When Health Care Isn't Caring: LGBT Immigrants and Immigrants Living with HIV

Results from Lambda Legal's Health Care Fairness Survey

In 2009, Lambda Legal, with the help of over 100 partner organizations, conducted a survey as part of a national Health Care Fairness campaign. This survey is the first to examine experiences with refusal of care and barriers to health care access among lesbian, gay, bisexual and transgender (LGBT) and HIV communities on a national scale. The information in this report is gleaned from the 4,916 surveys completed.

This fact sheet describes the discrimination, substandard care and barriers to health care experienced by LGBT immigrants¹ and immigrants living with HIV². Six percent of the survey respondents (319 people) were born outside of the United States.

Discrimination and Experiences of Substandard Care

The results of this survey overall show that LGBT respondents as well as those living with HIV have experienced significant health care discrimination.

In several categories covered in this survey, lesbian, gay and bisexual (LGB) immigrants and immigrants living with HIV experienced higher rates of discrimination and substandard care compared to their non-immigrant counterparts.

 Nearly 7 percent of LGB immigrant respondents experienced physically rough or abusive treatment by a health care professional, compared to 4 percent of non-immigrant LGB respondents. Similarly, 6 percent of immigrant respondents living with HIV experienced physically rough treatment, compared to 4 percent of the overall respondents living with HIV.

- Over 14 percent of LGB immigrants reported that health care professionals refused to touch them or used excessive precautions when treating them, compared to 10 percent of non-immigrant LGB respondents.
- Nearly 14 percent of LGB immigrants encountered health care professionals who used harsh or abusive language toward them, compared to 11 percent of non-immigrant LGB respondents.
- Eighteen percent of LGB immigrant respondents were denied fertility services, compared to 14 percent of non-immigrant LGB respondents.

In nearly every category of discrimination covered, LGB immigrants of color were more likely to experience discrimination and substandard care than either White LGB immigrants or LGB people of color who were not immigrants.

- Nine percent reported that medical professionals were physically rough or abusive toward them.
- Twelve percent of LGB immigrants of color reported being refused medical care.
- Nineteen percent experienced harsh or abusive language.
- Eighteen percent reported that health professionals blamed them for their medical conditions.
- Seventeen percent reported that health care professionals refused to touch them or used excessive precautions when treating them.

Intersecting Forms of Discrimination

LGBT people and those living with HIV may experience discrimination based on a multiplicity of factors including economic status, age, health status, race, ethnicity, national origin and immigration status.

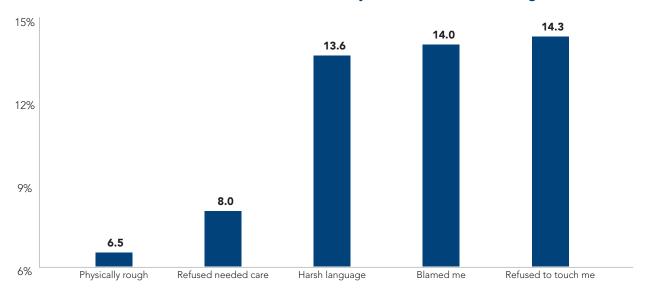
At the same time, studies show that immigrants disproportionately lack health coverage and receive fewer

² The term immigrant refers to anyone who was born in another country and is now living in the United States. In this fact sheet we interchangeably use the terms "immigrant" and "people born outside of the United States." This survey did not ask questions to ascertain the citizenship or immigration status of respondents; therefore, these results do not make any distinction between immigrants who are U.S. citizens and those who are not, or immigrants who are documented and those who are undocumented.



¹ There were not enough transgender or gender-nonconforming (TGNC) respondents who were born outside of the U.S. to analyze this group separately. So many of the statistics in this fact sheet refer to LGB immigrants only.

Discrimination and Substandard Care: Lesbian, Gay or Bisexual (LGB) Immigrants



health services than non-immigrants. According to the United States Census Bureau, in 2007 the uninsured rate for those not born in the U.S. was 33.2 percent, about two and one-half times that of those born in the U.S. The uninsured rate for immigrants who were noncitizens was 43.8 percent in 2007.3 Immigrants face additional barriers, including laws and policies that limit their ability to qualify for Medicaid and other benefits, and in more extreme cases, attempt to make access to basic services such as emergency room care contingent upon immigration status. These policies can exacerbate immigrants' fears about their ability to access health care services.

Intersectionality theory makes it clear that it is impossible to separate different types of discrimination and oppression because they intersect and interact to create, sustain or deepen negative outcomes.⁴

The intersectionality of discrimination based on immigration status plus sexism, homophobia, and stigma based on HIV status can help to explain why LGBT immigrant survey respondents were more likely to experience some discrimination and barriers to care than their U.S.-born counterparts. It could also help us understand why this particular group was most affected by particular types of discrimination.

LGBT immigrants have unique experiences that may not be best addressed by policies and programs designed with the

Barriers to Health Care

LGB immigrant respondents reported having concerns about their ability to obtain needed health care because of their sexual orientation or HIV status. These fears and concerns represent barriers to and a reluctance to seek care, resulting in poorer health outcomes. Overall, survey respondents born outside of the U.S. experienced barriers to care similar to those of non-immigrants.

