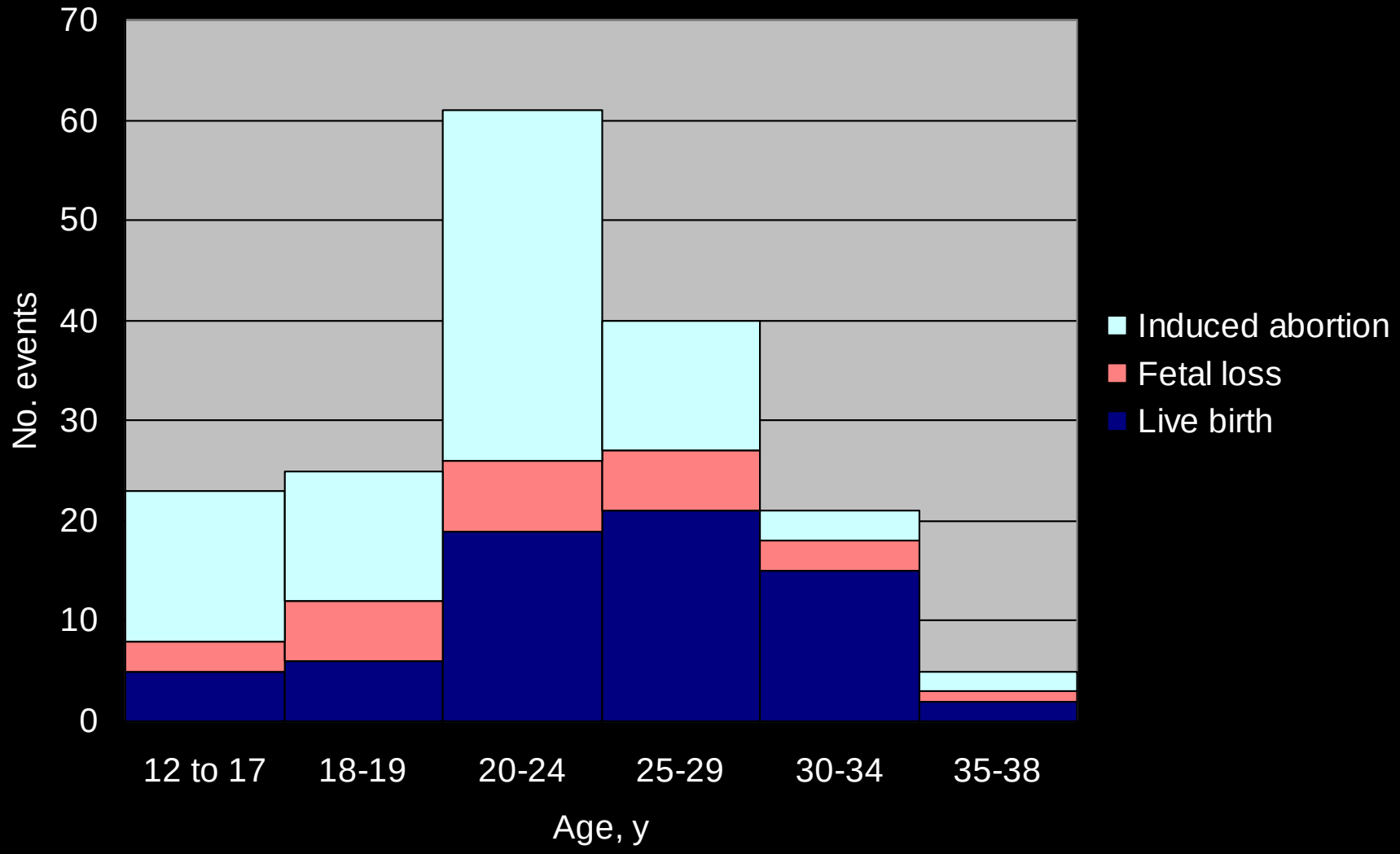
- Low STD prevalence in some studies, but
  - not definitive in design, sample size, or data
  - prior sex w/ men common; risk of chronic viral STD often not considered
  - reports of HIV, trichomonas, hep A transmission
- Perception that sexual behaviors are 'low risk,' but:
  - behaviors only recently 'defined'; often assumed to be 'non-invasive'
  - herpes, HPV transmitted skin-to-skin, by fomites
  - in some STD clinics, HIV risks higher in WSW

Lesbians' Sexual History with Men

	≥1 Male SP	Vag sex	Vag sex, no condom	Anal Sex	Anal sex, no condom
All (N=6,935)	77%	71%	64%	17%	16%
<25 y	68	61	47	13	9
25-49 y	78	71	65	18	17
≥50 y	82	78	74	18	18
Any STD		21		31	
Abnormal Pap		20		26	

- Survey distributed in The Advocate, March 1995 [Diamant 1999, 2000]
- 7,929 respondents from estimated female readership =24,000
- Only self-defined 'lesbians' included in the analysis
- STD history: trich (6%) warts (5%) CT (5%) HSV (3%) PID (2%) GC (2%)

