



Wednesday, October 21
11:00 am–12:30 pm

**710 Diversity in the Legal Profession:
What's New, What's Now, What's Next**

Brandon M. Fitzgerald
Vice President, General Counsel and Secretary
Minority Corporate Counsel Association

D'Arcy Kemnitz
Executive Director
National LGBT Bar Association

Michelle A. Peak
Senior Labor Attorney
American Airlines

Faculty Biographies

Brandon M. Fitzgerald

Brandon M. Fitzgerald is the vice president and general counsel of the Minority Corporate Counsel Association, Inc. MCCA's mission is to advocate for the expanded hiring, promotion, and retention of minority attorneys by corporate law departments and the law firms that serve them. Mr. Fitzgerald handles all legal matters for MCCA, including those related to its internet presence and MCCA's Diversity & the Bar® magazine. Since its founding in 1997, MCCA has emerged as a thought leader on diversity issues in the legal profession and its expanded platform addresses diversity management issues involving generational diversity; women; the physically challenged; gay, lesbian, bisexual and transgender lawyers; and lawyers of color.

Mr. Fitzgerald was an associate in the DC offices of several large, national law firms including Fried, Frank, Harris, Shriver & Jacobson LLP. In private practice, his focus was on corporate transactions, securities, and finance. Mr. Fitzgerald served as in-house counsel to several multinational companies where he reported to the general counsel and worked directly with senior management. His focus in-house was finance, copyrights and trademarks, and corporate governance.

He is the co-chair of the Washington Metropolitan Area Corporate Counsel Association's Diversity Forum and is one of the originators of WMACCA's Corporate Scholars Program. The Corporate Scholars Program began in 2004 and provides paid internships at WMACCA member corporations to diverse students attending law school in Baltimore, Maryland, Washington, DC, and Richmond, Virginia.

Mr. Fitzgerald received a BA from the University of Pennsylvania and a JD from the University of Virginia.

D'Arcy Kemnitz

D'Arcy Kemnitz is the executive director of the National LGBT Bar Association in Washington, DC. In this position, she organizes the only national, annual lesbian, gay, bisexual and transgender (LGBT) law student career fair and continuing legal education conference. The LGBT Bar features eight formal LGBT diversity liaisons to various entities within the American Bar Association, including a position in the House of Delegates.

Ms. Kemnitz has more than 20 years experience working in the nonprofit arena and the social justice movement. Before leading the NLGLA, Ms. Kemnitz was the executive director of the Wildlife Advocacy Project and a staff attorney at the Center for Food Safety.

Additionally, Ms. Kemnitz orchestrates collaboration between over 25 affiliated local, state and regional voluntary LGBT bar associations and dozens of LGBT law student associations. Ms. Kemnitz has spoken at numerous law schools and bar associations across the country and has published in the University of Baltimore Journal of Environmental Law, MCCA's Diversity & the Bar Magazine, various ABA publications and, most recently, the GP/Solo Magazine on LGBT issues. She has appeared in the media presenting issues of LGBT diversity in the profession at ABC News, The Advocate Magazine, and Time Magazine, among others.

Ms. Kemnitz is a distinguished graduate of the University of Wisconsin and the Hamline University School of Law.

Michelle A. Peak

Michelle A. Peak is a senior labor attorney with American Airlines in Fort Worth, TX. Her practice at American includes all aspects of US labor relations law, with a particular focus on labor law matters in the airline industry arising under the Railway Labor Act. Ms. Peak regularly oversees a variety of litigation matters in state and federal court, as well as arbitration matters arising under the various collective bargaining agreements on the American and American Eagle properties. Ms. Peak also provides counsel and training to management on all types of personnel and labor relations matters.

Prior to joining American, Ms. Peak was a manager in labor relations with Union Pacific Railroad and a deputy county attorney in Omaha, NE.

Ms. Peak has lectured at various professional education seminars, including most recently, the National Employment Law Council. Her current professional and community affiliations include: board of directors at Lambda Legal, advisory board member for Corporate Counsel Women of Color, steering committee of the Texas Minority Counsel Program, and member of Attorneys Serving the Community.

Ms. Peak received her law degree from Creighton University (Omaha, NE).



CORPORATE EQUALITY INDEX

A Report Card on Lesbian, Gay, Bisexual and Transgender Equality in Corporate America



LETTER

FROM THE HRC FOUNDATION PRESIDENT

I am thrilled to share the 2009 Corporate Equality Index with you.

It is hard to believe that this is just the seventh year of the report. Originally designed as a roadmap for creating fair workplaces for lesbian, gay, bisexual and transgender employees at a time when discrimination against LGBT employees persisted and businesses lacked concrete guidance on LGBT inclusion, the CEI has burgeoned into the premiere benchmarking tool for gauging workplace equality.

Since that first report in 2002, the rates at which corporate America has expanded policies, practices and benefits to include LGBT employees have been faster than perhaps many thought possible. The progress has been vast in its reach and deep in its impact. LGBT employees and consumers can recognize the hallmarks of an inclusive employer — from fully inclusive non-discrimination policies and diversity programming to equal benefits. As more businesses participate in the annual survey, LGBT Americans and our allies can make more informed decisions about where to work and spend money. Senior partners and CEOs have taken note of these choices and the competition for LGBT talent and consumer dollars is at an all-time high.

In step with the CEI's trend line of upward growth, **the number of top-rated businesses reached an unprecedented 260 this year** — 65 more than last year, totaling over 9.3 million full-time employees working for 100 percent rated businesses. Many businesses are also seeking out practices to further distinguish their workplaces

beyond the minimum benchmarks. The Human Rights Campaign Foundation continues to seek out the expertise of private-sector diversity leaders, LGBT workplace advocates and employees to build on the success of the CEI to date.

A record-breaking number of businesses submitted surveys this year. While not all of those are among the top-tier percentage-wise, we commend these businesses for engaging with the Human Rights Campaign Foundation and committing to transparency in their progress. I look forward to ushering more businesses into our 100-percent tier and having the opportunity to work side-by-side with these businesses as they move toward equality.

We hope that you find this report useful and that the information contained herein can better inform your daily actions, because advancing LGBT equality must rest with all of us. From choosing a particular business in which to invest or buy goods or services, to sparking conversation at your workplace about LGBT issues, we can work together to move our colleagues, employers and communities toward change.

Thank you,



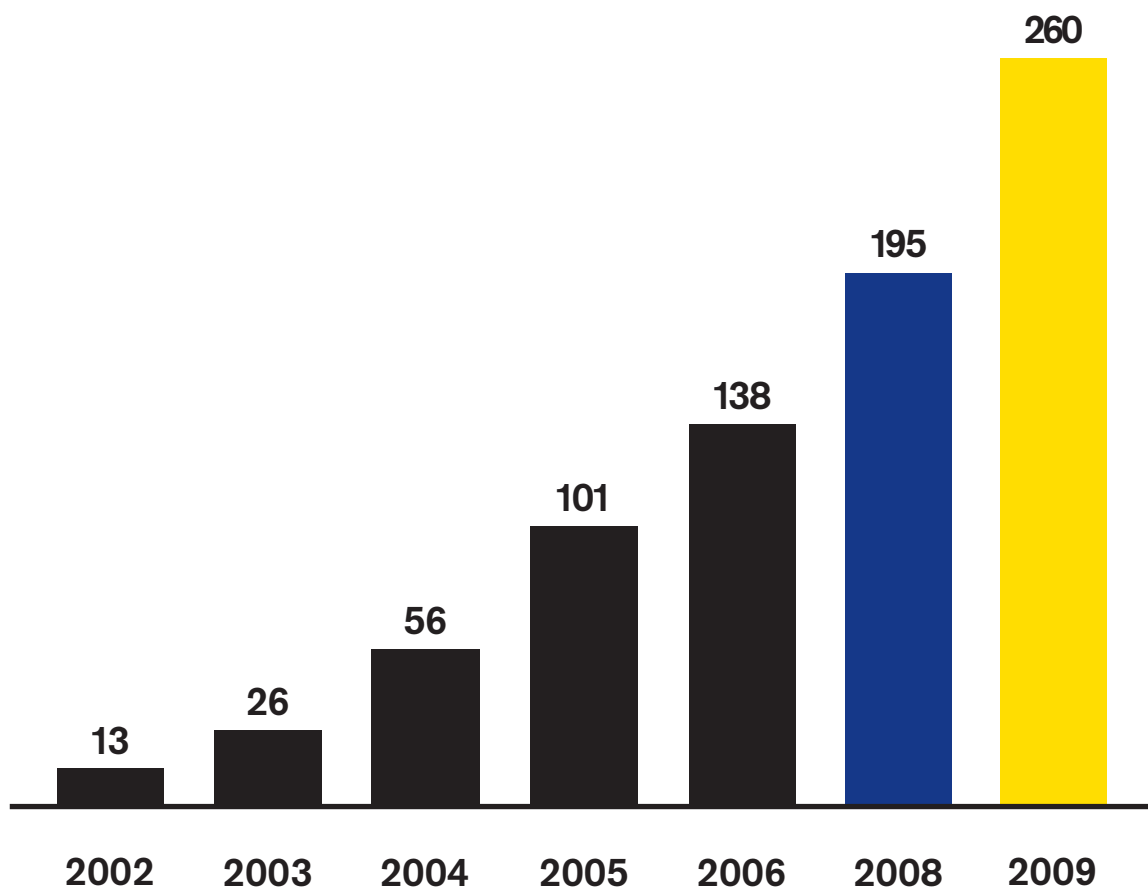
Joe Solmonese
President, Human Rights Campaign Foundation

OVERVIEW C

260

businesses achieved the top rating of 100 percent this year, compared with 195 businesses that received perfect ratings in the previous year. Collectively, these businesses employ 9,345,581 full-time U.S. workers. The total number of businesses at 100 percent represent an increase of one-third over the previous year's total number of 195 businesses. When the Human Rights Campaign Foundation Corporate Equality Index was launched in 2002, only 13 companies received 100 percent.

A complete list of employers that achieved a perfect rating is available as Appendix A on p. 23.



OF FINDINGS

A total of 584 businesses were rated this year, an increase of 13 percent over the 2008 CEI. **The average rating across the entire index was 83**, compared to 81 percent last year.

Other businesses showed tremendous progress from last year's rating. Four businesses had improvements of at least 50 percentage points: **American International Group Inc.**, **Bayer Corp.**, **Nestle Purina PetCare Co.** and **Omnicom Group**.

Two companies continued to get a rating of zero, **Exxon Mobil Corp.** and **Perot Systems Corp.**

Neither company has taken steps to improve its rating; ExxonMobil has resisted mounting shareholder pressure to amend its non-discrimination policies. In a sign of improvement, **Meijer**, a grocery chain that received a rating of zero in 2008, added sexual orientation to its non-discrimination policy and raised its score to 15 percent.

Two other companies opposed shareholder resolutions to amend their non-discrimination policies to include gender identity, **Verizon Communications Inc.** and **Wal-Mart Stores Inc.** Their scores were 70 and 40, respectively.

Progress at the Fortune-Ranked Companies

This year marked the third time the Fortune 1000 list of the largest publicly traded companies was invited to take part in the Corporate Equality Index survey. The Fortune 500 list has been invited each year since 2002.

Of the 255 Fortune 500-ranked businesses that the CEI rated, 120 received 100 percent ratings. The average CEI rating of Fortune 500 companies was 83. Of the 54 Fortune-ranked businesses between 500 and 1000, 17 received 100 percent ratings. The average rating of these companies was 72.

Ten of the top 20 Fortune-ranked companies received 100 percent ratings, including newly rated Cardinal Health.

	2007 FORTUNE RANK	2009 CEI RATING
Wal-Mart Stores Inc.	1	40
Exxon Mobil Corp.	2	0
General Motors Corp.	3	100
Chevron Corp.	4	100
ConocoPhillips	5	60
General Electric Co.	6	80
Ford Motor Co.	7	100
Citigroup Inc.	8	100
Bank of America Corp.	9	100
American International Group Inc.	10	85
J.P. Morgan Chase & Co	11	100
Berkshire Hathaway*	12	–
Verizon Communications Inc.	13	70
Hewlett-Packard Co.	14	100
International Business Machines Corp.	15	100
Valero Energy*	16	–
Home Depot Inc.	17	85
McKesson Corp.	18	68
Cardinal Health	19	100
Morgan Stanley	20	100

* The HRC Foundation does not have sufficient information to provide a rating for this company.

FINDINGS / PERFORMANCE BY GEOGRAPHY

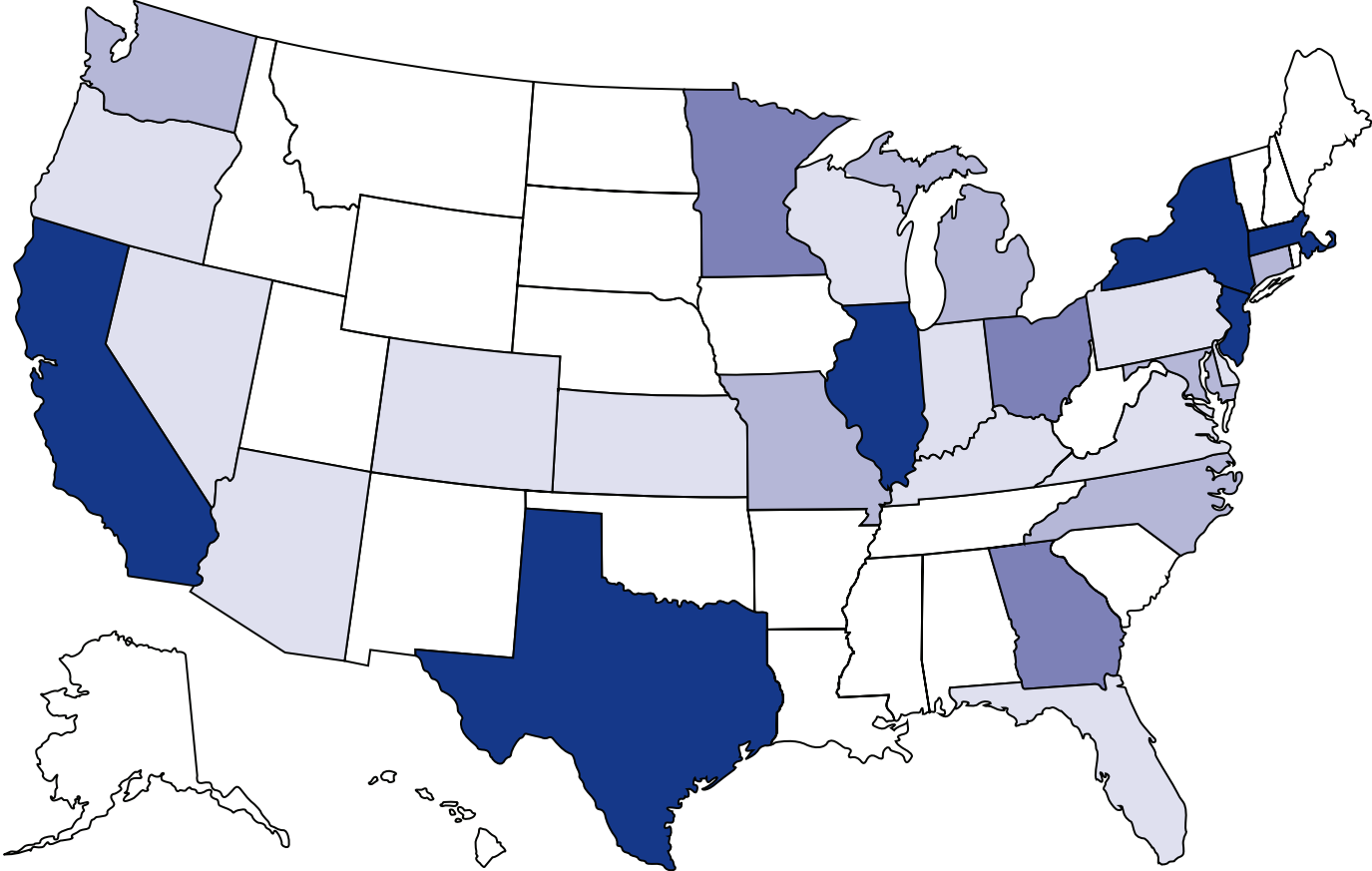
California and **New York** continue to accelerate ahead of other states, each adding at least seven new top-rated businesses to its list. However, 25 other states and the District of Columbia have at least one 100 percent rated business with its headquarters located there. Adding two businesses, **Illinois** continued to house many top-rated businesses and **Texas** added eight top-percent rated businesses. The location of top-rated Corporate Equality Index employers resembles the number of Fortune 500-ranked companies in each state.

Number of Businesses Rating 100 Percent on the CEI by Headquarters Location

Alabama*	–
Alaska*	–
Arizona	1
Arkansas	–
California	43
Colorado	1
Connecticut	6
Delaware*	1
District of Columbia	9
Florida	3
Georgia	11
Hawaii*	–
Idaho	–
Illinois	22
Indiana	3
Iowa*	–
Kansas*	1
Kentucky	1
Louisiana	–
Maine*	–
Maryland	5
Massachusetts	16
Michigan	8
Minnesota	12
Mississippi*	–
Missouri	4
Montana*	–
Nebraska	–
Nevada	1
New Hampshire*	–
New Jersey	15
New Mexico	–
New York	52
North Carolina	5
North Dakota*	–
Ohio	9
Oklahoma	–
Oregon*	1
Pennsylvania	1
Rhode Island	–
South Carolina*	–
South Dakota*	–
Tennessee	–
Texas	17
Utah*	–
Vermont	–
Virginia	3
Washington	7
West Virginia*	–
Wisconsin	2
Wyoming*	–

* State has fewer than 5 Fortune 500-ranked businesses.

NUMBER OF BUSINESSES IN EACH STATE WITH CEI RATINGS OF 100 PERCENT



- 1-3 businesses
- 4-8 businesses
- 9-12 businesses
- 13 or more businesses

Several industries saw improvement in both the average rating and the number of top-rated businesses: **airlines**; **computer hardware and office equipment**; **food, beverages and groceries**; **insurance**; **law firms**; and, **retail and consumer products**.

Improvements made by **Alaska Airlines** and **Continental Airlines Inc.** brought them to 100 percent alongside **US Airways** and seventh time top-rated business, **American Airlines**. Within computer hardware and office equipment, **CDW Corp.**'s expansion of equal benefits and workplace protections raised this industry's overall ratings. The growth in the food, beverages and groceries industry is attributed to both newcomers to the 100 percent tier such as **Diageo North America**, as well as significant positive changes at businesses like **Food Lion LLC** – which added gender identity protections to its non-discrimination policy, and **H.J. Heinz Co.** – which implemented domestic partner benefits. Within the insurance industry, **New York Life Insurance Co.** and **The Progressive Corp.** both added gender identity protections, among other changes, further elevating the industry rating. In retail and consumer products, **Barnes & Noble Inc.** joined **Borders Group Inc.** at 100 percent while **Target Corp.**, **Unilever** and **Kimberly-Clark Corp.** reached the 100 percent tier this year as well.

In 2006, the first year law firms were invited to participate, 12 achieved a score of 100 percent. That figure has leaped to an unprecedented industry high of 64 businesses occupying the 100 percent tier, eclipsing banking and financial services. Law firms are highly competitive in their recruitment efforts for law school graduates, and are also held to increasing standards of diversity by their corporate clients. LGBT equality is an integral part of these efforts to recruit and retain top talent and cultivate clients. Beyond the LGBT community, many allies look to CEI ratings as a bellwether for a potential employer's commitment to diversity.

Of the 35 industries represented on the HRC Foundation Corporate Equality Index, five have no top-rated companies: **engineering and construction**; **forest and paper products**; **mining and metals**; **residential real estate**; and **waste management**.

Industry	Avg.	Number of Businesses at 100 Percent
Advertising, Marketing	73	1
Aerospace and Defense	85	5
Airlines	92	4
Apparel, Fashion, Textiles, Department Stores	84	9
Automotive	75	8
Banking and Financial Services	89	30
Chemicals and Biotechnology	81	5
Computer and Data Services	68	1
Computer Hardware/Office Equip.	85	11
Computer Software	91	6
Consulting, Business Services	95	11
Education, Child Care	100	1
Energy and Utilities	68	5
Engineering and Construction	52	0
Entertainment/Electronic Media	85	5
Food, Beverages and Groceries	74	13
Forest and Paper Products	73	0
Healthcare	77	3
High-Tech/Photo/Science Equip.	84	6
Hotels, Resorts and Casinos	92	7
Insurance	89	18
Internet Services and Retailing	88	4
Law Firms	92	64
Mail and Freight Delivery	58	1
Manufacturing	59	3
Mining and Metals	85	0
Oil and Gas	72	3
Pharmaceuticals	93	11
Publishing and Printing	71	2
Real Estate, Residential	80	0
Retail and Consumer Products	82	16
Telecommunications	86	4
Tobacco	100	1
Transportation, Travel	85	2
Waste Management	88	0

2009 CORPORATE EQUALITY

Since its inception in 2002, the Human Rights Campaign Foundation Corporate Equality Index has provided businesses with a blueprint for establishing and maintaining inclusive workplaces for lesbian, gay, bisexual and transgender employees. Beyond modeling success, the resources that supplement the CEI equip businesses with the tools they need to effect change throughout their organization.

With an ever-increasing response rate, the extent to which businesses rely on the CEI has solidified its status as the benchmark by which businesses and their employees can gauge their success against competitors on LGBT inclusion.

The HRC Foundation offers continually updated resources for employers on each of the criteria on its website at www.hrc.org/workplace.

THE EVOLUTION OF THE CRITERIA

The HRC Foundation is committed to maintaining rigorous, transparent and achievable criteria for the Corporate Equality Index and, just as importantly, providing the tools for employers to meet them. Changes to the criteria are made with input from expert LGBT workplace advocates and leaders at the most advanced firms, taking into consideration the changing landscape of legal protections for LGBT employees and their families from state to state.

In 2002, the first CEI rated employers on seven criteria that remain the basis for today's rating system. The original criteria were guided in part by the Equality Principles -- 10 key practices for businesses committed to equal treatment of LGBT employees, consumers and investors. For more information, visit www.equalityproject.org/principles/en.html.

Just 13 businesses achieved top ratings in that first year; by 2005, more than 100 businesses had achieved perfect ratings, with many establishing the next best practices such as spousal-equivalent partner benefits and transgender-inclusive benefits.

In 2006, the HRC Foundation rolled out the second and current version of the CEI criteria, with greater weight given to spousal-equivalent partner benefits and to transgender inclusion; these criteria remain in effect for the 2009 report. Future changes to the criteria will be announced at least 12 months before going into effect.

THE 'BEST PLACES TO WORK' DISTINCTION

Businesses that are recognized in this report with a rating of 100 percent are further recognized as "Best Places to Work for LGBT Equality." Such businesses are invited to use this distinction and the accompanying trademark in their recruitment and advertising efforts.



THE CURRENT CRITERIA

The following rating system has been in effect since the 2006 CEI report, and remains effective through this and the 2010 report. ►

CORPORATE EQUALITY INDEX RATING SYSTEM

& METHODOLOGY

	POINTS POSSIBLE
1. Non-discrimination policy, diversity training – sexual orientation	
a. Equal Employment Opportunity policy includes sexual orientation	15
b. Diversity training covers sexual orientation	5
2. Non-discrimination policy, diversity training & benefits – gender identity or expression	
a. Equal Employment Opportunity policy includes gender identity or expression	15
b. Gender identity diversity training offered OR supportive gender transition guidelines in place*	5
c. Offers transgender-inclusive insurance coverage for at least one type of benefit* At least one: Counseling by a mental health professional; pharmacy benefits covering hormone therapy; medical visits to monitor the effects of hormone therapy and other associated lab procedures; medically necessary surgical procedures such as hysterectomy; or short-term disability leave for surgical procedures	5
3. Partner benefits	
a. Partner health insurance	15
b. Partner COBRA, dental, vision and legal dependent coverage*	5
c. Other partner benefits* At least three: FMLA-like leave;† bereavement leave;† employer-provided supplemental life insurance for a partner; relocation/travel assistance; adoption assistance; qualified joint and survivor annuity for partners; qualified pre-retirement survivor annuity for partners; retiree healthcare benefits; or employee discounts	5
4. LGBT employee resource group / diversity council, or (half credit) Would support a LGBT employee resource group with employer resources if employees expressed an interest	15
5. Positively engages the external LGBT community	15
6. Employer exhibits responsible behavior toward the LGBT community; does not engage in action that would undermine LGBT equality	–**
	100

* Criterion was added to the Corporate Equality Index in 2006.

** Employers found engaging in activities that would undermine LGBT equality will have 15 points removed from their scores.

† Benefit provided to the employee on behalf of the employee's same-sex partner.

WHAT BUSINESSES ARE RATED

The Human Rights Campaign Foundation utilizes lists of the largest and most successful U.S. employers as a basis for inviting businesses to participate in the Corporate Equality Index, including *Fortune* magazine's 1,000 largest publicly traded businesses (the 2007 Fortune 1000) and *American Lawyer* magazine's top 200 revenue-grossing law firms (the 2007 AmLaw 200). Additionally, any private-sector, for-profit employer with 500 or more full-time U.S. employees can request to participate by e-mailing workplace@hrc.org.

HOW WE OBTAIN THE INFORMATION / THE HRC CORPORATE EQUALITY INDEX SURVEY

The primary source of information for the CEI rating is the CEI survey (see Appendix D on page 65). While many questions on the survey are required for participation in the CEI, others are informational questions that help gauge trends and best practices among all businesses or particular industries.

Invitations for the 2009 CEI survey were mailed in March 2008. If a business had not previously participated in the CEI, surveys were sent to the chief executive officer or managing partner of the firm, as well as the highest level executive responsible for human resources or diversity when it was possible to obtain their information. If a business had previously participated in the CEI, surveys were first sent to the individuals responsible for previous submissions.

The web-based survey included links to sample policies and other guidance on the HRC Foundation Workplace Project website. HRC Foundation staff provided additional assistance and advice throughout the process and reviewed submitted documentation for appropriate language and consistency with survey answers. Businesses were able to check their preliminary ratings as they progressed through the online survey and were invited to provide HRC Foundation staff with any additional information or updates before this report went to print.

The HRC Foundation may occasionally rate businesses that have not submitted a survey this year if the business had submitted a survey in previous years and the information is determined to be accurate or if the HRC Foundation has obtained sufficient information to provide an individual rating. In both cases, the HRC Foundation notifies the business of the rating and asks for any updates or clarification.

A total of 1,567 businesses received invitations to take part in the survey. Of that number, 466 submitted surveys and 584 were ultimately rated. Last year, a total of 1,806 businesses were sent invitations, 416 submitted surveys and 519 were rated. Fewer businesses received invitations this year to better focus on the primary target pool of businesses, namely the Fortune 1000 and AmLaw 200 as well as businesses that have pro-actively reached out to the Human Rights Campaign Foundation.

The information required to generate CEI ratings for businesses is largely considered proprietary and is difficult to ascertain from public records alone. In addition to the self-reporting provided through the CEI survey, the HRC Foundation employs several methods to rate businesses. A team of researchers investigates and cross-checks the policies and practices of the rated businesses and the implications of those policies and practices for LGBT workers, including any connections with organizations that engage in anti-LGBT activities. Employers are not rated until all appropriate information has been gathered and verified to the extent possible.

In total, the sources used include:

- The HRC Foundation Corporate Equality Index survey;
- Securities and Exchange Commission filings to track connections between public companies' significant shareholders and any organizations or activities that engage in anti-LGBT activities (such connections are footnoted in this report, but do not necessarily change a business's rating);
- Internal Revenue Service 990 tax filings for business foundation gifts to anti-LGBT groups;
- Case law and news accounts for allegations of discrimination on the basis of sexual orientation and/or gender identity or expression that have been brought against any of these businesses;
- Individuals or unofficial LGBT employee groups that report information to the HRC Foundation; and
- The HRC Foundation Workplace Project, which since 1995 has collected information on U.S. employers and today maintains the most accurate and extensive database of business policies that affect LGBT workers and their families.

If a business was found to have a connection with an anti-LGBT organization or activity, the HRC Foundation contacted the business and gave them an opportunity to respond and ensure, to the best of its ability, that no such action would occur in the future. Businesses unwilling to do so lose 15 points from their overall rating through criterion 6, with a minimum possible total rating of zero points.

A NOTE ABOUT BUSINESSES' RATINGS

Recognizing that many of the businesses rated in the CEI employ thousands of employees that span most, if not all, of the 50 states, each business's rating should be viewed as a snapshot of its activity. A CEI rating cannot convey all the nuances of a business's particular approach to LGBT workplace issues. Furthermore, some businesses' ratings dropped from the previous year; the bulk of these businesses lost points because some data was no longer reliable and/or businesses experienced fluctuations in their external engagement efforts.

FINDINGS

Non-Discrimination Policies and Diversity Training/Awareness

A clear and defined non-discrimination policy with respect to conditions of employment including hiring, promotions, termination and compensation that includes “sexual orientation” and “gender identity” or “gender identity or expression” – in addition to federally protected classes such as age, race, sex, religion, national origin and disability – is an essential baseline policy for lesbian, gay, bisexual and transgender inclusion.

To read more about *Equal Opportunity Employment Issues for LGBT Workers*, please visit www.hrc.org/issues/about_equal_opportunity.asp.

Diversity awareness or employee training programs are important vehicles through which an employer communicates its expectations of fair treatment to employees. Rather than isolating diversity issues, an increasing number of employers are integrating lessons on diversity with other standard trainings that are skills or policy-based. Each employer handles diversity training differently; some require all employees to attend, while others might only require managers or supervisors to attend.

SEXUAL ORIENTATION

Sexual orientation is generally defined as an individual’s enduring physical, romantic, emotional and/or spiritual attraction to another person.

99% of CEI-rated employers provide employment protections on the basis of sexual orientation (criterion 1a). A total of **92 percent** of rated employers cover “sexual orientation” as a topic of diversity training, though not all employees may be required to attend (criterion 1b).

Criterion 1a (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Prohibit Discrimination Based on Sexual Orientation



Criterion 1b (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Provide Diversity Training Covering Sexual Orientation



2009 2008

GENDER IDENTITY

Gender identity is generally defined as an individual's internal, personal sense of being a man or a woman. For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match. *Gender expression* refers to all of the external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, grooming, mannerisms, speech patterns and social interactions. It is worth noting that social or cultural norms can vary widely and some characteristics that may be accepted as masculine, feminine or neutral in one culture may not be assessed similarly in another.

Gender identity and gender expression are distinct from sexual orientation – transgender people may be heterosexual, lesbian, gay or bisexual.

Employers that revise their non-discrimination policies should examine internal policies and procedures with an eye toward how employees express their gender. This includes things such as personnel records and directories, restroom and changing facilities, as well as dress codes and harassment policies. Gender transition guidelines help ensure consistent treatment with regard to these matters when an employee transitions on the job. The Human Rights Campaign Foundation provides resources to address these issues on its website at www.hrc.org/workplace/transgender.

66% of CEI-rated employers provide employment protections on the basis of gender identity or expression, the highest figure to date. The expansion of these protections has been remarkable; growth from the 2002 CEI has been 12-fold when just 5 percent of CEI-rated employers included gender identity protections in 2002 (criterion 2a).

Seventy-two percent of this year's rated businesses have written gender transition guidelines and/or cover gender identity as a topic of diversity training, up from 68 percent last year (criterion 2b). A total of 115 employers have transition guidelines, up from 90 last year.

Criterion 2a (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Prohibit Discrimination Based on Gender Identity or Expression



Criterion 2b (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Provide Diversity Training Covering Gender Identity OR Have Supportive Gender Transition Guidelines



2009 2008

www.hrc.org/cei

CORPORATE EQUALITY INDEX 2009

FINDINGS

Health Insurance Benefits

On average, roughly 20 percent of employees' overall compensation is provided in the form of health insurance benefits for themselves and often, for their families. For employees with partners and/or children not eligible for those benefits, this disparity in compensation is profound. Since the 1990s, domestic partner benefits have become the norm – the majority of Fortune 500 companies now provide them. More recently, employers have started to address health insurance discrimination against transgender individuals.

TRANSGENDER-INCLUSIVE BENEFITS

Most transgender people are categorically denied health insurance coverage for necessary medical treatment, often irrespective of whether treatment is related to sex reassignment. Up until the last few years, nearly all health insurance plans in the United States excluded coverage for sex reassignment or related treatment, and sometimes a plan's exclusion is worded broadly to exclude many other necessary treatments. While not all transgender people have the same medical needs, ending this discrimination against transgender people in benefits is a critical goal that the Human Rights Campaign Foundation is working with employers to achieve. *For more information, please visit www.hrc.org/issues/9568.htm.*

In 2001, the city and county of San Francisco made history by becoming the first U.S. municipalities to remove transgender access exclusions from their employee health plans. A 2006 statement from the San Francisco's Human Rights Commission proclaimed, "Despite actuarial fears of over-utilization and a potentially expensive benefit, the Transgender Health Benefit Program has proven to be appropriately accessed and undeniably more affordable than other, often routinely covered, procedures." Employees of the city and county of San Francisco, as well as their dependents, may now access necessary medical treatments without needing to pay additional premiums, as they did the first few years the program was available.

Since 2006, CEI survey participants have been asked to examine their insurance policies for transgender exclusions, and to ensure that at least one of the five general types of medically necessary treatment was available without exclusion. If treatment was generally available without exclusion (e.g.: if a plan covered medically necessary surgical procedures), the business was asked to provide supporting documentation.

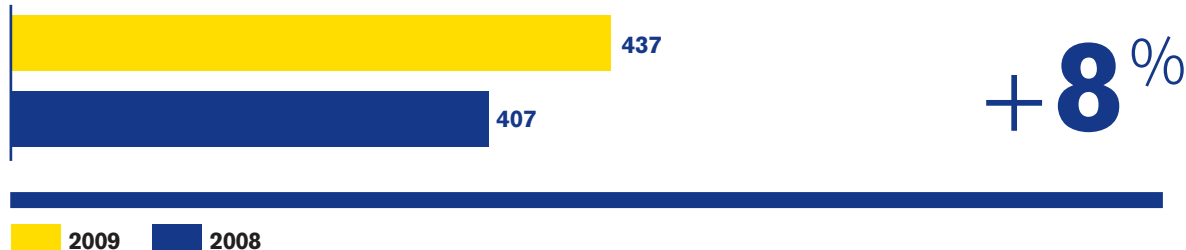
The original intent of this criterion was not just to educate employers about these exclusions but also to encourage employers to remove them. Through our conversations and educational efforts with participating employers over the years, the Human Rights Campaign Foundation has helped spotlight these discriminatory insurance exclusions, and we have seen tremendous progress in removing them.

Some major insurers now provide limited options for employers to provide inclusive coverage. Nonetheless, based on feedback given to the HRC Foundation, employers that do not self-insure are at a disadvantage in being able to obtain comprehensive coverage. For self-insured plans, the employer assumes the risk of providing the benefits and paying all the claims and so it generally has greater control over what treatment is covered by the plan. These plans often involve a health insurance company or other third party to administer the plan. Smaller employers are much less likely to self-fund, and are thus limited to commercial health insurance options.

75% of this year's rated businesses have examined their transgender exclusions to determine that coverage is available for at least one of five categories of treatment (criterion 2c).

Criterion 2c (See Appendix B, on p. 31 for individual employer ratings)

Businesses That Offer at Least One Transgender-Inclusive Benefit



Of the employers that met this criterion:

- 71 percent provide mental health benefits for counseling by a mental health professional.
- 26 percent provide pharmacy benefits for hormone therapy.
- 21 percent cover medical visits and lab procedures related to hormone therapy.
- 12 percent provide health benefits for surgical procedures.
- 72 percent provide short-term leave for surgical procedures.

FINDINGS

ENDING BENEFITS DISCRIMINATION AGAINST TRANSGENDER EMPLOYEES

This year, in order to verify the information submitted for this criterion, the Human Rights Campaign Foundation asked survey participants to submit documentation to support that various medically necessary treatments would be covered by the insurance plan. Such documentation included:

- a complete list of exclusions (typically found only in the plan contract itself) that does not indicate a transgender exclusion;
- clinical guidelines and/or contract language indicating that treatment would be considered medically necessary (usually under circumstances resembling current or previous versions of the World Professional Association for Transgender Health); or
- other plan documents or employee communications indicating medically necessary treatments would be covered.

While the Human Rights Campaign Foundation cannot attest that insurance coverage would ultimately be applied equally from business to business or even between multiple insurance plans used by the same business, our review suggests that a number of businesses have taken significant and substantial steps to remove discrimination from at least one of their health insurance plans for employees and their dependents.

49 **businesses** had insurance plans that indicated that most medically necessary treatments would be covered. **These businesses are highlighted in Appendices B & C with a “+” under column 2c.**

Some of the first businesses to implement inclusive coverage placed a maximum financial amount of insurance coverage available to transgender-specific treatment over an individual's lifetime. Of the 49 businesses that indicated most medically necessary treatments would be covered, only six reported a maximum financial cap, ranging from \$10,000 to \$75,000, with most reporting more than \$50,000. Similar to the city and county of San Francisco, the Human Rights Campaign Foundation anticipates that businesses will eventually increase or eliminate these caps entirely.

The vast majority of **9%** employers that obtain credit for criterion 2c have done so through short-term leave coverage – which generally does not fall under health insurance and its exclusions – or mental health counseling – which can also fall outside of the health insurance plan or, if covered by the health insurance plan, can fall outside the scope of more limited transgender exclusions.