- Almost 9 percent of the immigrant respondents who are LGB and 15 percent of those living with HIV are concerned that they will be refused medical services when they need them.
- Over half (51 percent) of the immigrant respondents who are LGB and 44 percent of those living with HIV believe there are not enough health professionals who are adequately trained to care for LGB people or people living with HIV, respectively.
- Thirty-four percent of people of color respondents born outside of the U.S. reported that there were too few psychological support groups for LGB people

Key Recommendations

Health care institutions and providers should:

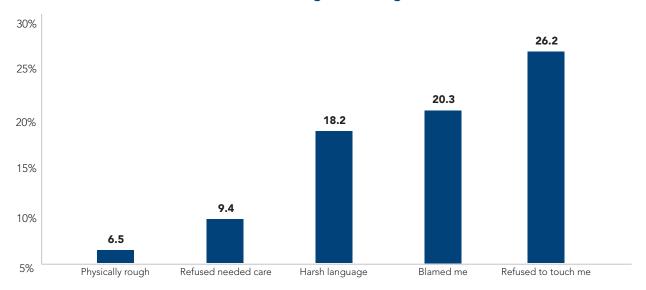
 Establish nondiscrimination, employment, fair visitation and other policies that prohibit bias and discrimination

incorrect assumption that all LGBT people are U.S.-born. Policies and programs taking intersectionality into account could more sufficiently address the particular ways in which LGBT immigrants experience discrimination.

³ DeNavas-Wait C, Proctor BD, Smith JC. *Income, Poverty, and Health Insurance Coverage in the United States:* 2007. Washington DC: United States Census Bureau; August 2008. http://www.census.gov/prod/2008pubs/p60-235.pdf. Accessed October 25, 2011.

⁴ Crenshaw, Kimberlé. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics," 1989 *University of Chicago Legal Forum* 139,140.

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based on sexual orientation, gender identity and expression and HIV status; recognize families of LGBT people and their wishes and provide a process for reporting and redressing discrimination if it occurs.

- Mandate cultural competency training for all health care students and professionals about sexual orientation and gender identity and expression; include information about the ways LGBT immigrants, along with other LGBT people who are members of other marginalized populations, may experience discrimination in health care settings and provide strategies to eliminate such discrimination.
- Take intersectionality into account when developing policies, programs and services.
- Advocate for improved laws and accreditation standards.

Governments should:

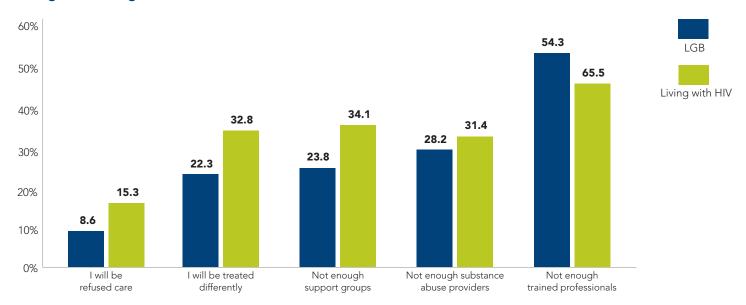
- Include equal coverage of LGBT people, people living with HIV and people of color in all antidiscrimination and equal opportunity mandates.
- Require all health care facilities and education programs that receive government funding to develop and implement goals, policies and plans to ensure that LGBT people and people living with HIV are treated fairly, and provide ongoing cultural competency training for all health care profession students and staff.
- Change laws to require recognition of the families of LGBT people, including those who live within less common family structures, and require health care providers to do the same.

- Pass laws that explicitly protect LGBT people and people living with HIV from discrimination in health care settings.
- Prohibit discriminatory practices that deny or limit health care or coverage for needed care to LGBT people, people living with HIV and immigrants by health care providers and insurance providers, especially those sponsored or directly regulated by the government, such as Medicaid and exchanges created to make health insurance more accessible.

Individuals and organizations should:

- Educate themselves and each other about LGBT rights and immigration issues and, when possible, educate health care providers about the needs of LGBT patients.
- Become educated about discrimination against immigrants and other forms of discrimination as well as the concept of intersectionality as a way to understand how LGBT people and those living with HIV who are also immigrants are affected by multiple types of discrimination.
- Advocate for improved laws and policies.
- Report unfriendly and discriminatory practices, share stories of health care discrimination and pass on referrals to friendly providers and institutions.
- Use existing mechanisms—such as advance directives and other documents—to create as much protection as possible for themselves and their loved ones.

Fears and Concerns About Accessing Health Care: Lesbian, Gay or Bisexual (LGB) Immigrants and Immigrants Living with HIV



Demographics

The 319 immigrant respondents identified with the following sexual orientations and gender identities.

Sexual Orientation

Gay: 195 (62 percent)

Lesbian: 79 (30 percent)

Queer: 50 (16 percent)

• Bisexual: 36 (11 percent)

Same Gender-Loving: 20 (6 percent)

Gender Identity

Male: 197 (62 percent)⁵

Non-transgender male: 190 (60 percent)

Female: 104 (33 percent)⁶

Non-transgender female: 96 (30 percent)

Transgender or gender-nonconforming: 24 (8 percent)

Other Demographics

- Thirteen percent (63 people) of immigrant respondents were living with HIV.
- Of the immigrants surveyed, 102 people (56 percent) identified as Latino, 51 (28 percent) as Asian/Asian-American, 26 (14 percent) as White, 22 (12 percent) as Black and 30 (17 percent) as multiracial.
- Fifty-seven percent of immigrant respondents were people of color, compared to 16 percent of nonimmigrant respondents.
- Immigrants were more likely to have no income (5 percent compared to 3 percent of non-immigrants) and to be uninsured (14 percent compared to 10 percent of non-immigrants).

From When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People Living with HIV (New York: Lambda Legal, 2010). Available at **www.lambdalegal.org/health-care-report.**

For the complete survey report, visit **www.lambdalegal.org/ health-care-report**. If you feel you have been discriminated against, contact Lambda Legal's Help Desk at 866-542-8336 or send an email via our web form at **www.lambdalegal.org/ help/online-form**.



⁵ These numbers include transgender and non-transgender respondents.

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