Seattle Lesbian Health Study: Pregnancy outcomes among 97 women by age at event (total events = 176)*



*not included: 1 episode each of ectopic and molar pregnancy

Cervical Neoplasia and Sexually Transmitted Diseases in Lesbians

Available data derived from cross-sectional studies:

- Community-based studies:
  - ⇒Seattle pilot and follow up studies
- STD clinic based surveys:
  - ⇒London, Sydney, Seattle
- Case reports

Genital Human Papillomavirus

- Extremely common (ubiquitous?) STD; >70 genital types
- Causes genital warts (low risk types)
- Causes >95% of cervical neoplasia (cancer)
  - High risk: types 16, 18
  - Intermediate risk: 31/33/35/39, 45, 51-53/55/56/58/59, 63/66/68
  - Low risk: 6, 11, 42-44
- Pap smears detect cervical neoplasia early
- Cervical neoplasia, genital warts reported in WSW w/ no history of sex with men [O'Hanlan 96, Ferris 96]
- WSW may receive Pap smears less frequently than heterosexual women of similar age

Pap Smear Screening in Lesbians

- Mean interval between routine Pap smears estimated at 21 - 34 months for lesbians, compared to 8 - 12 months for heterosexuals
- Possible reasons for reduced Pap smear screening
  - ⇒ reluctance to seek health care in general and gyn care in particular (‘unfriendly’ system / providers)
  - ⇒ economic disadvantage, less insurance
  - ⇒ less frequent routine use of gynecologic care for OC
  - ⇒ self-perception of low risk for STD/cervical cancer
  - ⇒ providers’ belief that lesbians at low risk for STD

Cervical Neoplasia and STD in Lesbians: Data from Seattle

Seattle Pilot Study:

- 1995-1996
- 149 WSW enrolled
- questionnaire; HPV (8 types); Pap smears; HPV serology

Seattle Lesbian Health Study:

- 1997- current
- questionnaire with increased focus on Pap smear history; HPV testing (18 types); Pap smears and biopsy if SIL
- focus on vaginal flora, especially bacterial vaginosis in monogamous couples
- 360 women enrolled to date

Methods: Seattle Pilot Study

Study Population

- 149 WSW reporting sex with ≥1 woman in past year recruited w/ ads, community organizations, clinics

Clinical and Laboratory Evaluation

- Detailed medical and sexual history using standardized questionnaire
- Pelvic examination with Pap smear (not thin prep)
- HPV detected w/ PCR specific for 9 HPV types in vulvar, vaginal, and cervical samples
- Serum antibody to HPV types 6 and 16 using research-based ELISA

Seattle Lesbian Health Study: Representative Findings

Sexual history w/ men

Characteristic	No. of subjects (%)
Sex w/ male, ever	128 (85.9)
Sex in prior year	35 (23.5)
Receptive oral sex	30 (20.0)
Rectal intercourse	44 (29.5)
Partner w/ genital warts	22 (14.8)

No. partners	Mean + s.d.	Median
lifetime	14±20	7
prior year	0±1	0
prior 30 days	0±0	0

Seattle Lesbian Health Study: Representative Findings

Sexual history w/ women

Characteristic	No. of subjects (%)
• Oral-vaginal sex	147 (98.7)
• Oral-anal sex	57 (38.3)
• Digital-vaginal sex	147 (98.7)
• Digital-anal sex	98 (65.8)
• Insertive sex toy	86 (57.3)
• Partner w/ genital warts (ever)	23 (15.4)
• No. partners, prior year	
• 1	88 (59)
• 2	30 (20)
• ≥3	31 (21)

• No. partners	Mean + s.d.	Median
• lifetime	13±14	7
• prior year	2±2	1
• prior 30 d	1±1	1

Detection of HPV DNA

HPV PCR	Never sex w/ men	Sex w/ men >1 yr ago	Sex w/ men + women, past yr	All
	N=21	N=93	N=35	N=149
Any HPV	4 (19.0)	21 (22.6)	20 (57.1)	45 (30.2)
16/18	1 (4.8)	3 (3.2)	4 (11.4)	8 (5.4)
31/33/35/39	3 (14.3)	3 (3.2)	3 (8.6)	9 (6.0)
6/11	0	0	1 (2.9)	1 (0.7)
unclassified	1 (4.8)	14 (15.1)	14 (14.0)	29 (19.5)

Multivariate Analysis
Detection of Genital HPV by PCR

Variable	OR (95% CI)
Age ≤30 y	1.7 (0.8, 3.8)
Current smoking	3.4 (1.2, 9.6)
Past smoking	1.2 (0.5, 2.9)
OCP use, ever	1.4 (0.6, 3.4)
Sex toy, past yr	1.5 (0.7, 3.4)
Time to last sex w/ male	
≤2 yr	3.6 (0.9, 14.3)
>2 yr	0.8 (0.2, 3.1)
Never sex w/ male	referent

