



***Caring for Lesbian,  
Gay, Bisexual, and  
Transgender Patients***

A University of Michigan  
Resource Guide

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This Resource Guide was assembled by Matthew Ambrose and Lisa Ladewski for the Lesbian, Gay, Bisexual and Transgender Health Awareness Week held March 13-18, 2005 at the University of Michigan Medical School. We would like to extend special thanks to Elizabeth Eaman and Jennifer Soulliere, who were instrumental in this project.

We believe that all people, regardless of sexual orientation or gender status, deserve respectful and thoughtful healthcare. This Guide is intended to help both students and practitioners learn to provide such care.

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# WE S O P R D P

to **provide information** regarding health concerns of the LGBT community

- to dispel myths
- to help health providers address medical concerns pertinent to LGBT patients

to help healthcare professionals create a **welcoming environment** for all patients

- to provide specific ways to communicate verbally and non-verbally to help all patients feel comfortable
- to increase familiarity with LGBT-related vocabulary and unassuming questioning techniques

to **encourage discussion** with patients about their sexual practices and sexual orientation

- to help health providers feel well-informed and thus more comfortable speaking with their patients about their sexuality

to provide a **list of further resources** for patients and health providers

- to help healthcare providers know what resources are out there for their LGBT patients so they can refer them to further health information

Many of our patients identify as LGBT or have recently engaged in same-sex sexual behavior

- An estimated 2%-6% of the US population engaged in same-sex sexual behavior during the last five years and 1%-4% of the US population self-identify as Lesbian, Gay, Bisexual, or Transgender (LGBT)

LGBT patients have unique health concerns due to:

- Their sexual practices
- Social pressures within and outside the LGBT community
- Perceived and actual biases within the medical community

Improvements in access to LGBT friendly healthcare are greatly needed

- LGBT individuals are more likely to receive substandard healthcare
- Actual biases exist among healthcare providers.
  - Some providers are hostile towards gay and lesbian patients, describing them as “deserving” of illness or unworthy of treatment
- The LGBT community perceives this bias — disclosure of sexual orientation occurs infrequently for most LGBT patients

**Physicians continue to feel inadequately prepared to provide high quality health-care for LGBT patients and desire better education**

**We have an obligation to become better informed about the health needs of our LGBT community**

## Finding a Safe Medical Environment

- Many LGBT patients do not reveal their sexual orientation to providers because they are aware of perceived/actual biases of physicians and fear sub-standard care

Create a welcoming clinical environment in your practice (see page 10)

## Access to Care

- LGBT partners often cannot share health insurance, lack visitation rights in emergency departments and intensive care units, lack partner medical decision-making rights, and lack parental rights

Support policies that affirm the rights of same-sex couples

## Domestic Violence

- Lack of screening for same-sex couples, even though the incidence of domestic violence is comparable to that of heterosexual couples

Conduct violence screening in a gender-neutral way:

“Have you ever been hurt (physically or sexually) by someone you love or a stranger?”

## Sexual Harassment/Discrimination

- Sexual discrimination and harassment affects LGBT patients, providers, and students both within and outside of the medical community

Be conscious of sexual harassment in your workplace and support policies that confront it

## Sexually Transmitted Infection (STIs)

- Both Men who have sex with Men (MSM) and Women who have sex with Women (WSW) can contract STIs

Discuss safer sex techniques for both MSM and WSW, and be prepared to answer questions about risks for contracting STIs

# Ten Topics

Gay/bisexual patients should discuss with their healthcare provider

1. HIV/AIDS, Safe Sex: The effectiveness of safe sex practices in reducing HIV infection is one of the gay community's great success stories. However, recently, there has been a return of many unsafe practices. Counsel all MSM on safe sex practices.

2. Substance Use: Gay men use illicit substances at a higher rate than the general population. These substances include amyl nitrate ("poppers"), marijuana, ecstasy, and amphetamines. Substance use may have negative long-term health consequences, including increased prevalence of risky sexual behavior.

3. Depression/Anxiety: These appear to affect gay men at a higher rate than the general population. The likelihood of depression or anxiety may be greater for those men who remain in the closet or who do not have adequate social supports. Adolescents and young adults may be at particularly high risk of suicide. Culturally sensitive mental health services targeted specifically at gay men may be especially effective in the prevention, early detection, and treatment of these conditions.

4. Hepatitis Immunization: Due to their increased risk of Hepatitis A and B, all men who have sex with men should be offered immunizations against these viruses. Safe sex is the only current means for prevention of Hepatitis C.