Where the Human Rights Campaign Foundation has seen detailed documentation of coverage, it has generally been limited to specific procedures or treatments; such limitations could eventually be viewed as insufficient. Because there has not been a plan that clearly outlines coverage for the variety of possible treatments that could increase the likelihood of a successful transition and such plans are relatively new to insurers and employers, a top research goal of the Human Rights Campaign Foundation is to issue a more detailed report of the types of coverage generally available at these employers, as well as identified best and worst practices of such plans.

Although not all transgender people have the same medical needs, standards of medical care for transgender people are maintained by the World Professional Association for Transgender Health, which can be found online at www.wpath.org.

FINDINGS

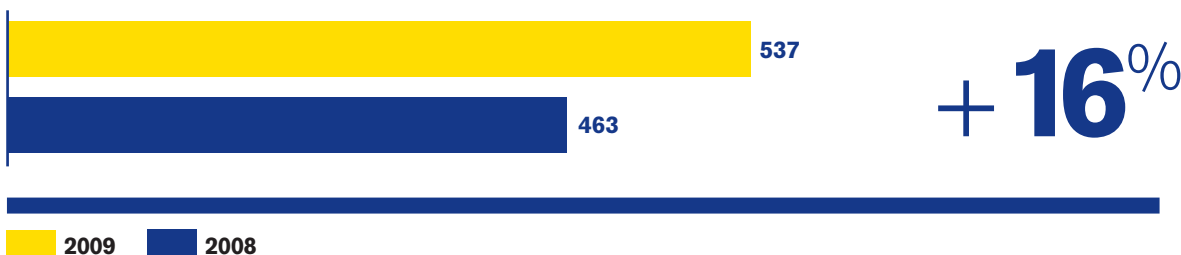
PARTNER BENEFITS

Partner benefits are a low-cost, high-value employment benefit and are now the norm among employers committed to their LGBT employees. A 2005 Hewitt Associates study found that the majority of employers offering the benefits – 64 percent – experience a total financial impact of less than 1 percent of total benefits cost, 88 percent experience financial impacts of 2 percent or less and only 5 percent experience financial impacts of 3 percent or greater of total benefits cost. The HRC Foundation Corporate Equality Index looks to employers to provide equal benefits to LGBT employees and their families and does not penalize an employer if a particular benefit is not offered to any employees.

92% of CEI-rated employers provide partner health coverage to employees (criterion 3a), up 16 percent from the previous year. Of these employers, 67 percent provide them to both same and opposite-sex partners of employees (just a one percentage point increase from last year).

Criterion 3a (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Offer Partner Health Insurance



The Human Rights Campaign Foundation provides resources relating to domestic partner benefits on its website at www.hrc.org/issues/domestic_partner_benefits.htm.

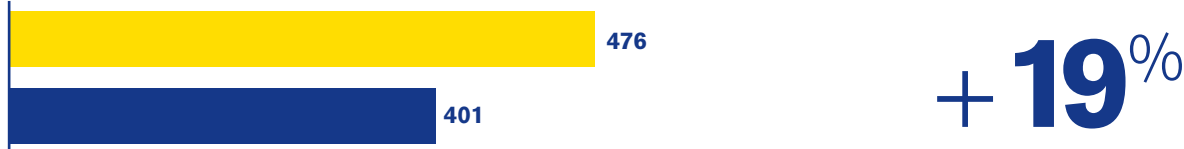
Beyond the extension of basic health insurance coverage, growth continues in the entire set of comprehensive health benefits made available to partners (criterion 3b), with 82 percent of rated employers providing equal dental, vision, dependent medical and Consolidated Omnibus Budget Reconciliation Act (COBRA)-like continuation coverage, up 19 percent from the previous year. COBRA-like benefits continuation is the area that prevents many employers from obtaining credit on this criterion, which requires that all health benefits be offered equally to opposite-sex spouses and domestic partners of current employees; however, this gap is closing, as 83 percent of rated businesses now have parity in COBRA-like benefits.

Where last year's CEI saw significant growth in comprehensive health benefits but less so in the promotion of parity in "soft" benefits (criterion 3c), such as Family and Medical Leave Act (FMLA)-like leave benefits, bereavement leave, retirement benefits and employee discounts, this year the increase is 18 percent for a total of 89 percent.

The CEI requires that at least three benefits be offered equally to opposite-sex spouses and domestic partners. Those "soft" benefits most often extended to domestic partners include bereavement leave (86 percent of rated employers), employee assistance programs (83 percent), relocation assistance (75 percent) and FMLA-like leave (74 percent).

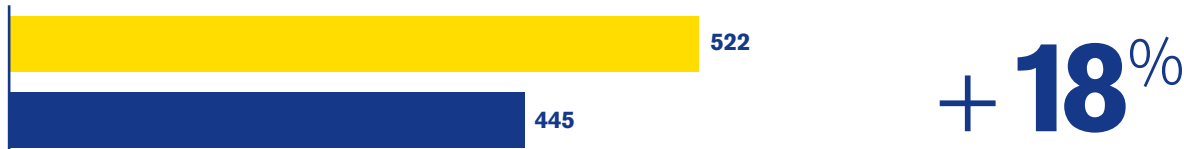
Criterion 3b (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Offer Partners Dental, Vision, COBRA and Dependent Coverage Benefits



Criterion 3c (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Offer at Least Three Other 'Soft' Benefits for Partners



2009 2008

RETIREMENT BENEFITS

Until the passage of the federal Pension Protection Act of 2006, same-sex partners listed as beneficiaries to retirement plans were prohibited from rolling those retirement plans into their own individual retirement accounts, as opposite-sex spouses were able to do. The Internal Revenue Service issued guidance to employers on how to provide the retirement rollover option in early 2007, but that guidance came too late for the HRC Foundation to include the question on an informational basis in its 2008 CEI survey. *To read more about the Pension Protection Act, please visit www.hrc.org/1342.htm.*

This year, businesses were asked about their retirement plan distribution options for informational purposes only. Forty-seven percent of CEI-rated businesses reported offering the rollover option to same-sex partners and 24 percent reported that the hardship distribution within their retirement plans was offered to same-sex partners.

The HRC Foundation continued to survey employers with defined benefit plans (pensions) on whether they provided survivor options for domestic partners of employees, either in the form of Qualified Joint and Survivor Annuities or Qualified Pre-retirement Survivor Annuities. A total of 43 percent of participating employers indicated that they offer QJSAs to their employees' domestic partners, while 27 percent offer QPSAs. *To read more, please visit www.hrc.org/issues/8813.htm.*

FINDINGS

LGBT Employee Resource Groups and Diversity Councils

The support of lesbian, gay, bisexual and transgender employee resource groups (also known as employee network groups or affinity groups) is a crucial step toward workplace equality – these groups foster a sense of community and team cohesion as well as provide leadership opportunities for LGBT employees to better their own work environments. Businesses usually provide these groups with a budget and access to resources such as meeting rooms and e-mail networks. The groups provide a clear line of communication between employees and management, ensuring that policies and practices have their intended effect. LGBT ERGs have been involved in policy-making, providing input on marketing and workplace protection policies, attracting and retaining talented individuals, leadership development, cultural change and representation at external events. In addition to giving guidance and input on LGBT-specific workplace policies and practices, LGBT ERGs also help to provide a sense of safety and acceptance for LGBT employees within the workplace.

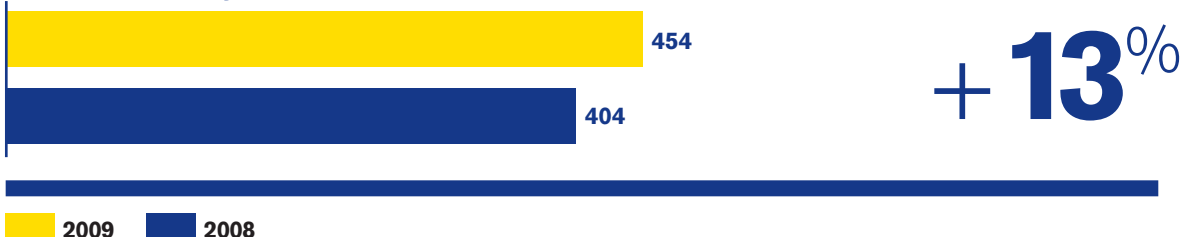
Recognizing the differences in businesses rated in the CEI, criterion 4 can also be met with an organization-wide diversity council or working group with a mission that specifically includes LGBT diversity. However, most businesses garner credit in this section for having an ERG.

More information on ERGs and helpful tips on forming them are available at the HRC Foundation's website at www.hrc.org/issues/GLBT_employee_groups.htm.

78% of CEI-rated employers have an employee resource group or diversity council that includes LGBT issues (criterion 4). Of those businesses that have an employee resource group, 90 percent of the groups are sponsored by an executive champion – someone in upper management who connects the group to the senior decision makers of the company.

Criterion 4 (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Have Employer-Supported Employee Resource Groups OR Firm-Wide Diversity Councils



External Engagement

The HRC Foundation Corporate Equality Index rewards employers that demonstrate their commitment to lesbian, gay, bisexual and transgender workers through engaging with and supporting the broader LGBT community. Such efforts include positive, targeted marketing and advertising, philanthropic activities and event sponsorships.

Many employers engage LGBT consumers directly through local or national marketing or advertising campaigns in LGBT media. Consumer-facing businesses are vying to capture a portion of the ever-growing LGBT market, projected by Witeck-Combs Communications and Harris Interactive to grow from \$723 billion in 2008 to \$831 billion by 2011, while other businesses may engage in recruitment or awareness campaigns.

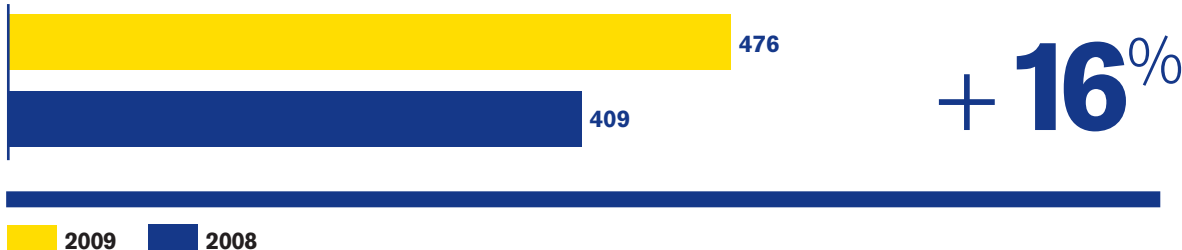
Philanthropic activities in the form of cash grants or in-kind donations of products or services may include contributions to such causes as LGBT health, education or political organizations or projects. These gifts often have a strategic long-term approach to a business's bottom line; for example, official sponsors of the International Gay and Lesbian Travel Association include various airlines, travel and car rental operators, hotels and tourism associations.

Similarly, event and conference sponsorships can provide businesses with targeted audiences that can assist their bottom line. For example, businesses that support LGBT pride celebrations in particular cities can establish local connections with LGBT consumers.

82% of CEI-rated businesses report some form of external engagement with the LGBT community, through marketing efforts, advertisements in LGBT media, sponsorship of LGBT events or financial or in-kind contributions to LGBT organizations (criterion 5).

Criterion 5 (See Appendix B. on p. 31 for individual employer ratings)

Businesses That Positively Engage the External LGBT Community



Increasingly, CEI-rated businesses are engaged with professional recruiting events, such as the annual Lavender Law conference and Reaching Out MBA Career Expo, which are a win-win for LGBT job-seekers and employers. A new generation is entering the work force with more expectations of fairness around LGBT policies and practices than previous cohorts. Professional job fairs such as these provide attendees the opportunity to interact with employers that are very clearly interested in hiring LGBT professionals.

A total of 178 businesses, or 38 percent of businesses that garnered credit for criterion 5 reported at least one effort with the primary purpose of recruiting LGBT job candidates.

FINDINGS

Other Emerging Best Practices in LGBT Workplace Issues

Each year, the Human Rights Campaign Foundation's Corporate Equality Index surveys employers on a variety of issues that are not included in the CEI rating to stay on the vanguard of LGBT workplace inclusion efforts.

SUPPLIER DIVERSITY PROGRAMS

Supplier diversity programs help firms identify smaller businesses owned primarily by minorities, including lesbian, gay, bisexual and transgender people. The National Gay and Lesbian Chamber of Commerce has certified LGBT-owned businesses since 2002 at www.nglcc.org.

15% of CEI-rated employers use LGBT-owned suppliers up from 12% last year. Of the 583 rated employers, 342 have supplier diversity programs, of which 26 percent include LGBT-owned suppliers.

ANTI-HARASSMENT POLICIES

In lieu of federal protections for LGBT employees, many businesses take more pro-active steps to ensure clear and robust policies to protect LGBT workers from discrimination or hostility. For the first time, the Human Rights Campaign Foundation asked informational questions about the inclusion of "sexual orientation" and "gender identity" or "gender identity or expression" in anti-harassment policies. While EEO/non-discrimination policies are typically considered the primary legal safety net for workers, anti-harassment policies can further elaborate on behavior that is not tolerated in the workplace. In addition, the inclusion of the terms helps human resource professionals, managers and other potential mediators fully grasp the issues involved should a conflict arise. Seventy-two percent of CEI-rated businesses include "sexual orientation" in their anti-harassment policies and 54 percent include "gender identity" or "gender identity or expression."

SELF-IDENTIFICATION

Unlike other diversity categories, such as race and gender, employers are not required to collect statistics on the number of LGBT people they employ. Employers have sought to determine the number of their employees who identify as lesbian, gay, bisexual and transgender while balancing privacy concerns. Some employers use their LGBT employee group numbers to provide estimates, but this method is limited by the scope of such voluntary groups over a highly dispersed workforce.

More recently, employers have gathered statistics through anonymous employee engagement or satisfaction surveys.

36% of CEI-rated employers, 211 of all rated employers, use surveys or other tools that allow employees to voluntarily disclose their sexual orientation or gender identity, compared with 27 percent in the previous year.

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
3M Co.	St. Paul, MN	1						
AAA Northern California, Nevada and Utah	San Francisco, CA				4			
Abercrombie & Fitch Co.	New Albany, OH			3				
Accenture Ltd.	New York, NY		2					
Aetna Inc.	Hartford, CT							7
Agilent Technologies Inc.	Santa Clara, CA					5		
Akin, Gump, Strauss, Hauer & Feld LLP	Washington, DC		2					
Alaska Airlines	Seattle, WA	1						
Alcatel-Lucent	Murray Hill, NJ							7
Allianz Life Insurance Co. of North America	Minneapolis, MN			3				
Allstate Corp., The	Northbrook, IL		2					
Alston & Bird LLP	Atlanta, GA				4			
American Express Co.	New York, NY					5		
Ameriprise Financial Inc.	Minneapolis, MN			3				
AMR Corp. (American Airlines)	Fort Worth, TX							7
Anheuser-Busch Companies Inc.	St. Louis, MO			3				
Aon Corp.	Chicago, IL		2					
Apple Inc.	Cupertino, CA							7
Arent Fox LLP	Washington, DC	1						
Arnold & Porter LLP	Washington, DC			3				
AT&T Inc.	San Antonio, TX				4			
Bain & Co. Inc. (& Bridgespan Group Inc.)	Boston, MA			3				
Baker & Daniels LLP	Indianapolis, IN	1						
Bank of America Corp.	Charlotte, NC			3				
Bank of New York Mellon Corp., The	New York, NY	1						
Barnes & Noble Inc.	New York, NY	1						
BASF Corp.	Florham Park, NJ	1						
Bausch & Lomb Inc.	Rochester, NY							6
Best Buy Co. Inc.	Richfield, MN					5		
Bingham McCutchen LLP	Boston, MA		2					
BMC Software Inc.	Houston, TX	1						
Boehringer Ingelheim Pharmaceuticals Inc.	Ridgefield, CT		2					
Boeing Co.	Chicago, IL			3				
Borders Group Inc.	Ann Arbor, MI				4			
Boston Consulting Group	Boston, MA		2					
BP America Inc.	Houston, TX				4			
Bright Horizons Family Solutions Inc.	Watertown, MA			3				
Brinker International Inc.	Dallas, TX			3				

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
Bristol-Myers Squibb Co.	New York, NY			3				
Brown Rudnick LLP	Boston, MA	1						
Bryan Cave LLP	St. Louis, MO		2					
Campbell Soup Co.	Camden, NJ	1						
Capital One Financial Corp.	McLean, VA						6	
Cardinal Health	Dublin, OH	1						
Cargill Inc.	Wayzata, MN					5		
Carlson Companies Inc.	Minnetonka, MN			3				
Carmax Inc.	Richmond, VA	1						
Charles Schwab Corp., The	San Francisco, CA					5		
Chevron Corp.	San Ramon, CA				4			
ChoicePoint Inc.	Alpharetta, GA					5		
Chrysler LLC	Auburn Hills, MI				4			
Chubb Corp.	Warren, NJ					5		
Cisco Systems Inc.	San Jose, CA					5		
Citigroup Inc.	New York, NY					5		
Clear Channel Communications Inc.	San Antonio, TX			3				
Cleary, Gottlieb, Steen & Hamilton LLP	New York, NY		2					
Clifford Chance US LLP	New York, NY	1						
Clorox Co.	Oakland, CA			3				
CNA Insurance	Chicago, IL			3				
Coca-Cola Co., The	Atlanta, GA			3				
Coca-Cola Enterprises Inc.	Atlanta, GA	1						
Constellation Energy Group Inc.	Baltimore, MD	1						
Continental Airlines Inc.	Houston, TX	1						
Coors Brewing Co.	Denver, CO					5		
Corning Inc.	Corning, NY				4			
Covington & Burling LLP	Washington, DC	1						
Cox Enterprises Inc./Cox Communications Inc.	Atlanta, GA	1						
Cravath, Swaine & Moore LLP	New York, NY	1						
Credit Suisse USA Inc.	New York, NY				4			
Cummins Inc.	Columbus, IN				4			
Debevoise & Plimpton LLP	New York, NY	1						
Dell Inc.	Round Rock, TX					5		
Deloitte LLP	New York, NY			3				
Deutsche Bank	New York, NY						6	
Dewey & LeBoeuf LLP	New York, NY	1						
Diageo North America	Norwalk, CT	1						

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
Dickstein Shapiro LLP	Washington, DC		2					
DLA Piper	Baltimore, MD	1						
Dorsey & Whitney LLP	Minneapolis, MN			3				
Dow Chemical Co.	Midland, MI				4			
DuPont (E.I. du Pont de Nemours)	Wilmington, DE			3				
Eastman Kodak Co.	Rochester, NY							7
eBay Inc.	San Jose, CA	1						
Edwards Angell Palmer & Dodge LLP	Boston, MA	1						
Electronic Arts Inc.	Redwood City, CA		2					
Eli Lilly & Co.	Indianapolis, IN			3				
Ernst & Young LLP	New York, NY				4			
Estee Lauder Companies	New York, NY				4			
Eurance Inc.	San Francisco, CA		2					
Faegre & Benson LLP	Minneapolis, MN					5		
Fannie Mae	Washington, DC			3				
Foley & Lardner LLP	Milwaukee, WI		2					
Foley Hoag LLP	Boston, MA		2					
Ford Motor Co.	Dearborn, MI					5		
Freescale Semiconductor Inc.	Austin, TX				4			
Fried, Frank, Haris, Shriver & Jacobson LLP	New York, NY	1						
GameStop Corp.	Grapevine, TX		2					
Gap Inc.	San Francisco, CA				4			
Genentech Inc.	South San Francisco, CA		2					
General Motors Corp.	Detroit, MI			3				
Gibson, Dunn & Crutcher LLP	Los Angeles, CA	1						
GlaxoSmithKline plc	Philadelphia, PA				4			
Global Hyatt Corp.	Chicago, IL				4			
Goldman Sachs Group Inc., The	New York, NY					5		
Google Inc.	Mountain View, CA			3				
Harrah's Entertainment Inc.	Las Vegas, NV		2					
Hartford Financial Services Co.	Hartford, CT		2					
Harvard Pilgrim Health Care Inc.	Wellesley, MA			3				
Haynes and Boone LLP	Dallas, TX	1						
Heller Ehrman LLP	San Francisco, CA			3				
Herman Miller Inc.	Zeeland, MI		2					
Hewitt Associates	Lincolnshire, IL			3				
Hewlett-Packard Co.	Palo Alto, CA							6
Hoffmann-La Roche Inc.	Nutley, NJ	1						

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
Holland & Knight LLP	Miami, FL		2					
Honeywell International Inc.	Morristown, NJ			3				
Hospira Inc.	Lake Forest, IL			3				
Howrey LLP	Washington, DC	1						
HSBC - North America	Mettawa, IL		2					
Husch Blackwell Sanders LLP	Kansas City, MO	1						
IndyMac Bancorp Inc.	Pasadena, CA		2					
ING North America Insurance Corp.	Atlanta, GA			3				
Intel Corp.	Santa Clara, CA							7
International Business Machines Corp. (IBM)	Armonk, NY						6	
Intuit Inc.	Mountain View, CA				4			
J.C. Penney Co. Inc.	Plano, TX		2					
J.P. Morgan Chase & Co.	New York, NY							7
Jenner & Block LLP	Chicago, IL				4			
Johnson & Johnson	New Brunswick, NJ				4			
Kaiser Permanente	Oakland, CA				4			
KeyCorp	Cleveland, OH		2					
Kimberly-Clark Corp.	Irving, TX	1						
Kimpton Hotel & Restaurant Group Inc.	San Francisco, CA					5		
Kirkland & Ellis LLP	Chicago, IL		2					
KPMG LLP	New York, NY				4			
Kramer Levin Naftalis & Frankel LLP	New York, NY		2					
Latham & Watkins LLP	New York, NY		2					
Lehman Brothers Holdings Inc.	New York, NY						6	
Levi Strauss & Co.	San Francisco, CA						6	
Lexmark International Inc.	Lexington, KY				4			
Littler Mendelson PC	San Francisco, CA	1						
Liz Claiborne Inc.	New York, NY			3				
Lockheed Martin Corp.	Bethesda, MD	1						
Macy's Inc.	Cincinnati, OH		2					
Manatt, Phelps & Phillips LLP	Los Angeles, CA	1						
Marriott International Inc.	Bethesda, MD		2					
Marsh & McLennan Companies Inc.	New York, NY	1						
Massachusetts Mutual Life Insurance Co.	Springfield, MA		2					
MasterCard Inc.	Purchase, NY		2					
McDermott Will & Emery LLP	Chicago, IL			3				
McKinsey & Co. Inc.	New York, NY			3				
Merck & Co. Inc.	Whitehouse Station, NJ			3				

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
Merrill Lynch & Co.	New York, NY				4			
MetLife Inc.	New York, NY						6	
Microsoft Corp.	Redmond, WA				4			
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo PC	Boston, MA		2					
Mitchell Gold + Bob Williams	Taylorsville, NC						6	
Morgan Stanley	New York, NY			3				
Morrison & Foerster LLP	San Francisco, CA						6	
Motorola Inc.	Schaumburg, IL					5		
National Grid USA	Brooklyn, NY		2					
Nationwide	Columbus, OH					5		
NCR Corp.	Dayton, OH							7
New York Life Insurance Co.	New York, NY	1						
New York Times Co.	New York, NY					5		
Newell Rubbermaid Inc.	Atlanta, GA		2					
Nielsen Co., The	Schaumburg, IL	1						
Nike Inc.	Beaverton, OR							7
Nixon Peabody LLP	New York, NY			3				
Nordstrom Inc.	Seattle, WA				4			
Northern Trust Corp.	Chicago, IL			3				
Northrop Grumman Corp.	Los Angeles, CA			3				
Novartis Pharmaceutical Corp.	East Hanover, NJ	1						
O'Melveny & Myers LLP	Washington, DC		2					
Oracle Corp.	Redwood City, CA		2					
Orbitz Worldwide Inc.	Chicago, IL	1						
Orrick, Herrington & Sutcliffe LLP	San Francisco, CA			3				
Owens Corning	Toledo, OH					5		
Patterson Belknap Webb & Tyler LLP	New York, NY	1						
Paul, Hastings, Janofsky & Walker LLP	Los Angeles, CA		2					
Pepsi Bottling Group Inc., The	Somers, NY	1						
PepsiCo Inc.	Purchase, NY					5		
Perkins Coie	Seattle, WA	1						
Pfizer Inc.	New York, NY					5		
PG&E Corp.	San Francisco, CA						6	
Pillsbury Winthrop Shaw Pittman LLP	San Francisco, CA			3				
Powell Goldstein LLP	Atlanta, GA			3				
PricewaterhouseCoopers LLP	New York, NY			3				
Progressive Corp., The	Mayfield Village, OH	1						
Proskauer Rose LLP	New York, NY	1						

APPENDIX A. EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
Prudential Financial Inc.	Newark, NJ						6	
Raymond James Financial Inc.	St. Petersburg, FL	1						
Raytheon Co.	Waltham, MA				4			
Recreational Equipment Inc.	Kent, WA		2					
Replacements Ltd.	McLeansville, NC							7
Reynolds American Inc.	Winston-Salem, NC	1						
Robins, Kaplan, Miller & Ciresi LLP	Minneapolis, MN	1						
Ropes & Gray LLP	Boston, MA	1						
Sabre Holdings Inc.	Southlake, TX	1						
S. C. Johnson & Son Inc.	Racine, WI						6	
Schering-Plough Corp.	Kenilworth, NJ			3				
Sears Holdings Corp.	Hoffman Estates, IL				4			
Sedgwick, Detert, Moran & Arnold LLP	San Francisco, CA	1						
Sempra Energy	San Diego, CA	1						
Seyfarth Shaw LLP	Chicago, IL	1						
Shell Oil Co.	Houston, TX	1						
Sidley Austin LLP	Chicago, IL		2					
Skadden, Arps, Slate, Meagher & Flom LLP	New York, NY	1						
Sodexo Inc.	Gaithersburg, MD		2					
Sonnenschein, Nath & Rosenthal LLP	Chicago, IL		2					
Southern California Edison Co.	Rosemead, CA	1						
Sprint Nextel Corp.	Overland Park, KS				4			
Squire, Sanders & Dempsey LLP	Cleveland, OH	1						
Starbucks Corp.	Seattle, WA		2					
Starcom MediaVest Group	Chicago, IL			3				
Starwood Hotels & Resorts Worldwide	White Plains, NY			3				
State Street Corp.	Boston, MA			3				
Subaru of America Inc.	Cherry Hill, NJ		2					
Sullivan & Cromwell LLP	New York, NY	1						
Sun Life Financial Inc. (U.S.)	Wellesley Hills, MA	1						
Sun Microsystems Inc.	Santa Clara, CA				4			
SunTrust Banks Inc.	Atlanta, GA				4			
Supervalu Inc.	Eden Prairie, MN		2					
Symantec Corp.	Cupertino, CA	1						
Target Corp.	Minneapolis, MN	1						
Tech Data Corp.	Clearwater, FL				4			
Texas Instruments Inc.	Dallas, TX	1						
Thompson Coburn LLP	St. Louis, MO	1						
Time Warner Inc.	New York, NY		2					

APPENDIX A. 2009 EMPLOYERS WITH RATINGS OF 100 PERCENT

Employer	Headquarters Location	No. of Years at 100 Percent						
		1	2	3	4	5	6	7
TJX Companies, Inc., The	Framingham, MA	1						
Toyota Financial Services Corp.	Torrance, CA	1						
Toyota Motor Sales USA Inc.	Torrance, CA			3				
Travelport Inc.	Parsippany, NJ		2					
Troutman Sanders LLP	Atlanta, GA	1						
U.S. Bancorp	Minneapolis, MN		2					
UBS AG	Stamford, CT				4			
Unilever	Englewood Cliffs, NJ	1						
United Business Media LLC	Manhasset, NY	1						
United Parcel Service Inc. (UPS)	Atlanta, GA		2					
US Airways Group Inc.	Tempe, AZ				4			
Viacom Inc.	New York, NY				4			
Vinson & Elkins LLP	Houston, TX	1						
Visa	Foster City, CA			3				
Visteon Corp.	Van Buren Township, MI	1						
Volkswagen of America Inc.	Herndon, VA			3				
Wachovia Corp.	Charlotte, NC			3				
Wachtell, Lipton, Rosen & Katz LLP	New York, NY	1						
Walgreen Co.	Deerfield, IL				4			
Walt Disney Co.	Burbank, CA			3				
Washington Mutual Inc.	Seattle, WA			3				
Weil, Gotshal & Manges LLP	New York, NY	1						
Wells Fargo & Co.	San Francisco, CA					5		
Whirlpool Corp.	Benton Harbor, MI					5		
White & Case LLP	New York, NY	1						
Wilmer Cutler Pickering Hale & Dorr LLP	Washington, DC	1						
Wilson Sonsini Goodrich & Rosati PC	Palo Alto, CA	1						
Winston & Strawn LLP	Chicago, IL	1						
Wyndham Worldwide Corp.	Parsippany, NJ			3				
Xerox Corp.	Norwalk, CT							7
Yahoo! Inc.	Sunnyvale, CA		2					

APPENDIX B

CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWN | 32 – 47 ▶

- Criterion 1a** Prohibits Discrimination Based on Sexual Orientation (15 points)
- Criterion 1b** Provides Diversity Training Covering Sexual Orientation (5 points)
- Criterion 2a** Prohibits Discrimination Based on Gender Identity or Expression (15 points)
- Criterion 2b** Provides Diversity Training Covering Gender Identity OR Has Supportive Gender Transition Guidelines (5 points)
- Criterion 2c** Offers Transgender-Inclusive Insurance Coverage for at Least One Type of Benefit (5 points)
(+ Offers Transgender-Inclusive Insurance Coverage, Including Surgical Procedures)
- Criterion 3a** Offers Partner Health Insurance (15 points)
- Criterion 3b** Offers Partner Dental, Vision, COBRA and Dependent Coverage Benefits (5 points)
- Criterion 3c** Offers at Least Three Other “Soft” Benefits for Partners (5 points)
- Criterion 4** Has Employer-Supported Employee Resource Group OR Firm-Wide Diversity Council (15 points)
(/ Would Support ERG if Employees Express Interest, half-credit)
- Criterion 5** Positively Engages the External LGBT Community (15 points)
- Criterion 6** Exhibits Responsible Behavior Toward the LGBT Community; Does Not Engage in Action That Would Undermine LGBT Equality. Employers Found Engaging in Such Activities Will Have 15 Points Removed From Their Scores. (-)

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 AmLaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)														
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
3M Co.	St. Paul, MN	97		100	85					+										
A.T. Kearney Inc.	Chicago, IL			80																
AAA Northern California, Nevada and Utah	San Francisco, CA			100	100															
Abbott Laboratories	Abbott Park, IL	102		80	75															
Abercrombie & Fitch Co.	New Albany, OH	602		100	100															
Accenture Ltd.	New York, NY			100	100															
Acer Inc.	Irvine, CA	529		50	65															
Adecco North America LLC	Melville, NY			85																
Adobe Systems Inc.	San Jose, CA	727		95	100															
Advanced Micro Devices Inc.	Sunnyvale, CA	407		80	80															
AEGON USA Inc.	Cedar Rapids, IA			40	40															
Aetna Inc.	Hartford, CT	85		100	100															
Affiliated Computer Services	Dallas, TX	424		60	80															
Agilent Technologies Inc.	Santa Clara, CA	387		100	100															
Ahold USA Inc.	Quincy, MA			78	78															
Air Products & Chemicals Inc.	Allentown, PA	275		75	75															
Akin, Gump, Strauss, Hauer & Feld LLP	Washington, DC		25	100	100															
Alaska Airlines	Seattle, WA	596		100	95															
Alcatel-Lucent	Murray Hill, NJ	282		100	100					+										
Alcoa Inc.	New York, NY	71		85																
Allegheny Energy	Greensburg, PA	630		45	30															
Alliant Energy Corp.	Madison, WI	587		85	80															
Alliant Techsystems	Edina, MN	617		65	65															
Allianz Life Insurance Co. of North America	Minneapolis, MN			100	100															
Allstate Corp., The	Northbrook, IL	61		100	100															
ALLTEL Corp.	Little Rock, AR	256		80	80															
Alston & Bird LLP	Atlanta, GA		55	100	100															
Amazon.com Inc.	Seattle, WA	237		80	80															
AMC Entertainment Inc.	Kansas City, MO	935		63																
Ameren Corp.	St. Louis, MO	339		45																
American Express Co.	New York, NY	79		100	100					+										
American Family Insurance Group	Madison, WI	338		95	90															
American International Group Inc.	New York, NY	10		85	30															
American Power Conversion Corp.	West Kingston, RI			63	58															
Ameriprise Financial Inc.	Minneapolis, MN	297		100	100					+										
Amgen Inc.	Thousand Oaks, CA	171		70	85															
AMR Corp. (American Airlines)	Fort Worth, TX	101		100	100															

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						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
AmTrust Bank	Cleveland, OH			83	75															
Andrews Kurth LLP	Houston, TX		103	70	65															
Anheuser-Busch Companies Inc.	St. Louis, MO	146		100	100															
Aon Corp.	Chicago, IL	247		100	100															
Apple Inc.	Cupertino, CA	121		100	100															
Applied Materials Inc.	Santa Clara, CA	274		88	93															
Aquila	Kansas City, MO	891		35	35															
Aramark Corp.	Philadelphia, PA	214		75	80															
Archer Daniels Midland Co.	Decatur, IL	59		15	15															
Arent Fox LLP	Washington, DC		139	100	75															
Arnold & Porter LLP	Washington, DC		51	100	100															
AstraZeneca PLC	Wilmington, DE			80	85															
AT&T Inc.	San Antonio, TX	27		100	100					+										
Austin Radiological Assn.	Austin, TX			53	53															
Automatic Data Processing Inc.	Roseland, NJ	272		95	95															
AutoZone Inc.	Memphis, TN	384		25	25															
Avaya Inc.	Basking Ridge, NJ	440		85	85					+										
Avis Budget Group Inc.	Parsippany, NJ	405		80	60															
Avnet Inc.	Phoenix, AZ	172		30	30															
Avon Products Inc.	New York, NY	283		60	60															
Bain & Co. Inc. (& Bridgespan Group Inc.)	Boston, MA			100	100															
Baker & Botts LLP	Houston, TX		48	80	85															
Baker & Daniels LLP	Indianapolis, IN		172	100	95															
Baker & McKenzie	Chicago, IL		3	75																
Baker, Donelson, Bearman, Caldwell & Berkowitz PC	Memphis, TN		128	35																
Baldor Electric Co.	Fort Smith, AR			20	25															
Ball Corp.	Broomfield, CO	348		58	58															
Ballard, Spahr, Andrews & Ingersoll LLP	Philadelphia, PA		100	80	80															
Bank of America Corp.	Charlotte, NC	9		100	100															
Bank of New York Mellon Corp., The	New York, NY	358		100	100															
Barclays Capital	New York, NY			90	90															
Barnes & Noble Inc.	New York, NY	430		100	63															
BASF Corp.	Florham Park, NJ			100	95															
Bausch & Lomb Inc.	Rochester, NY			100	100															
Baxter International Inc.	Deerfield, IL	245		80	73															
Bayer Corp.	Pittsburgh, PA			80	15															
BB&T Corp.	Winston-Salem, NC	265		48	25															
Best Buy Co. Inc.	Richfield, MN	72		100	100															

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						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Bingham McCutchen LLP	Boston, MA		26	100	100															
Black & Decker Corp., The	Towson, MD	356		55																
BMC Software Inc.	Houston, TX			100	70															
BNSF Railway Co.	Fort Worth, TX	157		30	30															
Boehringer Ingelheim Pharmaceuticals Inc.	Ridgefield, CT			100	100															
Boeing Co.	Chicago, IL	28		100	100															
Booz Allen Hamilton Inc.	McLean, VA			80	80															
Borders Group Inc.	Ann Arbor, MI	516		100	100															
Boston Consulting Group	Boston, MA			100	100															
BP America Inc.	Houston, TX			100	100															
Bridgestone Americas Holding Inc.	Nashville, TN			80	80															
Bright Horizons Family Solutions Inc.	Watertown, MA			100	100															
Brinker International Inc.	Dallas, TX	502		100	100															
Bristol-Myers Squibb Co.	New York, NY	129		100	100															
Brown Rudnick LLP	Boston, MA		168	100																
Brown-Forman Corp.	Louisville, KY	828		20																
Bryan Cave LLP	St. Louis, MO		61	100	100															
C&S Wholesale Grocers Inc.	Keene, NH			40	40															
Cadwalader, Wickersham & Taft LLP	New York, NY		39	95	95															
Calpine Corp.	San Jose, CA	344		48	48															
Campbell Soup Co.	Camden, NJ	311		100	95					+										
Canadian Imperial Bank of Commerce	New York, NY			95	95															
Capital One Financial Corp.	McLean, VA	154		100	100															
Cardinal Health	Dublin, OH	19		100																
Cargill Inc.	Wayzata, MN			100	100															
Carlson Companies Inc.	Minnetonka, MN			100	100															
Carlton Fields	Tampa, FL		188	90																
Carmax Inc.	Richmond, VA	365		100																
Caterpillar Inc.	Peoria, IL	55		55	45															
CBRL Group Inc. (Cracker Barrel)	Lebanon, TN	711		15	15															
CDW Corp.	Vernon Hills, IL	342		88	58															
Cerner Corp.	Kansas City, MO			65	65															
CH2M HILL Companies Ltd.	Englewood, CO	526		80	80															
Chadbourne & Parke LLP	New York, NY		97	90	70															
Chamberlin Edmonds & Associates Inc.	Atlanta, GA			68	68															
Charles Schwab Corp., The	San Francisco, CA	389		100	100															
Chevron Corp.	San Ramon, CA	4		100	100															
ChoicePoint Inc.	Alpharetta, GA			100	100															