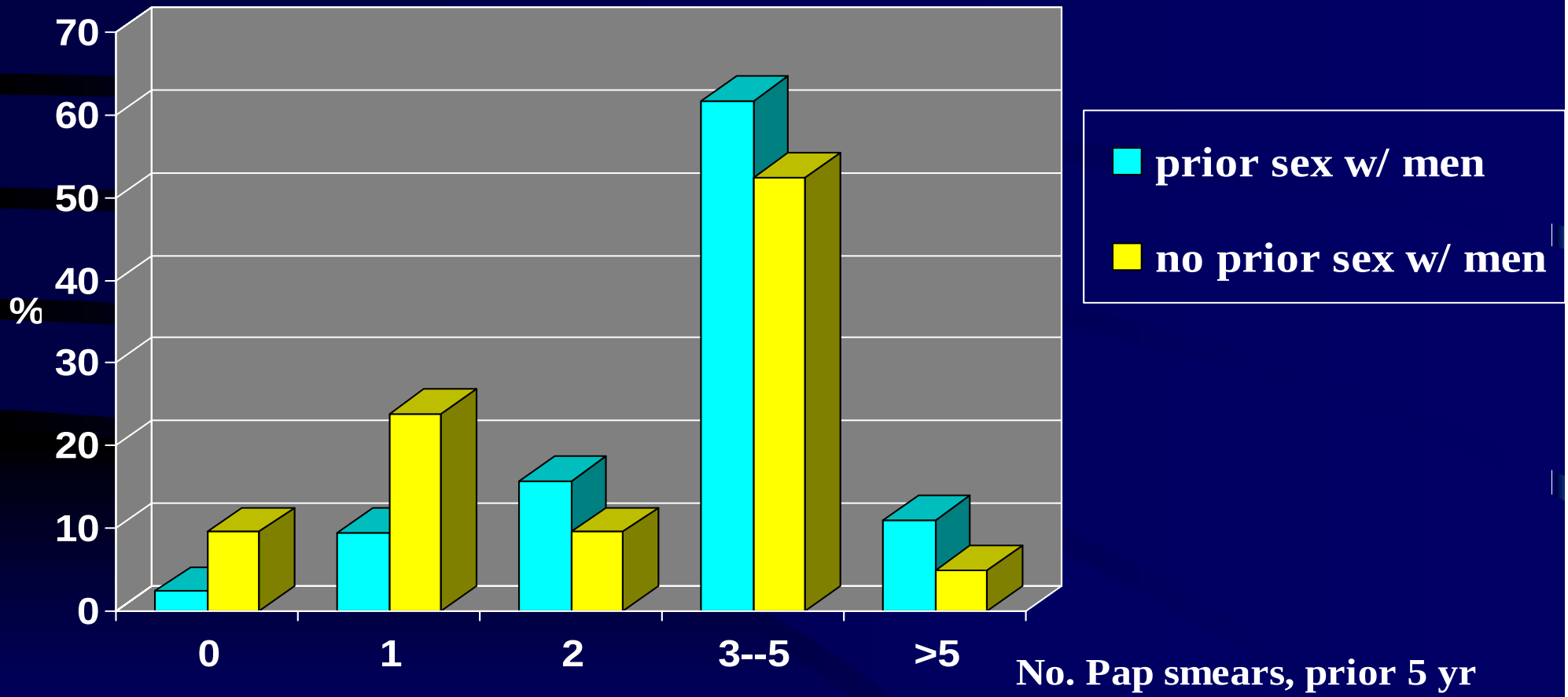
Pap Smear and Exam Findings

Findings	Never sex w/ men	Sex w/ men >1 yr ago	Sex w/ men + women, past yr	All
	N=21	N=93	N=35	N=149
HGSIL*	1 (4.8)	0	0	1 (0.6)
LGSIL*	1 (4.8)	2 (2.2)	2 (5.7)	5 (3.4)
ASCUS	1 (4.8)	5 (5.2)	1 (2.6)	7 (4.7)
Genital warts	0	1 (1.1)	0	1 (0.1)

*HPV detected in 5/6 SIL

^HPV type 31/33/35/59 in both

Frequency of Pap Smear Screening among 149 Lesbians



Seroprevalence of HPV 6 and 16

Finding	Never sex w/ men N=19	Sex w/ men >1 yr ago N=86	Sex w/ men + women, past yr N=27	All subjects N=132
Antibody to HPV-16				
	5 (26.3)	46 (53.5)	10 (37.0)	61 (46.2)
Antibody to HPV 6				
	8 (42.1)	58 (67.4)	16 (59.3)	82 (62.1)

Pilot Study Limitations

- Small sample size
- Subjects self-referred; reproducibility limited
- Most subjects Caucasian; high median income; highly insured; generalizability limited
- Only nine most common HPV types assessed
- Cross-sectional study without information on HPV incidence and timing of sex practices with female partners, so unable to measure association with HPV detection