5. Sexually Transmitted Infections: STIs, including both curable and incurable diseases, occur in sexually active gay men at a high rate. There is absolutely no doubt that safe sex reduces the risk of STIs, and prevention of these infections through safe sex is key.

6. Prostate, Testicular, and Colon Cancer: Gay men may be at increased risk for these cancers. This may be due to decreased healthcare utilization because of issues and challenges in receiving culturally sensitive care. All gay men should undergo these screenings routinely, as recommended for the general population.

7. Alcohol: Gay men are thought to have higher rates of alcohol dependence and abuse than straight men. Culturally sensitive services targeted to gay men are important in successful prevention and treatment programs.

8. Tobacco: Recent studies suggest that gay men may be up to 50% more likely to use tobacco than straight men. The health risks of tobacco use are too numerous to recount here. All gay men should be screened for tobacco use and offered culturally sensitive services.

9. Fitness (Diet and Exercise): Gay men are much more likely to have problems with body image and experience eating disorders than heterosexual men. Excessive exercise, anabolic steroids, and other supplements can adversely affect health. At the opposite end of the spectrum, overweight and obesity also affect a large subset of the gay community and are associated with a host of other health problems.

10. Anal Papilloma: Human papilloma virus infection may play a role in the increased rates of anal cancer in gay men. Some health professionals now recommend routine screening with anal Pap Smears, similar to the test done for women to detect early cancers. Safe sex should be emphasized. HPV is very contagious and re-infection rates following treatment are high.

## Concern for LGBT status should extend beyond the sexual history

# Ten Topics

Lesbian/bisexual patients should discuss with their healthcare provider

1. Breast Cancer: Lesbian women have the richest subset of breast cancer risk factors of any subset of women in the world. In addition, they are less likely to seek clinical care and thus cancer may be diagnosed at a later stage.

2. Depression/ Anxiety: Chronic stress from homophobic discrimination, feeling the need to hide their sexual orientation at work, and lack of an adequate support system all contribute to development of depression and anxiety. Lesbian women should be offered culturally sensitive mental health services.

3. Gynecological Cancer: Lesbian women have higher risks for some gynecologic cancers. Yearly exams can help catch these cancers at an early stage.

4. Fitness: Research confirms that lesbian women have higher body masses than heterosexual women. Obesity is associated with many negative health outcomes. Provide advice about healthy living and healthy eating, as well as healthy exercise.

5. Substance Use: Research indicates that illicit drug use may be more common among lesbian women than heterosexual women. Provide lesbian women with help locating healthy outlets for stress as an alternative to substance use.

6. Tobacco: Research also indicates that tobacco may be used more often by lesbian women than by heterosexual women. Tobacco use is associated with higher rates of cancer, heart disease, and emphysema — the three major causes of death among all women.

7. Alcohol: Alcohol use and abuse may be higher among lesbians. More than one drink per day can be a risk factor for disease. Lesbian women should be screened for alcohol dependence and offered culturally-sensitive treatment when needed.

8. Domestic Violence: Domestic violence is under-recognized as an issue facing lesbian women. It is reported to occur in about 11 percent of lesbian homes, about half the rate reported by heterosexual women. Shelters need to welcome and include battered lesbians, and offer counseling to the offending partners.

9. Osteoporosis: The rates and risks of osteoporosis among lesbian women have not been well characterized yet. calcium, weight-bearing exercise, avoidance of tobacco, and periodic bone density testing are all helpful in preventing and treating disease.

10. Heart Health: Smoking and obesity are the most prevalent risk factors for heart disease among lesbian women. They need to receive annual physical exams to check blood pressure and cholesterol, screen for diabetes, and provide exercise advice. Heart disease prevention should be paramount to every clinical visit.

**Determine the degree to which LGBT patients are “out” to their employers, family, and friends, and/or the extent of social support or participation in their community. One’s level of identification with a community in many cases strongly correlates with decreased risk for STIs (including HIV) and improved mental health.**



# Ten Topics

## Transgendered patients should discuss with their healthcare provider

1. **Violence and Murder:** Transgender people are at a high risk of becoming victims of hate or domestic violence. Healthcare providers should encourage transgender patients to discuss any experiences of violence and help them seek safer environments if needed.

2. **HIV/AIDS and other STI s:** Transwomen have high rates of HIV infection, with recent estimates from US cities ranging from 14-47%. Transwomen sex workers are at especially high risk of contracting STIs due to financial pressures not to engage in barrier-free sex. Transgender people—especially transwomen—should receive culturally-sensitive counseling on STI prevention.