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Employer	Headquarters Location	2007 Fortune 1000	2007 Amlaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)														
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Chrysler LLC	Auburn Hills, MI			100	100					+										
Chubb Corp.	Warren, NJ	176		100	100															
CIGNA Corp.	Philadelphia, PA	139		95	85															
Circuit City Stores Inc.	Richmond, VA	215		55	55															
Cisco Systems Inc.	San Jose, CA	77		100	100					+										
Citigroup Inc.	New York, NY	8		100	100															
Clear Channel Communications Inc.	San Antonio, TX	330		100	100															
Cleary, Gottlieb, Steen & Hamilton LLP	New York, NY		19	100	100															
Clifford Chance US LLP	New York, NY			100						+										
Clorox Co.	Oakland, CA	475		100	100															
CNA Insurance	Chicago, IL			100	100															
Coca-Cola Co., The	Atlanta, GA	94		100	100					+										
Coca-Cola Enterprises Inc.	Atlanta, GA	118		100	70															
Colgate-Palmolive Co.	New York, NY	200		73	58															
Comcast Corp.	Philadelphia, PA	84		80	80															
Comerica Inc.	Dallas, TX	487		80	80															
Compass Group USA Inc.	Charlotte, NC			65	65															
Compuware Corp.	Detroit, MI			93																
ConAgra Foods Inc.	Omaha, NE	173		90																
ConocoPhillips	Houston, TX	5		60	63															
Consolidated Edison Co.	New York, NY	204		95	80															
Constellation Energy Group Inc.	Baltimore, MD	119		100	73															
Continental Airlines Inc.	Houston, TX	186		100	80															
Convergys Corp.	Cincinnati, OH	684		80																
Cooper Tire & Rubber	Findlay, OH	701		33	33															
Coors Brewing Co.	Denver, CO	386		100	100															
Corbis Corp.	Seattle, WA			80	80															
Corning Inc.	Corning, NY	439		100	100															
Costco Wholesale Corp.	Issaquah, WA	32		93	93															
Covington & Burling LLP	Washington, DC		63	100	80					+										
Cox Enterprises Inc./Cox Communications Inc.	Atlanta, GA			100	95															
Cravath, Swaine & Moore LLP	New York, NY		40	100	95															
Credit Suisse USA Inc.	New York, NY			100	100															
Crowell & Moring LLP	Washington, DC		122	95	100															
CSX Corp.	Jacksonville, FL	261		75	85															
Cummins Inc.	Columbus, IN	221		100	100															
CUNA Mutual Insurance Group	Madison, WI	667		65	65															
CVS Corp.	Woonsocket, RI	51		90																

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						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Dana Holding Corp.	Toledo, OH	255		20	20															
Darden Restaurants	Orlando, FL	404		80	80															
Davis Wright Tremaine LLP	Seattle, WA		121	85																
Davis, Polk & Wardwell	New York, NY		29	95																
Dean Foods Co.	Dallas, TX	246		73	73															
Debevoise & Plimpton LLP	New York, NY		38	100	90															
Deere & Co.	Moline, IL	98		33	33															
Dell Inc.	Round Rock, TX	34		100	100															
Deloitte LLP	New York, NY			100	100					+										
Delphi Corp.	Troy, MI	83		45	45															
Delta Air Lines Inc.	Atlanta, GA	136		85	85															
Deutsche Bank	New York, NY			100	100					+										
Dewey & LeBoeuf LLP	New York, NY			100																
Diageo North America	Norwalk, CT			100	95															
Dickstein Shapiro LLP	Washington, DC		82	100	100															
Discover Financial Services	Riverwoods, IL			58																
DLA Piper	Baltimore, MD		11	100																
Dole Food Co. Inc.	Westlake Village, CA			45	45															
Dollar Thrifty Automotive Group Inc.	Tulsa, OK	958		83																
Dominion Resources Inc.	Richmond, VA	140		90	95															
Domino's Pizza Inc.	Ann Arbor, MI			60	60															
Dorsey & Whitney LLP	Minneapolis, MN		72	100	100															
Dow Chemical Co.	Midland, MI	40		100	100															
Dow Jones & Co. Inc.	New York, NY	896		30	30															
DPR Construction Inc.	Redwood City, CA			30	30															
Drinker Biddle & Reath LLP	Philadelphia, PA		99	95	95															
DTE Energy Co.	Detroit, MI	279		75	75															
Duane Morris LLP	Philadelphia, PA		70	95	80															
Duke Energy Corp.	Charlotte, NC	143		75	60															
Dun & Bradstreet Corp., The	Short Hills, NJ			35	35															
DuPont (E.I. du Pont de Nemours)	Wilmington, DE	74		100	100					+										
Dykema Gossett P, LLC	Detroit, MI		149	80	80															
E*TRADE Financial Corp.	New York, NY	545		93	93															
EarthLink Inc.	Atlanta, GA			88	88															
Eastman Kodak Co.	Rochester, NY	182		100	100					+										
eBay Inc.	San Jose, CA	383		100																
Edison International	Rosemead, CA	192		35	35															
Edwards Angell Palmer & Dodge LLP	Boston, MA		75	100	90															

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						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6					
Electronic Arts Inc.	Redwood City, CA	658		100	100																
Electronic Data Systems Corp.	Plano, TX	111		95	90																
Eli Lilly & Co.	Indianapolis, IN	149		100	100																
EMC Corp.	Hopkinton, MA	224		95	45																
Emerson Electric Co.	St. Louis, MO	115		45	45																
Entergy Corp.	New Orleans, LA	225		95	88																
Enterprise Rent-A-Car Co.	St. Louis, MO			80	85																
Ernst & Young LLP	New York, NY			100	100																
Estee Lauder Companies	New York, NY	352		100	100																
Esurance Inc.	San Francisco, CA			100	100																
Exelon Corp.	Chicago, IL	150		95	95																
Expedia Inc.	Bellevue, WA	800		50																	
Exxon Mobil Corp.	Irving, TX	2		0	0																
Faegre & Benson LLP	Minneapolis, MN		98	100	100																
Fannie Mae	Washington, DC			100	100																
FedEx Corp.	Memphis, TN	68		55	55																
Fenwick & West LLP	Mountain View, CA		141	95	90																
Fifth Third Bancorp	Cincinnati, OH	299		75	60																
Finnegan, Henderson, Farabow, Garrett & Dunner LLP	Washington, DC		85	40	40																
Fish & Richardson PC	Boston, MA		80	80	75																
Fisher Scientific International	Hampton, NH			40	40																
Foley & Lardner LLP	Milwaukee, WI		27	100	100																
Foley Hoag LLP	Boston, MA		161	100	100																
Food Lion LLC	Salisbury, NC			95	80																
Ford Motor Co.	Dearborn, MI	7		100	100																
Franklin Resources Inc.	San Mateo, CA	445		50																	
Freddie Mac	McLean, VA	50		85	85																
Freescale Semiconductor Inc.	Austin, TX			100	100																
Fried, Frank, Haris, Shriver & Jacobson LLP	New York, NY		53	100																	
Frost Brown Todd LLC	Cincinnati, OH		167	85																	
Fulbright & Jaworski LLP	Houston, TX		34	85	80																
GameStop Corp.	Grapevine, TX	426		100	100																
Gannett Co. Inc.	McLean, VA	302		65	65																
Gap Inc.	San Francisco, CA	144		100	100																
Genentech Inc.	South San Francisco, CA			100	100																
General Dynamics Corp.	Falls Church, VA	92		40	40																
General Electric Co.	Fairfield, CT	6		80	75																

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General Mills Inc.	Minneapolis, MN	213		95	100																
General Motors Corp.	Detroit, MI	3		100	100																
Gibson, Dunn & Crutcher LLP	Los Angeles, CA		20	100	80																
GlaxoSmithKline plc	Philadelphia, PA			100	100																
Global Hyatt Corp.	Chicago, IL			100	100																
Goldman Sachs Group Inc., The	New York, NY	24		100	100																
Goodwin Procter LLP	Boston, MA		47	75																	
Google Inc.	Mountain View, CA	241		100	100																
Gordon & Rees LLP	San Francisco, CA		171	95	85																
Group Health Cooperative	Seattle, WA			78																	
H&R Block	Kansas City, MO	459		65																	
H.E. Butt Grocery Co.	San Antonio, TX			40	40																
H.J. Heinz Co.	Pittsburgh, PA	269		68	48																
Hain Celestial Group Inc.	Melville, NY			55	30																
Hallmark Cards Inc.	Kansas City, MO			90	90																
Hannaford Brothers	Portland, ME			83	93																
Harrah's Entertainment Inc.	Las Vegas, NV	254		100	100																
Harris Bankcorp Inc.	Chicago, IL			90	95																
Harris Interactive Inc.	Rochester, NY			93	93																
Harry & David Holdings Inc.	Medford, OR			83	43																
Hartford Financial Services Co.	Hartford, CT	82		100	100																
Harvard Pilgrim Health Care Inc.	Wellesley, MA			100	100																
Hasbro Inc.	Pawtucket, RI	626		50	50																
Haynes and Boone LLP	Dallas, TX		105	100	75																
Health Care Service Corp.	Chicago, IL			95																	
Health Net Inc.	Woodland Hills, CA	189		93	93																
Heller Ehrman LLP	San Francisco, CA		46	100	100																
Herman Miller Inc.	Zeeland, MI	940		100	100																
Hershey Co., The	Hershey, PA	453		70	70																
Hewitt Associates	Lincolnshire, IL	673		100	100																
Hewlett-Packard Co.	Palo Alto, CA	14		100	100																
Hilton Hotels Corp.	Beverly Hills, CA	296		90	95																
Hoffmann-La Roche Inc.	Nutley, NJ			100	80																
Hogan & Hartson LLP	Washington, DC		23	95	80																
Holland & Knight LLP	Miami, FL		32	100	100																
Holme Roberts & Owen LLP	Denver, CO			60																	
Home Depot Inc.	Atlanta, GA	17		85	85																
Honeywell International Inc.	Morristown, NJ	69		100	100																

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Hospira Inc.	Lake Forest, IL	697		100	100																
Host Hotels & Resorts	Bethesda, MD	452		45	45																
Hotels.com LP	Dallas, TX			85	85																
Howard & Howard Attorneys PC	Kalamazoo, MI			48	48																
Howrey LLP	Washington, DC		58	100	85																
HSBC - North America	Mettawa, IL			100	100																
Humana Inc.	Louisville, KY	110		45	40																
Huntington Bancshares	Columbus, OH	714		75																	
Hunton & Williams LLP	Richmond, VA		41	75	75																
Husch Blackwell Sanders LLP	Kansas City, MO		179	100	80																
IKON Office Solutions	Malvern, PA	507		65																	
Illinois Tool Works Inc.	Glenview, IL	175		68	68																
Imation Corp.	Oakdale, MN	995		88	93																
IndyMac Bancorp Inc.	Pasadena, CA	722		100	100																
ING North America Insurance Corp.	Atlanta, GA			100	100																
Intel Corp.	Santa Clara, CA	62		100	100																
International Business Machines Corp. (IBM)	Armonk, NY	15		100	100					+											
International Paper Co.	Memphis, TN	93		70	70																
Interpublic Group of Companies Inc.	New York, NY	368		60	60																
Intuit Inc.	Mountain View, CA	776		100	100																
ITT Industries Inc.	White Plains, NY	295		75	90																
J.C. Penney Co. Inc.	Plano, TX	116		100	100																
J.P. Morgan Chase & Co.	New York, NY	11		100	100																
Jacobs Engineering Group Inc.	Pasadena, CA	322		40																	
Jenner & Block LLP	Chicago, IL		73	100	100																
JetBlue Airways Corp.	Forest Hills, NY	775		80	80																
John Hancock Financial Services Inc.	Boston, MA			88	93																
Johnson & Johnson	New Brunswick, NJ	36		100	100					+											
Jones Apparel Group Inc.	New York, NY	470		45																	
Kaiser Permanente	Oakland, CA			100	100																
Katten Muchin Rosenman LLP	Chicago, IL		60	85	85					+											
Kaye Scholer LLP	New York, NY		59	80	80																
KB Home	Los Angeles, CA	228		75	75																
Keane Inc.	Boston, MA			50	50																
Kelley Drye & Warren LLP	New York, NY		111	95	85																
Kellogg Co.	Battle Creek, MI	232		60	35																
Kenneth Cole Productions Inc.	New York, NY			95																	
KeyCorp	Cleveland, OH	319		100	100																

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Kilpatrick Stockton LLP	Atlanta, GA		88	95	90															
Kimberly-Clark Corp.	Irving, TX	137		100	85															
Kimpton Hotel & Restaurant Group Inc.	San Francisco, CA			100	100					+										
King & Spalding LLP	Atlanta, GA		36	95	95															
Kirkland & Ellis LLP	Chicago, IL		7	100	100					+										
KLA-Tencor Corp.	San Jose, CA	837		58	73															
KPMG LLP	New York, NY			100	100					+										
Kraft Foods Inc.	Northfield, IL			95	100															
Kramer Levin Naftalis & Frankel LLP	New York, NY		91	100	100															
Kroger Co., The	Cincinnati, OH	26		75	75															
L.L. Bean Inc.	Freeport, ME			73	73															
Laclede Group Inc.	St. Louis, MO	860		5	5															
Land O'Lakes	Arden Hills, MN	329		53	53															
LaSalle Bank Corp.	Chicago, IL			95	95															
Latham & Watkins LLP	New York, NY		2	100	100					+										
Lauren Manufacturing Co.	New Philadelphia, OH			5	5															
Lear Corp.	Southfield, MI	130		20	20															
Lehman Brothers Holdings Inc.	New York, NY	47		100	100					+										
Levi Strauss & Co.	San Francisco, CA	510		100	100															
Lexmark International Inc.	Lexington, KY	442		100	100															
Lillian Vernon Corp.	White Plains, NY			40	55															
Limited Brands Inc.	Columbus, OH	240		80	70															
Lincoln National Corp.	Radnor, PA	277		95	95															
Littler Mendelson PC	San Francisco, CA		101	100	95															
Liz Claiborne Inc.	New York, NY	451		100	100															
Lockheed Martin Corp.	Bethesda, MD	57		100	85															
Lord, Bissell & Brook	Chicago, IL		147	80	80															
Luce Forward Hamilton & Scripps LLP	San Diego, CA		193	80	70															
Macy's Inc.	Cincinnati, OH	76		100	100															
Manatt, Phelps & Phillips LLP	Los Angeles, CA		112	100	93															
Marriott International Inc.	Bethesda, MD	203		100	100															
Mars Inc.	Mt. Olive, NJ			48																
Marsh & McLennan Companies Inc.	New York, NY	207		100	78															
Massachusetts Mutual Life Insurance Co.	Springfield, MA	90		100	100															
MasterCard Inc.	Purchase, NY	601		100	100															
Mattel Inc.	El Segundo, CA	406		93	88															
Mayer Brown LLP	Chicago, IL		8	95																
McAfee Inc.	Santa Clara, CA			53	53															

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 Amlaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)															
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6					
McCarter & English LLP	Newark, NJ		120	90	90																
McDermott Will & Emery LLP	Chicago, IL		16	100	100																
McDonald's Corp.	Oak Brook, IL	108		85	85																
McGraw-Hill Companies Inc., The	New York, NY	366		80	80																
McGuireWoods LLP	Richmond, VA		67	95																	
McKenna, Long & Aldridge LLP	Atlanta, GA		107	90																	
McKesson Corp.	San Francisco, CA	18		68																	
McKinsey & Co. Inc.	New York, NY			100	100																
MeadWestvaco Corp.	Glen Allen, VA	350		60	80																
Medtronic Inc.	Minneapolis, MN	222		95	85																
Meijer Inc.	Grand Rapids, MI			15	0																
Men's Wearhouse Inc., The	Houston, TX	892		50	35																
Merck & Co. Inc.	Whitehouse Station, NJ	99		100	100																
Merrill Lynch & Co.	New York, NY	22		100	100																
MetLife Inc.	New York, NY	37		100	100																
MGM Mirage	Las Vegas, NV	315		85	85																
Microsoft Corp.	Redmond, WA	49		100	100																
Milbank, Tweed, Hadley & McCloy LLP	New York, NY		42	85																	
Miller Brewing Co.	Milwaukee, WI			90	90																
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo PC	Boston, MA		92	100	100																
Mirant Corp.	Atlanta, GA	474		45	45																
Mitchell Gold + Bob Williams	Taylorsville, NC			100	100																
Mohawk Industries Inc.	Calhoun, GA	304		65	65																
Monsanto Co.	St. Louis, MO	323		85																	
Moody's Corp.	New York, NY	850		83																	
Morgan Lewis & Bockius LLP	Philadelphia, PA		12	80																	
Morgan Stanley	New York, NY	20		100	100																
Morningstar Inc.	Chicago, IL			58	65																
Morrison & Foerster LLP	San Francisco, CA		22	100	100																
Motorola Inc.	Schaumburg, IL	52		100	100																
Mutual of Omaha Insurance	Omaha, NE	489		80	75																
National City Corp.	Cleveland, OH	188		80	58																
National Grid USA	Brooklyn, NY			100	100																
Nationwide	Columbus, OH	104		100	100																
NCR Corp.	Dayton, OH	374		100	100																
Nestle Purina PetCare Co.	St. Louis, MO			75	15																
New York Life Insurance Co.	New York, NY	78		100	85																
New York Times Co.	New York, NY	583		100	100																

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 AmLaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)														
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Newell Rubbermaid Inc.	Atlanta, GA	343		100	100															
Nielsen Co., The	Schaumburg, IL			100	85															
Nike Inc.	Beaverton, OR	158		100	100					+										
Nissan North America Inc.	Nashville, TN			50	50															
Nixon Peabody LLP	New York, NY		65	100	100															
Nokia	Irving, TX			50	50															
Nordstrom Inc.	Seattle, WA	286		100	100															
Nortel Networks Corp.	Richardson, TX			85	85															
Northeast Utilities	Berlin, CT	337		65	80															
Northern Trust Corp.	Chicago, IL	490		100	100					+										
Northrop Grumman Corp.	Los Angeles, CA	73		100	100															
Northwest Airlines Corp.	Eagan, MN	195		85	85															
Novartis Pharmaceutical Corp.	East Hanover, NJ			100	95															
Office Depot Inc.	Delray Beach, FL	156		60	60															
OfficeMax Inc.	Naperville, IL	280		80	75															
O'Melveny & Myers LLP	Washington, DC		15	100	100															
Omnicom Group	New York, NY	220		80	30															
Oracle Corp.	Redwood City, CA	167		100	100															
Orbitz Worldwide Inc.	Chicago, IL			100																
Orrick, Herrington & Sutcliffe LLP	San Francisco, CA		28	100	100															
Owens & Minor Inc.	Mechanicsville, VA	418		55	85															
Owens Corning	Toledo, OH	355		100	100															
Pacific Mutual Holding Co.	Newport Beach, CA	437		65																
PacifiCorp	Portland, OR			85	85															
Palm Management Corp.	Washington, DC			78	40															
Pathmark Stores Inc.	Carteret, NJ	530		53	53															
Patterson Belknap Webb & Tyler LLP	New York, NY		159	100																
Paul, Hastings, Janofsky & Walker LLP	Los Angeles, CA		18	100	100															
Paul, Weiss, Rifkind, Wharton & Garrison LLP	New York, NY		35	80																
Pepco Holdings Inc.	Washington, DC	290		65																
Pepper Hamilton LLP	Philadelphia, PA		95	90																
Pepsi Bottling Group Inc., The	Somers, NY	191		100	80															
PepsiAmericas Inc.	Minneapolis, MN	531		95	80															
PepsiCo Inc.	Purchase, NY	63		100	100															
Perkins & Will Group, Ltd.,The	Chicago, IL			55	55															
Perkins Coie	Seattle, WA		69	100	85															
Perot Systems Corp.	Plano, TX	788		0	0															
Pfizer Inc.	New York, NY	39		100	100															

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 Amlaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)											
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6	
PG&E Corp.	San Francisco, CA	196		100	100					+							
Pillsbury Winthrop Shaw Pittman LLP	San Francisco, CA		37	100	100												
Pitney Bowes Inc.	Stamford, CT	395		85	85												
PNC Financial Services Group Inc.	Pittsburgh, PA	231		80	80												
PNM Resources Inc.	Albuquerque, NM	749		43	43												
Polaroid Corp.	Waltham, MA			60	60												
Polsinelli Shalton Welte Suelthaus PC	Kansas City, MO			80													
Powell Goldstein LLP	Atlanta, GA		168	100	100												
PPG Industries Inc.	Pittsburgh, PA	226		45	60												
PPL Corp.	Allentown, PA	336		65	60												
Praxair Inc.	Danbury, CT	291		25	25												
PricewaterhouseCoopers LLP	New York, NY			100	100												
Principal Financial Group	Des Moines, IA	250		95	100												
Procter & Gamble Co.	Cincinnati, OH	25		85	85												
Progress Energy Inc.	Raleigh, NC	238		68	68												
Progressive Corp., The	Mayfield Village, OH	159		100	65												
Proskauer Rose LLP	New York, NY		44	100	85												
Prudential Financial Inc.	Newark, NJ	66		100	100												
QUALCOMM Inc.	San Diego, CA	317		95	95												
Quarles & Brady LLP	Milwaukee, WI		123	80	80												
Quest Diagnostics Inc.	Madison, NJ	364		85	80												
Qwest Communications International Inc.	Denver, CO	178		80	55												
R.R. Donnelley & Sons Co.	Chicago, IL	271		55	20												
RadioShack Corp.	Fort Worth, TX	466		40	40												
Raymond James Financial Inc.	St. Petersburg, FL	712		100													
Raytheon Co.	Waltham, MA	96		100	100												
Realogy Corp.	Parsippany, NJ	354		80													
Recreational Equipment Inc.	Kent, WA			100	100												
Reebok International	Canton, MA			68	68												
Reed Smith LLP	Pittsburgh, PA		30	75													
Reliant Energy Inc.	Houston, TX	229		75	50												
Replacements Ltd.	McLeansville, NC			100	100					+							
Reynolds American Inc.	Winston-Salem, NC	288		100	80												
Rite Aid Corp.	Camp Hill, PA	134		85	85												
Robins, Kaplan, Miller & Ciresi LLP	Minneapolis, MN		130	100	93					+							
Rockwell Collins Inc.	Cedar Rapids, IA	542		75	73												
Rohm and Haas Co.	Philadelphia, PA	292		80	60												
Ropes & Gray LLP	Boston, MA		31	100													

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 AmLaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)														
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Royal Caribbean Cruises Ltd.	Miami, FL			55	55															
Ryder System Inc.	Miami, FL	362		93	93															
Ryland Group	Calabasas, CA	467		30	30															
Sabre Holdings Inc.	Southlake, TX	678		100																
SAFECO Corp.	Seattle, WA	363		75	75															
Safeway Inc.	Pleasanton, CA	56		75	75															
Sanofi-Aventis U.S. LLC	Bridgewater, NJ			65	80															
SAP America Inc.	Newton Square, PA			90	90															
Sara Lee Corp.	Downers Grove, IL	125		75	70															
Saul Ewing LLP	Philadelphia, PA		177	68																
S. C. Johnson & Son Inc.	Racine, WI			100	100															
Schering-Plough Corp.	Kenilworth, NJ	242		100	100															
Schiff Hardin LLP	Chicago, IL		124	80																
Scholastic Corp.	New York, NY	790		50	50															
Schulte, Roth & Zabel LLP	New York, NY		68	80	80															
Seagate Technology LLC	Scotts Valley, CA			60	75															
Sears Holdings Corp.	Hoffman Estates, IL	38		100	100															
Sedgwick, Detert, Moran & Arnold LLP	San Francisco, CA		136	100																
Selective Insurance Group	Branchville, NJ	919		85																
Sempra Energy	San Diego, CA	210		100	80															
Severn Trent Services Inc.	Fort Washington, PA			65	65															
Seyfarth Shaw LLP	Chicago, IL		66	100	95															
Shell Oil Co.	Houston, TX			100	85															
Sheppard, Mullin, Richter & Hampton LLP	Los Angeles, CA		76	95	75															
Shook, Hardy & Bacon LLP	Kansas City, MO		82	85	85															
Sidley Austin LLP	Chicago, IL		5	100	100															
Sierra Health Services Inc.	Las Vegas, NV	943		88	88															
Sirius Satellite Radio Inc.	New York, NY			80	58															
Skadden, Arps, Slate, Meagher & Flom LLP	New York, NY		1	100	95															
SLM Corp. (Sallie Mae)	Reston, VA	284		60	60															
Sodexo Inc.	Gaithersburg, MD			100	100															
Software House International	Somerset, NJ			40	40															
Sonnenschein, Nath & Rosenthal LLP	Chicago, IL		57	100	100															
Southern California Edison Co.	Rosemead, CA			100	95															
Southern Co.	Atlanta, GA	168		48	48															
Southwest Airlines Co.	Dallas, TX	276		90	90															
Sprint Nextel Corp.	Overland Park, KS	53		100	100															
Squire, Sanders & Dempsey LLP	Cleveland, OH		54	100																

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 Amlaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)															
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6					
SRA International Inc.	Fairfax, VA			75	75																
Staples Inc.	Framingham, MA	126		93	93																
Starbucks Corp.	Seattle, WA	310		100	100																
Starcom MediaVest Group	Chicago, IL			100	100																
Starwood Hotels & Resorts Worldwide	White Plains, NY	381		100	100																
State Farm Group	Bloomington, IL	31		80	80					+											
State Street Corp.	Boston, MA	263		100	100																
Steelcase Inc.	Grand Rapids, MI	670		60																	
Step toe & Johnson LLP	Washington, DC		79	85	85																
Stinson Morrison Hecker LLP	Kansas City, MO		173	95	80																
Stoel Rives LLP	Portland, OR		143	95	95																
Subaru of America Inc.	Cherry Hill, NJ			100	100																
Sullivan & Cromwell LLP	New York, NY		13	100	90																
Sun Life Financial Inc. (U.S.)	Wellesley Hills, MA			100																	
Sun Microsystems Inc.	Santa Clara, CA	187		100	100					+											
SunTrust Banks Inc.	Atlanta, GA	183		100	100																
Supervalu Inc.	Eden Prairie, MN	117		100	100																
Sutherland Asbill & Brennan LLP	Atlanta, GA		94	95	85																
Symantec Corp.	Cupertino, CA	515		100	85																
Target Corp.	Minneapolis, MN	33		100	80																
Teachers Insurance and Annuity Association - College Retirement Equities Fund	New York, NY	80		78																	
Tech Data Corp.	Clearwater, FL	109		100	100																
Tenet Healthcare	Dallas, TX	258		35																	
Texas Instruments Inc.	Dallas, TX	162		100	75																
Thelen Reid Brown Raysman & Steiner LLP	San Francisco, CA		102	95	70																
Thompson Coburn LLP	St. Louis, MO		173	100	85																
Tiffany & Co.	New York, NY	709		68	73																
Time Warner Inc.	New York, NY	48		100	100																
TJX Companies, Inc., The	Framingham, MA	133		100																	
Toyota Financial Services Corp.	Torrance, CA			100																	
Toyota Motor Sales USA Inc.	Torrance, CA			100	100																
Toys 'R' Us Inc.	Wayne, NJ	202		65	45																
Travel Impressions, Ltd.	Farmington, NY			93																	
Travelers Companies Inc., The	St. Paul, MN	89		50	50																
Travelport Inc.	Parsippany, NJ			100	100																
Troutman Sanders LLP	Atlanta, GA		74	100	90																
U.S. Bancorp	Minneapolis, MN	123		100	100																

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 AmLaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)															
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6					
U.S. Foodservice Inc.	Rosemont, IL			58	50																
UAL Corp. (United Airlines)	Chicago, IL	120		88	88																
UBS AG	Stamford, CT			100	100																
Unilever	Englewood Cliffs, NJ			100	85																
Union Pacific Corp.	Omaha, NE	151		58	58																
Unisys Corp.	Blue Bell, PA	400		70	70																
United Business Media LLC	Manhasset, NY			100	100																
United Parcel Service Inc. (UPS)	Atlanta, GA	43		100	100																
United Technologies Corp.	Hartford, CT	42		65	40																
UnitedHealth Group Inc.	Minnetonka, MN	21		95																	
University Hospitals of Cleveland	Cleveland, OH			50	65																
Unum Group	Chattanooga, TN	236		88	73																
US Airways Group Inc.	Tempe, AZ	216		100	100																
Verizon Communications Inc.	New York, NY	13		70	85																
Vertis Inc.	Baltimore, MD			30	30																
Viacom Inc.	New York, NY	218		100	100																
Vinson & Elkins LLP	Houston, TX		43	100	80																
Visa	Foster City, CA			100	100																
Vision Service Plan	Rancho Cordova, CA			65	65																
Visteon Corp.	Van Buren Township, MI	219		100	95																
Vivendi	New York, NY			35	35																
Volkswagen of America Inc.	Herndon, VA			100	100																
Vorys, Sater, Seymour & Pease LLP	Columbus, OH		146	80																	
Wachovia Corp.	Charlotte, NC	46		100	100																
Wachtell, Lipton, Rosen & Katz LLP	New York, NY		52	100	75																
Walgreen Co.	Deerfield, IL	44		100	100																
Wal-Mart Stores Inc.	Bentonville, AR	1		40	40																
Walt Disney Co.	Burbank, CA	64		100	100					+											
Washington Mutual Inc.	Seattle, WA	81		100	100																
Waste Management Inc.	Houston, TX	181		85	100																
Weil, Gotshal & Manges LLP	New York, NY		9	100	95																
WellPoint Inc.	Indianapolis, IN	35		95	85																
Wells Fargo & Co.	San Francisco, CA	41		100	100					+											
West	Eagan, MN			95	95																
Weyerhaeuser Co.	Federal Way, WA	105		75	75																
Whirlpool Corp.	Benton Harbor, MI	127		100	100																
White & Case LLP	New York, NY		6	100	80																
Whole Foods Market Inc.	Austin, TX	411		90	90																

APPENDIX B. CORPORATE EQUALITY INDEX RATINGS AND BREAKDOWNS

Employer	Headquarters Location	2007 Fortune 1000	2007 AmLaw 200	2009 CEI Rating	2008 CEI Rating	Criterion (see page 31)															
						1a	1b	2a	2b	2c	3a	3b	3c	4	5	6					
Wildman, Harrold, Allen & Dixon LLP	Chicago, IL		200	80	80																
Williams Companies Inc.	Tulsa, OK	211		55	55																
Wilmer Cutler Pickering Hale & Dorr LLP	Washington, DC		14	100																	
Wilson Sonsini Goodrich & Rosati PC	Palo Alto, CA		56	100	85																
Winston & Strawn LLP	Chicago, IL		33	100	85																
Wisconsin Energy Corp.	Milwaukee, WI	525		55	55																
Womble Carlyle Sandridge & Rice LLC	Winston-Salem, NC		89	65	65																
WPP Group USA	New York, NY			93	93																
Wyeth	Madison, NJ	113		80	80																
Wyndham Worldwide Corp.	Parsippany, NJ	546		100	100																
Xcel Energy	Minneapolis, MN	251		60	60																
Xerox Corp.	Norwalk, CT	145		100	100																
XM Satellite Radio Holdings Inc.	Washington, DC			93	88																
Yahoo! Inc.	Sunnyvale, CA	357		100	100																
YRC Worldwide Inc.	Overland Park, KS	249		30	30																
Yum! Brands Inc.	Louisville, KY	262		65																	
Zurich North America	Schaumburg, IL			65	50																

APPENDIX C

CORPORATE EQUALITY INDEX RATINGS | 49 – 64 ► BY INDUSTRY, DESCENDING SCORE

- Criterion 1a** Prohibits Discrimination Based on Sexual Orientation (15 points)
- Criterion 1b** Provides Diversity Training Covering Sexual Orientation (5 points)
- Criterion 2a** Prohibits Discrimination Based on Gender Identity or Expression (15 points)
- Criterion 2b** Provides Diversity Training Covering Gender Identity OR Has Supportive Gender Transition Guidelines (5 points)
- Criterion 2c** Offers Transgender-Inclusive Insurance Coverage for at Least One Type of Benefit (5 points)
(+ Offers Transgender-Inclusive Insurance Coverage, Including Surgical Procedures)
- Criterion 3a** Offers Partner Health Insurance (15 points)
- Criterion 3b** Offers Partner Dental, Vision, COBRA and Dependent Coverage Benefits (5 points)
- Criterion 3c** Offers at Least Three Other “Soft” Benefits for Partners (5 points)
- Criterion 4** Has Employer-Supported Employee Resource Group OR Firm-Wide Diversity Council (15 points)
(/ Would Support ERG if Employees Express Interest, half-credit)
- Criterion 5** Positively Engages the External LGBT Community (15 points)
- Criterion 6** Exhibits Responsible Behavior Toward the LGBT Community; Does Not Engage in Action That Would Undermine LGBT Equality. Employers Found Engaging in Such Activities Will Have 15 Points Removed From Their Scores. (-)

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)										
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6
ADVERTISING AND MARKETING												
Starcom MediaVest Group	100											
WPP Group USA	93											
Omnicom Group	80											
Interpublic Group of Companies Inc.	60											
Vertis Inc.	30											
AEROSPACE AND DEFENSE												
Boeing Co.	100											
Honeywell International Inc.	100											
Lockheed Martin Corp.	100											
Northrop Grumman Corp.	100											
Raytheon Co.	100											
Rockwell Collins Inc.	75											
Alliant Techsystems	65											
General Dynamics Corp.	40											
AIRLINES												
Alaska Airlines	100											
AMR Corp. (American Airlines)	100											
Continental Airlines Inc.	100											
US Airways Group Inc.	100											
Southwest Airlines Co.	90											
UAL Corp. (United Airlines)	88											
Delta Air Lines Inc.	85											
Northwest Airlines Corp.	85											
JetBlue Airways Corp.	80											
APPAREL, FASHION, TEXTILES, DEPT. STORES												
Abercrombie & Fitch Co.	100											
Gap Inc.	100											
J.C. Penney Co. Inc.	100											
Levi Strauss & Co.	100											
Liz Claiborne Inc.	100											
Nike Inc.	100											
TJX Companies, Inc., The	100											
Macy's Inc.	100											
Nordstrom Inc.	100											
Kenneth Cole Productions Inc.	95											
L.L. Bean Inc.	73											
Reebok International	68											
Tiffany & Co.	68											
Men's Wearhouse Inc., The	50											
Jones Apparel Group Inc.	45											
Lillian Vernon Corp.	40											

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)										
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6
AUTOMOTIVE												
Carmax Inc.	100											
Chrysler LLC	100					+						
Ford Motor Co.	100					+						
General Motors Corp.	100					+						
Subaru of America Inc.	100											
Toyota Motor Sales USA Inc.	100											
Visteon Corp.	100											
Volkswagen of America Inc.	100											
Bridgestone Americas Holding Inc.	80											
Nissan North America Inc.	50											
Delphi Corp.	45											
Cooper Tire & Rubber	33											
Dana Holding Corp.	20											
Lear Corp.	20											
BANKING AND FINANCIAL SERVICES												
American Express Co.	100					+						
Ameriprise Financial Inc.	100					+						
Bank of America Corp.	100											
Bank of New York Mellon Corp., The	100											
Capital One Financial Corp.	100											
Charles Schwab Corp., The	100											
Citigroup Inc.	100											
Credit Suisse USA Inc.	100											
Deutsche Bank	100					+						
Fannie Mae	100											
Goldman Sachs Group Inc., The	100					+						
HSBC - North America	100											
IndyMac Bancorp Inc.	100											
J.P. Morgan Chase & Co.	100					+						
KeyCorp	100											
Lehman Brothers Holdings Inc.	100					+						
MasterCard Inc.	100											
Merrill Lynch & Co.	100											
Morgan Stanley	100					+						
Northern Trust Corp.	100					+						
Raymond James Financial Inc.	100											
State Street Corp.	100											
SunTrust Banks Inc.	100											
Toyota Financial Services Corp.	100											
U.S. Bancorp	100											
UBS AG	100											
Visa	100											