Current Seattle Lesbian Health Study (1997→2001)

- Infection with HPV common in 350 lesbians (14-30%)
- HPV DNA detectable in women who reported no prior sex w/ men or last sex w/ men up to 18 years earlier
- HPV 31/33/35/39 detected in SIL of WSW who reported no prior sex with men
- HPV associated w/ smoking, more recent sex w/ men
- Suboptimal frequency of Pap smear screening and pelvic exams, older age at first Pap, in WSW who had no history of sex with men

Pap Smear Screening in Lesbians

Finding	Women only	Men >1 yr	Men + women	All
	N=49	N=142	N=57	N=248
	n (%)	n (%)	n (%)	n (%)
No prior pelvic exam	5 (10)^	3 (2.1)	2 (3.5)	10 (4.0)
No. Pap smears, prior 5 y (mean)	2.3*	3.5	3.5	3.3
Yr to last Pap (mean)	2.2*	1.4	1.3	1.5
Age, first Pap (mean)	22.5*	19.1^	17.4	19.3
No. prior abnml Paps	0.2	0.7	0.5	0.6

*P≤0.001 for comparison to women reporting history of sex with men

^P=0.03 for comparison to women reporting history of sex with men

Marrazzo, Am J Pub Health June ‘01

Conclusions

Pap smear screening recommendations
for women who have
sex with women
should not differ from those
for heterosexual women

Do providers and patients think lesbians are at risk for STD and cervical neoplasia?

Maybe not

Lesbians' Attitudes towards Pap Smear Screening

	No. yes (%)
How often should you have a Pap smear?	
Once a year	**200 (80)**
Once every 2-3 y after normal one	**36 (14.4)**
Once every 5 y after normal one	**1 (0.4)**
Not necessary at all to have one	**3 (1.2)**
Don't know	**10 (4)**

Lesbians' Attitudes towards Pap Smear Screening

If no Pap smear in over 2 years, why?*

No medical insurance	**37 (42)**
Believe not necessary if no sex w/ men	**20 (22)**
Told not necessary if no sex w/ men	**9 (10)**
By physician	**8 (9)**
Don't know where to get one	**10 (11)**
Prior adverse experiences at screening	**23 (26)**
Other	**23 (26)**
Too busy; "lazy"	**14 (16)**
Anxious about exam	**9 (10)**

* 89 women (36%); 30 of these (34%) gave >1 reason

HIV Risk Behavior among Lesbians

- Two studies (Sydney N=14,899; Seattle N=18,585) show increases in classic HIV risk factors in STD clinic attendees who report sex with men and women
- Risks include
  - ⇒more recent partners
  - ⇒sex with partners at high risk for HIV
  - ⇒injection drug + crack cocaine use
  - ⇒exchange of sex for drugs or money
- Women reporting sex only w/ women more commonly had had sex w/ bisexual man or HIV+ partner