3. **Substance Use :** Substance abuse is prevalent within the transgender population. Treatment for substance abuse is difficult to obtain for transgender patients for several reasons. Providers are often hostile or insensitive toward transgender patients and some programs consider estrogen use “abuse,” requiring transwomen to quit taking estrogen before entering the substance abuse program.

4. **Tobacco :** Although studies are lacking, tobacco use seems to be very common in the transgender population. Apart from general health effects, smoking greatly increases the risk of thromboembolic disease in transgender women taking estrogen and heart disease in transgender men taking testosterone.

5. **Depression and Suicide:** Suicidal ideation and suicide attempts are common in the transgender population. Studies estimate that over 60% of transgender patients have had suicidal ideations and 16-37% have attempted suicide. The majority of these ideations and attempts were attributed to gender identity issues. Mental health services are difficult for transgender patients to access due largely to the effects of discrimination on access to jobs and healthcare.

6. **Lack of Health Insurance:** Because so many transgender people are unemployed or under-employed, they have difficulty obtaining health insurance. In addition, some post-surgical transsexual men and women have reported losing or having difficulty obtaining insurance after the insurer found out they were transsexual.

7. **Lack of Insurance Coverage for Trans Health Services:** Hormone therapy and sex reassignment surgery are not covered by most insurance programs (some services are covered by Medicaid and the VA in some states). Sex reassignment surgery has been classified as “experimental” by the Centers for Medicare and Medicaid since 1973, despite the fact that it is being performed by an estimated two dozen surgeons in the U.S. alone. Healthcare providers who provide trans health services must use non-specific diagnostic and procedural codes to receive reimbursement.

8. **Gender Identity Disorder Classification as a Prerequisite to Receiving Trans Health Services:** Transgender people seeking change therapy must undergo extensive psychiatric evaluation where they admit to having gender identity disorder, a stigmatizing mental condition. To avoid this process, some transgender people choose self-medication with hormones or injection silicone use (ISU), which have potentially dangerous health consequences.

9. **Injection Silicone Use:** Studies have found that ISU is used by 25-33% of transwomen. It may be used by some transmen as well. ISU is often administered in unsanitary conditions, with a risk of HIV or hepatitis transmission. In addition, ISU has been found to be associated with systemic illness, disfigurement, and even death.

10. **Distrust of Medical Institutions:** Many transgender patients have experienced hostility and discrimination by healthcare providers in the past. Healthcare providers can work to increase awareness of transgender health issues among their staff and can strive to provide culturally-sensitive care for all patients.

## ***Simple things you can do to better care for LGBT patients***

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- Update the physical environment in your clinic
  - Add or change intake and health history form questions
  - Improve provider-patient interviews
  - Increase your staff's knowledge about and sensitivity to LGBT patients
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**61%** of Michigan lesbians surveyed felt unable to disclose their sexual orientation to health-care providers, leaving out important historical information

# Your Waiting Room: A Welcoming Environment

First impressions of a healthcare provider's office can help determine how comfortable a patient is with disclosing important information about their sexual orientation or gender identity. Consider some of these possibilities for making your clinic a place where LGBT patients feel at ease.

1) At least one unisex restroom

2) LGBT-specific media, including local or national magazines or newsletters about and for LGBT individuals

3) Visible non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual identity and gender identity

4) Posters showing racially and ethnically diverse same-sex couples, or posters from non-profit HIV/AIDS or LGBT organizations

5) Brochures (multilingual when possible and appropriate) about LGBT health concerns



# Choosing Words

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Health History forms can have limited options for indicating a relationship status. Consider including these choices on forms in your practice:

Single	Involved with multiple partners
Married	Separated from spouse/partner
Partnered	Divorced/separated from spouse/partner
Other (leave space for patient to fill in)	

## ***Do you have sex with men, women or both?***

Likewise, when talking about sexual or relationship partners, use gender-neutral language such as “partner(s)” or “significant other(s).” Ask open-ended questions, and avoid making assumptions about the gender of a patient’s partner(s) or about sexual behavior. Use the same language that the patient does to describe self, sexual partners, relationships, and identity.

## ***Anything we discuss stays in this room.***

Be aware that although many LGBT people may use words such as “queer,” “dyke,” and “fag” to describe themselves, these and other words have been derogatory terms used against LGBT individuals. Although individuals may have reclaimed the terms for themselves, it may not be appropriate for use by health care providers who have not yet established a trusting and respectful rapport with the patient.

