

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-public-health-policy/the-gay-and-lesbian-medical-association-glma/2439/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

The Gay and Lesbian Medical Association (GLMA)

We've got the AMA, state medical societies, professional societies, and we also have a Healthcare Professional Society that focuses on the health concerns of gay, lesbian, bisexual, and transgender people, the Gay and Lesbian Medical Association. Join me as we find out what they are doing and why they were created.

You're listening to ReachMD XM157, The Channel for Medical Professionals. Welcome to the Clinician's Roundtable. I am Dr. Michael Greenberg, your host, and with us today is Joel Ginsberg who is an attorney and MBA who is the Executive Director of the Gay and Lesbian Medical Association.

**DR. MICHAEL GREENBERG:**

Welcome, Joel.

**JOEL GINSBERG:**

Hi, thanks for having me on your show.

**DR. MICHAEL GREENBERG:**

Tell us about the organization and its goals.

**JOEL GINSBERG:**

Well, the Gay & Lesbian Medical Association has been around since 1981 and we are an Association Of Healthcare Professionals of all disciplines, physicians, nurses, physician assistants and other folks and we also include straight allies, so we are lesbian, gay, bisexual, transgender, and straight allies and we are all working together to ensure that both patients and healthcare professionals who are themselves lesbian, gay, bisexual, or transgender are not discriminated against in healthcare, in getting quality healthcare, that's the same as anybody else would get.

**DR. MICHAEL GREENBERG:**

Okay, so you can be straight and join the organization.

**JOEL GINSBERG:**

That's right.

**DR. MICHAEL GREENBERG:**

Talking about your members and talking about bigotry, you know, in healthcare, is there a lot of it?, I mean, may be I am naive, but I am just not aware of it, tell me about this.

**JOEL GINSBERG:**

Well, it comes up in a lot of different ways. Patients in a clinical encounter often run across conscious or unconscious bias in those providers and that can turn into some awkward kinds of interactions or sometimes outright awful ones. I think more typically it's a case where the healthcare providers are comfortable with the patient's sexual orientation or gender identity and therefore either does not ask questions that would be relevant to that person's life or ask them in ways that put the patient off and so they therefore don't cherish that they need to in order to get quality healthcare or they would just avoid going to see their healthcare provider at all. On the health professional side, we hear stories all the time of medical students or nursing students who call us up and say that they've been exposed to a class in which the professor was talking about homosexuals in very disparaging terms. We've heard of patients who have gone to see healthcare providers and then been prosthletized, people trying to get them to see the light and abandon their homosexuality. We hear cases of people who live in rural part of the country who are afraid to come out because they are afraid that they would be tagged as, say a child molester; I heard this from a pediatrician once in rural Texas. So there is a lot of difficulty that people are having.

**DR. MICHAEL GREENBERG:**

Now, we've heard that before, all homosexuals are pedophiles too, right, by definition.

**JOEL GINSBERG:**

Right, I got a call from a pediatrician in Texas and he was so nervous on the phone, he was afraid that I might leak his identity.

**DR. MICHAEL GREENBERG:**

So what do you do, what do you do when you find instances of this, do you actually go out and try and change it or is just that you've got comfort in numbers that you can share the experiences, what're you doing actively?

**JOEL GINSBERG:**

Both of those things, as you say, create a community in which people can be out and people come to our annual conferences and interact in other ways that provide them with social and personal networking support, but the other thing is we do get active around advocacy work, if we can find a case where there is a clear <\_\_\_\_\_> example of something and it's been documented and we have the ability to do something about it, we'll go in. So, for example, we worked with several other organizations, you know, case in Florida where a patient had gone in to see her, I think it was a physician assistant, and it was noted that she was lesbian on the chart and on the way out they handed her an envelope and it was full of religious tracts. So we worked on investigating whether there were any laws in Florida that could be invoked to discipline this provider. Unfortunately, there were none, it's quite legal to discriminate on the basis of sexual orientation and gender identity in Florida. We've worked with medical schools; we were successful at getting New York Medical College to reverse its ban of its gay and lesbian student group. We also applied a lot of pressure on Touro University which was a school of Osteopathic Medicine in Vallejo, California, when they were threatening to shut down their lesbian, gay, bisexual and transgender and allied student group. We've worked with state medical societies and national medical societies to help them pass resolutions around nondiscrimination. So we do a lot around advocacy.

**DR. MICHAEL GREENBERG:**

Pardon me for being naive again, but a medical school was gonna ban a gay and lesbian association, I mean, aren't medical schools supposed to be about openness and healing and wellness?

**JOEL GINSBERG:**

Well, that's what we would like to think, but you know, New York Medical is Catholic, religious based, although we don't feel like that was a justification, ultimately, their faculty and student body didn't either and they reversed that decision. So this was about patient care and creating a safe environment for their own students.

**DR. MICHAEL GREENBERG:**

Okay, tell us a little bit about yourself and how you got involved with the organization?