Fethers, STI ‘00; Marrazzo, Intl J AIDS STD ‘01; Chapman AJPH ‘99

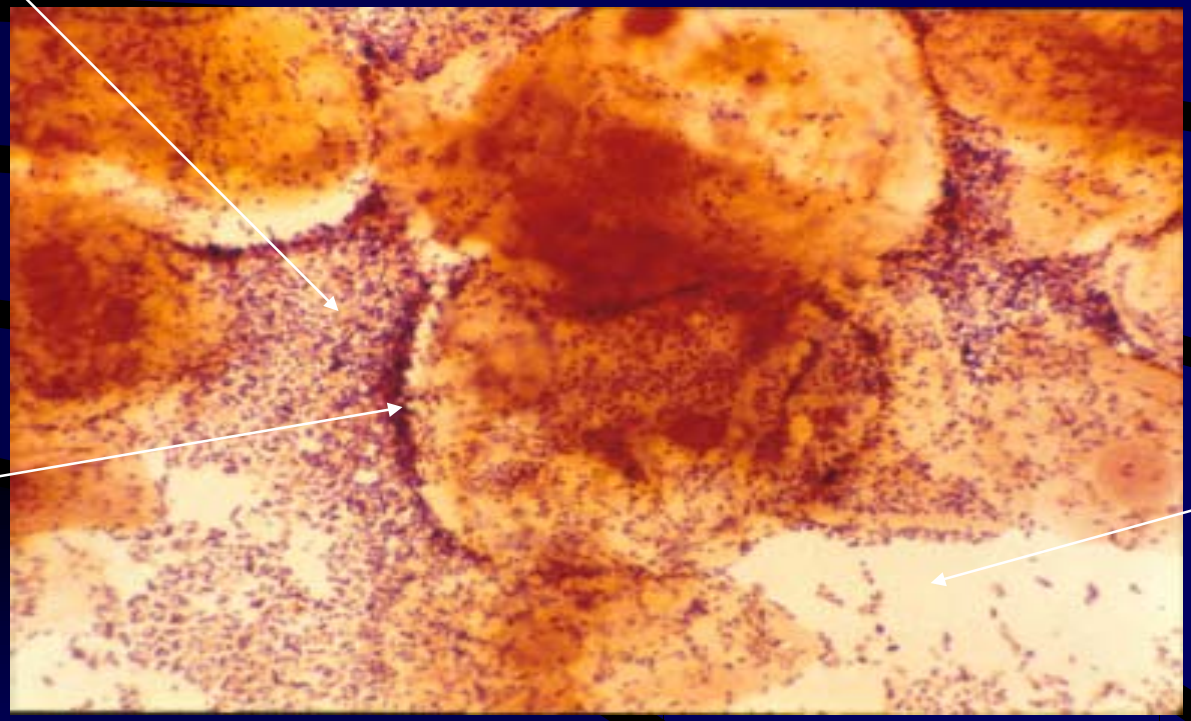
HIV Risk Behavior among Lesbians

Female STD clinic attendees who report sex with both men and women may be at increased HIV risk relative to women reporting sex exclusively with men

Women who report sex only with women may be more likely to have had sex with men at high risk for HIV infection

Are any diseases more common among lesbians?

Bacterial Vaginosis: Gram Stain



High Rates of BV Recurrence

- Why?
  - Failure to eliminate BV-associated organisms
  - Re-inoculation with organisms from an exogenous source (sex partner, fomite)
  - Persistence of risk factors (IUD, douching)
  - Failure to recolonize with H_2O_2-producing lactobacilli
  - Presence of a bacteriophage that destroys lactobacilli

The "Male Factor" in BV

- *G. vaginalis*, *Mobiluncus*, and *M. hominis* isolated from male genital tract, but 6 RCT's evaluating treatment of male partners of women with BV fail to show benefit:
  - Different treatment regimens, often not standard
  - Best-conducted studies w/ longest follow-up and blinding (Colli, Moi) showed no benefit at 12 weeks post-treatment
  - One study did show benefit (Mengel) in reducing vaginal symptoms assessed by phone at 8 weeks, but no improvement using Gram stain criteria

Holst *J Clin Micro* 1990; Moi *GU Med* 1989; Colli *GU Med* 1997; Vejtorp *Br J Ob Gyn* 1988; Vutyavanich *Ob Gyn* 1993; Swedberg *JAMA* 1985; Mengel *J Fam Pract* 1989

The "Male Factor" in BV

- In one study, male partners of 17 women with abnormal vaginal flora were more likely to be colonized with *M. hominis* than were partners of women with normal flora, but this difference was not statistically significant
- Among heterosexual couples in Kenya, presence of BV-associated bacteria on Gram stain of male urethral swabs independently predicted BV in female partners. Less crowded living and bathing facilities were associated with reduced odds of BV, supporting relation to hygiene.

Keane *Intl J STD AIDS* 2000; Bukusi *Durban AIDS Conf* 2000

BV in Lesbians

- Reported to be common (prevalence, 25% to 52%)
  - London GU medicine clinic (N=91): prevalence 52%; associated with higher number of lifetime female partners and more frequent use of vaginal lubricants
  - Sydney STI clinic (N=2,831) lesbians were nearly twice as likely to have BV than heterosexual controls matched for date of clinic attendance, even though lesbians were significantly less likely to be screened for BV
  - Seattle STD Clinic, 1993-1997 (N=1,131): prevalence 26% (= heterosexual women, but lower risk)

McCaffrey *Intl J STD AIDS* 1999; Fethers *STI* 2001; Marrazzo *Intl J STD AIDS* 2001

BV in Lesbians: Sexually Transmitted?

- In one study, BV prevalence as defined by Amsel criteria was 29% among 101 lesbians (w/ 21 couples).
- Of 11 index women who had BV, eight (73%) had sex partners with BV. Of 10 index women who did not have BV, only one (10%) had a partner with BV ($P < 0.001$)
- In London GU Med study, BV in lesbians associated with no. lifetime female partners and lubricant use; not with recent sexual behaviors with women

Berger *Clin Infect Dis* 1995; McCaffrey *Intl J STD AIDS* 1999

"Haemophilis vaginalis" Vaginitis

- In early studies, vaginal colonization with *Gardnerella vaginalis* occurred only with inoculation of very high quantities (>10^{10} CFU/ml) [Gardner 1955]
- These investigators failed to implicate pure *G. vaginalis* as the sole infectious etiology of BV when they introduced the organism into the vagina in 13 healthy women, and only 1 developed BV (8%). However, 11 of 15 women (73%) developed BV when inoculated with vaginal secretions of women with BV [Criswell 1962]

Support for Sexual Transmission of BV

- Longitudinal studies have linked report of multiple sexual partners to BV acquisition.
- Vaginal recolonization with *G. vaginalis* is more common in women re-exposed to untreated male partners than in those who are not.
- *G. vaginalis* is recovered from the urethras of > 80% of male sexual partners of infected women, and the isolates are almost always of the same biotype.
- BV is more prevalent among women with greater number of recent sexual partners.