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Wachovia Corp.	100														
Washington Mutual Inc.	100														
Wells Fargo & Co.	100					+									
Canadian Imperial Bank of Commerce	95														
LaSalle Bank Corp.	95														
E*TRADE Financial Corp.	93														
Barclays Capital	90														
Harris Bankcorp Inc.	90														
Freddie Mac	85														
AmTrust Bank	83														
Moody's Corp.	83														
Comerica Inc.	80														
National City Corp.	80														
PNC Financial Services Group Inc.	80														
Fifth Third Bancorp	75														
Huntington Bancshares	75														
Chamberlin Edmonds & Associates Inc.	68														
H&R Block	65														
SLM Corp. (Sallie Mae)	60														
Discover Financial Services	58														
Morningstar Inc.	58														
Franklin Resources Inc.	50														
BB&T Corp.	48														
Dun & Bradstreet Corp., The	35														
CHEMICALS AND BIOTECHNOLOGY															
3M Co.	100					+									
BASF Corp.	100														
Dow Chemical Co.	100														
DuPont (E.I. du Pont de Nemours)	100					+									
Genentech Inc.	100					+									
Monsanto Co.	85														
Bayer Corp.	80														
Rohm and Haas Co.	80														
Air Products & Chemicals Inc.	75														
PPG Industries Inc.	45														
Praxair Inc.	25														
COMPUTER AND DATA SERVICES															
ChoicePoint Inc.	100														
Automatic Data Processing Inc.	95														
Electronic Data Systems Corp.	95														
SRA International Inc.	75														
Unisys Corp.	70														
Affiliated Computer Services	60														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Keane Inc.	50														
Perot Systems Corp.	0														
COMPUTER HARDWARE AND OFFICE EQUIPMENT															
Apple Inc.	100														
Cisco Systems Inc.	100					+									
Dell Inc.	100														
Herman Miller Inc.	100					+									
Hewlett-Packard Co.	100														
International Business Machines Corp. (IBM)	100					+									
Lexmark International Inc.	100														
NCR Corp.	100														
Sun Microsystems Inc.	100					+									
Tech Data Corp.	100														
Xerox Corp.	100														
EMC Corp.	95														
CDW Corp.	88														
Imation Corp.	88														
Avaya Inc.	85					+									
Pitney Bowes Inc.	85														
IKON Office Solutions	65														
Seagate Technology LLC	60														
Acer Inc.	50														
Software House International	40														
Avnet Inc.	30														
COMPUTER SOFTWARE															
BMC Software Inc.	100														
Electronic Arts Inc.	100														
Intuit Inc.	100														
Microsoft Corp.	100					+									
Oracle Corp.	100														
Symantec Corp.	100														
Adobe Systems Inc.	95														
Compuware Corp.	93														
SAP America Inc.	90														
Cerner Corp.	65														
McAfee Inc.	53														
CONSULTING, BUSINESS SERVICES															
Accenture Ltd.	100														
Bain & Co. Inc. (& Bridgespan Group Inc.)	100														
Boston Consulting Group	100														
Deloitte LLP	100					+									
Ernst & Young LLP	100					+									
Hewitt Associates	100														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
KPMG LLP	100					+									
Marsh & McLennan Companies Inc.	100														
McKinsey & Co. Inc.	100														
Nielsen Co., The	100														
PricewaterhouseCoopers LLP	100														
Harris Interactive Inc.	93														
Adecco North America LLC	85														
A.T. Kearney Inc.	80														
Booz Allen Hamilton Inc.	80														
Convergys Corp.	80														
EDUCATION, CHILD CARE															
Bright Horizons Family Solutions Inc.	100														
ENERGY AND UTILITIES															
Constellation Energy Group Inc.	100														
National Grid USA	100														
PG&E Corp.	100					+									
Sempra Energy	100														
Southern California Edison Co.	100														
Consolidated Edison Co.	95														
Entergy Corp.	95														
Exelon Corp.	95					+									
Dominion Resources Inc.	90														
Alliant Energy Corp.	85														
PacifiCorp	85														
DTE Energy Co.	75														
Duke Energy Corp.	75														
Reliant Energy Inc.	75														
Progress Energy Inc.	68														
Northeast Utilities	65														
Pepco Holdings Inc.	65														
PPL Corp.	65														
Severn Trent Services Inc.	65														
Xcel Energy	60														
Williams Companies Inc.	55														
Wisconsin Energy Corp.	55														
Calpine Corp.	48														
Southern Co.	48														
Allegheny Energy	45														
Ameren Corp.	45														
Mirant Corp.	45														
PNM Resources Inc.	43														
Aquila	35														
Edison International	35														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Laclede Group Inc.	5														
ENGINEERING AND CONSTRUCTION															
CH2M HILL Companies Ltd.	80														
KB Home	75														
Perkins & Will Group, Ltd.,The	55														
Jacobs Engineering Group Inc.	40														
DPR Construction Inc.	30														
Ryland Group	30														
ENTERTAINMENT AND ELECTRONIC MEDIA															
Clear Channel Communications Inc.	100														
Cox Enterprises Inc./Cox Communications Inc.	100														
Time Warner Inc.	100														
Viacom Inc.	100														
Walt Disney Co.	100						+								
XM Satellite Radio Holdings Inc.	93														
Corbis Corp.	80														
Comcast Corp.	80														
Sirius Satellite Radio Inc.	80														
AMC Entertainment Inc.	63														
Vivendi	35														
FOOD, BEVERAGES AND GROCERIES															
Anheuser-Busch Companies Inc.	100														
Brinker International Inc.	100														
Campbell Soup Co.	100						+								
Cargill Inc.	100														
Coca-Cola Co., The	100						+								
Coca-Cola Enterprises Inc.	100														
Coors Brewing Co.	100														
Diageo North America	100														
Pepsi Bottling Group Inc., The	100														
PepsiCo Inc.	100														
Sodexo Inc.	100														
Starbucks Corp.	100														
Supervalu Inc.	100														
Food Lion LLC	95														
General Mills Inc.	95														
Kraft Foods Inc.	95														
PepsiAmericas Inc.	95														
ConAgra Foods Inc.	90														
Miller Brewing Co.	90														
Whole Foods Market Inc.	90														
McDonald's Corp.	85														
Hannaford Brothers	83														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)														
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Darden Restaurants	80															
Ahold USA Inc.	78															
Palm Management Corp.	78															
Aramark Corp.	75															
Kroger Co., The	75															
Nestle Purina PetCare Co.	75															
Safeway Inc.	75															
Sara Lee Corp.	75															
Dean Foods Co.	73															
Hershey Co., The	70															
H.J. Heinz Co.	68															
Compass Group USA Inc.	65															
Yum! Brands Inc.	65															
Domino's Pizza Inc.	60															
Kellogg Co.	60															
U.S. Foodservice Inc.	58															
Hain Celestial Group Inc.	55															
Land O'Lakes	53															
Pathmark Stores Inc.	53															
Mars Inc.	48															
Dole Food Co. Inc.	45															
C&S Wholesale Grocers Inc.	40															
H.E. Butt Grocery Co.	40															
Brown-Forman Corp.	20															
Archer Daniels Midland Co.	15															
CBRL Group Inc. (Cracker Barrel)	15															
Meijer Inc.	15															
FOREST AND PAPER PRODUCTS																
Weyerhaeuser Co.	75															
International Paper Co.	70															
HEALTHCARE																
Bausch & Lomb Inc.	100															
Cardinal Health	100															
Kaiser Permanente	100															
CIGNA Corp.	95															
Health Care Service Corp.	95															
UnitedHealth Group Inc.	95															
Health Net Inc.	93															
Sierra Health Services Inc.	88															
Quest Diagnostics Inc.	85															
Abbott Laboratories	80															
Baxter International Inc.	80															
Group Health Cooperative	78															

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)														
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
McKesson Corp.	68															
Vision Service Plan	65															
Owens & Minor Inc.	55															
Austin Radiological Assn.	53															
University Hospitals of Cleveland	50															
Humana Inc.	45															
Tenet Healthcare	35															
HIGH-TECH/PHOTO/SCIENCE EQUIP.																
Agilent Technologies Inc.	100															
Corning Inc.	100															
Eastman Kodak Co.	100															
Freescale Semiconductor Inc.	100															
Intel Corp.	100															
Texas Instruments Inc.	100															
Medtronic Inc.	95															
Applied Materials Inc.	88															
Advanced Micro Devices Inc.	80															
ITT Industries Inc.	75															
Polaroid Corp.	60															
KLA-Tencor Corp.	58															
Fisher Scientific International	40															
HOTELS, RESORTS AND CASINOS																
Carlson Companies Inc.	100															
Global Hyatt Corp.	100															
Harrah's Entertainment Inc.	100															
Kimpton Hotel & Restaurant Group Inc.	100															
Marriott International Inc.	100															
Starwood Hotels & Resorts Worldwide	100															
Wyndham Worldwide Corp.	100															
Hilton Hotels Corp.	90															
MGM Mirage	85															
Host Hotels & Resorts	45															
INSURANCE																
AAA Northern California, Nevada and Utah	100															
Aetna Inc.	100															
Allianz Life Insurance Co. of North America	100															
Allstate Corp., The	100															
Aon Corp.	100															
Chubb Corp.	100															
CNA Insurance	100															
Esurance Inc.	100															
Hartford Financial Services Co.	100															
Harvard Pilgrim Health Care Inc.	100															

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
ING North America Insurance Corp.	100														
Massachusetts Mutual Life Insurance Co.	100														
MetLife Inc.	100														
Nationwide	100														
New York Life Insurance Co.	100														
Progressive Corp., The	100														
Prudential Financial Inc.	100														
Sun Life Financial Inc. (U.S.)	100														
American Family Insurance Group	95														
Lincoln National Corp.	95														
Principal Financial Group	95														
WellPoint Inc.	95														
John Hancock Financial Services Inc.	88														
Unum Group	88														
American International Group Inc.	85														
Selective Insurance Group	85														
Mutual of Omaha Insurance	80														
State Farm Group	80														
Teachers Insurance and Annuity Association - College Retirement Equities Fund	78														
SAFECO Corp.	75														
CUNA Mutual Insurance Group	65														
Pacific Mutual Holding Co.	65														
Zurich North America	65														
Travelers Companies Inc., The	50														
AEGON USA Inc.	40														
INTERNET SERVICES AND RETAILING															
eBay Inc.	100														
Google Inc.	100														
Orbitz Worldwide Inc.	100														
Yahoo! Inc.	100														
Amazon.com Inc.	80														
Expedia Inc.	50														
LAW FIRMS															
Akin, Gump, Strauss, Hauer & Feld LLP	100														
Alston & Bird LLP	100														
Arent Fox LLP	100														
Arnold & Porter LLP	100														
Baker & Daniels LLP	100														
Bingham McCutchen LLP	100														
Brown Rudnick LLP	100														
Bryan Cave LLP	100														
Cleary, Gottlieb, Steen & Hamilton LLP	100														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Clifford Chance US LLP	100					+									
Covington & Burling LLP	100					+									
Cravath, Swaine & Moore LLP	100														
Debevoise & Plimpton LLP	100														
Dewey & LeBoeuf LLP	100														
Dickstein Shapiro LLP	100														
DLA Piper	100														
Dorsey & Whitney LLP	100														
Edwards Angell Palmer & Dodge LLP	100														
Faegre & Benson LLP	100					+									
Foley & Lardner LLP	100														
Foley Hoag LLP	100														
Fried, Frank, Haris, Shriver & Jacobson LLP	100					+									
Gibson, Dunn & Crutcher LLP	100														
Haynes and Boone LLP	100														
Heller Ehrman LLP	100														
Holland & Knight LLP	100														
Howrey LLP	100														
Husch Blackwell Sanders LLP	100														
Jenner & Block LLP	100														
Kirkland & Ellis LLP	100					+									
Kramer Levin Naftalis & Frankel LLP	100														
Latham & Watkins LLP	100					+									
Little Mendelson PC	100														
Manatt, Phelps & Phillips LLP	100														
McDermott Will & Emery LLP	100														
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo PC	100														
Morrison & Foerster LLP	100					+									
Nixon Peabody LLP	100														
O'Melveny & Myers LLP	100														
Orrick, Herrington & Sutcliffe LLP	100														
Patterson Belknap Webb & Tyler LLP	100														
Paul, Hastings, Janofsky & Walker LLP	100														
Perkins Coie	100														
Pillsbury Winthrop Shaw Pittman LLP	100														
Powell Goldstein LLP	100														
Proskauer Rose LLP	100														
Robins, Kaplan, Miller & Ciresi LLP	100					+									
Ropes & Gray LLP	100														
Sedgwick, Detert, Moran & Arnold LLP	100														
Seyfarth Shaw LLP	100														
Sidley Austin LLP	100														
Skadden, Arps, Slate, Meagher & Flom LLP	100														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Sonnenschein, Nath & Rosenthal LLP	100					+									
Squire, Sanders & Dempsey LLP	100														
Sullivan & Cromwell LLP	100														
Thompson Coburn LLP	100														
Troutman Sanders LLP	100														
Vinson & Elkins LLP	100														
Wachtell, Lipton, Rosen & Katz LLP	100														
Weil, Gotshal & Manges LLP	100														
White & Case LLP	100														
Wilmer Cutler Pickering Hale & Dorr LLP	100														
Wilson Sonsini Goodrich & Rosati PC	100														
Winston & Strawn LLP	100														
Cadwalader, Wickersham & Taft LLP	95														
Crowell & Moring LLP	95														
Davis, Polk & Wardwell	95														
Drinker Biddle & Reath LLP	95														
Duane Morris LLP	95														
Fenwick & West LLP	95														
Gordon & Rees LLP	95														
Hogan & Hartson LLP	95														
Kelley Drye & Warren LLP	95														
Kilpatrick Stockton LLP	95														
King & Spalding LLP	95														
Mayer Brown LLP	95														
McGuireWoods LLP	95														
Sheppard, Mullin, Richter & Hampton LLP	95														
Stinson Morrison Hecker LLP	95														
Stoel Rives LLP	95														
Sutherland Asbill & Brennan LLP	95														
Thelen Reid Brown Raysman & Steiner LLP	95														
Carlton Fields	90														
Chadbourne & Parke LLP	90														
McCarter & English LLP	90														
McKenna, Long & Aldridge LLP	90														
Pepper Hamilton LLP	90														
Davis Wright Tremaine LLP	85														
Frost Brown Todd LLC	85														
Fulbright & Jaworski LLP	85														
Katten Muchin Rosenman LLP	85					+									
Milbank, Tweed, Hadley & McCloy LLP	85														
Shook, Hardy & Bacon LLP	85														
Step toe & Johnson LLP	85														
Baker & Botts LLP	80														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Ballard, Spahr, Andrews & Ingersoll LLP	80														
Dykema Gossett P, LLC	80														
Fish & Richardson PC	80														
Kaye Scholer LLP	80														
Lord, Bissell & Brook	80														
Luce Forward Hamilton & Scripps LLP	80														
Morgan Lewis & Bockius LLP	80														
Paul, Weiss, Rifkind, Wharton & Garrison LLP	80														
Polsinelli Shalton Welte Suelthaus PC	80														
Quarles & Brady LLP	80														
Schiff Hardin LLP	80														
Schulte, Roth & Zabel LLP	80														
Vorys, Sater, Seymour & Pease LLP	80														
Wildman, Harrold, Allen & Dixon LLP	80														
Baker & McKenzie	75														
Goodwin Procter LLP	75														
Hunton & Williams LLP	75														
Reed Smith LLP	75														
Andrews Kurth LLP	70														
Saul Ewing LLP	68														
Womble Carlyle Sandridge & Rice LLC	65														
Holme Roberts & Owen LLP	60														
Howard & Howard Attorneys PC	48														
Finnegan, Henderson, Farabow, Garrett & Dunner LLP	40														
Baker, Donelson, Bearman, Caldwell & Berkowitz PC	35														
MAIL AND FREIGHT DELIVERY															
United Parcel Service Inc. (UPS)	100														
CSX Corp.	75														
Union Pacific Corp.	58														
FedEx Corp.	55														
BNSF Railway Co.	30														
YRC Worldwide Inc.	30														
MANUFACTURING															
Cummins Inc.	100														
Owens Corning	100														
Whirlpool Corp.	100														
Illinois Tool Works Inc.	68														
United Technologies Corp.	65														
American Power Conversion Corp.	63														
MeadWestvaco Corp.	60														
Steelcase Inc.	60														
Caterpillar Inc.	55														
Emerson Electric Co.	45														

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)													
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6			
Baldor Electric Co.	20	■	■												
Deere & Co.	33	■				■						■			
Lauren Manufacturing Co.	5		■												
MINING & METALS															
Alcoa Inc.	85	■	■	■	■	■	■	■	■	■	■	■	■	■	■
MISCELLANEOUS															
General Electric Co.	80	■	■		■										
Mohawk Industries Inc.	65	■				■	■	■	■	■	■	■	■	■	■
Ball Corp.	58	■	■			■						■			
Fisher Scientific International	40	■										■			
OIL AND GAS															
BP America Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Chevron Corp.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Shell Oil Co.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ConocoPhillips	60	■										■			
Exxon Mobil Corp.	0		■			■									■
PHARMACEUTICALS															
Boehringer Ingelheim Pharmaceuticals Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Bristol-Myers Squibb Co.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Eli Lilly & Co.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
GlaxoSmithKline plc	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Hoffmann-La Roche Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Hospira Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Johnson & Johnson	100	■	■	■	■	■	+	■	■	■	■	■	■	■	■
Merck & Co. Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Novartis Pharmaceutical Corp.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Pfizer Inc.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Schering-Plough Corp.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CVS Corp.	90	■	■												
AstraZeneca PLC	80	■													
Wyeth	80	■													
Amgen Inc.	70	■													
Sanofi-Aventis U.S. LLC	65	■													
PUBLISHING AND PRINTING															
New York Times Co.	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
United Business Media LLC	100	■	■	■	■	■	■	■	■	■	■	■	■	■	■
West	95	■	■												
McGraw-Hill Companies Inc., The	80	■													
Gannett Co. Inc.	65	■													
R.R. Donnelley & Sons Co.	55	■													
Scholastic Corp.	50	■	■												
Dow Jones & Co. Inc.	30	■													

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)										
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6
REAL ESTATE, RESIDENTIAL												
Realogy Corp.	80											
RETAIL AND CONSUMER PRODUCTS												
Barnes & Noble Inc.	100											
Best Buy Co. Inc.	100											
Borders Group Inc.	100											
Clorox Co.	100											
Estee Lauder Companies	100					+						
GameStop Corp.	100											
Kimberly-Clark Corp.	100											
Mitchell Gold + Bob Williams	100											
Newell Rubbermaid Inc.	100											
Recreational Equipment Inc.	100											
Replacements Ltd.	100					+						
S. C. Johnson & Son Inc.	100											
Sears Holdings Corp.	100											
Target Corp.	100											
Unilever	100											
Walgreen Co.	100											
Mattel Inc.	93										/	
Staples Inc.	93										/	
Hallmark Cards Inc.	90											
Home Depot Inc.	85											
Procter & Gamble Co.	85											
Rite Aid Corp.	85											
Harry & David Holdings Inc.	83										/	
Limited Brands Inc.	80											
OfficeMax Inc.	80											
Colgate-Palmolive Co.	73										/	
Toys 'R' Us Inc.	65											
Avon Products Inc.	60											
Office Depot Inc.	60											
Black & Decker Corp., The	55											
Circuit City Stores Inc.	55											
Hasbro Inc.	50											
RadioShack Corp.	40											
Wal-Mart Stores Inc.	40											
AutoZone Inc.	25											
TELECOMMUNICATIONS												
Alcatel-Lucent	100					+						
AT&T Inc.	100					+						
Motorola Inc.	100											

APPENDIX C. CORPORATE EQUALITY INDEX RATINGS BY INDUSTRY, DESCENDING SCORE

Employer	2009 CEI Rating	Criterion (see page 48)														
		1a	1b	2a	2b	2c	3a	3b	3c	4	5	6				
Sprint Nextel Corp.	100															
QUALCOMM Inc.	95															
EarthLink Inc.	88															
Nortel Networks Corp.	85															
ALLTEL Corp.	80															
Qwest Communications International Inc.	80															
Verizon Communications Inc.	70															
Nokia	50															
TOBACCO																
Reynolds American Inc.	100															
TRANSPORTATION, TRAVEL																
Sabre Holdings Inc.	100															
Travelport Inc.	100															
Ryder System Inc.	93															
Travel Impressions, Ltd.	93															
Hotels.com LP	85															
Dollar Thrifty Automotive Group Inc.	83															
Avis Budget Group Inc.	80															
Enterprise Rent-A-Car Co.	80															
Royal Caribbean Cruises Ltd.	55															
WASTE MANAGEMENT																
Waste Management Inc.	85															

APPENDIX D

2009 HRC FOUNDATION CORPORATE EQUALITY INDEX SURVEY | 66 – 80 ▶

Questions marked with **2009** were used in part or in their entirety for scoring purposes this year. All other questions were for informational purposes only.

APPENDIX D. 2009 CORPORATE EQUALITY INDEX SURVEY

Use this document for your information only – surveys must be submitted online. Up-to-date help and additional information specific to each survey question is available online. The online survey is pre-populated with previous survey answers and/or information gathered by the Human Rights Campaign Foundation, and can be printed for your use in preparing your answers.

Questions marked with **2009** will be used in part or in their entirety for scoring purposes this year. All other questions are for informational purposes only. http://www.hrc.org/issues/workplace/cei_criteria.htm

RESPONSE DEADLINE: JUNE 30, 2008. SURVEY MUST BE SUBMITTED ONLINE: <http://cei.hrc.org>

BASIC COMPANY AND CONTACT INFORMATION

HRC will not publish or distribute contact information externally.

Headquarters Information:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip Code:

Main Phone #:

Main Fax #:

Web Address:

Full Time U.S. Employees:

Ten Major Brands:

Stock Ticker Symbol:

Primary Industry:

NON-DISCRIMINATION / EQUAL EMPLOYMENT OPPORTUNITY POLICY

2009 1. Does your primary non-discrimination or equal employment opportunity policy statement include the term "sexual orientation"?

- Yes, we have this policy firm-wide
- No, but we have this policy in one or more subsidiaries or labor agreements
- No, we do not have this policy, but plan to enact in the next one year
- No, we do not have this policy
- Do not know

1a. If YES to Q1, does the policy apply to all global operations, including non-U.S. citizens based abroad?

- Yes, we have this policy in all global operations
- No, but we have this policy in one or more offices outside the U.S.
- No, we do not have this policy in any global operations
- No, we do not have this policy, but plan to enact in the next one year
- Do not know
- Not applicable, we have no employees based outside the U.S.

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- 2009** 2. Does your primary non-discrimination or equal employment opportunity policy statement include the terms “gender identity or expression” or “gender identity”?
- Yes, we have this policy firm-wide
 - No, but we have this policy in one or more subsidiaries or labor agreements
 - No, we do not have this policy, but plan to enact in the next one year
 - No, we do not have this policy
 - Do not know
- 2a. If YES to Q2, does the policy apply to all global operations including non-U.S. citizens based abroad?
- Yes, we have this policy in all global operations
 - No, but we have this policy in one or more offices outside the U.S.
 - No, we do not have this policy in any global operations
 - No, we do not have this policy, but plan to enact in the next one year
 - Do not know
 - Not applicable, we have no employees based outside the U.S.
3. Please attach a copy of your employee and job applicant non-discrimination or equal employment opportunity policy.
4. Please provide the public web address where your non-discrimination or equal employment opportunity policy is posted.
- http:// _____
5. Do you have a primary anti-harassment policy that names protected categories of workers (i.e. explicitly prohibits harassment based on race, religion, disability, etc)?
- Yes, we do
 - No, we do not, but plan to in the next one year
 - No, we do not
 - Do not know / not applicable
- 5a. If YES to Q5, does the policy include the term “sexual orientation”?
- Yes, we have this policy firm-wide
 - No, but we have this policy in one or more subsidiaries or labor agreements
 - No, we do not have this policy, but plan to enact in the next one year
 - No, we do not have this policy
 - Do not know
- 5b. If YES to Q5, does the policy include the terms “gender identity or expression” or “gender identity”?
- Yes, we have this policy firm-wide
 - No, but we have this policy in one or more subsidiaries or labor agreements
 - No, we do not have this policy, but plan to enact in the next one year
 - No, we do not have this policy
 - Do not know

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Additional Notes to HRC: _____

BENEFITS

2009 6. Does your business offer same-sex (or same- and opposite- sex) domestic partner health insurance coverage to your benefits-eligible U.S. employees?

- Yes, we have this policy firm-wide
- No, but we have this policy in one or more subsidiaries or labor agreements
- No, we do not have this policy, but plan to enact in the next one year
- No, we do not have this policy
- Do not know

6a. If YES to Q6, in what year did partner health insurance benefits become available?
Year _____

6b. If YES to Q6, are partner benefits offered to employees in your global operations?

- Yes, we have this policy in all global operations
- No, but we have this policy in one or more offices outside the U.S.
- No, we do not have this policy in any global operations
- No, we do not have this policy, but plan to enact in the next one year
- Do not know
- Not applicable, we have no employees based outside the U.S.

6c. If YES to Q6, do you “gross up” wages for employees who receive domestic partner health benefits to offset the additional, imputed income tax?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

7. Do you require employees to provide documentation for enrolling opposite-sex spouses, children and other dependents in your benefits plan?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

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7a. If you require documentation for the purpose of enrolling an employee's partner in your benefits plan, which of the following forms of documentation are independently sufficient for enrollment purposes? Select all that apply.

- We do not require documentation for the purpose of partner benefits
- We accept a domestic partnership affidavit
- We accept a local or state domestic partnership registration
- We accept a state-issued civil union or marriage certificate
- We accept a marriage certificate issued in another country

2009 8. Are the following health benefits offered to same-sex partners of benefits-eligible U.S. employees?

Health/Medical

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Dental

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Vision

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Spouse/partner's dependent medical coverage

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

COBRA/COBRA-like benefits²

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

² These benefits are federally mandated for opposite-sex spouses, but may be extended to same-sex partners.

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9. Are the following soft benefits offered to same-sex partners of benefits-eligible U.S. employees?

FMLA/FMLA-like benefits³

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Bereavement leave⁴

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Employer-provided supplemental life insurance for the spouse/partner

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Relocation/travel assistance

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Adoption assistance⁵

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Employee discounts

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

3 FMLA leave provided to employee on behalf of same-sex partner (equivalent treatment as compared to an employee's opposite-sex spouse) or partner's dependents.

4 Bereavement leave taken in the event of a spouse or partner's death or, if applicable, the death of a spouse or partner's dependents/ children.

5 Offered if spouse or partner adopts a child or if employee adopts spouse or partner's children.

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Employee assistance program

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

2009 10. Are the following *retirement* benefits offered to same-sex partners of benefits-eligible U.S. employees?

Retiree health care benefits

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Defined benefit plan: Qualified joint and survivor annuity (QJSA) for spouse/partner⁶

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Defined benefit plan: Qualified pre-retirement survivor annuity (QPSA) for spouse/partner⁷

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

11. Are the following *retirement* benefits offered to same-sex partners of benefits-eligible U.S. employees?

Rollover distribution option

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

Hardship distribution option

- Yes, benefit offered to Opposite-sex spouses, Same & Opposite-sex partners
- Yes, benefit offered to Opposite-sex spouses, Same-sex partners
- No, benefit offered to Opposite-sex spouses only
- No, benefit not offered

⁶ A QJSA relates to a defined benefit/pension plan. Typically, an employer can create a contingent survivor annuity for which the employee can designate the individual of his/her choice in the event of the employee's death.

⁷ A QPSA relates to a defined benefit/pension plan. Typically, an employer can create a contingent survivor annuity for which the employee can designate the individual of his/her choice in the event of the employee's death.

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12. Please describe any other benefits offered to an employee's same-sex partner: _____

Additional Notes to HRC: _____

TRANSGENDER BENEFITS

2009 13. Most health insurance policies – through what is referred to as a “transgender exclusion” clause – deny or exclude coverage for commonplace treatments and procedures for transgender employees that are otherwise covered for most employees.

Do insurance plans available to your work force generally cover the following treatments (benefit offered)?

If so, is there at least one firm-sponsored insurance plan that does not exclude coverage (transgender treatment covered) for medically-necessary treatment related to gender dysphoria or gender reassignment?⁸

➤ *This question requires examining your insurance policy's list of coverage exclusions. Answering “Yes, benefit offered, transgender treatment covered” for the following benefits indicates that medically necessary care for gender reassignment would be covered under one or more insurance plans available to your employees, or through some form of self-insurance.*

Paid short-term leave for surgical procedures⁹

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

⁸ Answering “Benefit offered, transgender treatment covered” for surgical procedures indicates that surgical procedures as related to medically necessary care for gender reassignment would not be excluded and would apply for standard coverage under on or more insurance plans available to your employees

⁹ Paid short-term leave

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Mental health counseling¹⁰

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

Pharmacy benefits

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

Medical visits

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

Surgical procedures

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

14. YES for any of the answers in Q13:**14a. Is coverage for any of the benefit(s) self-insured?**

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

14b. If coverage for any of the benefit(s) is capped at a maximum lifetime dollar amount specific to transgender treatments, please indicate that cap amount.

\$ _____

14c. What insurance carrier manages or administers the plan?

14d. Please attach documentation that indicates that coverage is available.

¹⁰ Employee Assistance Program coverage is not sufficient coverage

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15. Please describe any other benefits or limitations to benefits available to transgender employees: _____

DIVERSITY MANAGEMENT AND TRAINING

2009 16. Does your business have written gender transition guidelines documenting supportive policy or practice on issues pertinent to a workplace gender transition?
 >> *Guidelines submitted to the HRC Foundation will be for internal use only and will be evaluated for scoring purposes.*

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

16a. If YES to Q16, please attach a copy of the policy as a Microsoft Word (.doc) or Adobe Acrobat (.pdf) file.

2009 17. Does your business have an officially recognized GLBT employee resource group?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

2009 17a. If NO to Q17, would your business allow GLBT employees to use its facilities, electronic and other resources to form an officially recognized group, if one expressed interest?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

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17b. If YES to Q10, please provide contact information for the group:

Name of Group: _____

Primary Contact Name: _____

Primary Contact ERG Title: _____

Phone: _____

E-mail: _____

Website: _____

17c. If YES to Q17, does the group have a senior executive champion or sponsor (e.g.: Vice President or higher)?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

17d. If YES to Q17, are there established chapters of the group in your global operations?

- Yes, we have this policy in all global operations
- No, but we have this policy in one or more offices outside the U.S.
- No, we do not have this policy in any global operations
- No, we do not have this policy, but plan to enact in the next one year
- Do not know
- Not applicable, we have no employees based outside the U.S.

2009 18. Does your business have a firm-wide diversity council or working group with a mission that specifically includes GLBT diversity?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

18a. If NO to Q18, does your business have another, non-GLBT specific, company-wide diversity council or working group?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

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19. Can employees voluntarily disclose their sexual orientation and/or gender identity through human resource surveys or other data collection systems? Please select “Do not know/ not applicable” if you do not survey or otherwise collect employee information in aggregate form.

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

20. If you provide diversity awareness or employee training, what topics are covered and who is required to attend? (The topics may be covered as part of a general overview of diversity, or in topic-specific sessions.)

2009

Sexual Orientation

>> *Credit on this question is provided for any training that is offered, irrespective of attendance requirements.*

- Yes, all employees required to attend
- Yes, all managers/supervisors required to attend
- Yes, some employees required to attend
- Yes, no employees required to attend
- No, not offered

2009

Gender identity and expression

>> *Credit on this question is provided for any training that is offered, irrespective of attendance requirements or, alternatively written gender transition guidelines.*

- Yes, all employees required to attend
- Yes, all managers/supervisors required to attend
- Yes, some employees required to attend
- Yes, no employees required to attend
- No, not offered

SUPPLY-CHAIN MANAGEMENT

21. Does your business have a supplier diversity program?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

14a. If YES to Q21, does your business seek to include GLBT-owned companies in your supplier diversity program?

>> *GLBT Supplier Diversity Programs: <http://www.hrc.org/issues/workplace/diversity/7012.htm>*

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

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21b. If YES to Q21, what dollar amount did you spend with GLBT-owned businesses in your last fiscal year ?

\$: _____

Do not know

22. Does your business require suppliers to prohibit discrimination consistent with the protections provided by your EEO or non-discrimination policy?

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

Additional Notes to HRC: _____

EXTERNAL ENGAGEMENT

23. Please provide the public web address for your business that is devoted to GLBT recruitment (if applicable).

http:// _____

2008 24. During the past year, has your business engaged in
- marketing or advertising to the GLBT community
- providing financial or in-kind support to GLBT health, educational, political or community-related organizations or events, or
- targeted recruiting efforts to the GLBT community such as GLBT career fairs?

- Yes
- No
- Do not know / Info not available

24a. If YES to Q24, please describe a maximum of three such efforts.

#1 First Effort

Primary purpose of efforts

- Marketing and advertising to the GLBT community
- Financial or in-kind support to GLBT organizations or events
- Recruitment targeting the GLBT community

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Name of Campaign**Type of organization or event (if applicable)**

- Political
- Education
- Health
- Community

Location of effort (leave state blank, if national):

_____, United States

Duration of campaign in years

- # Years: _____
- Do not know/ info not available

Creative content: if the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate GLBT content?

- General Audience, no specific GLBT content
- GLBT content
- Not applicable

Recruitment: if this was a recruiting effort, or if this effort had a tracked recruiting component, how many candidates were formally interviewed as a result?

- # : _____
- Do not know/ info not available

#2 Second Effort**Primary purpose of efforts**

- Marketing and advertising to the GLBT community
- Financial or in-kind support to GLBT organizations or events
- Recruitment targeting the GLBT community

Name of Campaign**Type of organization or event (if applicable)**

- Political
- Education
- Health
- Community

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Location of effort (leave state blank, if national):

_____, United States

Duration of campaign in years

Years: _____

Do not know/ info not available

Creative content: if the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate GLBT content?

General Audience, no specific GLBT content

GLBT content

Not applicable

Recruitment: if this was a recruiting effort, or if this effort had a tracked recruiting component, how many candidates were formally interviewed as a result?

: _____

Do not know/ info not available

#3 Third Effort

Primary purpose of efforts

Marketing and advertising to the GLBT community

Financial or in-kind support to GLBT organizations or events

Recruitment targeting the GLBT community

Name of Campaign

Type of organization or event (if applicable)

Political

Education

Health

Community

Location of effort (leave state blank, if national):

_____, United States

Duration of campaign in years

Years: _____

Do not know/ info not available

APPENDIX D. 2009 CORPORATE EQUALITY INDEX SURVEY

Use this document for your information only – surveys must be submitted online. Up-to-date help and additional information specific to each survey question is available online. The online survey is pre-populated with previous survey answers and/or information gathered by the Human Rights Campaign Foundation, and can be printed for your use in preparing your answers.

Questions marked with **2009** will be used in part or in their entirety for scoring purposes this year. All other questions are for informational purposes only. http://www.hrc.org/issues/workplace/cei_criteria.htm

RESPONSE DEADLINE: JUNE 30, 2008. SURVEY MUST BE SUBMITTED ONLINE: <http://cei.hrc.org>

Creative content: if the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate GLBT content?

- General Audience, no specific GLBT content
- GLBT content
- Not applicable

Recruitment: if this was a recruiting effort, or if this effort had a tracked recruiting component, how many candidates were formally interviewed as a result?

- # : _____
- Do not know/ info not available

24b. If YES to Q24, attach an example of creative content.

24c. If YES to Q24, please provide any additional information about your business's advertising campaigns.

25. Please include any other information that would illustrate how your business views gay, lesbian, bisexual or transgender employees, consumers or investors.

26. If you have any additional information or supporting documents you would like to submit, please include it in a Microsoft Word (.doc) or Adobe Acrobat (.pdf) file and attach a copy of the file here.

CORPORATE EQUALITY INDEX 2009:
A Report Card on Lesbian, Gay, Bisexual and Transgender Equality in Corporate America

Daryl Herrschaft, Editor
Samir Luther & Deena Fidas, Authors

ABOUT THE HRC FOUNDATION'S WORKPLACE PROJECT

The Human Rights Campaign Foundation's Workplace Project is a nationally recognized source of expert information and advice on lesbian, gay, bisexual and transgender workplace issues. It provides decision makers with cutting-edge research, expert counsel, online resources, best practices information and on-site training and education. Project staff serves as trusted consultants to diversity professionals and other executives seeking to position their business as welcoming workplaces that respect all employees, regardless of sexual orientation and gender identity or expression. The Project also makes available the expertise of the HRC Business Council for invaluable peer-to-peer advice.

PROJECT STAFF

Daryl Herrschaft
Director, HRC Workplace Project

Since 1998, Daryl Herrschaft has overseen the Workplace Project of the Human Rights Campaign Foundation. In this capacity, he monitors and evaluates corporate policies surrounding lesbian, gay, bisexual and transgender employees, consumers and investors. He is the editor of the HRC Foundation's annual Corporate Equality Index and The State of the Workplace for Lesbian, Gay, Bisexual and Transgender Americans.

Herrschaft has consulted with dozens of major corporations on the full range of LGBT-related workplace policies. He has presented HRC findings to diverse audiences, including the Conference Board, the Society for Human Resource Management and the New York City Council. He is frequently called upon by national and local media, including *Time* and *The Wall Street Journal* as well as on CNN, National Public Radio and Voice of America. Before joining HRC, Herrschaft was a research associate at the Urban Institute. He holds a bachelor's degree from the George Washington University.

Eric Bloem
Deputy Director, HRC Workplace Project

Eric Bloem has directly consulted with dozens of major corporations on lesbian, gay, bisexual and transgender-related workplace policies. Before joining the Human Rights Campaign Foundation's Workplace Project in 2005, he spent six years as a manager with Accenture, where he provided change management consulting services to many Fortune 500 companies, including Best Buy, Fidelity, Walgreens and Citigroup. Bloem brings with him notable experience helping companies adapt to strategic change. Bloem developed the HRC Foundation Corporate Equality Series, a group of workshops designed to help human resources and diversity professionals better understand LGBT workplace issues. He conducts these workshops in strategic locations across the country. Bloem holds a bachelor's degree in business administration from Bucknell University.