**JOEL GINSBERG:**

I actually have a long and checkered past. I came to this job with a range of experience. I have a law degree and MBA from Berkeley and when I got out of school, I didn't want to do the big firm, traditional route, so I went to Washington D.C. and I worked for senator Kennedy and at that time we were working on the Ryan White Bill which is the big AIDS bill and also the Americans With Disabilities Act, so I worked on that; those two bills passed. Then I went and practiced law for several years and then I had a series of jobs in the house and then in the Senate and a few positions in the Clinton administration including working for the Commissioner of The Immigration Service, also in the White House, and then I went into management consulting, worked for Arthur Andersen for a few years in their business consulting group and then got into nonprofit management consulting for a firm called CompassPoint in San Francisco and then joined GLMA (Gay & Lesbian Medical Association).

If you've just joined us, you're listening to ReachMD XM157, The Channel for Medical Professionals. I am Dr. Michael Greenberg and I am speaking with Joel Ginsberg, Executive Director of the Gay & Lesbian Medical Society.

**DR. MICHAEL GREENBERG:**

So let's get back to one of the questions I've always asked, I am the guy who like interviews other medical societies like the women's derm organization, you know, why have a separate society? Is that healthcare different, do we need a separate society? Could you not be part of our bigger society?

**JOEL GINSBERG:**

Well, people like to get together based on shared interest and affinities and for 26 years there's been an interest among lesbian, gay, bisexual, and transgender healthcare professionals to join together. I think it serves a useful function as long as these groups continue to be marginalized in society, folks who want to get together for mutual support. However, there are a lot of different organizations out there like the American Medical Association or the American Psychiatric Association, have internal caucuses and more and more national and state local societies are creating internal groups of sexual and gender minority providers to network in ways, we welcome that.

**DR. MICHAEL GREENBERG:**

Is the society doing anything in programming in the way of educating physicians because physicians who are in such a gay heavy area might not be so well informed about HIV or other or just lifestyle issues, do you have an educational program?

**JOEL GINSBERG:**

We do, we have a little booklet called Creating a Welcoming Environment, that's something that's available on our website which is [www-dot-glma-dot-org](http://www-dot-glma-dot-org) ([www.glma.org](http://www.glma.org)) and that is a very practical guide about a clinician can make their practice welcoming such as things like inclusive forms that don't exclude anybody who isn't able to be married, that recognizes that people have different kinds of gender identities, that sort of things, and it also provides practical information about how to conduct a neutral sexual history that won't put off a patient that may be doesn't set your conception of the norm. We are also working now on our first online educational program and we are going to be offering this for CME and CEU credit. This one is gonna be on smoking cessation and then we'll have another separate unit which is a general introduction to health issues for LGBT people. We also have an annual conference, and our 26th annual conference will be in Seattle in October this year.

**DR. MICHAEL GREENBERG:**

Last year it was in Puerto Rico, right?

**JOEL GINSBERG:**

That's right, yes, beautiful.

**DR. MICHAEL GREENBERG:**

So, your organization is much more than HIV education.

**JOEL GINSBERG:**

As a matter of fact, we do some work around HIV, we always have a rich HIV track at our annual conference since many of our members are interested in that material, but there are a lot of other organizations out there that are doing great work around HIV and there are a few organizations that are focusing on a lot of the other issues that lesbian, gay, bisexual, and transgender people face. I am not sure how much your listeners are aware of these issues, if you don't mind, I would like to use the acronym LGBT since lesbian, gay, bisexual, transgender is quite a mouthful. LGBT people have a number of unique health issues, so for example, lesbians have documented increased risk factors for breast cancer, so higher rates of smoking, higher rates of body mass, higher rates of alcohol use, and higher rates of not bearing children. Both gay men and lesbians and bisexuals have higher rates of anxiety disorders and depression that are linked to social stress. There are a number of issues like this. Our transgender folks have real challenges finding welcoming and knowledgeable providers that can assist them with transitioning in terms of their surgeries or hormone use or maintenance of hormones.

**DR. MICHAEL GREENBERG:**

What about awareness in medical schools and other healthcare training programs? What's your feeling about this? I mean, when I went to medical school, there was just nothing said at all about different lifestyles, everybody was supposed to be black or white and then straight, that was it.

**JOEL GINSBERG:**

Well, I think that not a lot has changed in many, many areas and in some places there has been some change. We are seeing some medical schools like the University of Michigan, for example, who we honored recently, the University of California, and San Francisco. They have really good programs and they integrate information about LGBT people into their basic courses around homosexuality. However, many medical schools do not ever touch on the issue of LGBT people, or when do, they do it in disparaging ways. The case of New York Medical College, this was a few years ago, when we got involved with that school, they were talking about gay men by showing clips from The Rocky Horror Picture Show which we thought was pretty outrageous. Since then they've put together a task force that has worked on reforming the curriculum, but many nursing schools don't offer anything on the subject. So there is a lot of need for changing medical school curriculum and nursing school curriculum and other health professional training programs.

**DR. MICHAEL GREENBERG:**

Thanks for being my guest today and raising awareness of the Gay & Lesbian Medical Association with colleagues across the country.

I am Dr. Michael Greenberg and you've been listening to the Clinician's Roundtable on ReachMD XM 157, The Channel for Medical Professionals. ReachMD XM is here for you, the health professionals that care for your patients. We welcome your questions and comments. Please visit us at reachmd-dot-com ([www.reachmd.com](http://www.reachmd.com)), our new on-demand and podcast features < \_\_\_\_ > to access our entire program library including this show and we truly thank you for listening.