Support for Sexual Transmission of BV

- BV is more prevalent in populations with a higher prevalence of other STD
- Symptoms first develop in many women shortly after they become sexually active or have unprotected sex with a new partner
- Early data on BV ‘transmission’ from Criswell and Gardner
- Lesbian couples have a high concordance of BV

Arguments Against Sexual Transmission of BV

- *G. vaginalis* and other organisms associated with BV can be isolated from prepubescent and sexually inactive women
- Organisms associated with BV can be cultured from the rectum, from which they might colonize the vagina
- BV has been recognized in virgins
- Recurrences are observed in the absence of sexual reexposure
- Initial, simultaneous treatment of sexual partners cannot be shown to reduce recurrence rates

In Summary:

- We don’t know very much about potential sexual transmission of BV from male or female partners:
  - in studies evaluating male partners, different definitions for BV (incomplete clinical criteria) and for outcomes (timing of cure, recurrence); incomplete microbiologic evaluations
  - in studies of lesbians, insights are limited by small numbers of subjects in few studies, lack of prospective data, incomplete information on sexual behaviors

Bacterial Vaginosis in Lesbians

- 350 women enrolled to date in Seattle study
- High prevalence of BV: 24% (same as Seattle STD Clinic) w/ typical anaerobic flora
- High concordance of BV among monogamous couples
- Low prevalence of H_2O_2-producing lactobacilli (42%)
- No relationship of BV occurrence to recent douching (though very uncommonly reported), new partner
- Independent associations between no. of lifetime female partners and some sexual behaviors (oral-anal sex)

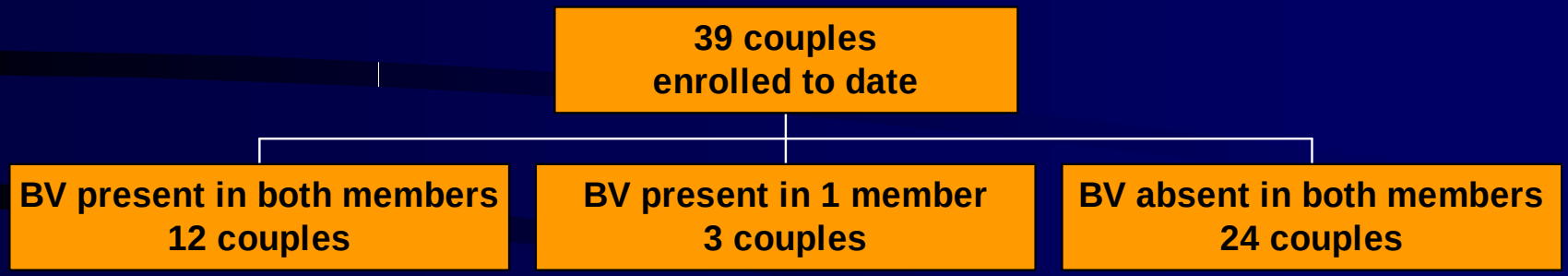
Ref: 13th ISSTDR July 1999; abstract #80; in press, J Infect Dis

Results

BV and Lactobacillus in 58 Couples

- BV prevalence among women whose partners had BV: 91% (30/33)
- BV prevalence among women whose partners did not have BV: 8% (7/84)
- Most couples were concordant for lactobacilli as defined by H2O2 production
- Vaginal flora in couples concordant for BV was typical BV flora in both members

Bacterial Vaginosis in Lesbian Couples



- **BV prevalence among women whose partners had BV = 74%; prevalence among women whose partners did not have BV = 6% (OR 45 (10, 191); P < 0.001)**
- **Among all women with BV, 87% had partners with BV; among all women without BV, 13% had partners with BV**

Chlamydial Infection

- Infects cervix, urethra, eyes, rectum; most common in adolescents
- Most asymptomatic, without signs (90% women, 60% men); young women need regular tests
- Longterm consequences of untreated infection ⟶ infertility, tubal pregnancy, pelvic pain
- No data on transmission from woman to woman, but anecdotal reports (including Seattle study)
- No reason to screen lesbians differently

Genital Herpes

- Etiology: herpes simplex virus type-2 (~80%) or type-1 (~20%)
- HSV-1 typical cause of oral ‘cold sores’, but also transmitted through oral-genital contact
- 30% increase in HSV-2 seroprevalence (measures past infection w/ HSV-2 by detecting antibody) since 1970s: 45 million persons in U.S.
- Seroprevalence 21.9% in ≥12 years old
- 90% infected persons report no history of GH

Fleming et al. NEJM 1997;337:1105-11

Seroprevalence of HSV-1 and HSV-2 among 249 WSW

- Antibody detected with Western blot assay
- HSV-2: 8.3%
- HSV-1: 18%
- All HSV-2 seropositive women had prior or current sex with men
- No HSV-2 transmission between 3 monogamous couples (all educated about potential risk of transmission) followed for 6 months each

