

Preface

The purpose of this book is to serve as an introduction to lesbian, gay, bisexual, transgender, and queer (LGBTQ) health issues and offer health care professionals tools for creating safer and more inclusive environments for the people they serve, and a more humane workplace for their LGBTQ coworkers. It provides a broad overview of the issues that are shared among those who identify as lesbian, gay, bisexual, transgendered, or queer, but does not provide detailed information on how to care for each specific population. We provide resources in the Appendix for that more detailed information. The six chapters of Part I provide the background information on sexuality and sex/gender identities, stigma, myths and stereotypes, diversity, and family structures in LGBTQ communities that form a foundation for understanding and designing health care applications, the topic of Part II.

We are four lesbian White women from the United States and have been actively involved in lesbian social, cultural, and political circles most of our adult lives. Mickey grew up in rural Iowa in a working class Dutch and Norwegian assimilated family and resided in Iowa until she was over 50. The word *lesbian* was never mentioned at any time in her childhood or adolescence. Sue comes from an English, Danish, and Norwegian background. Although born in California, she went to high school and college on the East coast before returning to California. She too grew up with no concept or understanding of lesbian lives. Jeanne's roots are Swedish, Polish, and German. She was raised in Bridgeport, Connecticut, an only child in a large, noisy, happy, Catholic, working-class extended family. Peggy grew up "haole" in Hawaii (which simply means mixed breed of European descent) and spent her early adult years as a Yankee in Texas and a gentile in Utah, which basically adds up to a life-long history as "outsider"! We now are older adults with rich personal and professional histories. We have lived through and been deeply impacted by the civil rights, the women's rights, and gay rights movements of the United States. We each experienced the social demands to be heterosexual in early adulthood and identified as such for varying amounts of time and in various ways. We have mixed working and middle-class backgrounds, but as White women with doctoral degrees and academic careers, most of our adult experience is middle class.

Our socialization as nurses has provided a valuable lens through which to view the depth and breadth of LGBTQ experience in health care. However, in contrast to the di-

versity of the cultures that we write about in this book, our personal experience is relatively limited, and so we have made conscious efforts to confirm that we have represented the many subsets of LGBTQ cultures accurately. We know the United States the best but have incorporated research from other countries throughout the book and recognize that whereas some issues are the same from one geographic location to another, other issues differ. The work of writing this book has indeed been an eye-opening experience, as we challenged one another and discovered ways in which our personal experience and assumptions did not "hold" for the diverse LGBTQ cultures we wish to represent.

We have written this book with the assumption that most readers will not identify as LGBTQ and will have little or no experience with our communities. We also anticipate that readers will come to this book with varying degrees of openness to learning and understanding our experience. We hope that our approach provides a bridge to greater understanding and appreciation. If you are an LGBTQ reader, we hope that the content will affirm your experience and also provide for you the same kinds of insights and appreciations of other LGBTQ people that we ourselves experienced in the writing.

Each chapter in this book contains case examples and reflection questions for those who wish to use these materials in existing health classes, in LGBTQ health classes or certificate programs, in continuing education offerings, or to understand your own opinions and belief systems. The final chapter draws conclusions about the state of the art of LGBTQ health and outlines the action steps needed to overcome barriers to health care for LGBTQ people. We have labeled these the "10 things health care providers need to do to create a welcoming and inclusive environment for LGBTQ patients/clients." We also provide an appendix with other resources that might be useful to those who wish to deepen their knowledge of specific topics. Our hope is that the content of this book stimulates open discussion of the influences of sex/gender, sexuality, and other human differences on health care access and quality of care. For too long, there has been silence on these issues. In the spirit of healthy dialogue, we offer this book.

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