



Policy Statement:

Discriminatory Laws and Policies Affecting Lesbian, Gay, Bisexual and Transgender Individuals and the HIV and STD Epidemics

Approved October 2016

Position:

The Infectious Diseases Society of America (IDSA), the HIV Medicine Association (HIVMA), and the Pediatric Infectious Diseases Society (PIDS) oppose laws and policies that discriminate against Lesbian, Gay, Bisexual and Transgender (LGBT) individuals. Such laws and policies harm individual and public health and impede the response to the HIV and STD epidemics. We affirm the rights of all individuals, regardless of their gender orientation or sexual identity, to access quality competent health care services free from stigma and discrimination. We emphasize that all health care providers have an ethical and professional obligation to provide all patients with humane and competent medical care and treatment.

Rationale:

Stigma and discrimination remain significant major barriers that prevent timely diagnosis of HIV infection and subsequent linkage and retention in care.¹ While generally LGBT individuals have population level good health and mental health, there are some important health disparities within the community. Exposure to and experiences of homophobia have been implicated in substance abuse, risky sexual behaviors, negative body image, suicide attempts, increased stress, and limited social support among gay and bisexual men.^{2,3,4} LGBT individuals who experience discrimination and stigma based on their sexual orientation or gender identity in all facets of their lives, are often less able to access health care and other support services because of fear of prejudice, discrimination, intimidation, and even violence.⁵ The harmful impact of discrimination and prejudice on LGBT well-being in the United States is well documented,^{6,7,8} resulting in a range of health disparities including:

- Gay and bisexual men bear the greatest burden of HIV and STDs, especially among communities of color, and therefore they are at a higher risk of being exposed.⁹ A 2016 analysis estimated that there are nearly 4.5 million gay and bisexual men in the United States and that 15% are living with HIV infection (11% diagnosed).¹⁰
- CDC has estimated that one in two African American gay and bisexual men will contract HIV in their lifetime if current infection rates continue.¹¹
- Transgender individuals experience high levels of stigma resulting in a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and they are less likely to have health insurance than cis-gender individuals.¹²

- LGBT youth are 2 to 3 times more likely to attempt suicide.¹³
- LGBT youth are more likely to be homeless.¹⁴
- Lesbians are less likely to get preventive services for cancer.¹⁵
- Lesbians and bisexual females are more likely to be overweight or obese.¹⁶
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.¹⁷
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.¹⁸

Efforts to address these disparities, including reducing rates of HIV and sexually transmitted infections, are hindered by laws and policies that condone or enable discrimination on the basis of sexual orientation and/or gender identity. Furthermore, these laws highly stigmatize these populations and stigma is a significant driver of the HIV and STD epidemics.

An increasing number of states are proposing or enacting laws that allow discrimination against LGBT individuals¹⁹ and, in so doing, create and worsen stigma that contribute to the significant health disparities experienced by the LGBT population and seriously compromise efforts to address HIV infection in the United States. Of particular concern are health care-focused “religious exemption” measures that have included proposals that violate medical ethics by allowing health care facilities and providers who cite religious or moral objections to refuse services to LGBT individuals without consequence or liability.²⁰ Examples of bills in this category include a 2016 bill enacted in Tennessee permitting mental health care providers to decline to treat LGBT patients.²¹ In Mississippi, a religious exemption law passed in 2016 but not yet in effect would permit faith-based organizations to discriminate in the provision of mental and physical health care and a broad range of other domains on the basis of beliefs or moral convictions. Enactment of the law is pending the appeal of a federal court decision that the law violates the Constitution.²² Other types of harmful discriminatory proposed and enacted laws have included, among others:

- “Religious refusal” bills that include provisions that allow individuals to use religious belief to challenge or opt out of state and local laws, including local laws that protect LGBT people from discrimination;¹
- Anti-transgender “bathroom surveillance” bills that require individuals who are transgender to use bathrooms that match their birth gender instead of their gender identity;²³ and
- Bills promoting “conversion therapy,” which is a non-evidenced based practice that is opposed by the American Academy of Pediatrics, American College of Physicians, American Medical

¹ Most medical providers affirm the humanity and dignity of LGBT individuals and any that do not should find affirming providers for referrals.

Association, American Psychological Association and other medical associations and has been banned for minors in several states.^{2,24,25,26,27,28}

Research has shown that anti-gay public policies correlate with greater psychiatric morbidity in gay, lesbian, and bisexual populations and that policies offering them protections correlate with better health outcomes and lower health care costs.^{29,30}

IDSA, HIVMA and PIDS urge repeal of discriminatory laws in states where they have been enacted, and urge state policymakers considering discriminatory laws to reject them, in the interest of public health as well as justice and equality.

About IDSA

The Infectious Diseases Society of America (IDSA) represents physicians, scientists and other health care professionals who specialize in infectious diseases. IDSA's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.