Samir Luther
Senior Manager, HRC Workplace Project

Samir Luther is a trusted expert on employment non-discrimination policies and workplace benefits in the United States and works with employers to develop model practices and replicate those with other businesses. Luther co-authored the Human Rights Campaign Foundation's 2009 Corporate Equality Index report and has authored previous CEI reports, authors *The State of the Workplace for Lesbian, Gay, Bisexual and Transgender Americans*, as well as special reports including *Transgender Inclusion in the Workplace, 2nd Edition*. Luther holds a bachelor's degree in business administration from Washington University in St. Louis, and he joined the Workplace Project of the HRC Foundation in 2004 as research coordinator.

Deena Fidas
Coordinator, HRC Workplace Project

Formerly working in political fundraising, Deena Fidas joined the Workplace Project staff in September 2007. Fidas took over the day-to-day management of the Corporate Equality Index survey administration, co-authorship of the Human Rights Campaign Foundation's 2009 Corporate Equality Index report as well as leading forthcoming published research on the workplace climate for LGBT employees in large businesses. Over the spring of 2008, Fidas engaged new businesses to take part in the survey and educated already participating businesses on the importance of expanding LGBT workplace protections, equal benefits and robust diversity and inclusion efforts. Fidas holds a master's degree in sociology from American University in Washington, D.C.

Alison Delpercio
Coordinator, HRC Family & Workplace Projects

Alison Delpercio works with employers, healthcare institutions and employees to address workplace and healthcare concerns for gay, lesbian, bisexual and transgender individuals. Before joining the Human Rights Campaign Foundation in 2007, she advocated for GLBT issues in healthcare and higher education at and around the University of Rochester. She holds a bachelor's degree in health and society as well as a Certificate of Management Studies from the university.

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Thanks also to HRC staff Darrin Hurwitz, Christopher Edelson, Rob Falk and Rebekah DeHaven for their invaluable outreach to law firms on the AmLaw 200.

Thanks to Tony Frye for design and to HRC staff Janice Hughes and Carolyn Simon for editorial guidance.

HRC BUSINESS COUNCIL

The Human Rights Campaign Business Council was founded in 1997. Members provide expert advice and counsel to the HRC Workplace Project on gay, lesbian, bisexual and transgender workplace issues based on their business experience and knowledge.

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Accenture Ltd.

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A STRAIGHT GUIDE TO GLBT AMERICANS



WELCOME

Maybe you always suspected. Maybe it's a total surprise. But no matter what, the moment a friend, loved one or acquaintance makes the decision to come out and tell you about being gay, lesbian, bisexual or transgender, it is always a unique event.

For a lot of people, learning that someone they know and care about is GLBT can open a range of emotions, from confused to concerned, awkward to honored. It may be hard to know how to react — leaving you with questions about what to say, how to talk about being GLBT and wanting to know what you can do to be supportive.

Whatever brought you here — you have come to the right place. This guide is designed to help build understanding and comfort.

Whether you have been openly supporting the GLBT community for years or are just coming to terms with having someone in your life come out, this guide can help you work through your feelings so that you can express your acceptance and be ever more supportive. And it will give you important information you should know about what it means to be GLBT in America today.

This resource was written to include all the basics, so that if you are brand-new to GLBT issues we will answer many of your questions. Or, if you have known GLBT people for years and are simply looking to find new ways to show your support, you can skim and take the pieces that are relevant to you.

The Human Rights Campaign and its Coming Out Project hope this resource, created in partnership with Parents, Families and Friends of Lesbians and Gays (PFLAG), helps you build bridges of understanding with the gay, lesbian, bisexual and transgender people in your life. Welcome.



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” The work to make America safer and fairer for GLBT people will take the effort and understanding of both straight and GLBT Americans. That is why it is so important that you are reading this guide.

& IN THE BEGINNING

Someone you know and care about is gay, lesbian, bisexual or transgender. He or she has “come out” to you, either directly in conversation or by letting you know in some other way.

If you take nothing else away from this guide, remember this: that person in your life who opened up to you made a conscious choice to let you into his or her life. That is an act of trust. And in taking this step, that person has said that he or she wants your relationship to be based on truth.

Now, it is up to both of you to find the courage to accept the challenge of honesty. That means being honest with yourself — acknowledging your feelings and coming to terms with them. And it means being honest with this person in your life — asking questions you need to ask, learning the facts and making the effort to understand the realities of being a GLBT individual so that you can be truly informed and supportive.

✿ A NOTE ON OUTING

Unfortunately, there are times when a GLBT person’s sexual orientation or gender identity may be exposed without his or her knowledge or consent. Most GLBT people prefer to come out in their own ways and in their own time. “Outing” takes the decision-making out of the individual’s hands, which can be painful and awkward for everyone involved.

If someone has not chosen to come out to you, do not assume that he or she does not trust or care for you. The person may have simply not been ready, or may have still been coming to terms with his or her own sexual orientation or gender identity.

Showing your support, acceptance and respect for a GLBT person who has been outed can help the healing process and may help both of you to build a stronger, more genuine relationship.



@ WHEN SOMEONE LETS YOU KNOW

When a close friend or family member, or even a colleague, tells you that he or she is gay, lesbian, bisexual or transgender — either directly or indirectly — that person is also telling you that you are someone who matters, and that he or she wants to be honest and genuine with you.

No one knows for sure what makes gay people gay, or why transgender people are transgender. If you ask most GLBT people, they will tell you that they did not choose their sexual orientation or gender identity any more than they chose to be right- or left-handed — it simply is how they were born.

All available research on sexual orientation and gender identity strongly suggests that there is some biological component that defines an individual's orientation or innate gender.

At the end of the day, the "hows" and "whys" are not important. What is important is that someone in your life has made a conscious decision to reveal an important part of his or her individuality to you.

You should know that the act of coming out can be challenging. Most GLBT people who come out feel a wide range of emotions — from fear, to relief, to pride. Often, they don't know how their friends, family and others will react.

But they do know that they want their relationships to be based on honesty.

Talk about it.

” DEALING WITH YOUR FEELINGS WHEN SOMEONE COMES OUT

So now you have some sense of what it feels like to come out to others. But what about how you feel?

Typically, straight people who have just had someone come out to them report feeling:

Honored that someone has chosen you to entrust this revelation:

"It was a cool moment. I'll remember it for the rest of my life. You only share something like this with people who matter."

— Sharon, a sister, Wyoming

Admiration for courage and honesty:

"I am proud of him because he is choosing to live his life his way."

— Dan, a friend, Illinois

Accepting and wanting to move on:

"You shouldn't build a relationship on whether you are gay or straight. True friendship is not based on that."

— Chris, a college friend, Idaho

Curious about what life is like for gay, lesbian, bisexual and transgender people:

"Why? How? You ask those questions."

— Brandon, a dad, Oregon

Talk about it.

Apprehension or discomfort:

"The unknown causes you to pull back."
— Donna, a co-worker, Florida

Disapproval of the perceived "gay lifestyle:"

"I never ask him about it — I don't accept it."
— Steve, an uncle, Maine

Anxiety for the well-being of your gay, lesbian, bisexual or transgender friend or family member:

"What are you supposed to do? How are we supposed to act? I get angry at how the world will treat him."
— Amy, a mom, Texas

It is normal to feel many of these seemingly contradictory emotions at once, leaving you uncertain.

Feeling uncertain doesn't make you a bad person. It doesn't mean you are homophobic or transphobic. It does mean that you should take the time to work through your feelings so that you can support your friend, loved one or acquaintance without reservation.

You don't have to bottle up your emotions for fear of saying the wrong thing. Use them as the basis for an honest conversation. Ask the questions you need to ask. Have a real talk. And when it's over, you're likely to find that your relationship is stronger and richer than ever.

www.pflag.org

@ HAVING CONVERSATIONS

Having conversations about life as a gay, lesbian, bisexual or transgender person may be difficult. It is normal to feel a little awkward, or be a little afraid of saying the "wrong thing" and making it "weird."

Here are some ways to help start an open dialogue:

Ask Respectful Questions to Show You Are Interested

- When did you know?
- What was it like growing up?
- What kind of relationship would you ideally hope for in your life?

Be Honest

- Tell your friend this is new for you — and if you feel awkward, say so.
- Ask your relative to be honest with you about what you say or do that may make him or her uncomfortable.
- Tell your acquaintance if he or she does or says something that makes you uncomfortable.
- Be as open and honest as you would like your co-worker to be with you.
- Ask the "dumb questions."

Laugh a Little

Humor helps break the ice, if it's done gently and respectfully. As long as you're sure that you're laughing **with** people, and not **at** them — feel free to bring a little humor to the conversation.

Understand, too, that while some GLBT people may use derogatory terms with one another in a way that they think is funny or affectionate, that does not mean that you, as a straight person, should necessarily follow their lead. For instance, some GLBT people will make jokes, calling one another "queer" (and sometimes much worse), but would feel hurt if a straight friend or family member used the same word.

TALKING WITH YOUR STRAIGHT FRIENDS & FAMILY

After someone in your life has come out to you — particularly if it is someone close to you, like a child or loved one — you may find yourself deciding how, or if, to tell people in your life that someone you care about is gay, lesbian, bisexual or transgender.

It's important to remember that the person who has just come out to you could be sensitive about how, when and with whom his or her sexual orientation or gender identity is discussed. This might be especially true if you are one of the first people he or she has told, if he or she was outed in a way that adds stress, or if his or her work or home life could be adversely affected by the disclosure. Remember that your friend or family member would probably prefer to stay in control of his or her own coming out process.

There is, in fact, a strict policy of confidentiality at all Parents, Families and Friends of Lesbians and Gays (PFLAG) community-based support groups, so that everyone can feel safe sharing personal feelings and information.

That said, as long as you have the permission of the person who has come out to you to speak with others about it, these conversations can:

- Help you digest the information.
- Provide support as you sort through your emotions.
- Build more honest and genuine relationships.

By opening up and being honest with the people in your life about knowing and caring for a GLBT person, you will be taking a small, but important, step toward making the world more understanding and supportive for that person.

As you begin to have conversations with others about having someone close to you come out, you will probably use many of the same skills and lessons that will help you talk openly with the person who just came out to you.

Remember that more often than not, people will take their cues from you about how to deal with this.

! HAVE COURAGE

Gay, lesbian, bisexual and transgender people often grow up feeling “different” from the rest — and are typically keenly aware that the things that make them different may cause them to be rejected or discriminated against.

Just as it takes courage for GLBT people to be open and honest about who they are, it also takes courage to support your GLBT friends or loved ones.

We live in a society where prejudice still exists; where discrimination, both legal and illegal, is still far too common; and where even the physical safety of your friend, loved one or acquaintance can be at risk. That's an unfortunate reality — and that's part of your friend or loved one's life.

Recognizing these facts and giving your support to that person will not only take your relationship to a higher level — it can also help take a small step toward a better and more tolerant world, for your loved one and for all of us.

Talk about it.

www.pflag.org

! THE PATH TO SUPPORT

While there is no “right” way to become a more supportive friend, loved one or colleague, there is a process that many go through in learning how to be ever more supportive.



AWKWARDNESS, EMBARRASSMENT, UNCERTAINTY & CURIOSITY

Dealing with the initial surprise and newness of learning that a friend, loved one or acquaintance is gay, lesbian, bisexual or transgender. This period can be awkward and challenging as you begin your process of understanding.



ACCEPTANCE

Coming to terms with the fact that your friend, family member or acquaintance is GLBT, and that sexual orientation and gender expression are basic parts of who people are, like their eye, hair or skin colors.



SUPPORT

Realizing that in order to have genuine, open connections to GLBT friends or family members, you will have to find a way to support them as they are — and then do so.



LETTING YOUR SUPPORT INFORM YOUR DECISIONS

Finally, it's about working to develop a true understanding of what it means to be GLBT in America and trying to do your part to help break down the walls of prejudice and discrimination that still exist — for example, by supporting businesses with appropriate anti-discrimination policies, saying you don't appreciate "humor" that demeans GLBT people when it happens or learning about where political candidates stand on issues that impact the GLBT community.

www.hrc.org/comingout

SOME FACTS YOU SHOULD KNOW

Part of being ever more supportive of your gay, lesbian, bisexual or transgender friends, loved ones or acquaintances means developing a true understanding of how the world views and treats them.

There is a lot of good news on this front. Over the past decades, America has become a much more open and tolerant country. From "Will & Grace" to Ellen DeGeneres, mainstream America is becoming far more comfortable with issues that were once taboo.

SOME INTERESTING FACTS:

- Same-sex couples live in 99.3 percent of all counties nationwide. (2000 U.S. Census)
- There are more than 1 million gay and lesbian veterans in the United States. (Urban Institute)
- More than half of all Fortune 500 Companies offer domestic partner health benefits to their employees' same-sex partners. (2005-2006 HRC State of the Workplace Report)
- In a national poll in 2006, 80 percent of Catholics said they agree with this statement: "Marriage is about love and commitment. Regardless of how I personally feel about gay people getting married, I don't think it is my place to judge these people's love for and commitment to each other." (Accredited Research by Peter D. Hart & Associates)
- There are at least 1 million children being raised by same-sex couples in the United States — and probably many more. (2000 U.S. Census)
- Sixty-one percent of Americans believe the country needs laws protecting transgender individuals from discrimination. (2002 HRC Foundation poll)

Yet, even as we justifiably celebrate this progress, you should also know that your GLBT friends and loved ones are likely to face real challenges in their lives.

SOME UNFORTUNATE, BUT TRUE, FACTS:

- You can still be fired from your job in most states, simply for being GLBT, and have no legal recourse — because currently, no federal non-discrimination law protects GLBT Americans.

- Eighty-four percent of GLBT students report being verbally harassed — name-calling, threats, etc. — at school. (GLSEN 2003)
- Hate crimes against GLBT Americans are on the rise, even as other violent crimes continue to decline. Current federal hate crime laws do not protect GLBT Americans. (FBI Hate Crimes Statistics 2004)

You need to know these facts, not so you can worry — but so that you can do something about it.

WILL PEOPLE THINK I'M GAY?

This is a question that many people have — and are often afraid to ask out loud. The simple answer is: Yes, it is possible that people may wonder if you are gay if you show your support for gay, lesbian, bisexual and transgender issues.

At the same time, most people understand that supporting fairness and equality for GLBT people does not mean that a person is gay.

Usually, people who do not personally know or care about someone who is GLBT will look to you to set the tone for how to talk about GLBT issues. If you are at ease as you talk about GLBT issues, odds are others will take their cues from you.

The women's suffrage movement was successful because women and men who supported fairness stood shoulder-to-shoulder. The fight against Jewish defamation was successful because people of all faiths took stands against discrimination. The African-American civil rights struggle was supported by people of all races and ethnicities.

The work to make America safer and fairer for GLBT people will take the effort and understanding of both straight and GLBT Americans. That is why it is so important that you are reading this guide.

www.pflag.org

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! WAYS TO SHOW YOUR SUPPORT

There are many different ways that you can show your support for the gay, lesbian, bisexual and transgender people in your life. Again, there is no one "right" way to demonstrate your support — and being supportive does not require you to march in parades or become an activist.

Here are some easy ways you might demonstrate your support that fit naturally into most people's lives:

- Create social settings that bring together your straight and GLBT friends and family.
- Talk openly and honestly with your GLBT loved ones about their lives.
- Find opportunities to talk openly with your straight friends about your GLBT friends and family and the issues that they face.
- Make sure that you include the same-sex partner of your GLBT loved one in events and activities just as you would any other friend's spouse or significant other.
- Don't allow anti-GLBT jokes or statements expressed in your presence to go unchallenged.
- Quietly demonstrate your open support by displaying an HRC or PFLAG bumper sticker, mug or poster, or similar items from other local or national organizations.
- Check the HRC Buyer's Guide (www.hrc.org/buyersguide) for companies with strong equal rights policies — and then shop there.
- Visit the PFLAG website at www.pflag.org for information on local meetings and PFLAG public education programs across the country.
- Find out if your employer has an equal rights policy — and if not, encourage the organization's leadership to adopt one.

- Many companies have employee resource groups (ERG) with policies that include GLBT employees. ERGs can be very helpful in giving you ways to show support at work.
- Research the views of candidates for public office and factor their stand on GLBT equality into your decision on who to vote for.
- Sign up online at www.hrc.org and at www.pflag.org to get updates on new developments.

There is also an extensive list of groups at the end of this guide that offer additional resources and ways to show your support.

These additional resources are available from PFLAG at www.pflag.org:

- Our Daughters and Sons — Questions & Answers for Parents of Gay, Lesbian and Bisexual People
- Nuestras hijas y nuestros hijos — Preguntas y repuestas para padres de gays, lesbianas y bisexuales
- Our Trans Children
- Nuestros/as Hijos/as Trans
- Opening the Straight Spouse's Closet — A Guide for Understanding Issues Facing Families with Gay, Lesbian, Bisexual or Transgender Spouses
- Be Yourself — Questions & Answers for Gay, Lesbian, Bisexual and Transgender Youth
- Faith in Our Families — Parents, Families and Friends Talk About Religion and Homosexuality

HRC also has a growing number of resources available at www.hrc.org:

- The HRC Resource Guide to Coming Out
- Buying for Equality: A Guide to Companies and Products That Support Gay, Lesbian, Bisexual and Transgender Equality
- Answers to Questions About Marriage Equality
- Living Openly in Your Place of Worship

www.hrc.org/comingout

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Talk about it.

> REFERENCE

GLOSSARY OF TERMS

Many Americans refrain from talking about sexual orientation and gender expression identity because it feels taboo, or because they're afraid of saying the wrong thing. This glossary was written to help give people the words and meanings to help make conversations easier and more comfortable.

bisexual – A person emotionally, romantically, sexually and relationally attracted to both men and women, though not necessarily simultaneously; a bisexual person may not be equally attracted to both sexes, and the degree of attraction may vary as sexual identity develops over time.

coming out – The process in which a person first acknowledges, accepts and appreciates his or her sexual orientation or gender identity and begins to share that with others.

gay – A word describing a man or a woman who is emotionally, romantically, sexually and relationally attracted to members of the same sex.

gender expression – How a person behaves, appears or presents him- or herself with regard to societal expectations of gender.

gender identity – The gender role that a person claims for his or her self — which may or may not align with his or her physical gender.

genderqueer – A word people use to describe their own non-standard gender identity, or by those who do not conform to traditional gender norms.

GLBT – An acronym for “gay, lesbian, bisexual and transgender.”

homophobia – The fear and hatred of, or discomfort with, people who love and are attracted to members of the same sex.

internalized homophobia – Self-identification of societal stereotypes by a GLBT person, causing them to dislike and resent their sexual orientation or gender identity.

lesbian – A woman who is emotionally, romantically, sexually and relationally attracted to other women.

living openly – A state in which GLBT people are open with others about being GLBT how and when they choose to be.

outing – Exposing someone's sexual orientation as being gay, lesbian, bisexual or transgender to others, usually without their permission; in essence “outing” them from the closet.

queer – A term that is inclusive of people who are not heterosexual. For many GLBT people, the word has a negative connotation; however, many younger GLBT people are comfortable using it.

same-gender loving – A term some prefer to use instead of “gay” or “lesbian” to express attraction to and love of people of the same gender.

sexual orientation – An enduring emotional, romantic, sexual and relational attraction to another person; may be a same-sex orientation, opposite-sex orientation or a bisexual orientation.

sexual preference – What a person likes or prefers to do sexually; a conscious recognition or choice not to be confused with sexual orientation.

straight supporter – A person who supports and honors sexual diversity, acts accordingly to challenge homophobic remarks and behaviors and explores and understands these forms of bias within him- or herself.

transgender – A term describing a broad range of people who experience and/or express their gender differently from what most people expect. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming.

transphobia – the fear and hatred of, or discomfort with, people whose gender identity or gender expression do not conform to cultural gender norms.

transsexual – A medical term describing people whose gender and sex do not line up, and who often seek medical treatment to bring their body and gender identity into alignment.

” That person in your life who opened up to you made a conscious choice to let you into his or her life. That is an act of trust. And in taking this step, that person has said that he or she wants your relationship to be based on truth.

> REFERENCE

MYTHS & FACTS ABOUT GLBT PEOPLE

It's important to remember that most of the negative stereotypes of gay, lesbian, bisexual and transgender people are based on erroneous or inadequate information. Here are some myths and facts to help you flesh out what's what:

It's a “choice.” Sexual orientation and gender identity are not choices, any more than being left-handed or having brown eyes or being straight are choices. The choice is in deciding whether or not to live your life openly and honestly with yourself and others.

It's a “lifestyle.” It's sometimes said that GLBT people live a gay “lifestyle.” The problem with that word is that it can trivialize GLBT people and the struggles they face. Being GLBT is no more a lifestyle than being straight — It's a life, just like anyone else's.

Same-sex relationships don't last. Same-sex couples can, and do, form lasting, lifelong, committed relationships — just like any other couple. And just like any other couple, sometimes same-sex relationships end. The primary difference is that same-sex couples have few opportunities to marry or enter into civil unions or domestic partnerships.

GLBT people can't have families. According to the 2000 Census, more than 1 million children — probably many more — are being raised by same-sex couples nationwide. The American Psychological Association and other major medical and scientific researchers have stated that children of gay and lesbian parents are as mentally healthy as children raised by straight parents.

GLBT people aren't happy. In 1994, the American Medical Association released a statement saying, “Most of the emotional disturbance experienced by gay men and lesbians around their sexual identity is not based on physiological causes but rather is due more to a sense of alienation in an unaccepting environment.” What that means is that the discrimination and stress that GLBT people face is the root cause of a great deal of pain for many GLBT people. That pain can be alleviated by knowing that there is a vibrant, growing community of GLBT and straight-supportive Americans who know and care about GLBT people and the issues they face.

GLBT people can “change” or be “cured.” No scientifically valid evidence exists that shows that people can change their sexual orientation, although some people do repress it. The most reputable medical and psychotherapeutic groups say you should not try to change your sexual orientation as the process can actually be damaging.

ADDITIONAL RESOURCES

 NATIONAL GLBT ORGANIZATIONS

American Veterans for Equal Rights
www.aver.us

Bisexual Resource Center
617-424-9595
www.biresource.org

Children of Lesbians and Gays Everywhere
415-861-5437
www.colage.org

Family Pride
202-331-5015
www.familypride.org

Gay Asian Pacific Support Network
213-368-6488
www.gapsn.org

Gay and Lesbian Medical Association
415-255-4547
www.glma.org

Gay, Lesbian and Straight Education Network
212-727-0135
www.glsen.org

GenderPAC
202-462-6610
www.gpac.org

Gay & Lesbian Alliance Against Defamation
212-629-3322
www.glaad.org

Gay and Lesbian Victory Fund
202-842-8679
www.victoryfund.org

Human Rights Campaign
202-628-4160
TTY 202-216-1572
www.hrc.org

Immigration Equality
www.immigrationequality.org

Lambda Legal
212-809-8585
www.lambdalegal.org

Matthew Shepard Foundation
307-237-6167
www.matthewshepard.org

National Assc. of LGBT Community Centers
202-639-6325
www.lgbtcenters.org

National Association of People with AIDS
202-898-0414
www.napwa.org

National Black Justice Coalition
www.nbjcoalition.org

National Center for Lesbian Rights
415-392-6257
www.ncrlrights.org

National Center for Transgender Equality
202-903-0112
www.NCTEquality.org

NGLTF
202-332-6483
www.thetaskforce.org

National Minority AIDS Council
202-483-6622
www.nmac.org

National Youth Advocacy Coalition
800-541-6922
www.nyacyouth.org

PFLAG
202-467-8180
www.pflag.org

SLDN
202-328-3244
www.sldn.org

Straight Spouse Network
510-595-1005
www.straightspouse.org

www.hrc.org/comingout

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 REFERENCE

ADDITIONAL RESOURCES

 RELIGIOUS ORGANIZATIONS

Affirmation (Mormon)
323-255-7251
www.affirmation.org

Affirmation (United Methodist)
847-733-9590
www.umaffirm.org

Al-Fatiha Foundation (Muslim)
202-319-0898
www.al-fatiha.net

Association of Welcoming and Affirming Baptists
508-226-1945
www.wabaptists.org

Dignity/USA (Catholic)
800-877-8797
www.dignityusa.org

Emergence International (Christian Scientist)
800-280-6653
www.emergence-international.org

Evangelicals Concerned with Reconciliation
206-621-8960
www.ecwr.org

Gay Buddhist Fellowship
415-974-9878
www.gaybuddhist.org

Integrity (Episcopalian)
202-462-9193
www.integrityusa.org

Lutherans Concerned
www.lcna.org

More Light Presbyterians
www.mlp.org

GLBT Concerns for Unitarian Universalists Association
617-948-6475
www.uua.org/obgltc

Rainbow Baptists
www.rainbowbaptists.org

SDA Kinship International (Seventh-Day Adventist)
866-732-5677
www.sdakinship.org

Soulforce
877-705-6393
www.soulforce.org

United Church of Christ Coalition for LGBT Concerns
800-653-0799
www.ucccoalition.org

United Fellowship of Metropolitan Community Churches
310-360-8640
www.ufmcc.com

Unity Fellowship Church Movement (African-American)
323-938-8322
www.unityfellowshipchurch.org

World Congress of Gay, Lesbian, Bisexual and Transgender Jews
202-452-7424
www.gbtjews.org

 HOTLINES

The Trevor Helpline
866-4-U-TREVOR

National Gay and Lesbian Youth Hotline
800-347-TEEN (8336)

Gay and Lesbian National Hotline
888-843-GLNH (4564)
800-246-7743

CDC Information Line
800-342-AIDS (2437)
800-243-7889 (TTY)

A MESSAGE FROM HRC PRESIDENT JOE SOLMONESE

Dear Friends,

Thank you for taking time to read and think about HRC and PFLAG's A Straight Guide to GLBT Americans.

For me, coming out was initially a daunting process. Often times, it was hard for me to start the conversation, and even harder for the people I was telling to know what questions to ask or how to show support.

Ultimately, the people in my life — my family, friends, co-workers and acquaintances — and I all learned through time and practice that having those conversations and finding ways to be open, to ask questions and share our feelings were important steps to having honest, genuine relationships with one another.

This guide has been written to help straight people feel comfortable asking questions so that they can build understanding and, ultimately, support for the gay, lesbian, bisexual and transgender people in their lives.

Some of you reading this guide will be taking one of your very first steps in learning about GLBT Americans, while others will have more experience and understanding. Please feel free to take the pieces that apply to you, and leave the rest behind. You may also want to explore the resources at the end of this guide for additional information.

This guide has also been designed to give many options for demonstrating your support in easy and convenient ways. We list these not to give a "hard push," but rather to give you choices.

Wherever you are on your journey, the Human Rights Campaign and Parents, Families and Friends of Lesbians and Gays (PFLAG) are ready to help you on your path of understanding and support. Again, thank you and welcome.

Sincerely,



Joe Solmonese, HRC President



The HRC Coming Out Project is a program designed to help gay, lesbian, bisexual and transgender people come out and start living openly.

As coming out is a lifelong journey, the HRC Coming Out Project also helps GLBT people, as well as straight-supportive people, to live openly and talk about their support for equality at home, at work and in their communities each and every day.

In short, the HRC Coming Out Project's chief export into the world is open and respectful dialogue about the lives of GLBT Americans and their family and friends.

Visit www.hrc.org/comingout for more information.



Parents, Families and Friends of Lesbians and Gays (PFLAG) is the nation's foremost family-based organization committed to the civil rights of gay, lesbian, bisexual and transgender persons. Founded in 1973 by mothers and fathers, PFLAG has over 200,000 members and supporters in more than 500 chapters throughout the United States. To learn more, please visit www.pflag.org.

For more copies of this guide, please visit www.hrc.org.



Transgender Legal Issues

New England

June 2009

This document is intended to provide general information only and cannot provide guidance or legal advice as to one's specific situation. Moreover, the law is constantly changing and evolving and this publication is based upon the information that is known to us as of this printing. For guidance on your particular situation, you must consult a lawyer. You should not act independently on this information. The provision of this information is not meant to create an attorney-client relationship. Check our website, www.glad.org, for more information.

If you have questions about this publication, other legal issues or need lawyer referrals, call GLAD's Legal InfoLine weekdays between 1:30 and 4:30pm at:

800.455-GLAD (4523) or 617.426.1350

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Introduction¹

Everybody has a gender identity. However, because most people's gender identity is consistent with the sex ascribed to them at birth, they never think about it. Nevertheless, gender identity turns out to be very important, largely because of societal expectations and responses based on how one expresses that identity.

GLAD historically focused on issues of discrimination based on sexual orientation and HIV status. Later, the roots of discrimination against gay, lesbian, bisexual and transgender people became increasingly indistinguishable, and we came to see how we all face pervasive discrimination based on gender identity and expression. As a result, GLAD expanded its mission to include the eradication of discrimination based on gender identity and expression.

Since then, we have successfully litigated numerous cases in which a transgender person's rights or liberties are compromised simply because someone does not meet societal expectations of what it means to be a man or to be a woman. We offer this publication to ensure that transgender people are aware of their rights under the law.

Transgender people face serious discrimination in our society, in areas ranging from appropriate medical care to parental rights; from personal identification documents to the freedom to marry. And perhaps most common, transgender people face harassment and discrimination in the areas of employment, housing, and public accommodations – mistreatment that threatens their freedom to work and live safely in their own communities

¹ This publication is an overview intended to outline the general parameters of the rights of transgender people and is not for the purpose of providing guidance or legal advice relating to any specific situation. Moreover, this area is rapidly developing at the local, state, and federal levels. For specific guidance on your situation, you must consult a lawyer. You may also call GLAD at (800) 455-GLAD in the New England area for referrals and general information.

Like gay men, lesbians and bisexuals, transgender people often find that the legal system is poorly equipped to deal with their needs and concerns. Throughout the 1970s and 1980s, courts frequently held that transgender people were not protected under existing non-discrimination statutes. Despite this history, courts have recently begun to interpret federal and state anti-discrimination laws as providing protection for transgender people. In addition, many statewide laws and local municipal ordinances have been amended to add explicit coverage for transgender people. In fact, all six New England states in which GLAD does its work have explicit legislation, case law, or regulatory guidance providing that transgender people are protected from discrimination. In addition, several federal court decisions have ruled that transgender people are protected under federal non-discrimination laws as well.

Despite this progress, serious legal concerns remain for transgender people, in part because of the very long-term educational work that is just beginning both within the courts and in society at large. To deepen GLAD's longstanding transgender equality work, the Transgender Rights Project (TRP) was initiated in 2008. Through the TRP, GLAD will continue to chart a new course, eradicating discrimination based on gender identity and expression along the way. GLAD's victories will help set precedents that allow other attorneys to successfully argue similar cases on behalf of transgender people.

In addition to impact litigation, GLAD's mission is to inform the community about our legal rights. GLAD operates a Legal InfoLine every weekday from 1:30 to 4:30 pm. Anyone with questions about their rights under the law, in need of referrals to trans-friendly attorneys, or wishing to discuss the details of a legal situation, can call 617-426-1350 or toll free at (800) 455-GLAD (4523). Attorneys working on transgender rights cases are also encouraged to call GLAD for information and assistance from GLAD's legal staff.

Legal Principles for Inclusion of Transgender People Under Existing Anti-Discrimination Laws

No one deserves to be harassed or discriminated against based on someone else's idea of "appropriate" male or female gender identity. Three New England states, Rhode Island, Maine and Vermont now provide explicit legal protections for transgender persons. Until the other New England states adopt similar legislation, efforts to protect transgender people will continue to focus on their inclusion within existing principles of antidiscrimination law, particularly laws prohibiting discrimination on the basis of sex or disability.

Transgender people have historically had little or no protection under federal and state anti-discrimination statutes. Occasionally, this exclusion is made explicit, as under the federal Americans with Disabilities Act, which specifically states that its anti-discrimination protections do not apply to transgender people. More often, there is no explicit exclusion, but the courts interpret the statutes so as to exclude transgender people from protection.

These decisions holding that transgender people are excluded from protection were based on bias rather than any principled reason. They relied on narrow definitions of sex and gender, leaving transgender people trying to fit into a legal system that recognized only biological males and females, without recognizing a spectrum of gender expression beyond the categories of "women" and "men," which the law and society conceptualize as separate, distinct and oppositional.²

² In order to understand some of the distinctions made in cases and laws related to transgender people, it is important to understand the different ways terms such as sex, gender and sexual orientation have been used. Although there is disagreement about these terms and courts use them imprecisely, it may be helpful in some instances to distinguish them. Sex is typically understood to refer to one's biological sex. Gender typically refers to sexual difference as it is expressed in culture (e.g. behavior or dress), and sexual orientation typically refers to an individual's sexual attractions and partnerships.

Legal Principles for Inclusion of Transgender People
Under Existing Anti-Discrimination Laws

As the more recent case law indicates, transgender people should be protected from discrimination based on existing principles of anti-discrimination law. In this section, we first explain the legal principles for the inclusion of transgender people under current laws prohibiting discrimination on the basis of sex or disability or, in some cases, sexual orientation. We then describe for each New England state the legal protections for transgender persons under federal and state antidiscrimination statutes.³

³ For a complete list of states that have explicit laws prohibiting discrimination based on gender identity/ expression see: <http://nctequality.org/AntiDiscriminationByJurisdiction.pdf>.

Legal Grounds to Include Transgender People Under Current Laws

Discrimination Based on Sex

Most instances of discrimination against transgender people can be fairly characterized as sex-based; action is taken against an individual because of stereotypical beliefs about the nature of men and women (about their appearance and behavior, including a belief that men and women cannot or should not change their sex).

Unfortunately, the argument for a straightforward application of sex-based anti-discrimination law has been rejected in many cases. Some courts have ruled that Title VII, the federal statute that includes a prohibition on sex discrimination in employment, was intended only to prevent people from discriminating against men because they are men and women because they are women (i.e., not to broadly prevent discrimination based on normative notions of sex), thereby eliminating the possibility of transgender people seeking such protection. Other courts have denied transgender litigants' Title VII claims on the grounds that the discrimination was not based on the person's sex per se, but rather on the individual's change of sex. This logic fails to acknowledge that the transgender person has been singled out for adverse treatment based on a belief about his or her sex – namely, that he or she cannot or should not change his or her sex or express it in a different manner than cultural norms allow.

Discrimination Based on Disability

State laws that prohibit discrimination on the basis of disability offer a significant source of legal protection for transgender people. Because of misperceptions and misunderstandings about disability laws, some people have expressed discomfort in pursuing legal protections for transgender people based on disability. The term 'disability' in anti-discrimination laws, however, is not used in the popular or colloquial sense, and is not limited to individuals who are significantly debilitated or who appear outwardly ill.

Legal Grounds to Include Transgender
People Under Current Laws

Rather, under anti-discrimination laws, the term ‘disability’ refers to individuals who have a wide range of *serious health conditions*. Misunderstandings about the term ‘disability,’ and the stigma associated with disability, should not prevent people’s access to the courts and other protections.⁴

Federal disability laws – the Federal Rehabilitation Act (FRA) and the Americans with Disabilities Act (ADA) – explicitly exclude from coverage “gender identity disorders not resulting from physical impairments.”⁵ As a consequence, most transgender people may not bring claims of disability discrimination under federal anti-discrimination law. Fortunately, however, some state disability laws do not contain this exemption.

In most states, a person is protected from discrimination if he or she:

- has a physical or mental impairment that substantially limits a major life activity;
- has a record of such an impairment; or
- is regarded as having such an impairment.⁶

Therefore, if a transgender person is in a state that does not have an explicit exclusion for gender identity disorders and the person falls within one of the three prongs listed above, the person should be protected under the state disability discrimination provisions.

Many transgender people will be able to prove that they meet the statutory definition of disability in their state in two ways. Applying the first part of the definition, a transgender person must first prove that he or she has a physical or mental ‘impairment.’ Certainly, many transgender people have a condition,

⁴ Rather than restrict the valid legal options of transgender people, work must be done to eliminate the stigma associated with disability.

⁵ 29 U.S.C.A. § 705 (1)(F)(i)(1973); 42 U.S.C.A. § 12211(b)(1)(1990).

⁶ This language may vary slightly from state to state. It is important to check each state’s definition of disability as well as any state administrative regulations interpreting that definition. Some states, such as Connecticut, have a broader definition of disability.

Legal Grounds to Include Transgender
People Under Current Laws

whether characterized as a physiological or a psychological one.⁷ Next, he or she must show that the impairment ‘substantially limits a major life activity.’ The issue of what constitutes a major life activity is still evolving in courts and state agencies.

Some people may be able to demonstrate that the need for ongoing medical care – including hormone therapy, sex reassignment surgery, or other treatment – qualifies as a substantial limitation to the major life activity of caring for oneself. Other people may at times experience depression or other psychological effects that are sufficiently debilitating to meet the definition, perhaps even to the point of suicidal feelings and behavior. In addition, even with treatment, many individuals can prove a substantial limitation to the major life activities of intimate sexual relations and procreation. It is important to keep in mind that the term ‘substantial limitation’ does not mean that a person is unable to engage in the activity, but only that the condition creates complexities and obstacles that would not otherwise exist.⁸

Even if an individual does not meet the first part of the definition, he or she may be ‘regarded as’ disabled, because the ADA definition of disability also extends to prohibit any discrimination arising from stereotypes and ignorance about physical and mental impairments. This part of the definition is clearly intended to cover stigmatized impairments that elicit discriminatory reactions based on fear and ignorance.

According to regulations issued by federal agencies that have interpreted the ADA, the “regarded as” part of the definition of disability is intended to prohibit discrimination against persons who have impairments which invoke negative attitudes or discomfort in others. The regulations state that an individual is “regarded as” disabled when an individual has a “physical or mental impairment that substantially limits major life activities only as a result

⁷ As a legal matter, because gender identity disorder (“GID”) is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (4th Ed), people who have been diagnosed with GID arguably qualify as having “a physical or mental impairment.” However, whether an individual’s gender identity is characterized as psychological, neurological, or endocrinological, it is certainly a health condition for some transgender people.