Syphilis

- Case report of transmission of *Treponema pallidum* between female sex partners
- 48 y.o. woman sexually active only w/ women for 4 y, one partner last 3 y; frequent receptive oral sex; diagnosed with secondary syphilis (RPR 1:64)
- 57 y.o. female partner examined concurrently, reported last vaginal sex w/ male partner 14 mos. prior and occasional performance of oral sex on men for $; oral sores 1 mo. prior. RPR 1:32

Campos-Outcalt *Sex Transm Dis* 2002;119-20

Other STD in Lesbians

- Reliable reports of trichomoniasis transmitted between women; partners should be treated
- No systematic data on gonorrhea, syphilis (1 well-documented case report) transmission, but case reports: transmission presumed possible, and annual chlamydia screening reasonable

Reproductive Cancers in Lesbians

Concern for increased risk of breast and ovarian cancers in WSW is based on:

- estimated increase in nulliparity or older age at first childbirth, allowing for longterm unopposed estrogen stimulation of breast/ovarian tissues
- possible increased alcohol consumption
- possible increased prevalence of obesity
- less use of oral contraceptive regimens
- less use of preventive/screening services (mammograms)

Ref: Cochran 2001

Use of Preventive Health Care by Lesbians

- Lower rates of Pap smear screening suggested by several studies
- Lower rates of mammography suggested by fewer studies, but under investigation

Diamant 2000; Koh WJM 2000; Roberts 1999

Preventive Screening Behaviors in Lesbians

- Limited data; only 1 study with population-based samples / appropriate comparison groups
  - self-report of mammography significantly lower in lesbians 40-49 y relative to NHANES data for heterosexual women
  - self-report of pelvic exam significantly lower in lesbians (all ages)
- Large registries/clinical trials (Women's Health Initiative, ALTS Trial) either didn't or have only recently begun to collect data on same-sex behavior

Ref: Cochran 2001

Adolescents and Sexuality

- Small studies detail difficulties from patients' and providers' perspectives (fear, confidentiality; lack of specific training)
- GLB youth report higher health risks:
  - → History of pregnancy (12%) and abuse (19-22%) higher than heterosexuals in MN Adolesc Health Survey (FPP May/ June 1999)
  - → Among 4,159 teens in MA CDC YRBS, 104 self-identified GLB reported earlier initiation of sex, more subst use, higher no. of partners (Garofalo Pediatrics 1998)
- More studies needed, but for now: important to withhold assumptions on reproductive health needs in *all* age groups and perform sensitive, inclusive sexual history in teens

Psychosocial Issues for Lesbians

- Stigma; “coming out”
- Self esteem
- Depression
- Substance use
- Body image
- Isolation
- Aging

Up to 2 feet of snow had fallen by midday in the Black Hills of eastern Wyoming, and storm and blizzard warnings were posted for parts of Wyoming, Colorado, Nebraska, South Dakota, Minnesota and Iowa, the National Weather Service said.

Two children were killed when the car in which they were riding was struck by a tractor-trailer rig on westbound Interstate 70, the Colorado State Patrol said.

Arson blamed for destruction of lesbian couple's home

MISSOULA, Mont. — Days after a lesbian couple had been named as lead plaintiffs in a discrimination lawsuit against the Montana University System, their house was gutted by fire.

Psychology professor Carla Grayson, Adrianne Neff and their infant escaped the blaze through a window early Friday morning. They were not seriously injured.

Police Capt. Bob Reid said an intruder apparently poured flammable liquid through much of the home's interior, then set it on fire.

Millions of gallons of sewage flow into Potomac River

HAGERSTOWN, Md. — A sewage-treatment failure caused by a unidentified chemical leak sent millions of gallons of untreated wastewater into the Potomac River, city and state officials said yesterday.

The failure at Hagerstown's municipal sewage-treatment plant occurred gradually between late Friday and noon yesterday, according to Rich McIntire, a spokesman for the Maryland Department of the Environment.

By yesterday afternoon, sewage was being discharged into the river at a rate of 5.7 million gallons per day, McIntire said.

February 20, 2002

Judge's Ouster Sought After Antigay Remarks

By KEVIN SACK

RELATED ARTICLES
In Depth
Crime and Courts

Gay rights organizations in Alabama and Washington called yesterday for the resignation of Chief Justice Roy Moore of the Alabama Supreme Court, who wrote in a child- custody opinion issued on Friday that homosexuality was considered "abhorrent, immoral, detestable, a crime against nature and a violation of the laws of nature and of nature's God."

Chief Justice Moore, who was championed by the religious right as a lower court judge after he hung a copy of the Ten Commandments on his courtroom wall, argued in a concurring opinion that homosexuality was an "inherent evil against which children must be protected." He said homosexuals were "presumptively unfit to have custody of minor children under the established laws of this state."