About HIVMA

HIVMA is an organization of more than 5,000 clinicians and researchers whose professional focus is HIV medicine. HIVMA's mission is to promote quality in HIV care by advocating policies and supporting programs that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice. Nested within the Infectious Diseases Society of America, HIVMA's work includes creating clinical and educational tools and resources; supporting clinical training and research opportunities to build HIV workforce capacity; and promoting policies and programs to improve access to HIV prevention and care.

About PIDS

PIDS is the world's largest organization of professionals dedicated to the treatment, control and eradication of infectious diseases affecting children. Membership is comprised of physicians, doctoral-level scientists and others who have trained or are in training in infectious diseases or its related disciplines, and who are identified with the discipline of pediatric infectious diseases or related disciplines through clinical practice, research, teaching and/or administration activities.

¹ Ayala, Beck, Lauer, Reynolds and Sundararaj, "[Social Discrimination Against Men Who Have Sex With Men \(MSM\): Implications for HIV Policy and Programs](#)," The Global Forum on MSM and HIV (MSMGF) (May, 2010).

² Conversion therapy on minors is banned in the states of Vermont, California, New Jersey, Illinois and Oregon, as well as the District of Columbia. (Source: <http://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>)

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- ² Halkitis, BN Fischgrund and JT Parsons, "Explanations for methamphetamine use among gay and bisexual men in New York City, Substance use & misuse 40 (9-10), 1331-1345 (2005).
- ³ Mayer, K.H., Bradford, J.B., Makadon, H.J., Stall, R., Goldhammer, H., Landers, S., "Sexual and gender minority health: What we know and what needs to be done," American Journal of Public Health. 2008; 98:989–994
- ⁴ Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). Unequal opportunity: Health disparities affecting gay and bisexual men in the United States. Oxford: Oxford University Press.
- ⁵ Lambda Legal, "[When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV](#)," 2010.
- ⁶ Wang, Geffen and Cahill, "[The Current Wave of Anti-LGBT Legislation: Historical Context and Implications for LGBT Health](#)," The Fenway Institute, (June, 2016).
- ⁷ [Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health](#), U.S. Department of Health and Human Services.
- ⁸ Daniel, Butkus et al, "[Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians](#)," Ann Intern Med. 2015;163(2):135-137 doi:10.7326/M14-2482.
- ⁹ Ibid.
- ¹⁰ [HIV Among Gay and Bisexual Men](#), Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention, August, 2016.
- ¹¹ CDC. HIV Among African American Gay and Bisexual Men. Available online at: <http://www.cdc.gov/hiv/group/msm/bmsm.html>
- ¹² [Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health](#), U.S. Department of Health and Human Services.
- ¹³ Ibid.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ According to the Human Rights Campaign, as of 2015, [more than 100 bills had been filed in 29 state legislatures in the U.S.](#) allowing discrimination against LGBT individuals. In early 2016 nearly 200 anti-LGBT bills were filed nationwide. Human Rights Campaign. 2016."Anti-transgender legislation spreads nationwide, bills targeting transgender children surge." Available online at: <http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/HRC-Anti-Trans-Issue-Brief-FINAL-REV2.pdf>.
- ²⁰ Most medical, psychological and legal institutions have affirmed the humanity and dignity of LGBT individuals. At minimum, any provider not sharing this belief should find affirming providers for referrals.
- ²¹ Source: National Public Radio, April 27, 2016, "[Tennessee Enacts Law Letting Therapists Refuse Patients On Religious Grounds](#)."
- ²² National Public Radio, April 5, 2016, "[Mississippi Governor Signs 'Religious Freedom' Bill Into Law](#)."
- ²³ General Assembly of North Carolina Second Extra Session 2016. Public Facilities Privacy & Security Act. Available online: <http://www.ncleg.net/Sessions/2015E2/Bills/House/PDF/H2v0.pdf>. Accessed 9/28/16.
- ²⁴ American Academy of Pediatrics. <http://pediatrics.aappublications.org/content/pediatrics/92/4/631.full.pdf>
- ²⁵ Hatzenbuehler, M. L., O'Cleirigh, C., Grasso, C., Mayer, K., Safren, S., Bradford, J. (2012). Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: a quasi-natural experiment. *American Journal of Public Health*, 102(2):285-91. doi: 10.2105/AJPH.2011.300382.
- ²⁶ Daniel, Butkus et al, "[Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians](#)," Ann Intern Med. 2015;163(2):135-137 doi:10.7326/M14-2482.
- ²⁷ American Medical Association. AMA Policies on LGBT Issues. Available online at: <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/ama-policy-regarding-sexual-orientation.page>.

²⁸ American Psychological Association. *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts*. Available online at: <http://www.apa.org/about/policy/sexual-orientation.aspx>. Accessed 9/28/16.

²⁹ Hatzenbeuhler, M. L., Keyes, K. M., Hasin, D. S. (2009). State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health*, 99(12):2275-2281. oi:10.2105/AJPH.2008.153510