⁸ According to the second part of the definition, one may prove discrimination based on a record of a physical or mental impairment. Therefore, transgender people who have no current limitation of a major life activity may, nonetheless, be covered because they had such a limitation at an earlier time in their life.

Legal Grounds to Include Transgender
People Under Current Laws

of the attitudes of others towards the impairment.”⁹ While the courts do not give these regulations the same weight as the text of the statute itself, the regulations provide a strong framework for an expansive interpretation of disability laws on both the federal and state level.

Transgender people have a quintessentially stigmatizing condition – a condition that sometimes produces discomfort or fear in others. As a result, transgender people may be substantially limited as a result of the negative attitudes of others toward their impairment, whether or not their gender identity condition itself substantially limits major life activities. The irrational fears attached to transgender people are analogous to the type of stigma and stereotypes associated with HIV. When a transgender person is denied employment or services based on a negative reaction to their transgender identity (including their gender non-conforming personal appearance and presentation), that person may be protected because he or she has been “regarded as” having an impairment.

State disability anti-discrimination laws present an important tool to eradicate irrational discrimination against transgender people in employment, housing, public accommodations and other areas of law. An accurate understanding of the term ‘disability’ as specifically used in anti-discrimination laws brings transgender people squarely within the scope of these protections. As long as a transgender person can demonstrate that he or she has a physical or mental impairment that substantially limits a major life activity, or has a record of such in the past, or is regarded as having such, he or she should be covered, depending on the scope of the state law. Of course, to prevail in a nondiscrimination case, the person must also demonstrate that he or she was qualified for the job (or eligible for the housing, etc.) and was discriminated against on the basis of disability, not for some other reason.

⁹ 28 C.F.R. § 36.104(4); 29 C.F.R. § 1630.2(1).

Discrimination Based on Sexual Orientation

Many transgender people are harassed or treated adversely because they are identified as, or perceived to be gay. Assumptions about a person's sexual orientation may often arise either because of clothing the person wears or because of their gender presentation, which may be subtler than a person's attire. In such cases, although the transgender individual may or may not be gay or lesbian, he or she may still have a claim based on existing laws that prohibit discrimination based on actual or perceived sexual orientation that exist in all six New England states.

Legal Protections for Transgender People Under Federal Law and in New England

Federal Law

Most cases in which transgender people have sought protection under federal law have based arguments on Title VII, a federal law that prohibits an employer from discriminating against any employee on the basis of sex, among other categories.

Recently, a number of key cases have called into question the type of faulty reasoning that excluded transgender people from protection under sex discrimination laws in the past, and have changed the way that Title VII should be interpreted. First, in *Price Waterhouse v. Hopkins*,¹⁰ the Supreme Court ruled that a person who failed to conform to gender stereotypes (specifically, a female employee at an accounting firm who acted aggressively and refused to wear makeup to ‘soften’ her appearance), was permitted to pursue a claim under Title VII. Later, *Schwenk v. Hartford*¹¹ repudiated a previous 9th Circuit ruling that had denied the application of Title VII to a transgender woman. The ruling in *Schwenk* stated that the definition of “sex” under federal non-discrimination laws encompasses both biological differences between men and women, and failure to “conform to socially-prescribed gender expectations,” basing its reasoning on the previous Supreme Court ruling in *Price Waterhouse*. While not every circuit has followed the example of the 9th Circuit by clearly overturning precedent that created a transgender exclusion, it is arguable that the Supreme Court’s broad interpretation of Title VII in *Price Waterhouse* effectively reverses those that have not done so explicitly.

¹⁰ *Price Waterhouse v. Hopkins*, 490 U.S. 228 (1989).

¹¹ *Schwenk v. Hartford*, 204 F.3d 1187 (9th Cir. 2000).

Legal Protections for Transgender People
Under Federal Law and in New England

A 1st Circuit decision reinforces the idea that transgender people can seek protection against discrimination under federal laws prohibiting discrimination on the basis of sex.¹² In *Rosa v. Park West Bank & TrustCo.*,¹³ a claim was brought under the Equal Credit Opportunity Act, which has been construed consistently with Title VII. The plaintiff, a biological male who presents and lives as a woman, was refused a loan application unless she¹⁴ returned in traditional male attire. The court found that, based on the allegations, Rosa may be able to make out a case of sex discrimination.

And, more recently, the 6th Circuit ruled that a transgender employee could bring a sex discrimination claim under Title VII, explaining that “discrimination against a plaintiff who is a transsexual – and therefore fails to act/ or identify with his or her gender” is impermissible sex discrimination.¹⁵ These decisions have broad implications for LGB and transgender people because the root of much of our shared oppression is the enforcement of stereotypical notions of how men and women should look and act. These cases create a key legal building block for arguing that discrimination because of a person’s failure to meet widely shared normative beliefs about gender—whether that person is lesbian, gay, bisexual or transgender—is prohibited sex discrimination.

New England State Laws

In addition to the growing recognition of existing federal protection for transgender people, each New England state now protects transgender people, either explicitly by statute, or through an interpretation of sex or disability antidiscrimination laws.

¹² The 1st Circuit includes Massachusetts, Maine, Rhode Island, New Hampshire, and Puerto Rico. The ruling in *Rosa* sets precedent for others to successfully pursue similar claims of discrimination under federal law in this region. Other regions have looked to this case in interpreting similar laws.

¹³ *Rosa v. Park West Bank & Trust Co.*, 214 F.3d 213 (1st Cir. 2000).

¹⁴ Although the court refers to Rosa as “he,” this document uses “she” to reflect and respect Rosa’s gender identity.

¹⁵ *Smith v. City of Salem, Ohio*, 378 F. 3d 566, 575 (6th Cir. 2004).

Legal Protections for Transgender People
Under Federal Law and in New England

Connecticut

In *In Re Declaratory Ruling of John/Jane Doe*,¹⁶ the Connecticut Commission on Human Rights and Opportunities (CHRO) ruled that transgender people are protected under Connecticut state laws prohibiting sex discrimination. The CHRO's rulings recognize that discrimination against transgender people is often grounded in the same type of discrimination seen in *Price Waterhouse* – discrimination based on a perception that the person does not conform to sex stereotypes.

Massachusetts

In *Millett v. Lutco*,¹⁷ the Massachusetts Commission Against Discrimination (MCAD) ruled similarly, holding that Massachusetts state law prohibiting discrimination on the basis of sex also encompasses discrimination against transgender individuals.

In *Jette v. Honey Farms*,¹⁸ the Massachusetts Commission Against Discrimination ruled that, unlike the federal disability laws after which it was fashioned, Massachusetts' disability law does not explicitly *exclude* transgender people from protection and therefore the legislature must have intended for transgender people to be *included*.

This same conclusion was reached in the case of *Pat Doe v. Yunits* by a trial court judge.¹⁹ In this case brought by a transgender student, the decision confirms that a school may not exert authority over a student simply to enforce stereotyped ideas of how boys and girls should look, a ruling that has significant impact for all gay, lesbian, bisexual and transgender students.

¹⁶ *Declaratory Ruling on Behalf of John/Jane Doe*, Conn. Comm'n on Human Rights and Opportunities (Nov. 9, 2000), available at <http://www.state.ct.us/chro/metapages/HearingOffice/HODecisions/declaratoryrulings/DRDoe.htm>.

¹⁷ *Millett v. Lutco*, 2001 WL 1602800 (Mass. Comm'n Against Discrimination).

¹⁸ *Jette v. Honey Farms*, 2001 WL 1602799.

¹⁹ *Doe ex rel. Doe v. Yunits*, 2001 WL 664947 (Mass. Super. Feb. 26, 2001).

Legal Protections for Transgender People
Under Federal Law and in New England

Rhode Island

In May, 2001 Rhode Island passed a law to explicitly prohibit discrimination on the basis of gender identity or expression, thereby protecting transgender people from discrimination in employment, housing, credit, and public accommodations. The law defines gender identity or expression as including a person's "actual or perceived gender, as well as a person's gender identity, gender-related self image, gender-related appearance, or gender-related expression, whether or not that gender identity is different from that traditionally associated with the person's sex at birth."²⁰

Maine

On December 28, 2005, Maine extended coverage under its non-discrimination statute to include a "person's actual or perceived heterosexuality, bisexuality, homosexuality or gender identity or expression."²¹ The law covers discrimination in employment, housing, public accommodations, credit and education. This makes Maine the second state in New England to provide explicit legal protections to transgendered people.

The Maine Human Rights Commission recently released regulations to implement the new anti-discrimination law in Maine protecting sexual orientation and gender identity and expression:

<http://www.maine.gov/tools/whatsnew/index.php?topic=mhrcNews&id=42013&v=article>.

These regulations define "gender identity" as "an individual's gender-related identity, whether or not that identity is different from that traditionally associated with that individual's assigned sex at birth, but not limited to, a gender identity that is transgender or androgynous."²²

They further define "gender expression" as "the manner in which an individual's gender identity is expressed, including, but not limited to, through

²⁰ R.I. Gen. Laws, § 28-5-6 (10)

²¹ Public Law 1993, c. 327 § 1, as codified in 5 M.R.S.A. § 4552 *et seq.*

²² 94-348 Me. Code R. ch. 3, §3.02(D)(1).

Legal Protections for Transgender People
Under Federal Law and in New England

dress, appearance, manner, speech, or lifestyle, whether or not that expression is different from that traditionally associated with that individual's assigned sex at birth."²³

One important obligation on employers imposed by these regulations is to make reasonable accommodations for transgender employees.²⁴ The regulation states that it is "an unlawful employment practice of an employer, employment agency, or labor organization to fail or refuse to make reasonable accommodations in rules, policies, practices, or services that apply directly or indirectly to gender identity or gender expression, unless the covered entity can demonstrate that the accommodations would impose an undue hardship on the conduct of the business of the covered entity."²⁵

Such accommodations may include being allowed to use the most appropriate bathroom or planning the best way to transition while on the job. It is also illegal for an employer to deny employment if that denial is based on the need to make a reasonable accommodation.²⁶

Vermont

In May, 2007, Vermont became the third state in New England (and one of 12 states and the District of Columbia nationally) to explicitly prohibit discrimination on the basis of gender identity. The law defines gender identity as "an individual's actual or perceived gender identity, or gender-related characteristics intrinsically related to an individual's gender or gender-identity, regardless of the individual's assigned sex at birth."²⁷ Vermont law prohibits discrimination in employment, places of public accommodation, housing, credit, and a variety of services.

²³ 94-348 Me. Code R. ch. 3, §3.02(D)(2).

²⁴ 94-348 Me. Code R. ch. 3, sec. 3.12(F).

²⁵ 94-348 Me. Code R. ch. 3, §3.12(F)(1).

²⁶ 94-348 Me. Code R. ch.3, §3.12(F)(2).

²⁷ 1 V.S.A. § 144

Legal Protections for Transgender People
Under Federal Law and in New England

New Hampshire

In New Hampshire, the Human Rights Commission has concluded that disability antidiscrimination laws can cover transgender persons, relying on a case originating in Rockingham Superior Court.²⁸

²⁸ N.H. Code Admin. R. Ann. [Hum.] 401.03 (2002) (citing *Jane Doe v. Electro-Craft Corp.*, No. 87-E-132 (Rockingham Super. Ct. Apr. 8, 1988)).

Other Legal Issues

Marriage

The legality of a transgender person's marriage has become a thorny issue. Since, with the exception of Massachusetts, Connecticut, Vermont (effective September 1, 2009), New Hampshire (effective January 1, 2010), Maine (Maine has passed a marriage equality law but its implementation depends on a voter referendum), Iowa and some foreign countries, civil marriage is seen to be available only to so-called "opposite" sex couples, courts sometimes require a determination of a transgender person's sex, and the court's determination may or may not be consistent with the individual's identity, or even with the gender status reflected on government documents such as a driver's license.

People Who Transition After Entering Into a Marriage

There are no reported decisions invalidating a marriage of a transgender person who transitioned after entering into a lawful marriage. Invalidating such a marriage where both spouses wish to remain married is against public policy and seriously disadvantageous not just to the couple involved, but to the expectations of the community and society that surrounds them. Anyone having specific legal questions or concerns relating to this situation is advised to contact an attorney.

People Who Transition Prior to Entering Into a Marriage

We know that many post-transition transgender people have married and continue to marry throughout New England, whether or not the state knowingly sanctions their marriages. Practically speaking, unless the marriage of a post-operative transgender person to a person of the opposite sex is challenged (by a party seeking annulment, for example, or by a third party challenging a spouse's right to the deceased's estate through laws of automatic inheritance) it is unlikely that the validity of the marriage will ever

be an issue. No applicable case has been reported in New England, and until that time this area of law remains unclear. All six New England states acknowledge the existence of sex reassignment surgeries and, either by statute or administrative policy, permit an individual to amend his or her birth certificate to reflect this change of sex. This is an important first step toward the recognition of the right of post-operative transgender people to marry. Presumably, if a state permits an individual to legally change his or her sex, the person's new legal sex should be recognized for all purposes, including marriage. This is how a New Jersey court ruled, stating clearly that there is no legal or public policy reason to prevent post-operative transgender people from marrying.²⁹

Unfortunately, however, several recent court decisions have been hostile towards marriages involving transgender people, calling into question whether marriages of post-operative transgender people whose legal sex matches their gender identity will be considered valid.

Recent Harmful Rulings

In *Littleton v. Prange*,³⁰ a Texas appeals court invalidated the six year marriage of a post-operative transgender woman, holding that no surgery or treatment can change a person's sex in Texas and that only the marriage of a chromosomal (XY) man and a chromosomal (XX) woman is valid.

In Kansas, *In re Estate of Gardiner*,³¹ that state's Supreme Court invalidated the marriage of a post-operative transgender widow, ruling similarly that under no circumstances may a transgender person in Kansas marry a person of the same birth sex.

In *Kantaras v. Kantaras*,³² a Florida Appeals Court ruled that state law does not permit a post-operative female-to-male transgender person to marry a female because the statutory terms, "male" and "female," refer to "immutable

²⁹ *M.T. v J.T.* 355 A.2d 204 (NJ Super. Ct. App. Div. 1976).

³⁰ *Littleton v. Prange*, 9 S.W.3d 223 (Tex. App. 1999).

³¹ *In re Estate of Gardiner*, 2002 WL 397677 (Kan. 2002).

³² *Kantaras v. Kantaras*, 884 So. 2d 155 (Fla. App., 2d Dist., 2004)

traits determined at birth” and Florida law does not allow marriage between persons of the same sex. An Illinois Appellate Court ruled similarly in 2005.³³

In the past, if transgender people changed the sex designation on their birth certificate or lived in a jurisdiction where they could, it appeared that they would be able to lawfully marry. These cases cast doubt on that thinking. In these cases (except in the *Kantaros* case), the transgender litigants either had or could have had a birth certificate designating that they were of the opposite sex of their partner. Despite that, the courts looked only to their sex assigned at birth.

Even Less Restrictive Interpretations Can Pose Problems

Putting aside these restrictive rulings that insist categorically that a transgender individual is not legally the transitioned-to sex and therefore could never marry a person of the opposite sex, many transgender people still face considerable obstacles to their right to marry. Even in a more favorable jurisdiction, criteria for transgender people’s marriage eligibility might include completion of sex reassignment surgery and amending one’s birth certificate. These criteria can pose considerable difficulties.

1. Some states—such as Idaho, Ohio and Tennessee—do not allow individuals born there to change the gender on their birth certificates, regardless of any hormone therapy or surgery they undergo.
2. Although all six New England states theoretically allow people to change their sex designations on their birth certificates, the requirements to achieve such a change are formidable. For example, the Massachusetts birth certificate statute requires documentation that the person “completed sex reassignment surgery, so called.”³⁴

Although there is no statutory definition for “completed sex reassignment surgery,” some individuals have found that without documentation of having had genital reconstruction, they cannot obtain a new birth certificate. This is true despite the fact that experts in the field of caring for and treating

³³ *In re Marriage of Simmons*, 2005 WL 368644 (Ill. App., 1st Dist., 2005)

³⁴ M.G.L. c. 43 § 13.

transgender people agree that an individualized assessment is necessary to determine what procedures a person should undergo as part of “sex reassignment.” Moreover, medical professionals concur that genital surgery is not required in many circumstances for some to transition from one sex to another. Unfortunately, until the law catches up to the expert medical knowledge, many transgender people are left in limbo with regard to whom they may lawfully marry.

While there are no reported decisions on point, it is possible that a court would require an FTM transgender man to have undergone both chest and genital reconstructive surgery to meet the terms of the statute, despite the fact that such a requirement is unreasonable and may be medically unsound for that particular individual.

Even under a scenario in which a birth certificate amendment is granted administratively but without a court order, a court might still seek to determine whether the criteria for sex reassignment have been met by requiring detailed medical examination and a case-by-case determination of the litigant’s sex.

Rights Of Transgender Parents

Like gay men and lesbians, transgender people often find themselves fighting for the custody of their children. Although custody decisions ideally should be based on the best interests of the child, independent of the parent’s gender identity, the case law on this issue is inconsistent.

In 1989, in a most alarming decision, a Nevada Court not only denied a transgender parent the right to primary custody, but actually terminated parental rights solely on the basis of transgender status. The court held that the child should not be required to undergo the psychological adjustments necessary for coming to terms with a parent’s transgender identity. Instead of evaluating what was in the best interests of the child, the court’s decision seemed to turn on whether a transgender person, by definition, is unfit and inadequate as a parent.

The contrary result was reached in a case in Orange County, California, in which a FTM transgender father was granted continuing visitation and custody of his child. In addition, in *Kantaros v. Kantaras*, described above, the Court remanded the case to the trial court for a determination of custody of the couple's child, implying that transgender status is not a basis for the denial of custody.

GLAD is presently unaware of any cases in New England in which a court has terminated the parental rights of a transgender person on the basis of gender identity alone. In any of the six New England states, in order to remove a child permanently from a biological parent (transgender or not), a judge must find, by clear and convincing evidence, that the parent is currently unfit to further the welfare and best interests of the child. GLAD would be interested in hearing from any parent whose parental rights are being threatened based on gender identity.

Use Of Public Restroom Facilities By Transgender People

Transgender people often risk physical harm and public humiliation when they choose a restroom facility. They are frequently unwelcome or uncomfortable in either the restroom of the sex ascribed to them at birth or the restroom appropriate to their gender identity.

GLAD is presently unaware of any cases in New England addressing the issue of what legal recourse a transgender person may have if denied access to a safe and appropriate public restroom. This may be a very difficult area in which to litigate. In fact, even in Minnesota, a state with explicit protections for transgender people in employment and public accommodations, the high court recently found an exception to the law for bathroom use.³⁵ It is uncertain how a court would rule in a case in which a transgender person is denied the right to use a gender-appropriate restroom. Even where clear anti-discrimination rights have been established under state laws, courts may be

³⁵ *Goins v. West Group*, 635 N.W.2d 717 (Minn. 2001).

disinclined to protect the transgender person's right to appropriate restroom access.

A City of Boston ordinance barring discrimination on the basis of gender identity or expression does provide protection for the use of restrooms in public accommodations in Boston. That ordinance makes it discriminatory for a place of public accommodation to prohibit “the use of restrooms, baths, showers, dressing rooms, or other private accommodations based on the gender identity publicly and exclusively expressed or asserted by the person seeking to use such restrooms, baths, showers, dressing rooms, or other private accommodations.”³⁶

In addition, if a transgender person is threatened, assaulted, or harassed in a public restroom or any other public place, they may be able to bring criminal charges and/or pursue civil rights violations.

The issue of what bathroom a transgender person may use on the job is also of huge significance. GLAD takes the position that a transgender employee should be permitted to use the restroom that is consistent with his or her gender identity. Although some employers have not complied with this approach initially, many have been willing to change restrictive policies once they have received adequate education relating to the safety and health concerns of transgender people. Regardless, it is clear under federal and state law that a transgender employee must have access to some safe, clean restroom facilities.

Hate Crimes

Vermont and Connecticut are the only New England states that include “gender identity or expression” as a protected category in their hate crimes laws. Both laws provide increased criminal penalties for assaults and destruction of property because of a person's actual or perceived gender identity or expression.³⁷

³⁶ City of Boston Code, § 12-9.7

³⁷ For Connecticut see C.G.S.A. § 53a 181j-1 and for Vermont see 13 V.S.A. § 1455. For a list of transgender inclusive hate crimes laws see: http://nctequality.org/Hate_Crimes.asp.

Rights Of Transgender People In Prisons

Prison officials have not generally been receptive to transgender people's need to live their lives consistently with their gender identity. In some cases, prisons have denied transgender people access to hormones and other medical treatment, and have also denied them the ability to express their gender through clothing, make-up, accessories, and the like. While courts have held that transgender people should receive some treatment or care, including continuation of pre-established hormone therapy regimens, they have also found that transgender people are not entitled to any specific treatment, gendered clothing, sex reassignment surgery, or transfer to a gender-appropriate prison.

Classification of Prisoners

A primary issue of concern to a transgender person being placed into a correctional facility is how he or she will be classified for housing—whether the individual is going to be placed according to his or her ascribed birth sex or gender identity. Generally, when prisoners have had sex reassignment surgery, prison authorities have confined them according to their post-surgical sex designation; prisoners who have not had surgery have been imprisoned with inmates of the sex ascribed to them at birth. In addition, this determination is typically based on whether or not the transgender inmate has had genital surgery, placing, for example, an FTM transgender person who has not had genital surgery (even if he has had chest surgery) in a women's prison, regardless of his otherwise masculine appearance.³⁸

In addition to sex, classification of inmates is based on the following criteria: age; tendency for violent, disruptive behavior; sentence; type of crime; prior criminal history; educational level; need for protective custody; and employment history and skills. In the case of the classification of a transgender inmate, gender identity and the need for protective custody at

³⁸ While these have typically been the classifications imposed by prison officials, there are exceptions. See *Crosby v. Reynolds*, 763 F. Supp. 666 (D. Me. 1991) (rejecting privacy claim of woman whom jail officials had housed with Cheyenne Lamson, a pre-operative MTF transsexual woman, based on the Jail's physician's recommendations that Ms. Lamson was psychologically female and thus her integration into the female inmate population was in her best psychological and physical interest).

least deserve special consideration. Unfortunately, this consideration often results in inappropriate segregation of the transgender inmate that leads to ineligibility for services and programs available to inmates in the general population. Further advocacy is needed to ensure a safe placement for all inmates that comes with access to the full range of prison services and programs.

Protection for Transgender Prisoners Against Violence

Once a transgender person has been placed in a facility, whether that placement is with inmates of their sex ascribed at birth or gender identity, they often face threats of harm from inmates and prison authorities alike.³⁹ Due to their gender identities, and prejudice against them, transgender people often have greater need for special protection.

Under federal law, prison officials have a duty to exercise reasonable care to provide reasonable protection against an unreasonable risk of harm. (State laws may include more specific language about appropriate treatment of prisoners). Specifically, prison officials have a duty under the Eighth and Fourteenth amendments to protect prisoners from violence at the hands of other prisoners. A prisoner need not wait to be assaulted to obtain relief for the infringement of this right. An unreasonable risk of harm is established where a prisoner shows that there is a “strong likelihood” that violence would occur. Prison officials who actually know of a substantial risk to a prisoner’s health or safety have a duty to respond reasonably to the risk, but the standard for proving such circumstances is very high.⁴⁰

In a case involving a pre-operative male-to-female transgender person who was beaten and raped in prison, the U.S. Supreme Court ruled that prison conditions constitute cruel and unusual punishment only if officials know of, and disregard, an excessive risk to an inmate’s health or safety.⁴¹ The individual had been incarcerated with males in the federal prison system,

³⁹ Recognizing that transsexualism “is likely to provoke both an intense desire to preserve one’s medical confidentiality, as well as hostility and intolerance from others,” one federal appeals court has held that transsexual people in general, and transsexual prisoners in particular, have a constitutional right to maintain medical confidentiality as to their transsexual status. *Powell v. Schriver*, 175 F.3d 107, 111-13 (2nd Cir. 1999).

⁴⁰ *Purvis v. Ponte*, 929 F.2d 822, 825 (1st Cir. 1991); *Farmer v. Brennan*, 128 L.Ed.2d 811, 114 S. Ct. 1970 (1994).

⁴¹ *Farmer v. Brennan*, 128 L.Ed.2d 811, 114 S. Ct. 1970 (1994).

sometimes in the general prison population, but more often in segregation. The complaint alleged that by placing her in the prison's general population despite knowledge that she would be particularly vulnerable to sexual attack, officials violated the Eighth Amendment prohibition against cruel and unusual punishment through a deliberately indifferent failure to protect her safety.

The Supreme Court's decision in that case turned on the definition of "deliberate indifference." The Court held that a prisoner may prove that officials knew of a substantial risk from the very fact that the risk that the transgender inmate would be physically assaulted by male inmates was obvious. More specifically, the risk may be shown by evidence that the problem of inmate attacks was long-standing, pervasive, well documented, or expressly noted by the officials in the past. This decision may be helpful to other transgender individuals seeking protection from substantial harm in correctional facilities.

Medical Treatment in Prison

The U.S. Constitution requires that prisoners be provided with a certain minimal level of medical treatment. However, at least one Massachusetts case has held that the Constitution does not guarantee a prisoner the treatment of his or her choice.⁴² Another Massachusetts case held that the care of prisoners could depart from good medical practice, so long as the care did not rise to the level of "deliberate indifference," amounting to cruel and unusual punishment.⁴³ Absent a claim of cruel and unusual punishment, there is no constitutional right to medical treatment in prison.

Despite this high standard, some transgender prisoners are able to maintain their hormone treatment in prison, based on federal cases holding that it is cruel and unusual punishment to stop providing hormones to an individual who had been receiving hormone therapy upon entrance to the prison.⁴⁴ The

⁴² *Dias v. Vose*, 865 F. Supp. 53 (D. Mass. 1994).

⁴³ *Navedo v. Maloney*, 172 F. Supp. 2d 276 (D. Mass. 2001).

⁴⁴ See *South v. Gomez*, 211 F.3d 1275, 2000 WL 222611 (9th Cir. 2000) (unpublished opinion) (finding 8th Amendment violation when a prisoner's course of hormone treatment was abruptly cut off after transfer to a new prison); *Phillips v. Michigan Department of Corrections*, 731 F. Supp. 792 (W.D. Mich. 1990) (granting preliminary injunction directing prison to provide estrogen therapy to a pre-operative transsexual woman who had taken estrogen for several years prior to her transfer to a new prison and distinguishing failure "to provide an inmate with care that would improve his or her medical state, such as refusing to provide sex reassignment surgery" from "[t]aking measures which actually reverse the effects of

policy of the U.S. Bureau of Prisons is to provide hormones at the level that was maintained prior to incarceration. Specifically, the policy provides:

- It is the policy of the Bureau of Prisons to maintain the transsexual inmate at the level of change existing upon admission to the Bureau. Should responsible medical staff determine that either progressive or regressive treatment changes are indicated, these changes must be approved by the [Bureau of Prisons] Medical Director prior to implementation. The use of hormones to maintain secondary sexual characteristics may be continued at approximately the same levels as prior to incarceration, but such use must be approved by the Medical Director.⁴⁵

A recent case from a Massachusetts federal court, *Kosilek v. Maloney*,⁴⁶ addressed the medical needs of a transgender prisoner who had not commenced any treatment for gender identity disorder prior to imprisonment. The Court rejected a policy that absolutely barred commencement of hormone therapy or sex reassignment surgery while in prison. Rather, the Court ruled that when a prisoner's gender identity disorder causes sufficient distress to constitute a "serious medical need" under the Eighth Amendment to the U.S. Constitution, prison officials must allow qualified medical personnel to evaluate the prisoner and make appropriate treatment recommendations, which include psychotherapy, hormone treatment or surgery. The Court did not rule on whether prison officials must implement the recommendations, but left for another day the issue whether the refusal to provide any medically recommended treatment would violate the Eighth Amendment to the U.S. Constitution in a particular case.

years of healing medical treatment"), *aff'd*, 932 F.2d 969 (6th Cir. 1991). *Cf. Wolfe v. Horn*, 130 F. Supp. 2d 648 (D. Pa. 2001) (abrupt termination of prescribed hormonal treatment by a prison official with no understanding of Wolfe's condition, and failure to treat her severe withdrawal symptoms or after-effects, could constitute "deliberate indifference"). One federal appeals court refused to follow *Phillips* because the inmate at issue had not received hormone treatment prior to incarceration. *Brown v. Zavaras*, 63 F.3d 967 (10th Cir. 1995).

⁴⁵ Bureau of Prisons Health Services Manual, Program Statement 6000.3, § 6803.

⁴⁶ *Kosilek v. Maloney*, 221 F. Supp. 2d 156 (D. Mass., 2002)

Personal Identification & Documentation

Name Change

In most states, a name change requires a petition in a local probate court. A name change granted by a probate court does not typically appear as an amendment to the individual's birth certificate. (In most states, if it is possible to amend a birth certificate, to do so requires a separate process. See below). Rather, a probate court name change allows the individual to use the new name in a legal capacity, for everything from changing one's driver's license to signing official business paperwork. Most jurisdictions allow anyone, transgender or otherwise, to choose whatever name they wish to have as long as it is not adopted for fraudulent purposes. If you are inappropriately denied a request of name change, please call GLAD.

Social Security Identification

Name Change

Social Security cards are issued by the federal government, and therefore one must follow the same procedure to change them in every state.

Use Form SS-5 to apply for a Corrected Card. The form is available at any Social Security branch office and also online. To find the nearest office, call 800-772-1213 or visit www.ssa.gov. If you already have a card, you can apply by mail. If you are applying for a card for the first time, you need to go in person.

You will need either (a) one or more documents identifying you by both your *old name* and your *new name* (such as a court decree changing your name), or; (b) two identity documents – one in your old name and one in your new name. Generally, the Social Security Administration prefers to see a document with a photograph. However, they can usually accept a non-photo

Personal Identification and Documentation

identity document if it has enough information to identify you (e.g., your name as well as your age, date of birth, or parents' names).

Some documents the Social Security Administration accepts as proof of identity are:

- Driver's license
- Marriage or divorce record
- Military records
- Employer ID card
- Adoption record
- Life insurance policy
- Passport
- Health Insurance card (not a Medicare card)
- School ID card

All documents must be either originals or copies certified by the issuing agency (i.e., no photocopies or notarized copies). Your documents will be returned to you.

There is no fee for changing the name on your Social Security card. You should receive your new card within two weeks.

Gender Change

Social Security officially requires that a surgeon or attending physician provide a letter verifying that “sex change surgery has been completed” to get your gender marker changed. However, this policy may not be universally enforced. Often, people who have not started surgery, but who have a letter from their health care provider stating that they are undergoing treatment, get the marker changed.

Amendment Of Birth Certificates

Although at least three states forbid the amendment of birth certificates based on sex changes (Idaho, Ohio and Tennessee), many states have statutory provisions permitting birth certificates to be amended upon completion of sex reassignment surgery. (See the *Appendix* for more details on the New England states). The fact that some states prohibit changes to birth certificates can cause further problems for people wishing to change other documentation (such as drivers' licenses), particularly when such changes require a copy of an amended birth certificate as evidence of change of sex designation. GLAD encourages people who foresee such difficulties to attach to their petition a letter explaining that the state that issued their birth certificate has a categorical exclusion for change of sex designation; nonetheless, they meet the requirements for changing sex designation on a birth certificate in the state where they live.

Driver's License Changes

Procedures for changing one's name and sex designation on a driver's license differ from state to state. (See the *Appendix* for more details on the New England states).

Passports

Because passports are issued by the federal government, one must follow the same procedure to change them in every state.

To change the name and sex designation that appear on a passport, a person must complete form DS-5504 (if the change is being made within one year from the date of issuance of the passport—there is no charge to file this form) or form DS-82 (if it has been over a year since the passport was issued—the charge for this filing this form is \$75). In addition, the individual must enclose a certified copy of the court decree ordering the name change.

Personal Identification and Documentation

For a change of sex designation, the individual must have had or be scheduled to have irreversible gender reassignment surgery. If the person has had this surgery, although the Passport Agency does not put in writing their documentation requirements, the experiences of transgendered people who have gone through the process indicate that in most cases a notarized letter is needed from the attending surgeon or the hospital indicating that gender reassignment surgery has been completed. Please contact GLAD if you encounter difficulty changing the gender on your passport or if you have questions about the documentation that is needed.

If the person is scheduled to have the surgery within the next year, a letter from the attending medical physician or surgeon must be submitted detailing the past medical history (including psychological and hormonal treatments), the current treatment stage and the expected date of completion of gender reassignment surgery. With this documentation, the Passport Agency may issue a temporary one-year passport. However, at the end of the year the person will be asked to submit proof of the surgery. Without this proof the passport will be re-issued in the birth gender, and the person will be unable to get another passport in the presenting gender until the surgery is completed.

For more information, contact:

- National Passport Information Center
- Toll-free (877) 487-2778
- <http://travel.state.gov> (click on “Passports”—there are forms that can be downloaded and detailed directions about how to fill out and submit the forms)

Appendix:

A Guide to Changing Personal Identification & Documentation in the New England States

CONNECTICUT

Connecticut *Probate Court Name Change*

According to Connecticut law, probate courts and the Superior Court have concurrent jurisdiction to grant a change of name.⁴⁷

Moreover, “an application for a change of name should be granted unless it appears that the use of the new name by the applicant will result in injury to some other person with respect to his legal rights, as, for instance, by facilitating unfair competition or fraud.”⁴⁸

Name Change Process

- Submit a certified copy of birth certificate;
- Submit an affidavit (call or go to local probate court in town of residence);
- A hearing will be set within 30 days;
- Fill out form PC-900 (BBS) for adult or PC-901 (BBS) for minor (printable online @ <http://www.jud2.state.ct.us/webforms> or pick up at local court);
- Pay a filing fee.

Connecticut *Birth Certificate Amendment*

Birth certificate changes are also allowed by statute in Connecticut.⁴⁹

A law enacted in October of 2001 allows for birth certificates to now be amended without the asterisks that were previously used to denote the change. Under the new law, the re-issued birth certificate will contain no evidence of

⁴⁷ Conn Gen. Statute §§ 45a-99 and 52-11.

⁴⁸ Don v. Don, 142 Conn. 309, 311-312, 114 A.2d 203 (1955).

⁴⁹ Conn. Gen. Stat. § 19a-42(a), as amended by Public Act No. 01-163, Sec. 32 (2001).

the original sex designation and the original will remain confidential and under seal. A court order is not required.⁵⁰

Name

The applicant must provide a certified copy of the probate court order for name change to the Vital Records Section of the Dept. of Public Health. The court order does not need to be from Connecticut.

Sex Designation

The Vital Records Section of the Department of Public Health requires:

- An affidavit from the physician who performed the sex reassignment surgery;
- An affidavit from a licensed psychiatrist, psychologist, or social worker, verifying that the individual has undergone an evaluation and is of the indicated sex;
- A nominal fee.

Affidavits can be obtained through one's doctor or at the Department of Public Health in Hartford.

Documentation should be mailed to:

Department of Public Health
Vital Records Section
410 Capital Ave. M.S. #11 VRS
P.O. Box 340308
Hartford, CT 06134

Questions?

For further information, one may contact the customer service line at the Vital Records Section of the Department of Public Health at: (860) 509-7897.

⁵⁰ The law is available on the State of Connecticut web site: The amendment to P.A. 19a-42 is in section 32 of the bill.

Connecticut *Driver's License*

Name

If a person has changed their name, they must go to the nearest branch office of the Department of Motor Vehicles with their current license and documentation (i.e., marriage license, divorce decree, probate court documents, etc.) that shows the change. *Photocopies will not be accepted.* The new license will be issued at no cost.

Sex Designation

In order to change the sex designation on a CT license, the applicant must:

- Bring a notarized letter from their doctor on letterhead;
- Turn in old license;
- Pay a nominal fee.

Questions?

For further information, one may contact the CT Department of Motor Vehicles customer service line: (860) 263-5700.

MASSACHUSETTS

Massachusetts *Probate Court Name Change*

A change of name shall be freely granted unless such change is inconsistent with public interests.⁵¹

It is not open for a court to inquire into the motive that prompts one to change his or her name, provided the change is not for any dishonest, fraudulent, or unlawful purpose.⁵²

Name Change Process

- Submit an application (CJP-27);
- Submit a copy of birth certificate or naturalization papers;
- Pay a \$165 fee.
- Publish a notice of name change in a local newspaper.

If no person files an objection and the court finds no reason to refuse it, the name change will be approved without a hearing.

Massachusetts *Birth Certificate Amendment*

A person who has completed sex reassignment surgery, and has had his or her name legally changed by a court, may have his or her birth record amended to reflect the newly acquired sex and name.⁵³

Name

The applicant must submit to the appropriate clerk a certified copy of the legal name change court order.

⁵¹ M.G.L. c. 210 §12.

⁵² Sec'y of Comm. v. City Clerk of Lowell, 366 N.E.2d 717 (Mass. 1977).

⁵³ M.G.L. c.46 § 13.

Sex Designation

The applicant must provide the town clerk (in town/city of birth) with a physician's notarized statement indicating completion of sex reassignment surgery.

