

Health research is commonplace in the United States. Recently, though, a new focus is emerging: research into lesbian health issues. Some naysayers would argue that research into lesbian health is redundant because the issues are just women's health issues. While that may be partially true, exploration is just beginning to define the important distinctions that may exist. Perhaps as more work is done and the data begin to accumulate, lesbian health research will become just another facet of the many projects in progress around the country. That vision is a long way off, but there is a cadre of committed people working to ensure that it remains a possibility.

The Lesbian Health Fund (LHF) is the only organization formed strictly to support research into lesbian health issues. This group, consisting primarily of physicians, was founded in 1992 by Kate O'Hanlan, M.D., of Stanford University. Over the last two years, the fund has awarded researchers more than \$53,000 in grants to study, among other topics, the patterns of substance abuse among lesbian and bisexual women in central North Carolina, factors related to mental health among mothers and children, and the effects of stigmatization on children of lesbian mothers. Advisory board president Joan Wurmbrand, M.D., is excited about the work the LHF is doing and is optimistic about the fund's future impact on lesbian health. Wurmbrand believes part of its success comes from the credibility the participating doctors have established with mainstream organizations such as the National Institutes of Health (NIH) and Centers for Disease Control (CDC). As Wurmbrand puts it, "Physicians speaking to physicians has been very effective."

The National Lesbian and Gay Health Association recently formed to address the issues surrounding lesbian and gay health. Plans include the establishment of a lesbian and gay health research institute and the annual publication of a paper on the state of lesbian and gay health. Board president Joyce Hunter has been studying lesbian and gay health for years, occasionally conducting studies of high-risk behavior in lesbian teenagers. Although Hunter emphasizes that these girls are coping very

well in a mostly hostile world, she also points out that more community resources must be targeted specifically for them. Hunter strongly believes the lesbian community must reach out to teens by mentoring, volunteering and acting as role models.

Cancer gets a lot of media attention, and it should. One in nine women will



develop breast cancer over her lifetime. Suzanne Haynes, Ph.D., of the National Cancer Institute (NCI) is also the vice president of the LHF Advisory Board. Her research as an epidemiologist has shown that lesbians have a two- to three-times higher risk of developing breast cancer.

Haynes says that lesbians must begin to address their health needs now. She suggests that providing educational material, teaching breast self-examination and having low-cost mammography vans at lesbian events would go a long way toward providing much-needed education.

As small research studies are completed, their data may help to convince some federal granting agencies that lesbians need to be the subjects of uniquely designed projects. Recently, there have been some breakthroughs, one of which will include lesbians in ongoing research projects around the country.

Through the Office of Research on Women's Health, the NIH recently agreed to include lesbians in supplemental funding proposals. In late 1994 the NIH quietly

announced several supplemental grants that include lesbians as population subsets. These ongoing projects are on the psychosocial aspects of coping with breast cancer and breast cancer risk factors. And, although no monies have been doled out yet, as Susan Hester of the Mautner Project for Lesbians with Cancer points out, this is a great victory.

Due to pressure from groups such as the LHF, the National Center for Lesbian Rights and committed organizations and individuals around the country, there have been other policy changes in women's research projects. These and other successes have also been aided by lesbians and gay men who are agency insiders and who asked seemingly innocuous questions about research involving lesbians. The CDC has agreed to include lesbians as an underserved population in the Breast and Cervical Cancer Early Detection Program and to assist in developing outreach programs. The Women's Health Initiative (WHI), a multi-site, long-term study of post-menopausal women, finally has included survey questions designed to identify lesbians. Now they must actually enroll lesbians into the study. And, the ongoing Harvard Nurse's Study has added questions on sexual orientation for one set of study participants. Long-term studies, such as the Harvard Nurse's Study and the WHI, will undoubtedly yield valuable data about specific differences between the health issues of heterosexual women and those of lesbians.

There are many more lesbian health research projects going on around the country than are discussed in this brief overview. 1994 was filled with success and activity. Now there exist the access and the opportunity to effect real and lasting change by working with Public Health Service divisions such as the NIH and CDC, as well as other mainstream organizations. There is a growing network of professionals who are committed to improving the status of lesbian health through research and education. Because of their dedication, the future looks bright indeed.

For information about lesbian health research, contact the National Center for Lesbian Rights, (415) 392-6257; the Lesbian Health Fund, (415) 255-4547; or the Human Rights Campaign Fund, (202) 628-4166.