## ***Do you use safer sex techniques with your partner(s)?***

Respect transgender patients by using appropriate pronouns for their gender expression, or simply use their preferred name. Ask the patient to clarify terms or behaviors with which you are unfamiliar. When in doubt, ask!

# Dispelling Myths

These are only a few of the many misconceptions that exist about LGBT people.

## **Bisexuals are promiscuous and hypersexual swingers, and cannot be monogamous.**

Bisexual people have a range of sexual behaviors. Like lesbians, gays or heterosexuals, some have multiple partners, some have one partner, and some go through periods without any partners. Promiscuity is no more prevalent in the bisexual population than in other groups of people. Remember when interviewing patients to focus on sexual behaviors rather than sexual orientation.

## **Same-gender domestic violence is sexual behavior, a version of sadomasochism (S & M).**

In consensual S & M, any violence, coercion, or domination occurs within the context of a mutually pleasurable “scene,” within which there is trust and/or an agreement between parties about the limits and boundaries of behavior. In contrast, domestic violence takes place without any mutual trust or agreement, and is not consensual or pleasurable for the victim.

## **LGBT = HIV/AIDS**

While HIV has a higher prevalence in the gay male population in this country than many groups, it is neither universal nor unpreventable. Safer-sex techniques can dramatically reduce transmission risks. Keep in mind that many men and women who do not identify as LGBT still have same-sex sexual contact, and should be counseled about safer-sex.

## **Transsexuals go through sex-altering surgery so they can have sex the way they want to.**

How or with whom a person wants to have sex is rarely a major factor in the desire for sex reassignment. Usually, people undergo reassignment in order to make their bodies conform more closely to the way they feel inside—their gender. Whether a transsexual is attracted to men or to women usually doesn't change with surgery. Sexual orientation is not related to gender identity.

# Resources for Providers

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## Gay and Lesbian Medical Association

[www.glma.org](http://www.glma.org)

- Hepatitis immunization guidelines for physicians, community medical centers, and public health departments:  
[www.glma.org/hepatitis](http://www.glma.org/hepatitis)
- Copies of "Anti-Gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians."  
Benjamin Schatz Esq., and Katherine A. O'Hanlan M.D. 1994.
- Publications:
  - Creating a Safe Clinical Environment for Men Who Have Sex With Men
  - Clinician's Guide to Incorporating Sexual Risk Assessment in Routine Visits
  - LGBT Health: Findings and Concerns (includes transgender health section with definitions)
  - Healthy People 2010 Companion Document
  - The "Scientific Workshop on Lesbian Health 2000: Steps for Implementing the IOM Report"

## MedlinePlus: Gay and Lesbian Health

<http://www.nlm.nih.gov/medlineplus/gayandlesbianhealth.html>

- Articles from national societies and government reports about research and treatment of LGBT health concerns

## The GLBT Health Access Project

[www.glbthealth.org](http://www.glbthealth.org)

- Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients

## National Coalition for LGBT Health

[www.lgbthealth.net](http://www.lgbthealth.net)

- Links to national advocacy and health organizations
- Many hosted articles and journal submissions on LGBT health

## Seattle/King County GLBT Health Web Pages

[www.metrokc.gov/health/glb](http://www.metrokc.gov/health/glb)

- Advice for physicians on culturally sensitive care
- Short articles on health issues pertaining to LGBT patients

## Gay Health.com

[www.gayhealth.com](http://www.gayhealth.com)

- "Ask the Doctor" column with sexual health information
- Providers Only area with articles, a message board and providers' database

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International Journal of Transgenderism

[www.symposion.com/ijt/](http://www.symposion.com/ijt/)

- Quarterly journal published 1997-present, fulltext articles available online

CDC National Prevention Information Network

[www.cdcnpin.org](http://www.cdcnpin.org)

- Reference and referral service for information on HIV/AIDS, STIs, and TB
- Helpline: 800-458-5231 (also Spanish)

A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population Kaiser Permanente National Diversity Council and the Kaiser Permanente National Diversity Department. 2000.

Lesbian Health: Current Assessment and Directions for the Future.

Andrea L. Solarz, Ed. Institute of Medicine. National Academy Press, Washington, DC. 1999.

- To order: [www.nap.edu](http://www.nap.edu), or call 1-800-624-6242.

The Standards of Care for Gender Identity Disorders, Sixth Version.

Harry Benjamin International Gender Dysphoria Association.