Massachusetts *Driver's License***Name**

The applicant must go in person to local Registry with (1) old license, and; (2) new name on Social Security card. A listing of branch offices can be found online at <http://www.state.ma.us/rmv/>. There is a nominal application fee.

Sex Designation (NEW POLICY)

The Massachusetts registry of Motor Vehicles has amended its policy to enable transgendered individuals to more easily change the gender designation on their licenses and identity cards.

Under this new policy it is no longer necessary to submit medical proof of sex reassignment surgery. An individual who wishes to change the gender marker submits an updated application with a Gender Designation Change Form, which is signed by the applicant and by a medical provider attesting to the gender the applicant has indicated.

The Registry no longer requires an amended birth certificate in support of the new gender designation marker. These changes will be made part of the Registry of Motor Vehicles Driver's Manual.

MAINE

Maine *Probate Court Name Change*

A person who desires to change his or her name may petition the probate judge in the county where he or she resides. If the person is a minor, the person's legal custodian may petition on his or her behalf.⁵⁴

Name Change Process

- Submit form CN-1 (available at local probate court);
- Pay a filing fee;
- Publish change in newspaper.

Maine *Birth Certificate Amendment*

Maine law does not have an explicit provision relating to public records for transgender people; the Office of Vital Records provides the guidance below.

Name

The applicant must submit an application to the local probate court.

Sex Designation

The applicant must submit to the local probate court:

- An Application for Correction;
- A letter from the doctor performing the surgery/ treatment.

The change cannot be made until surgery/treatment has been 'completed.' This standard has not been defined by a Maine court, but GLAD maintains that the determination of what is 'complete' should be evaluated on a case-by-case basis and in the judgment of the treating physician or therapist.

⁵⁴ Me. Rev. Stat. Ann. tit. 18-A, § 1-701, amended by 2001, c. 163, § 1.

All legal changes require a court order and a nominal fee. The fee is a one-time processing fee for all changes, so if, for example, a name change is completed prior to a change in sex designation, inform the court that the fee has already been paid.

A birth certificate that has been modified will be marked “amended” and will include the date of the change as well as a description of the evidence used in support of the amendment.⁵⁵

Questions?

For more information, one may contact the Maine Office of Vital Records: (207) 287-3181.

Maine *Driver's License*

Sex Designation

Although there is no official policy, the Maine Department of Motor Vehicles advises people to submit:

- A doctor's statement (in process, intention may be sufficient);
- An old license;

A nominal fee may be required.

Questions?

For more information, one may contact:

Bureau of Motor Vehicles
Attn: License Services
29 State House Station
Augusta, ME 04333

⁵⁵ Me. Rev. Stat. Ann. tit. 22, § 2705(1).

NEW HAMPSHIRE

New Hampshire *Probate Court Name Change*

New Hampshire law permits individuals to change their name through Probate court.⁵⁶

Name Change Process

- File a name change petition (Form #87) at local probate court;
- Appear before a judge;
- Pay a filing fee.

New Hampshire *Birth Certificate Amendment*

New Hampshire law does not have an explicit provision relating to public records for transgender people. The law provides generally for changes to birth certificates to be made by the town clerk according to rules set by the Commissioner of the Department of Health and Human Services.

Name

See the process for changing a name above. Once the name change is accepted, the birth certificate will be amended to read “also known as [New Name]” and “name changed pursuant to an order of the [Town] probate court.” It is the individual’s responsibility to inform others of the name change.

Sex Designation

The Bureau of Vital Records and Health Statistics (603-271-4655) provides the following guidance: An applicant should petition the appropriate probate court for a court ordered sex change using Form NHJB-2128-P that can be obtained at <http://www.courts.state.nh.us/probate/pcforms/index.htm>. This

⁵⁶ N.H. Rev. Stat. Ann. § 547:3-i.

involves a hearing in which evidentiary findings are made and payment of a nominal certificate amendment fee.

New Hampshire *Driver's License*

Name

A name change on a New Hampshire driver's license requires a probate court order.

Sex Designation

New Hampshire Department of Motor Vehicles policy requires an individual to:

- Submit current license;
- Submit a doctor's letter verifying completed surgery.

RHODE ISLAND

Rhode Island *Probate Court Name Change*

Rhode Island law allows individuals to change their names in probate court.⁵⁷ In every petition for change of name in the probate court, the judge shall grant or deny the petition without consideration of spousal consent.

Name Change Process

- Bring original certified birth certificate to local probate court*;
- Fill out form P.C. 8.1 (available at court or printable online @ <http://www.sec.state.ri.us/library/probateforms/probate-index.html/>)
- Authorize and pass criminal background check;
- If required by the court, advertise in local newspaper by filling out form P.C. 9.1 at least 10 days before hearing;
- Pay a filing fee.

*For minors, both parents must be present with identification.

Rhode Island *Birth Certificate Amendment*

Rhode Island law does not have an explicit provision relating to public records for transgender people; the law provides generally for changes to birth certificates.

Name

The applicant must submit to the registrar of vital records a certified copy of the probate court order changing the name, including applicant's name at birth, date and place of birth, and new name. The applicant will receive an affidavit in the mail that must be signed in a notary's presence.

⁵⁷ R.I. Gen. Laws § 8-9-9, 33-22-28.

Sex Designation

The Division of Vital Records requires that an applicant submit a notarized copy of a letter from the hospital or clinic performing the surgery/treatment. The letter must be on hospital letterhead and signed by the physician who performed the surgery or the physician in charge of the hospital.

The certificate will be marked “amended” when changed; the date of modification and a summary of evidence supporting the change will accompany the certificate.⁵⁸

The state registrar of vital records must report the change to the custodian of permanent local records in order for those records to be amended accordingly.⁵⁹

A sex designation change does not require a court order.

Questions?

For more information, one may contact the Rhode Island Division of Vital Records: (401) 222-2812.

Rhode Island *Driver's License*

Sex Designation

Rhode Island Department of Motor Vehicles policy requires an applicant to:

- Bring a letter from doctor verifying completed surgery;
- Turn in old license;
- Pay a nominal fee.

⁵⁸ R.I. Gen Laws § 23-3-21(b).

⁵⁹ R.I. Gen Laws § 23-3-21(e).

VERMONT

Vermont *Probate Court Name Change*

According to Vermont law, a person of age and sound mind may change his or her name by making, signing, sealing and acknowledging before the judge of the probate court of the district in which the person resides, a standard form available from the probate court.⁶⁰

Vermont *Birth Certificate Amendment*

Vermont law does not have an explicit provision relating to public records for transgender people; the law provides generally for changes to birth certificates to be made by petition.⁶¹

Name

- Make appointment at local probate court;
- Bring certified copy of birth certificate;
- Submit petition;
- Pay a filing fee plus advertising fee (different for each county).

No appearance before a judge is necessary; a clerk fills out paperwork and seeks the judge's signature. A court order is granted within 10 days of filing the petition. Then the Register of probate shall transmit the certificate and a certified copy of the change of name order to the supervisor of vital records, who forwards the order to the appropriate town clerk. The clerk amends the certificate and indicates that it has been "Court Amended" on the top of the certificate.⁶²

⁶⁰ Vt. Stat. Ann. tit. 15, § 811.

⁶¹ Vt. Stat. Ann. tit. 18, § 5075(a).

⁶² Vt. Stat. Ann. tit. 15, § 816.

Sex Designation

The applicant must submit a formal request to the local probate court, accompanied by an affidavit from the doctor or facility performing the medical treatment or sex reassignment surgery.

The court sets a hearing to consider the evidence in support of the petition. If the amendment is allowed, the supervisor of vital records instructs the clerk to amend the original record.

The amended birth certificate will show a line through the incorrect information with the change indicated in writing. The words “Court Amended” will appear on the top of the amended certificate and all copies.⁶³

Vermont *Driver's License*

Sex Designation

The Vermont Department of Motor Vehicles issued an official policy in June, 2001, stating that people who wish to change their sex designation must:

- Submit a letter requesting the change;
- Submit a letter from a licensed physician (include address) stating that change has been completed and on what date it was completed;
- Turn in old license;
- Pay a nominal fee

⁶³ Vt. Stat. Ann. tit. 18, § 5076(b).



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Getting Real

Getting Real: Transgender Attorneys Talk About Coming Out in the Workplace

By Patrick Folliard

Gender Identity

One's internal, personal sense of being a man or a woman. For transgender people, their birth-assigned legal identity and their own internal sense of gender identity do not match.

Gender Expression

External manifestation of one's gender identity, usually expressed through "masculine," "feminine," or gender-variant behavior, clothing, haircut, voice, or body characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.

Transgender

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include, but is not limited to transsexuals, cross-dressers, and other gender-variant people. Transgender people may or may not choose to alter their bodies hormonally and/or surgically.

Transition

The complex process of altering one's birth sex. Transitioning is not a one-step procedure, and occurs over a long period of time. Transitioning includes some or all of the following cultural, legal, and medical adjustments: telling one's family, friends, and/or co-workers; changing

one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgical alteration.

Definitions adapted from the GLAAD Media Reference Guide, 7th Edition. Transgender Glossary of Terms, available at www.glaad.org/media/guide/transfocus.php.

Today, most large firms and corporate legal departments are transgender inclusive, with some listing "gender expression" in their antidiscrimination statements. Across the nation, almost 70 jurisdictions provide some level of protection against discrimination on the basis of gender identity or gender expression. Currently, fourteen states and the District of Columbia do so in the workplace. Transgender attorneys do not receive all the employment benefits enjoyed by some of their gay and lesbian counterparts, however, and it is clear that the T in LGBT (lesbian, gay, bisexual and transgender) is the least understood. While gay and lesbian attorneys may ponder how "out" they should be while interviewing or working at a firm, the question for many transgender attorneys is whether they should be out at all.

Still, many attorneys are heartened by the small but growing number of transgender law students and young transgender attorneys who are writing scholarly articles, finding work at prestigious firms and corporations, and becoming increasingly engaged in bar associations. In the following paragraphs, three transgender attorneys—all trailblazers in the struggle for transgender equality—share the great strides they have made and are making for the transgender community.

Kylar W. Broadus

Growing up, Kylar W. Broadus often accompanied his father, a truck driver, to work. When the other men complimented the elder Broadus on his hardworking young son, he never corrected them. "My father intuitively got that I was a guy even though I was born biologically female," explains Broadus, a solo practitioner in Columbia, Mo. "It took my mother a little longer to catch on, but eventually she got it, too. As a transgender man, I've been very fortunate on the home front. Unfortunately, work has been a different story."

While employed as a claims specialist with a law degree in the Missouri office of a nationally known insurance company, Broadus wore masculine attire to work and was frequently taken for a man. It was never a problem until the day he announced to his colleagues that he was officially beginning his transition from female to male. Within months, despite years of service and stellar reviews, Broadus was out the door. The blatant injustice of the constructive discharge prompted Broadus to file a lawsuit, but it was dismissed on summary judgment motion.

"That was 11 years ago," recalls Broadus. "At the time, I didn't have the tools to articulate my situation to the company and there were no laws to protect me, so there really wasn't much I could do. Ultimately, the experience spurred me to become an activist—I was unwilling to hide or to be ashamed, and I wasn't going to sit by and allow what happened to me happen to other transgender people."

Without a job, Broadus hung out his shingle and took whatever cases came his way—mostly criminal and family court—and continued transitioning with hormones and some surgeries. ("There are always things we want to tweak and refine about ourselves," he says, "but I consider my transition complete.") Broadus reports that he continues to be underemployed and discriminated against because he is transgender and African American. "I'm disrespected by judges and other attorneys because of who I am," he

says. "Headhunters here in Missouri have asked me to play down any references to 'transgender' on my resume. Funny, if I replaced the words 'transgender law' with 'tort reform,' they'd have tremendous respect for my body of work."

If he were to come out as an openly transgender man on the job again, Broadus says he would do it earlier rather than later, and he would be careful to educate the company and colleagues on every step of his transition. "Sometimes we think we can gradually do it on our own, and those in the office will automatically accept us," he says. "It doesn't always work that way."

"The person doing the transitioning needs to be the one steering the ship," advises D'Arcy Kemnitz, the openly lesbian executive director of the National Lesbian and Gay Law Association (NLGLA). "He or she needs an open line of communication with whomever is handling diversity at the company or firm. To the degree that it is appropriate and within the transitioning attorney's level of comfort, colleagues and clients should be kept informed, but the transitioning attorney needs to own that timeline."

Denise E. Brogan-Kator

As managing attorney of the Rainbow Law Center PLLC, in Southfield, Mich., transgender woman Denise E. Brogan-Kator, along with her law partner and spouse (since 2005) Mary Kator, strives to provide competent, affordable legal services to the LGBT community. Brogan-Kator knows well the discrimination and risks that sometimes come with living one's life authentically.

When Brogan-Kator first began transitioning from male to female in the mid-1990s, she was a divorced father of three and the well-respected CFO for a midsized medical supplies company in Florida. At the first outward sign of feminization, she was let go. Brogan-Kator sought legal recourse, but soon learned there was nothing she could do. Then and there, she vowed to attend law school and to try to make a difference for other transgender people.

Two more jobs were followed by two unwarranted firings before Brogan-Kator landed a well-paying position as CFO of a Florida software company where, she says, "the company's owner was more interested in the work I could do than my past." After several lucrative years with the company, Brogan-Kator was able to semi-retire and attend law school full-time.

At the University of Michigan Law School, Brogan-Kator, who by then had completed her transition, might have gone "stealth" (i.e., passed as a biologically born woman). Instead, says Brogan-Kator, she opted to be the institution's first and only openly transgender woman, happily introducing herself to the campus through her very popular blog titled "Musings on life, law, and gender."

"It's more challenging for openly transgender attorneys to achieve equality and find acceptance in the legal profession than it is for gay, lesbian, and bisexual attorneys," says Brogan-Kator. "At the time of transition, transgender becomes the core of one's identity. When a person comes out as gay, it's between him or her and whomever he or she chooses to involve, whereas if you're transitioning, it's between that person and the entire world—transitioning is more obvious and problematic than 'coming out.' One day everyone knows you as one sex, and the next they have to think of you as another.

"Challenging something so fundamental to our concept of self and identity as sex does not always go over so well with society at large," Brogan-Kator explains. "Because of that, discrimination against the transgender community is enormous: Many transgender

individuals suffer verbal and physical violence or immediate threats of violence. Unemployment is very high. Believe me, I'm in rarified company in being an employed, successful transgender woman. Certainly most transgender people don't have the money to finance a lot of transitioning—hormones and surgery are not cheap, and neither is the probability of losing one's job."

For Brogan-Kator, transitioning is akin to breathing. "One can only hold one's breath for so long," she says, "and then you have to exhale and draw in new breath. Similarly, you can stay in the gender that you've been assigned for as long as you can, but at some point in time, the need to breathe becomes paramount and then you transition."

Mia F. Yamamoto

Shortly after completing her transition from male to female five years ago, Mia F. Yamamoto, a private practice criminal defense lawyer since 1984, lost one case and then entered a winning streak that continues through today. "It's reminiscent of when I was first coming up as a Japanese American litigator and had something to prove," she recalls. "People didn't believe that an Asian litigator could be as assertive or effective as other attorneys, especially in the courtroom. In some ways, that chip on my shoulder prodded me to do well. Once again, I'm feeling that I have something to prove: People must understand that a transgender woman can do as good a job as anyone else. I'm working hard to do that in terms of quality of practice and production."

Is it simpler to transition as a solo practitioner? Interestingly, it's not, says Yamamoto. "In a firm or a corporate legal department, transitioning becomes more of a human relations problem," she says, "and in a bureaucracy, it becomes a question of internal politics regarding what clients the transitioning attorney can serve. As a former public defender in Los Angeles for 10 years, I'm familiar with bureaucracy—most of the organizations I've worked for would make accommodations for a transitioning attorney. As a solo practitioner, however, "I faced my clients alone," Yamamoto continues. "If they didn't like what I was doing, they were more than free to leave. In that sense, I had no safety net."

Yamamoto transitioned on the job, but before she began to live as a woman, she approached each of her clients and gave them the opportunity to fire her if they were uncomfortable with what she was doing. Yamamoto even recommended a good lawyer who would be willing to take their cases. "I was aware that a great deal of law is presentation, and my transition might have been perceived as a problem—they hire a guy and end up with a woman," she says. "I have some pretty tough clients—murder cases, a death penalty case—and all of them stayed with me. It was very touching, to be honest."

Born "Michael" while her family was interned at the Poston Relocation Camp for Japanese Americans in Arizona during World War II, Yamamoto is very aware that she belongs to two minority groups. Because so many more people are working for racial equality, however, she feels a special obligation to advocate for the transgender community and to be as high profile and active as she can possibly be.

"I don't consider myself neurotically confessional," explains the commended Vietnam veteran, "but I'm very open about who I am. At one point, I thought it was going to be a struggle to overcome the ridicule and rejection that I'd encounter as a transgender woman, but that's not how it went down. Almost from the beginning, I've been in a position to answer questions and educate people about being transgender. For many people at court and in LA's Asian Pacific legal community, I was the first out transgender person that they had ever met, and they were curious. I believe that the more forthcoming I am, the easier it will be for other transgender attorneys, so I'm open even when it's uncomfortable."

Yamamoto's advice to those working with transgender attorneys who have been or are transitioning is "get over the shock and go back to business as usual." And she says not to worry if you mistakenly call someone by their former first name or use the wrong pronoun: "People I've known the best and longest have the most trouble with my name and pronouns, so it's not something to get judgmental about."

D'Arcy Kemnitz adds, "People are so afraid about getting it wrong. We have to give ourselves permission to use the wrong pronoun, say we're sorry, really mean it when we say it, and move on. Really, it's okay. People who are transitioning understand."

Not only should transitioning at the firm or the corporate legal department be visible, it should be celebrated, argues Kemnitz. "The lawyer is getting a chance to improve his or her life, and with that comes happiness in life and happiness at the workplace. While most of us may not understand what it is like to be born into the wrong body, we can certainly understand the importance of improving one's quality of life." **DB**

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From the July/August 2008 issue of Diversity & The Bar®



Transgender Family Law Facts:

A fact sheet for transgender spouses, partners, parents, and youth

This fact sheet was designed to answer basic legal questions related to marriage, domestic partnerships, parenting, foster care, and youth issues. The Transgender Law Center also has a more complete guide for community members and our families: *Transgender Family Law 101*. In addition, we have the *Transgender Family Law Practitioner's Guide* for attorneys and advocates and *Transgender People and the Family Court System* for California family law court personnel.

Marriage¹

Since, at the time of publication, California only allows “opposite sex” couples to get married, gender matters. Because, as a transgender person, you may be unsure of what your “legal” gender is, determining to whom you can stay married or get married to can be confusing. In general, people are concerned about marriages that are either pre-transition or post-transition.

(Some people have questions about relationships that don't fit into either of these descriptions. If you do, feel free to call us at the above number.)

(a) *Pre-Transition Marriage* (does transition end a marriage?)

When a couple gets married, and at some later point one spouse transitions, the key question is whether the couple, who are now same-sex, are still married. While neither the courts nor the legislature has yet said anything about these marriages, California marriage law generally says that a valid marriage can only be ended through death or divorce.² Because of this, it is our strong belief that pre-transition marriages remain valid after transition.

(b) *Post-Transition Marriages* (can someone marry based on their gender identity?)

California expressly recognizes a person's gender identity as his or her gender in some situations (changing your gender marker on your driver's license or birth certificate, for example). For that reason, we strongly believe that you can marry based on your gender identity. The best way to support that marriage is through getting a court order and/or a new birth certificate that

¹ Bi-national couples seeking to have one spouse immigrate as a result of marrying a U.S. citizen or resident will face special marriage related issues. See TLC's publication on immigration issues for more information.

² A marriage can also be invalidated if there was fraud at the time of marriage, but transition has never been held to be fraud.

recognizes your change of gender.³ However, even without such proof, you can still make a case for getting married.

To provide you and your family as much protection as possible, we recommend that you take a couple of extra steps beyond getting a marriage license. These steps include, entering into a memorandum of understanding (MOU) prior to marriage, creating a will or trust, entering into a parent MOU prior to the birth of any children, and completing basic paperwork for power-of-attorney.

Special Note: Transgender people who, post-transition, are in a same-sex relationship (for example, a FTM engaged to a non-transgender man) sometimes wonder if they can marry based on their birth-identified gender. For a number of reasons, we do not advise doing this. Instead, we recommend that you consider a Domestic Partnership.

Domestic Partnerships

In California, a separate legal process called Domestic Partnership (DP) was created for couples that are same-sex or in which one partner is over the age of 62. Similar to the way in which the “opposite sex” requirement raises questions about marriage, so too does the “same-sex” requirement about DPs.

Luckily, the answers are basically the same. Transition doesn't end an existing DP and someone should be able to enter into a DP based on gender identity. In addition, if a couple is in a pre-transition DP, they can get married to each other after the transition of one partner without first ending the DP. But be aware that even though the rights associated with DPs have expanded, it is not a marriage. A DP will not be recognized by the U.S. government and may not be recognized in other states.

Parenting

Transgender people can become parents in a number of different ways: biologically having a child; parenting a child born to a spouse, DP, or someone that agrees publicly that two of you are co-parents; adopting a spouse's or DP's child through a step-parent adoption; and/or adopting a child that has no biological ties to either spouse or DP (or doing so as a single person). California law strongly supports the right and ability of transgender people to be parents in each of these situations. A transgender person should not be at risk of having custody or visitation with their child lessened or compromised simply because of their gender identity or expression.

Unfortunately, due to a lack of experience with transgender parents on the part of some judges, family law attorneys, and court personnel, transgender parents may have a hard time asserting their rights. Therefore, we recommend that you clarify your legal rights by calling TLC or a private lawyer who understands transgender family law issues. It is very important to advocate for yourself from the start because once you have given up your rights to custody and visitation, it is very difficult to get them back.

³ See our publications on ID change to get more information about changing your IDs or getting court orders.

Foster Care

Transgender people participate in the Foster Care system in a number of different ways: as youth in the system, as foster parents, and as people working in the system. All of these groups are protected from gender identity discrimination under California law. No one can be denied services, rejected as a foster care family, or fired from the system simply for being transgender. For youth in the system, this also means that you can't be denied the right to transition simply because you are in foster care or denied a transfer if your foster care family is not supportive. And the staff at any facility should work with you through your transition and make sure that your identity is respected.

Transgender Youth Issues

Despite transgender-positive laws affecting youth,⁴ California still treats youth as not being able to make some decisions without the approval of their parent(s) or guardian(s). Therefore, in order to change your name officially on your driver's license or state ID, a transgender person under 18 will need permission from a parent(s) or guardian(s), unless you are an emancipated minor.

If you are a transgender youth who is facing abuse at home or if you are kicked out of your home for being transgender, you can consider creating a different kind of family for yourself. If you are old enough and can show a judge that you can support yourself, emancipation may be an option. Or someone else (a family friend or other relative) can ask the court to assign them as your guardian. Both of these options are serious and have many consequences. You should not go into either one without first talking to a lawyer and making sure that the option is right for you.

Finally, as more transgender youth come out at an earlier age, sometimes parents disagree among themselves about whether to support their children. If the parents are separated, this disagreement can lead to a renewed custody challenge. If you are in this situation and want to support your child, please contact TLC or another knowledgeable legal resource prior to taking any significant steps.

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⁴ In addition to the Foster Care law, transgender students are protected from discrimination. TLC has a separate publication on Transgender Students' Rights.

TRANSGENDER PEOPLE AND MARRIAGE: THE IMPORTANCE OF LEGAL PLANNING

By Shannon Minter, Legal Director
National Center for Lesbian Rights

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Transgender people face unique legal issues with regard to marriage. Although marriage is not yet a legal option for lesbian, gay or bisexual people in any state, it is already an option -- and a reality -- for many who are transgender. This article summarizes the legal issues surrounding marriage for transgender people and suggests some ways that transgender persons can protect their marital relationships.

Many people are aware that transgender individuals are often able to enter into a heterosexual marriage after undergoing sex-reassignment. What may be less well known, however, is that a transgender person may also be married to a person of the same sex. That situation arises, for example, when one of the spouses in a heterosexual marriage comes out as transsexual and transitions within the marriage. If the couple chooses to stay together, as many do, the result is a legal marriage in which both spouses are male or female. Alternatively, in states that do not allow a transgender person to change his or her legal sex, some transgender people have been able to marry a person of the same sex. To all outward appearances and to the couple themselves, the marriage is a same-sex union. In the eyes of the law, however, it is a different-sex marriage, because technically speaking, the law continues to view the transgender spouse as a legal member of his or her birth sex even after sex-reassignment. In short, marriage is a very real option for a variety of transgender people in a variety of circumstances.

In practice, however, the legal validity of marriages involving a transgender spouse is not yet firmly established in the great majority of states. In 1999, for example, an appellate court in Texas invalidated a seven year marriage between Christine Littleton, a transgender woman, and her deceased husband. The case arose when Ms. Littleton brought a wrongful death suit seeking damages for her husband's death as a result of alleged medical malpractice. Rather than ruling on the merits of Ms. Littleton's suit, the court held that a person's legal sex is genetically fixed

at birth and that Ms. Littleton should be deemed to be legally male, despite her female anatomy and appearance, and despite the fact that she had lived as a woman for most of her adult life. As a result of that decision, Ms. Littleton was denied all of the rights afforded to a legal spouse -- not only the right to bring a wrongful death suit, but the right to intestate inheritance, to obtain her deceased husband's Social Security and retirement benefits, and many others as well.

In contrast, in 1997, a trial court in Orange County, California affirmed the validity of a marriage involving a transgender man. The case arose when the wife sought to invalidate the marriage in order to deprive her husband of his parental rights vis-a-vis the couple's child, who was born through alternative insemination. Fortunately, the trial court rejected the wife's argument that the transgender husband should be considered legally female and refused to nullify the marriage. The court held that California law recognizes the post-operative sex of a transsexual person for all legal purposes, including marriage. Notably, however, if the court had ruled differently, or if the transgender spouse had not undergone extensive and expensive sex reassignments surgeries prior to the marriage, it is likely that he would have lost any right to maintain a relationship with his child.

As these and other similar cases make clear, it is critical that transgender people who are married become aware of their potential legal vulnerability and take steps to protect themselves as much as possible. As an initial matter, transgender persons who are married should certainly act accordingly and should not hesitate to exercise their rights as legal spouses, whether that be the right to file married tax returns, the right to apply for spousal benefits, or the right to have or adopt children as a married couple. At the same time, however, it is also important to create a safety net in the event that the validity of the marriage is challenged.

Although there are many benefits and protections that arise exclusively through marriage and cannot be duplicated through any other means, there are also some basic protections that can be safeguarded and secured through privately executed documents and agreements. At a minimum, a transgender person who is married should have: (1) a last will and testament for both spouses; (2) financial and medical powers of attorney in which each spouse designates either the other spouse or another trusted person to be his or her legal agent in the event of incapacitation; and (3) a written personal relationship agreement including a detailed account of each spouse's rights and responsibilities with regard to finances, property, support, children, and any other issues that are important to the couple. The agreement should also include an acknowledgment that the non-transgender partner is aware that his or her spouse is transgender, to avoid any later claims of fraud or deception.

Ideally, the couple should draft those documents with assistance from an attorney and supplement them with any other legal planning documents that are appropriate for their specific circumstances.

With those basic documents in place, transgender people who are married can at least ensure that the spouses can inherit each other's estates and retain control over their own financial and medical decisions, even if the validity of the marriage is challenged. In many cases, the safety net created by extra legal planning will never have to be used. In others, the presence of that extra protection will shelter the transgender person and his or her spouse from devastating emotional trauma and financial loss.



American Bar Association



HUMAN RIGHTS MAGAZINE

Protecting Transgender Families: Strategies for Advocates

By Taylor Flynn

Divorce is never easy. Your life partner may now be a bitter enemy, your means of economic support may be in jeopardy, and custody of your children may be at risk. How could the stakes be any higher? Ask Michael Kantaras, J'Noel Gardiner, Kristie Littleton, or any of the married transgender women and men in the United States. For a transgender (trans) man or woman, what begins as the dissolution of a relationship may be transformed into a public nightmare in which the individual is forced to defend the authenticity of his or her gender in the face of relentless, brutal, and humiliating questions about the most intimate details of personal anatomy and sexual practices.

In 2002 this possibility became a reality for Michael Kantaras, a transsexual man in Clearwater, Florida. Although born with female genitalia, Michael grew up with a deep-seated identity as a male. In 1985, at the age of twenty-three, Michael went through the difficult process of making his life congruent with his sense of self by undergoing sex-reassignment, including hormone therapy, chest surgery, and surgeries to remove his internal female genitalia. A few years later, Michael fell in love and married Linda Kantaras, after telling her about his transgender status. At the time they married, Linda had an infant son from a prior relationship. Michael adopted Linda's son, and the couple had a second child through alternative insemination. Michael and Linda were married for ten years. When Michael filed for divorce, the court-appointed custody evaluator concluded that he was by far the more stable and qualified parent and recommended that he be given primary custody of the couple's two children.

Instead of focusing on the children's best interests, however, the proceedings very quickly centered on Linda's claim that Michael was legally female, which, if accepted by the court, would have rendered their marriage a legally invalid same-sex union and jeopardized Michael's parental rights. Drawing on anti-gay case law holding that, absent adoption, nonbiological gay and lesbian parents have no legal rights to their children, Linda argued that Michael was not a legal parent of the child born through alternative insemination. Linda also argued that Michael's adoption was invalid because Florida bans adoption by gay and lesbian parents. In short, Michael faced not only the loss of

custody but also the loss of any right to be considered a parent in the eyes of the law or to maintain any contact with his children. With a signature from a judge's pen, his marriage, his parenthood, and even his gender could be erased.

In a three-and-a-half-week trial televised on Court TV, Michael and other witnesses were grilled about the appearance of Michael's body, the shape and size of his genitalia, his sexual capacities and practices, his ability to urinate standing up, and the details of his medical diagnosis and treatment as a transsexual person. Fortunately, the trial judge ultimately found Michael to be legally male, affirmed the validity of his marriage, and granted him custody of both children in an 800-plus-page decision issued on February 21, 2003. Available at www.transgenderlaw.org. Just a few months later, in April 2003, a trial court in Chicago came to the opposite conclusion in a case involving similar facts. In Chicago, the trial judge ruled that Sterling S., a transsexual man who had undergone extensive medical treatment and lived exclusively as a man for more than twenty years, was nonetheless legally female, that his fifteen-year marriage to his wife Jennifer was invalid, and that he was not a legal parent to the couple's ten-year-old son. Both decisions are now on appeal.

Two other decisions involving transgender spouses have made the headlines in the past few years. Christie Littleton is a transsexual woman residing in Texas. After Christie's husband died in surgery, she filed a medical malpractice claim. The doctor responded by arguing that the couple's marriage was invalid and that she did not have standing to bring a wrongful death claim. The trial court dismissed Christie's claim on that basis. The Texas Court of Appeals affirmed the decision, concluding that "Christie was created and born a male" and continued to be legally male, regardless of her gender identity or how much medical treatment she had undergone. *Littleton v. Prange*, 9 S.W.3d 223, 231 (Tex. App. 1999). Shortly thereafter, J'Noel Gardiner, a transsexual woman in Kansas, faced a similar challenge to the validity of her marriage, with a similar outcome. When J'Noel's husband died intestate, his estranged son sued to invalidate the couple's marriage in order to inherit their estate. The trial court ruled in the son's favor, and the Kansas Supreme Court affirmed the trial court decision in an opinion that drew heavily upon the decision in *Littleton*. *Estate of Gardiner*, 42 P.3d 120 (Kan. 2002).

As advocates for transgender spouses and parents, lawyers can at least strive to protect their clients from such devastation by educating the court on key issues concerning transgender identity and presenting the court with persuasive legal arguments for relying on a transgender person's gender identity, rather than specific medical treatments, to determine the person's legal sex.

Overview of Terms

Traditionally, "sex" refers to a person's sexual anatomy, whereas "gender" refers to the qualities society considers masculine or feminine. "Transgender" is an umbrella term that encompasses all people who are gender nonconforming, such as transsexual and intersexed persons, "masculine" women or "effeminate" men, and gay, bisexual, and lesbian people. As the following discussion suggests, however, the distinction is not always clear, and the terms often are used interchangeably. An extensive body of medical and psychological knowledge demonstrates that sex is not a rigid male-female binary but a sum of components, including physical characteristics (external and internal reproductive organs, chromosomes, hormones, and secondary sex characteristics) and gender identity, or a person's internal psychological identification as female or male. The components typically line up so that birth anatomy corresponds to gender identity.

In transsexual people, the individual's physical characteristics correspond to one sex while gender identity corresponds to the other. Trans men like Michael Kantaras and Sterling S. are often known as female-to-male transsexuals (FTMs); trans women like Christie Littleton and J'Noel Gardiner may be known as male-to-female transsexuals (or

MTFs). In 1979, an international organization of medical and psychological experts began developing a medical protocol, or standards of care, to provide guidelines for the diagnosis and treatment of transsexual people. Available at www.hbgda.org. These guidelines are designed to ensure that each patient receives an individualized assessment to determine which medical treatments, if any, are necessary to bring the person's gender presentation or anatomy into harmony with his or her gender identity.

Another group of people—estimated at one in 2,000—is born intersexed, which is the contemporary term used to describe people who possess a combination of physical characteristics typically associated with both males and females. For example, intersexed people may have ambiguous genitalia or chromosomes that do not neatly fit into the categories of XX or XY. When a person's gender identity and physical characteristics conflict, medical and psychological experts overwhelmingly agree that gender identity is the primary determinant of sex, not anatomy.

A Judicial Split

Judicial approaches to determining a person's legal sex generally fall into two camps. The majority approach ignores decades of medical and psychological data to conclude that sex is determined exclusively and unchangeably by a person's genitalia at birth. Courts adopting this approach often invoke God or nature. In *Christie Littleton's* case, for instance, the court framed the issue as whether sex is "immutably fixed by our Creator at birth" and concluded, "There are some things we cannot will into being. They just are." *Littleton*, 9 S.W.3d at 224, 231.

In *J'Noel Gardiner's* case, the Kansas Supreme Court case looked to Webster's Dictionary for the definition of "sex," concluding that transsexual people do not fit within that definition and hence are not covered by Kansas's marriage statute. "The words 'sex,' 'male,' and 'female' in everyday understanding do not encompass transsexuals. The plain, ordinary meaning of 'persons of the opposite sex' [found in the marriage statute] contemplates a biological man and a biological woman and not persons who are [transsexual]." *Gardiner*, 42 P.3d at 120.

In contrast, a small but growing minority of courts in the United States and internationally have concluded that the legal sex of transgender litigants is the sex corresponding to their gender identity. As early as 1976, a New Jersey court ruled that a transsexual woman was legally female, stating that when birth anatomy and gender identity conflict, the role of anatomy is secondary. *M.T. v. J.T.*, 355 A.2d 204 (N.J. Sup. Ct. 1976). In a more recent decision, an Australian family court similarly upheld the validity of a marriage involving a transsexual man. The court cited expert testimony that "brain . . . or mental sex . . . [is thought to] explain the persistence of a gender identity in the face of . . . external influences" and concluded that the transgender litigant in the case "is and always has been psychologically male." *Gardiner*, 42 P.3d at 131, 132 (discussing *In re Kevin*).

In *Kantaras*, the Florida trial court reviewed the extensive medical and psychological testimony presented in the case and concluded, based upon that testimony, that gender identity is the primary determinant of sex. The judge stated, "There should be no legal barrier, cognizable social taboo, or reason grounded in Florida public policy to prevent Michael's [being declared legally male] . . . From a medical standpoint, Michael is of the male gender and has been his entire life." As the opinions in these cases suggest, because gender identity is fixed at a young age, trans people do not "change" their sex; rather, they bring their gender presentation or anatomy into harmony with their gender identity.

The Gender Identity Standard

That transsexualism is a recognized medical condition with an established course of treatment raises the issue of whether specific procedures, such as hormone therapy or

surgical interventions, will be required for a person to be legally recognized as male or female.

Ideally, courts should apply the standard used by medical and psychological experts: that a person's sex is determined by his or her gender identity. In *Kantaras*, for example, the trial court rightly concluded that it would be absurd to withhold legal recognition of Michael's male gender given that Michael's gender identity was male, that he had undergone extensive and irreversible medical treatments for the purpose of sex-reassignment, and that he was seen and accepted as a man by everyone in his daily life, including family, friends, employers, and acquaintances. Although Michael had not undergone a phalloplasty (the surgical construction of a penis), the court did not find this to be dispositive in view of the uncontested expert testimony that Michael's gender identity was unambiguously male and that he had completed all of the medical treatments recommended to him by his doctors and therapists.

In *Kantaras*, the judge specifically acknowledged and relied upon the extensive medical information presented in the case, including testimony that many medical experts on transsexualism counsel against phalloplasty because it presents risks of permanent loss of orgasmic capability, severe scarring, and irreversible damage to the urethra. Moreover-in addition to the cost, which may exceed \$100,000-medical technology has not advanced to the stage where the procedure results in a functioning penis. Because the medical establishment can surgically construct fully functioning vaginas but not penises, reliance on surgery in this situation would have a starkly different impact on trans women than trans men. In view of these considerations, the judge in *Kantaras* declined to hold that phalloplasty is required for a transgender woman to be recognized as legally male, since any such requirement would be at odds with current medical knowledge and practice. In contrast, in the Chicago case, the trial court relied on the "lack" of genital reconstructive surgery to declare Sterling S. to be legally female, despite his male gender identity, extensive medical treatments, and twenty-plus years of living and being accepted as a man.