The case concerned a custody battle between a father of three children and his former wife, a lesbian.

Lesbians' Health

- Sensitivity toward sexual minority issues ("nice")
- Minimum knowledge base for providing adequate care to gay men ("smart")
- Enhances your ability to care for all patients

How can providers make a difference?

- Create an appealing physical atmosphere: consider office forms, educational materials
- Practice a non-judgmental professional approach
- Avoid assumptions about heterosexuality OR homosexuality childbearing or adoption plans, risk of STD
- Ask about relationships
- Assure confidentiality
- If relevant (often), ask about sexual behavior
- Know about available resources, especially if you aren;t comfortable talking with patients about it

Providers should also remember: WSW are a very diverse group

- Not all patients evidence the same type of sexual behaviors, so risk may differ by behavior
- Many ‘gay’ patients have had, and still have, heterosexual sex, and may not be comfortable admitting it
- Psychosocial issues may be prominent: stress of being labeled ‘bad’ or ‘wrong’ in larger society; conversely, some may not ‘fit in’ to the ‘gay’ community, or may not have a ‘community’ to access for support
- Substance use (drugs, alcohol): often a correlate of above, particularly if options for socializing center around bar scene

Peter Shalit, M.D., Ph.D.
1120 Cherry Street,Suite: 320, Seattle, WA 98104

REGISTRATION FORM

_____
Date

_____, _____, _____
Patient Last Name | First Name | M.I.

_____ _____ _____ _____-_____
Street Address | City | State | ZIP+4

(____)_____ (____)_____
Home Phone Number | Work Phone Number & Ext.

____/____/____ _____ _____/____/_____ _____
Date of Birth | Sex | Social Security Number | e-mail Address

_____ _____
Patient Employer Name | Employer Address

_____ _____
Referred By | Partner/Spouse Name

GUARANTOR/Responsible Party: Name:_____

_____
Address

(____)_____ _____ (____)_____
Phone Number | Employer | Work Phone

Challenges: Defining Health Outcomes in Lesbians

- Definitions of 'sexuality' not always consistent: behavioral, affective, cognitive
- Lesbians represent a 'small' % of heterogeneous women dispersed through population
  - probability sampling, controls, longitudinal data, representativeness of study groups all problematic
- Mistrust of medical providers/researchers
- Suboptimal funding support; politically and scientifically not yet widely established
- Barriers to publishing findings

INSTITUTE OF MEDICINE REPORT

Lesbian Health: Current Assessment and Directions for the Future

Committee on Lesbian Health Research Priorities
Neuroscience and Behavioral Health Program
Health Sciences Policy Program

National Academy Press, 1999

Objectives:

⇒assess science evaluating lesbian health

⇒review methodologic challenges to research

⇒suggest areas for research focus

IOM Report on Lesbian Health: Conclusions

- Research needed to determine if lesbians are at higher risk for certain health problems and to better understand risk and protective factors that influence lesbian health
- Significant barriers to conducting research on lesbian health exist, including lack of funding; limit development of more sophisticated studies, data analyses, and publication of results
- Research on lesbian health, especially development of more sophisticated methodologies, will advance scientific knowledge that benefits other populations (rare or hard-to-identify subgroups, women in general)

IOM Report on Lesbian Health: Recommendations

- Increase federal and private funding
- Fund methodological research to improve measurement of of lesbian sexual orientation
- Routinely consider including questions about sexual orientation on data collection forms in relevant studies
- Consider racial, ethnic, and socioeconomic diversity in lesbian research; include lesbian study population in development and conduct of research; and give special attention to protecting the confidentiality and privacy of the study population.

IOM Report on Lesbian Health: Recommendations

- Fund large-scale survey on range of expression of sexual orientation and prevalence of risk and protective factors for health, by sexual orientation
- Hold conferences to disseminate information
- Federal agencies, foundations, health professional associations, and academic institutions should develop and support mechanisms for disseminating information to providers, researchers, public
- Train researchers in conducting lesbian health research

Secrecy as a Contributing Factor

"Ironically, it may require greater intimacy to discuss sex than to engage in it."

The Hidden Epidemic

Institute of Medicine, 1997

Collaborators

- University of Washington:
  - Laura Koutsky
  - Kathleen Stine
  - Jane Kuypers,
  - Nancy Kiviat
  - Hunter Handsfield
  - Dave Eschenbach
  - Kathy Agnew
- Fred Hutchinson Cancer Research Center:
  - Denise Galloway
  - Thomas Grubert
- University of Pittsburgh
  - Sharon Hillier

Some Resources for LGBT Patients and Their Providers

- GLBT Health Access Project: www.glbthealth.org
- Mautner Project for Lesbians with Cancer: www.mautnerproject.org/
- Seattle Lesbian Health Study: www.lesbianstd.com
- Gay and Lesbian Medical Association: www.glma.org
- www.gayhealth.org