Dusseldorf: Symposion Publishing, 2001

[www.hbigda.org/soc.html](http://www.hbigda.org/soc.html)

Report on Lesbian, Gay, Bisexual, Transgender Domestic Violence

(October 1998). Produced by the National Coalition of Anti-

Violence Programs (NCAVP). Available at [www.lambda.org/](http://www.lambda.org/dv97.htm)

[dv97.htm](http://www.lambda.org/dv97.htm)

A Provider's Introduction to Substance Abuse Treatment for Lesbian,

Gay, Bisexual, and Transgender Individuals. U.S. Department of

Health and Human Services. Substance Abuse and Mental Health

Services Administration, Center for Substance Abuse Treatment.

2001. DHHS Publication No. (SMA) 01-3498.

[www.samhsa.gov](http://www.samhsa.gov)

# Resources for Patients

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## General LGBT Health

- Gay and Lesbian Medical Association — health information, healthcare referral service  
[www.glma.org](http://www.glma.org)
- Gay Health — health information and advice  
[www.gayhealth.com](http://www.gayhealth.com)
- The Triangle Foundation — domestic and anti-gay violence resource  
[www.tri.org](http://www.tri.org)
- Parents and Friends of Lesbians And Gays (PFLAG) — coming-out, family advice  
[www.pflag.org](http://www.pflag.org)

## Bisexual Health

- Bisexual Resource Center — pamphlets  
<http://www.biresource.org>
- Bi Health Program, Fenway Health Center  
[www.biresource.org/health/bihealth.html](http://www.biresource.org/health/bihealth.html)  
e-mail: [bihealth@fenwayhealth.org](mailto:bihealth@fenwayhealth.org)
- “Safer Sex For Bisexuals and Their Partners” pamphlet:  
<http://www.fenwayhealth.org/publicat/safersexbi.pdf>

## Lesbian Health

- UCSF Lesbian Health Research Center  
[www.lesbianhealthinfo.org](http://www.lesbianhealthinfo.org)
- The Mautner Project for Lesbians with Cancer  
[www.mautnerproject.org](http://www.mautnerproject.org)
- [www.lesbianstd.com](http://www.lesbianstd.com) — research, q&a column
- Planned parenthood  
[www.plannedparenthood.org/sti-safesex/lesbian.html](http://www.plannedparenthood.org/sti-safesex/lesbian.html)

## Domestic Violence

- Washtenaw County Domestic Violence Project/SAFE House  
(734) 995-5444 SAFEHouse Crisis Line  
<http://www.dvps.org>
- National Domestic Violence Hotline (local referrals, including LGBT-sensitive)  
800-799-SAFE (7233) (24 hours, English and Spanish)  
TDD: 800-787-3224

## Transgender Health

- Crossroads  
[www.xroads.org](http://www.xroads.org)  
email: [crtvmich@aol.com](mailto:crtvmich@aol.com)
- Transgender Forum’s Community Center  
[www.transgender.org](http://www.transgender.org)
- Transgender Michigan — support groups, q&a, speaker’s bureau  
[www.transgendermichigan.org](http://www.transgendermichigan.org)
- TS Road Map — transition resources  
[www.tsroadmap.com](http://www.tsroadmap.com)
- Transsexual Women’s Resources  
[www.annelawrence.com/twr](http://www.annelawrence.com/twr)
- University of Michigan Comprehensive Gender Services Program  
email: [um-cgsp@umich.edu](mailto:um-cgsp@umich.edu)  
P: 734-763-0466

## Adoption Services

- Alliance for Adoption — Southfield, MI  
[dstpeter@jfsdetroit.org](mailto:dstpeter@jfsdetroit.org)  
248-559-0117

## Hepatitis

- Gay and Lesbian Medical Association: brochure on Hepatitis A and Hepatitis B and MSM. In English or Spanish.  
For more information or to order copies, e-mail: [info@glma.org](mailto:info@glma.org)  
[www.hivandhepatitis.com](http://www.hivandhepatitis.com)

## Families and Parents

- CARE Coalition for Adoption Rights Equality:  
[caretaskforce@yahoo.com](mailto:caretaskforce@yahoo.com)  
734-646-8150
- Lesbian Mom’s Network  
[aalmn@netscape.net](mailto:aalmn@netscape.net)
- PFLAG Ann Arbor  
[www.pflagaa.org](http://www.pflagaa.org)

## Health and Fitness

- Affirmations Lesbian Gay Community Center Health Program  
248-398-7105  
email: [info@goaffirmations.org](mailto:info@goaffirmations.org)  
[www.goaffirmations.org](http://www.goaffirmations.org)



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## HIV/AIDS

- National HIV and AIDS Hotline  
800-342-AIDS  
800-344-SIDA (7432) (Spanish)  
TDD: 800-243-7889
- Michigan HIV and AIDS Hotlines  
800-872-AIDS Michigan AIDS Hotline  
800-750-TEEN Teenlink STD Hotline  
800-398-GAYS Affirmations Helpline
- AIDS Partnership Michigan  
[www.aidspartnership.org](http://www.aidspartnership.org)
- AIDS Consortium of Southeast Michigan  
800-826-1662, 313-496-0140  
[www.acsem.org](http://www.acsem.org)
- American Foundation for AIDS Research  
[www.amfar.org](http://www.amfar.org)
- The Body — HIV care/prevention information  
[www.thebody.com](http://www.thebody.com)
- HARC — Ann Arbor/Ypsilanti HIV information clearinghouse, testing center  
[comnet.org/harc/](http://comnet.org/harc/)
- Michigan Department of Community Health: HIV/STD Division  
517-241-5900
- National AIDS Treatment Advocacy Project  
[www.natap.org](http://www.natap.org)
- New Mexico AIDSNet — on-line fact sheets in English and Spanish  
[www.aidsinfony.org/001-index.html](http://www.aidsinfony.org/001-index.html)
- Project Inform — HIV/AIDS health information and treatment options  
800-822-7422 Hotline  
[www.projectinform.org](http://www.projectinform.org)
- Youth and HIV: Advocates for Youth  
[www.youthhiv.org](http://www.youthhiv.org)
- National Association on HIV over 50 (NAHOF)  
[www.hivoverfifty.org](http://www.hivoverfifty.org)  
617-233-7107

**Knowing where to point your patients for further resources after they leave your office can make a huge difference in the physician-patient relationship**

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## Pages 14-17

- Guidelines: Creating a safe clinical environment for lesbian, gay, bisexual, transgender, and intersex (LGBT) patients. *Gay and Lesbian Medical Association*.



***Michigan  
LGBT-Friendly  
Provider Directory***

All of the healthcare professionals listed in this directory have self-identified as interested in providing culturally-sensitive care for lesbian, gay, bisexual and transgender patients. If you would like to be added, or would like to have your contact information updated, please email [LGBTfriendly@umich.edu](mailto:LGBTfriendly@umich.edu).

## Physicians: General Practitioners

Andrew Adair DO  
North Macomb Family Practice  
48762 Gratiot  
Chesterfield, MI 48051  
aadairdo@sbcglobal.net

Paul Benson DO  
2327 Coolidge  
Berkley, MI 48072  
P: 248-544-9300  
www.DoctorBeWell.com

Comprehensive Gender Services Program  
Univ. of Michigan Health Services  
300 N. Ingalls Room, N14D21  
Ann Arbor, MI 48109  
um-cgsp@umich.edu  
P: 734-763-0466

Steven J. Dupuis DO  
East Lansing, MI  
P: 517-355-1300  
Family medicine

Eugene Herman MD, PC  
20411 W. Twelve Mile Rd.  
Southfield, MI 48076  
P: 248-354-1477

Curtis L. Hunt MD  
44199 Dequindre Rd. Ste. 304  
Troy, MI 48085  
P: 248-879-9000  
Internal Medicine  
Beaumont

John F. Jovanovich MD  
Detroit, MI  
P: 313-916-2565  
Internal medicine, infectious disease, HIV

Steve Kallabat MD  
911 E. 9 Mile Rd.  
Ferndale, MI 48220  
P: 248-545-7210  
Internal Medicine & Pediatrics  
Beaumont

Mustapha Mallah MD,  
Edwin Pearce MD  
A-Access PC Family Health Center  
4825 E. McNichols  
Detroit, MI 48212  
P: 313-891-2837  
also  
1640 E. Fort St  
Trenton, MI 48183  
P: 734-675-9888

David P. McClary MD  
Traverse City, Michigan  
P: 231-935-8686  
Family Practice, Urgent Care

Greg Naman MD  
911 E. 9 Mile Rd.  
Ferndale, MI 48220  
P: 248-545-7210  
Internal Medicine & Pediatrics  
Beaumont

Julie Mariotti MD  
2709 W. Webster  
Royal Oak, MI 48073  
P: 248-547-8400  
www.DRJM.net  
Beaumont

Jeffery A. Meiring DO  
6700 N. Rochester Rd. #100  
Rochester Hills, MI 48306  
P: 248-650-1520  
Family Medicine  
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