That the court's decision in *Kantaras* was shaped by expert medical testimony strongly suggests that providing such medical data is advisable to ensure that courts have the information they need to make informed decisions. The fact that the opinion was 800 pages long raises questions, however. If courts require extensive expert evidence and undertake detailed, individualized inquiries into a person's medical history, what recourse exists for clients who do not have access to experts or adequate medical care? Will certain surgeries or hormonal therapies become required? What if the client does not believe medical treatment is appropriate for him- or herself?

While courts desperately need the kinds of information provided to the judge in *Kantaras*, that court's complex, highly medicalized inquiry has the potential to create almost as many problems as it solves. The better approach is for courts to point to the medical standards of care, which conclude that sex is determined by gender identity: the court then needs only to look to the person's gender identity to determine his or her legal sex. Recognition of gender identity should provide the law with a consistent, relatively simple approach that accords with medically accepted standards yet at the same time permits the flexibility that the standards of care contemplate.

Annulment of Marriage

Despite excellent lawyering, a court may follow the majority of courts and invalidate the client's marriage. What does this mean for custody? Under early American law, when a marriage was invalidated or annulled, courts did not divide property or determine custody as they would in a divorce. Instead, these courts attempted to return parties to their "original" positions. This meant that property (which, at the time, included children) was returned to the property holders, who were men. As a result of such injustices, modern doctrine provides that, for purposes of determining property division, support, and custody, annulment should be treated just like divorce. See, e.g., 63 A.L.R.2d 1008

(West 2002). Crucially, then, non-biological, transgender parents should not lose their legal rights to their children simply because their marriage has been annulled.

Advocates representing transgender spouses and parents should be prepared to assert this doctrine in the event that clients are denied legal recognition of their gender. In the worst case scenario, one in which a court rules that a transgender client is not a legal parent, the doctrine of functional parenthood may provide protection if the jurisdiction decides to follow the recent rulings by the highest courts in Massachusetts and New Jersey. Both courts held that, although the litigants had not adopted their partner's child, the nonbiological lesbian mother in each case was a full legal parent of the child. *E.N.O. v. L.M.M.*, 711 N.E.2d 886 (Mass. 1999); *V.C. v. M.J.B.*, 748 A.2d 539 (N.J. 1999). Pointing out that the doctrine applies to any person who meets the criteria, each court arrived at a similar, carefully crafted set of standards for determining functional parenthood-standards that most active parents should be able to meet.

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Caregiving

AMONG OLDER LESBIAN, GAY, BISEXUAL,
AND TRANSGENDER NEW YORKERS

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The **National Gay and Lesbian Task Force Policy Institute** is a think tank dedicated to research, policy analysis and strategy development to advance greater understanding and equality for lesbian, gay, bisexual, and transgender people.

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Preface

BY MATT FOREMAN

EXECUTIVE DIRECTOR, NATIONAL GAY & LESBIAN TASK FORCE

As baby boomers head into their fifties and sixties, the US population grows slightly older with each passing day—and America's gay population grows older right along with it. In this way, the release of *Caregiving Among Older Lesbian, Gay, Bisexual, and Transgender New Yorkers* could not be more timely.

Caregiving was made possible by a unique collaboration among the National Gay and Lesbian Task Force, Pride Senior Network, and the Fordham University Graduate School of Social Service. The Task Force is honored to be a part of such a prestigious assemblage of academics, social workers, and activists in the field of gerontology and health care, and is especially proud of this report.

The largest survey of its kind ever produced, *Caregiving* was funded by a grant from the Sam Wilner Fund of the New York Community Trust. It is the result of several years of research conducted by some of the leading thinkers on elder care issues. Researchers began by holding focus groups with older lesbian, gay, bisexual, and transgender (LGBT) New Yorkers all across the city. They then developed a survey that was ultimately completed by 341 LGBT New Yorkers 50 and older. The results of this study are a window into the social networks and caregiving experiences of LGBT elders in urban areas all over the country.

This study provides a comprehensive overview of the caregiving issues faced by older LGBT people in New York City, as well as detailed analyses of their caregiving experiences with blood relations, life partners, and friends. It concludes with policy recommendations, examining the impact of the National Family Caregiver Support Program, the Family Medical Leave Act, Social Security, Medicaid, and other laws and policies on LGBT elders.

Unfortunately, LGBT caregivers and care recipients still face discrimination at doctors' offices, hospitals, nursing homes, and other places we entrust with the care of our loved ones. In identifying these issues, it is our hope to encourage lawmakers and policymakers

to incorporate the needs of our community into future public policy, to provide a foundation from which other researchers can further explore these issues, and to furnish health care providers who serve LGBT elders with information that will lead to more competent and sensitive care for their clients and patients.

Caregiving is the most recent in a long history of Task Force efforts on behalf of LGBT elders. *Outing Age*, published in 2000, was a direct examination of how public policy issues affect LGBT elders around the United States. For the past five years, the Aging Institute at the Task Force's annual Creating Change conference has provided a forum where issues of concern to LGBT elders are regularly explored and addressed. The Task Force Policy Institute is currently working with SAGE (Services and Advocacy for GLBT Elders) to prepare for the 2005 White House Conference on Aging, to insure that our community's issues and interests are addressed at this once-a-decade congress.

This study was released at the 2004 National Conference on Aging in the Lesbian, Gay, Bisexual, and Transgender Communities, a biennial event hosted by SAGE, the nation's oldest and largest social service and advocacy organization dedicated to LGBT seniors. The Task Force is especially grateful for the efforts of Pride Senior Network and the authors of this study, who took the ideas behind this report and made them a reality, conducting research, organizing focus groups, and collecting and analyzing data.

Today, the population of gay seniors in America is estimated at just under three million; by 2030, it could be nearly twice that. The caregiving by more than 25 million friends, family, and loved ones in America is valued at \$200 billion annually. Yet only three states—California, Hawaii, and Vermont—provide even unpaid leave to care for ill, same-sex partners.

Retirement communities aimed at gay men and lesbians have recently been popping up all across the Sunbelt: evidence of some success our community-based groups are having in making this segment of our community visible, both to other members of our own community and to the nation at large. It is the hope of the Task Force that this report will shed some light on the caregiving issues faced by this population, bringing us closer to the day when we can all have access to the health care services we need—regardless of the gender of our partners, or our sexual orientation.



Matt Foreman
Executive Director
National Gay and Lesbian Task Force

Caregiving

Executive Summary

INTRODUCTION

Like most Americans, as lesbian, gay, bisexual, and transgender (LGBT) people age, they begin to think about the caregiving needs they might face. The issue of caregiving has, in turn, become increasingly important to both younger and older members of the LGBT community. A broad definition of the term "caregiving" can include the day-to-day assistance we provide each other in our personal relationships. Caregiving in this study, however, refers to the definition usually used in gerontological and disability literature: specifically, the extensive, time-consuming aid needed by people who are so sick or frail that they require hands-on help with the tasks of daily living.

Caregiving is a universal experience, and most of us will provide caregiving assistance to others at some point in our lives. Individually, caregivers often provide support for parents with Alzheimer's disease, partners with HIV/AIDS, and siblings with traumatic brain damage. In fact, more than 25 million Americans are currently providing caregiving assistance to a family member or close friend (United Hospital Fund and Visiting Nurses Service of New York [UHF], 2000)¹. Without such caregiving, society would incur enormous financial costs. For example, it is estimated that if informal caregiving assistance had to be purchased through formal providers, such as hospitals and nursing homes, its price tag would be approximately \$200 billion annually.² For this reason alone, public policy should provide for the maintenance and sustainability of informal caregivers.

Despite the anti-gay movement's construction of "gay" and "family" as mutually exclusive categories, LGBT people are integral parts of the families they grew up in. As this study documents, LGBT people are very involved in caregiving with their *families of origin*, providing caregiving assistance for parents, chil-

Caregiving in this study refers to the extensive, time-consuming aid needed by people who are so sick or frail that they require hands-on help with the tasks of daily living.

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dren, aunts and uncles, and other relatives. LGBT people also often provide care to their *families of choice*, or same-sex partners and close friends who are sick, disabled, or frail with age. For example, there is extensive documentation of LGBT people providing care to friends and partners with HIV or AIDS.

To get a better understanding of the caregiving practices and needs of older LGBT people, researchers from Pride Senior Network, the National Gay and Lesbian Task Force Policy Institute, and the Graduate School of Social Service at Fordham University undertook the first large-scale study of caregiving among LGBT people. The survey, which targeted New York City residents, was based on information gathered at a series of focus groups with LGBT elders held in four of New York City's five boroughs. It utilized questions found in the most recent large-scale study of older New Yorkers, *Growing Older in New York in the 1990s: A Study of Changing Lifestyles, Quality of Life, and Quality of Care*, as well as other caregiving studies (Cantor & Brennan, 1993).

Participants, age 50 and older, were recruited from over 100 LGBT organizations in the New York City area. Groups that serve women and people of color were specifically targeted in order to gather as diverse a sample population as possible. Unlike most other demographic characteristics, sexual orientation can be difficult to assess because it is often concealed. To overcome this problem, several research methods were utilized to recruit study participants who were LGBT, including postering, advertising, one-to-one contacts, and snowballing techniques.

Despite the challenge in identifying a sample, 341 valid surveys were returned. Since the sample is not random and is also limited to New York City, the findings may not be generalizable to all LGBT people. The results do, however, represent an important first step in learning more about the social networks and caregiving experiences of LGBT elders. These data offer a compelling picture of LGBT caregivers, their assistance to members of their families of origin and families of choice, the variety and intensity of the tasks they perform, the impact of caregiving on their lives, as well as their unmet needs.

Despite the anti-gay movement's construction of "gay" and "family" as mutually exclusive categories, members of the LGBT community are integral parts of the families they grew up in.

Participants age 50 and older were recruited from over 100 LGBT organizations in the New York City area.

SIX MAJOR FINDINGS

1. LGBT PEOPLE PROVIDE EXTENSIVE CAREGIVING FOR THEIR FAMILIES OF ORIGIN AND FAMILIES OF CHOICE

- Nearly half of the respondents (46%) were providing caregiving assistance or had provided such assistance to a family of origin member or family of choice member within the past five years. Caregivers provided that care for an average of eight years.
- Differences between the caregiving experiences of family of origin and family of choice caregivers were not great, and were largely a reflection of the relationship between caregivers and care recipients, as well as their living arrangements.

1. This report uses academic citation formatting. Full bibliographic citations for sources are available in the references section at the end of the report.

2. S. 538, The Lifetime Respite Care Act of 2003, Section 2901 (a) 8.

- Family of choice caregivers were more likely to live with the person for whom they provided care, and were more involved in hands-on personal and household caregiving.
- Family of origin caregivers, who cared primarily for parents and other frail, elderly family members, tended to function as case managers rather than providing direct, hands-on care. For example, they arranged for services, played an advocacy role, and insured that needed services were available and in place.

Ninety-eight percent of caregivers reported visiting or telephoning a person in need from their family of origin.

- For caregivers of both family of origin and family of choice members, the most important assistance they provided was emotional support, visiting, and calling on the telephone.
 - Ninety-eight percent of caregivers reported visiting or telephoning a person in need from their family of origin, and 91% reported visiting or telephoning a person in need from their family of choice.
 - Caregivers felt that emotional support was the most important form of assistance they provided.
- Help with advice and decision-making were also important forms of assistance:
 - Over three-quarters of family of origin caregivers "always" or "often" provided advice and decision-making, and 54% of family of choice caregivers were involved in providing advice and decision-making assistance.
 - In over 75% of the caregiving situations, someone had authority for medical and legal decisions, and in a majority of those situations, the caregiver was the person with the authority regardless of whether the care recipient was a family of origin or family of choice member.
- LGBT caregivers in both groups were employed during the caregiving episode and had to negotiate the competing demands of caregiving and the workplace. Additionally, both groups of caregivers needed the same sort of support as heterosexual caregivers, including respite, information and referral, available backup services, and the opportunity to participate in support groups.
- Similarities in the amount of caregiving involvement, the reasons for providing care, and the stress and strain experienced were universal, and had more to do with the nature of the experience itself rather than whether the caregiving was being provided for a family of origin or a family of choice member.

LGBT caregivers needed the same sort of support as heterosexual caregivers, including respite, information and referral, available backup services, and the opportunity to participate in support groups.

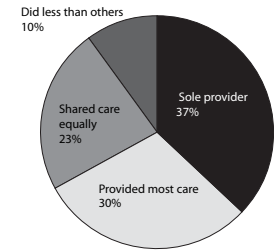
2. LIKE HETEROSEXUALS, MANY LGBT RESPONDENTS WERE HIGHLY INVOLVED IN CAREGIVING FOR THEIR FAMILIES OF ORIGIN

- Twenty-two percent of respondents were providing care for a member of their family of origin, or had provided such care within the past five years.
- Seventy percent of family of origin care recipients were women, 95% were heterosexual, 3% had an unknown sexual orientation, and 3% were lesbian or gay.³
- Over two-thirds of respondents were the primary caregivers for family of origin

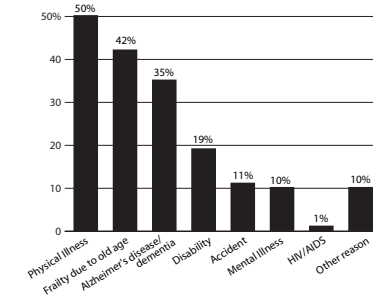
members. Thirty-seven percent were the sole care provider, 30% were providing most of the care, and 23% were sharing the care equally with others. Only 10% provided less care than others.

- Almost half of family of origin caregivers provided care on a daily basis, and another 24% provided care several times a week.
- Among family of origin caregivers, the care recipients were primarily parents (84%), with the remaining 16% comprised of siblings, children, and other relatives.
- The reasons family of origin members needed care included physical illness (50%), frailty due to old age (42%), Alzheimer's disease/dementia (35%), disability (19%), accident (11%), mental illness (10%), other reason (10%), and HIV/AIDS (1%). (Respondents could choose more than one reason for needing care.)
- Sixty percent of caregivers of family of origin members provided financial help sometimes or often.
- Family of origin caregivers were significantly more likely to provide advice or decision-making support "often" or "sometimes" compared to family of choice caregivers, reflecting the age and frailty of the people for whom they were caring.
- The amount of help caregivers received from family and community providers was generally related to the level of stress that resulted from caregiving:
 - Among family of origin caregivers, 79% received assistance from others.
 - The majority of persons who regularly provided additional help were siblings, parents, other relatives, and friends.
 - Only a small group received regular assistance from visiting nurses or home health aides, underscoring the importance of the informal caregiving system in providing assistance to frail, elderly people.
- Difficulties with family and friends can be a further source of caregiving stress. The majority of family of origin caregivers experienced no difficulties. However, 33% reported difficulty with other family members, most frequently siblings.
- Although sexual orientation may have played a part in some difficulties with family members, almost two-thirds of LGBT caregivers reported that their sexual orientation made no difference in their family's expecta-

Respondent's Level of Care Involvement for Family of Origin Members



Reasons Family of Origin Members Needed Care

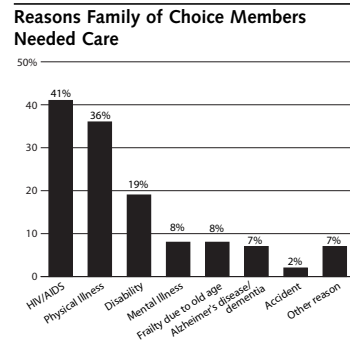


3. Percentages add up to more than 100 due to rounding.

tions regarding caregiving. However, one-third reported that family expected more of them because they were LGBT, and perceived to have fewer explicit family responsibilities. (This assumption was often false.)

3. MANY LGBT ELDERS PROVIDE CARE TO PARTNERS AND FRIENDS—THEIR FAMILIES OF CHOICE

- Twenty-four percent of respondents reported having provided care to a person who was not related by blood in the previous five years, and 30% of those were actively providing that care when the survey was conducted.
- Fifty-four percent of family of choice members receiving care were either the partner or "significant other" of the LGBT caregiver. Male friends were the second most commonly reported relationship to the caregiver (30%), followed by female friends (5%), and men (7%) or women (3%) whose relationship to the caregiver was not specified.
- Within families of choice, 75% of care recipients were men; 25% were women; 89% were lesbian, gay, or bisexual; and 11% were heterosexual.
- While men and women were about as likely to care for a significant other or partner, male caregivers were more likely to be involved with male rather than female friends (35% and 2%, respectively). For women, the difference was not as large: 15% were caring for female friends, and 10% for male friends.
- Fifty-eight percent of family of choice caregivers provided care on a daily basis, with 23% providing care several times per week.
- More than four in five care recipients in this group (83%) had a serious illnesses requiring hospitalization. The reasons family of choice members needed cared were HIV/AIDS (41%) and other physical illness (36%), followed by disability (19%), mental illness (8%) and dementia (7%). An additional 8% reported that the care recipient was frail due to old age. Two percent needed care as the result of an accident, and 7% needed care for some other reason.
- Seventy-two percent of caregivers to family of choice members reported acting as a liaison to other family members on behalf of the care recipient "often" or "sometimes."
- Fifty-one percent of caregivers to family of choice members provided financial help "sometimes" or "often."
- Sixty-three percent of respondents indicated that they "always" or "often" dealt with medical providers, and 64% had been involved in making arrangements for medical care on behalf of the care recipient.

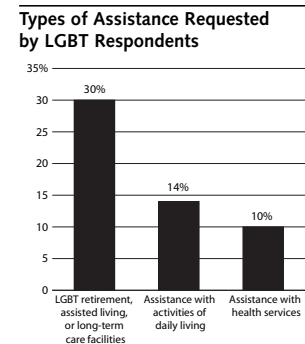


4. THE USE OF FORMAL COMMUNITY SERVICES WAS LIMITED AND SOMETIMES PROBLEMATIC

- The use of community services was low for both family of origin and family of choice LGBT caregivers. About 40% of both groups used visiting nurses and/or home health aides.
- Female caregivers were more likely to access community services than male caregivers.
- Many family of origin and family of choice caregivers accessed support groups and therapy for emotional and psychological support. One in five caregivers relied upon a clergy member for emotional and psychological support.
- Forty-one percent of family of origin and 26% of family of choice caregivers cited difficulties with formal service providers. The different types of assistance provided by the two groups (e.g., case management vs. hands-on assistance) may account for some of this difference. However, for both groups, fear of experiencing discrimination because of their sexual orientation may have been a factor in the caregivers' relations with medical personnel. This fear was less of an influence on relations with social workers.
- For both groups, most LGBT caregivers, whether caring for a member of their family of origin or choice, provided care largely alone and depended on other family members or friends to provide support and direct assistance. Formal community organizations, as is the case among caregivers in general, were only accessed as a last resort, after caregiving duties became overwhelming.

5. LGBT CAREGIVERS ENVISION A ROLE FOR THE LGBT COMMUNITY

- Although only a relatively small proportion of the sample (8%) indicated a need for caregiving themselves at the time of the survey, 19% reported that they had needed caregiving assistance in the past. Given the relatively young age of the sample, it is likely that the need for caregiving assistance will grow in the future, as the community continues to age.
- More than one in four respondents expressed a need for psychological and emotional support from the community, and about one-third noted that the LGBT community should provide a variety of social opportunities for its older members, including friendly visiting, age-inclusive social opportunities, and LGBT senior centers.
- Looking toward the future, almost 30% said they would like to have LGBT retirement, assisted living, or long-term care facilities, while 14% expressed a need for assistance with activities of daily living and 10% requested assistance with health services
- When asked why the LGBT community should help its older members, most said the community is best at caring for its own, reflecting the persistence of difficulties faced by LGBT people when they access caregiving



through mainstream health care and social services systems. This underscores the need for both mainstream and LGBT community agencies to outreach to older LGBT senior citizens in New York City and elsewhere.

6. INCLUSIVE AND SUPPORTIVE LAWS AND POLICIES ARE NEEDED TO HELP EASE THE BURDENS OF LGBT CAREGIVERS

- Nearly three quarters of LGBT caregivers surveyed in this study reported emotional stress related to caregiving that ranged from “moderate” to “a great deal.” Support services, like those outlined in the Life Span Respite Care Act (currently pending in Congress), are critical because they give the caregiver a temporary break from the stress and strain associated with caregiving.
- The National Family Caregiver Support Program (the Caregiver Support Program), enacted into law in 2000, includes a broad definition of caregiver that encompasses LGBT individuals caring for members of their families of origin and families of choice. Community-based LGBT organizations—particularly elder organizations, community centers, and health centers—should seek contracts to provide these services. It is important that LGBT people understand that they are eligible for the services of the Caregiver Support Program. Public education is a critical first step toward this goal.
- Forty percent of family of origin caregivers have used a visiting nurse service, and 43% have used a home care agency. While there is little research on homophobia in health care and home care, LGBT caregivers and care recipients may be particularly vulnerable to bias at the hands of caregiving assistants.⁴ Training of home care assistants in diversity and tolerance—including sexual orientation diversity—is critical if LGBT caregivers or LGBT elders in need of caregiving assistance are to access mainstream home health services.
- California’s Family and Medical Leave Law, enacted in 2002, allows employees to take six weeks of paid leave to care for an ill relative—including a domestic partner—or after the birth, adoption or foster placement of a child.⁵ Although nearly two dozen other states have family leave plans that provide unpaid leave, same-sex domestic partners are not eligible for most of these plans.⁶ Same-sex partners are also ineligible under the federal Family and Medical Leave Act. California’s law is unique in that it not only provides paid leave, but also includes same-sex domestic partners as a matter of course, rather than adding them to a pre-existing law. In order to provide equal treatment of same-sex couples under family and medical leave policy, more inclusive definitions of family should be written into state and federal law. This would not only benefit LGBT people, but all individuals taking care of a loved one.

The LGBT community should provide a variety of social opportunities for its older members, including friendly visiting, age-inclusive social opportunities, and LGBT senior centers.

Training of home care assistants in diversity and tolerance—including sexual orientation diversity—is critical if LGBT elders are to access mainstream home health services.

4. A 1994 study by the Gay & Lesbian Medical Association found that two-thirds of doctors and medical students reported knowing of biased caregiving by medical professionals; half reported witnessing it; and nearly 90 percent reported hearing disparaging remarks about gay, lesbian, or bisexual patients (Schatz & O’Hanlan, 1994).

5. Most workers are paid at a rate of about 55% of their salary. The program, which begins in 2004, will be completely employee-funded, with average annual payments of \$26 per worker.

6. The exceptions are Hawaii and Vermont, where reciprocal beneficiary and civil union laws added same-sex partners as family members eligible to take such leave.

EXECUTIVE SUMMARY

Demographics of the Respondents

- Slightly more than half of respondents (52%) reported that they were single, while 40% were partnered. Women were more likely to be partnered than men (51% vs. 36%).
- One in five respondents (20%) had children, and 7% had grandchildren. Women were twice as likely as men to have children (30% vs. 15%).
- Most respondents (62%) lived alone, while 30% lived with their same-sex partner. Women were more likely than men to live with their partner (41% vs. 25%), while men were more likely than women to live alone (66% vs. 52%).⁷

Social Support Networks

- Nearly all respondents had family members or close friends as part of their support network. Approximately 33% had parents still living, 75% had siblings, 90% had other relatives, and 93% had friends.
 - Ninety percent of all respondents reported that they were “very close” or “somewhat close” with parents who were still living.
 - Eighty-four percent of the respondents with children reported being “very close” or “somewhat close” with their children.
 - Eighty-three percent of respondents who were grandparents said that they were “very close” or “somewhat close” to their grandchildren.
 - Fifty-nine percent of respondents with siblings said they were very close or somewhat close with their siblings.
- Although there is substantial interaction between LGBT people and members of their families of origin, respondents also relied heavily upon partners and friends as part of their social support networks: 40% of respondents were partnered, over 90% had an average of six friends in their networks, and 96% percent reported being somewhat close or very close to their friends.

Sociodemographic Characteristics of Respondents (Percent)

Age	Total	Women	Men
50 to 59	46	52	43
60 to 69	35	30	37
70 +	19	18	20
Race/Ethnicity*			
White	75	66	80
Black	10	10	9
Hispanic/Latino	12	20	9
Asian/Native American/Other	3	4	2
Relationship Status**			
Single	52	46	54
Partnered	40	51	36
Divorced/separated	7	4	9
Widowed	1	0	1
Living Arrangement*			
Alone	62	52	66
With partner	30	41	25
With others	8	7	9
Self-rated Health			
Excellent, good	44	38	46
Fair 45	52	42	
Poor	11	10	11
Very poor	1	0	1

Note: Apparent disparities between row totals and the number of individuals in the male and female categories are accounted for by the inclusion of data from the four transgender persons who are not included in the male or female analyses.

Age N=341, Race/Ethnicity N=335, Relationship Status N=337, Living Arrangement N=334, Self-rated Health N=338

*p < .05, **p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix, page 95.)

7. New York City living patterns are different than in most of the rest of the country. Many New Yorkers live alone in small apartments that they keep for economic reasons, but spend a lot of time with their partners.

CONCLUSION

The results of the study confirm that LGBT caregivers are an integral component of the larger caregiving community. These caregivers are dedicated to both their families of origin and their families of choice. Despite the fact that they are taking care of parents, children, partners, and siblings in need, LGBT caregivers are not provided with the same social, emotional, or financial support afforded to other caregivers. Policies that embrace wide definitions of family and caregiving and recognize same-sex relationships would help to ease the burdens and strains of caregiving. LGBT caregivers, like all caregivers, are doing extraordinary work. Activists and policymakers can enhance their work through supporting better, more inclusive public policies that foster support and equal recognition for LGBT people under the law.

Despite the fact that they are taking care of parents, children, partners, and siblings in need, LGBT caregivers are not provided with the same social, emotional, or financial support afforded to other caregivers.

1. Literature Review and Study Methodology

INTRODUCTION

Caregiving is a universal experience. All of us, at one time or another, have provided assistance to others, and every society places great value on lending a helping hand to those in need. Just like everyone else, members of the lesbian, gay, bisexual, and transgender (LGBT) community are involved with caring for parents, children, other relations, partners, and friends who are sick, disabled, or frail with age. And of course, LGBT people have had much experience providing care to friends and partners with HIV or AIDS.

As members of the LGBT community age, they, like most Americans, begin to think about the caregiving needs they might face. The issue of caregiving has, in turn, become increasingly important to both younger and older members of the LGBT community. It often involves both *families of origin*—the families into which people are born or adopted—and *families of choice*: one's same-sex partner and closest friends. Most caregiving in the United States is provided by a spouse and/or the biological children of the care recipient (Horowitz, 1985; Neal, Ingersoll-Dayton & Starrels, 1997). Because it appears that LGBT people are less likely to have children than heterosexuals, the issue of caregiving is of particular importance to the LGBT community.

The term "caregiving" can include the day-to-day assistance we provide to one another in our personal relationships. But it is the extensive, time-consuming aid needed by those so sick or frail that they require assistance with the tasks of daily living that is usually referred to as "caregiving" in the gerontological and disability literature (Cantor & Brennan, 2000). It is this kind of caregiving that is the subject of this study.

To get a better understanding of these issues, researchers from Pride Senior Network, the National Gay and Lesbian Task Force Policy Institute, and the Graduate School of Social Service at Fordham University undertook the first large-scale study of caregiving in New York City's LGBT community, surveying 341 New York City residents age

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EXECUTIVE SUMMARY

Caregiving

50 or older. To ensure that the full extent of caregiving involving older LGBT people was included, the same questions were asked of those caring for parents and other relatives, and of those providing care for partners or friends. To better understand the impact of policies and programs on older LGBT people, questions about the use of formal health and social services and the projected need for assistance from the LGBT community were also included.

The current research falls into three main areas: the nature and extent of caregiving provided to families of origin and families of choice; attitudes about the caregiving experience; and needs for assistance with caregiving, and how such needs might best be met. This report addresses all three of these topics. To better understand the respondents' caregiving experiences, we collected background on the nature and extent of their informal social networks; their experiences with formal, community-based health and social service providers; their feelings about themselves; and their abilities to master their environment.

This report addresses the following questions:

1. Who are the respondents, and to what extent are they currently involved in providing care?
2. To whom is such caregiving provided?
3. What are the caregiving experiences of those assisting parents and other family of origin members?
4. What are the caregiving experiences of those assisting partners and/or friends?
5. What are the similarities and differences between these two types of caregiving experiences?
6. What is the current state of psychological well-being of the older LGBT adults in the study, including their sense of control over their lives?
7. What role do these older LGBT people envision for the LGBT community as a source of formal social support?
8. What are the policy and practice implications of these findings?

Chapter 1 of this report includes a review of the literature on caregiving with respect to LGBT adults, and a description of the study's methodology. Chapter 2 is devoted to a thorough examination of the characteristics of the respondents, including the nature and extent of their informal social networks. A discussion of caregiving for family of origin members (Chapter 3) and family of choice members (Chapter 4) follows. Chapter 5 compares the caregiving experiences of family of origin and family of choice caregivers. This is followed in Chapter 6 by a discussion of contextual issues in the lives of lesbian, gay, bisexual, and transgender older adults, and, in Chapter 7, the role of the LGBT community in providing caregiving assistance to its members is discussed. The study's conclusions can be found in Chapter 8, while Chapter 9 is devoted to policy implications and ideas for future research.

Caregiving is broadly defined as instrumental, informational, or emotional support provided by others to support those individuals challenged in their efforts to remain independent in the community.

LITERATURE REVIEW

In the field of gerontology, the last three decades have seen growing and continued interest in the informal social support systems of older adults. In general, these studies have found that older people are endowed with active and supportive social networks consisting of kin, and friends and neighbors who are engaged in considerable exchanges of instrumental assistance and emotional support (Cantor, 1989; Chappel, 1990; National Alliance for Caregiving, 1997; Cantor & Brennan, 2000). In many cases, formal, community-based service providers may supplement, and in some cases substitute for, these informal supports when assistance is either unavailable or beyond the capabilities of family and friends (Cantor, 1989).

For older adults experiencing declining health and increased frailty, caregiving assistance from both informal and formal sources can make the difference between remaining in one's home or facing institutionalization. For our purposes, caregiving is broadly defined as instrumental, informational, or emotional support provided by others to support those individuals challenged in their efforts to remain independent in the community. While the existing literature on caregiving has provided a wealth of information on the experiences of caring for older adults, few if any studies have considered the sexual orientation of either caregivers or the care recipients during the caregiving episode. Therefore, what we know about caregiving from the gerontological literature may not necessarily be generalizable to lesbian, gay, bisexual, and transgender caregivers and their families.

Although it is beyond the scope of this study to provide an exhaustive review of the caregiving literature, we will briefly review research on the demographics of LGBT elders, as well as the limited literature on social support and caregiving among older LGBT adults, before turning to the results of the present study.

RESEARCH ON OLDER LGBT PEOPLE

Although older LGBT individuals comprise a sizeable part of the elderly population of New York City, there is a dearth of research about their social lives, the character and organization of their social networks, and the extent to which their social care needs are being met. Additionally, there are few national surveys that ask about sexual orientation, and even fewer that ask about gender identity, making it difficult to accurately estimate the total LGBT population. The few surveys that do capture data usually ask about sexual behavior, not orientation or identity. Whether or not surveys ask about sexual behavior or orientation, these surveys likely undercount LGBT populations if respondents are wary of "coming out" to a researcher.

Exact figures on the prevalence of older LGBT adults are not available. Early estimates were based on estimates of the overall homosexual population projected by Alfred Kinsey et al. at roughly 8 to 10% of the overall population (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, & Martin, 1953). In the early 1980s, two researchers estimated that there were approximately 1.75 million lesbians and gay men age 65 and older and 3.5 million age 60 and older (Berger, 1982; Dawson, 1982). A rough average of estimates from more recent studies indicates that the lesbian, gay, and bisexual (LGB)

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share of the population is likely to range from 3 to 8% of the US population (Sell, Wells, & Wypij, 1995; Laumann, Gagnon, Michael, & Michaels, 1994; Lukenbill, 1995). This would mean that currently there are anywhere from one million to 2.8 million LGB seniors (age 65 and older) in the United States (Cahill, South, & Spade, 2000). And by 2030, that estimate would grow to between two and six million LGB seniors. (This estimate is based on the Administration on Aging's projection of an elder population of 69.4 million in 2030).⁸

Another source of data is voter exit polls. From 1990 to 2000, the Voter News Service (VNS) asked about sexual orientation in voter exit polls during national elections (Bailey, 2000).⁹ From 1996 to 2000, the openly LGB vote emerged as a sizeable, discrete voting block of four to five percent of the vote in national congressional and presidential elections (Ibid.).¹⁰ Exit poll data demonstrate striking age differences: in 1996, 4.3% of voters over 40 said they were gay, lesbian, or bisexual, versus 6.0% of voters under 40. In 1998 these figures further diverged: 3.3% of older voters self-identified as gay, lesbian, or bisexual, while 6.4% of younger voters did (Ibid.). It is unclear whether this means that older voters are less likely to consider themselves gay, lesbian, or bisexual, or that older voters are less willing to "come out" to a stranger outside a polling place.

There are no national data available on transgender people in the US, so we are unable to estimate a population range for transgender seniors (Goldberg, 1996; Cloud, 1998). However, it is important to note that transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual (Green, 2000).

CAREGIVING BY NONTRADITIONAL CAREGIVERS

Given the well-documented findings that, after one's spouse, adult daughters are overwhelmingly the primary caregivers to older adults (e.g., Horowitz, 1985; Neal et al., 1997; Chappel, 1990), many researchers have turned their attention to "nontraditional" caregivers, such as male friends and relatives, and nonkin members of the social support system. In a large-scale study of New York's elderly, Cantor (1977) found that friends play a crucial role in providing care, and in situations where there were no kin, or no available kin, older people turned to friends and neighbors as their source of informal support. Further, both genders are involved in such caregiving. Stoller (1990) reported that while women accounted for the majority of nonspousal caregivers to her elderly sample, approximately 41% of nonspousal caregivers were men. Male caregivers were less likely than women to provide hands-on types of instrumental assistance, and there was evidence of a shift to female caregivers over time as the care recipient's health worsened and frailty increased. Similarly, Neal and colleagues (1997) reported that there was no gender difference in the provision of seven of 13 caregiving tasks (i.e., personal and health care types of assistance) among employed caregivers. However, female caregivers were more

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likely to provide transportation, shopping, housekeeping, meal preparation, and to check on the older person by phone compared with men.

RACIAL DIVERSITY AND CAREGIVING

Researchers have also begun to expand the study of caregiving to ethnic minority populations (e.g., Chatters, Taylor, & Jackson, 1989; Cantor & Brennan, 2000; Delgado & Tennstedt, 1997; Mui, 1992). For example, McCann and colleagues examined differences between African American and white older caregivers, finding that older African Americans were significantly more likely to be providing care, provided a greater number of hours of care per week, and were more likely to provide assistance to friends compared with their white counterparts (McCann et al., 2000).

CAREGIVING IN THE LGBT COMMUNITY

What, then, is the situation for older LGBT adults? The conventional wisdom holds that many individuals in the current cohort of older LGBT individuals are estranged from their families of origin because of the strains associated with revealing their sexual orientation. If true, this would affect the availability of these individuals to provide care to parents and other relatives. The literature on the social networks of older LGBT persons is unfortunately as limited as that on caregiving in this community. However, studies that have been conducted suggest that LGBT adults are not estranged from their families of origin. In a study of social networks among older (i.e., 60 years or more) LGBT adults, Grossman and colleagues reported that approximately one-third of respondents reported siblings in their social support networks and 40% noted the presence of other relatives. Only 4% listed a parent as a source of support, which may be due in part to the age of the sample (Grossman, D'Augelli, & Hershberger, 2000).

In terms of caregiving, what research exists demonstrates that LGBT older adults are involved in providing this type of assistance to members of their family of origin. Kimmel (1995) suggested that LGBT caregivers might provide certain advantages over heterosexual siblings in that they may be more available to provide help and even move in with the care recipient because they are not involved in traditional social roles (e.g., heterosexual marriage with children). In a study of lesbian and gay adults of all ages, Fredriksen (1999) reported that 32% of respondents were providing caregiving assistance. In Fredriksen's study, lesbians were more likely to be caring for an older person or a child (i.e., kin), while gay men were more likely to be caring for another working-age adult (i.e., nonkin). Overall, caring for a member of the family of origin accounted for over one-quarter of caregiving situations reported.

As noted by Barker (2002), many dependent older people receive help from nonrelated persons even when family is involved in caregiving. To counteract limited financial and familial resources, some people have developed nontraditional households comprised of unrelated individuals. The presence of such "fictive kin" in the informal support networks of African Americans has resulted from the resource limitations noted by Barker (Cantor & Brennan, 2000). Furthermore, given that the presence of similar others can bolster self-esteem among stigmatized populations such as homo-

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8. Available at <http://agingstats.gov>

9. In 1990 VNS started asking, if respondents were gay or lesbian. In 1992 VNS switched the wording of this question to "gay, lesbian, or bisexual." VNS does not ask about gender identity.

10. Openly gay, lesbian, and bisexual voters (Voter News Service does not ask about gender identity) were 5.0% of all voters in the 1996 congressional/presidential election, 4.2% in 1998, and 4.1% in 2000. This is equivalent in size to the Latino vote, and about half the size of the African American vote. (Unpublished analysis of 2000 VNS data.)

1. LITERATURE REVIEW AND STUDY METHODOLOGY

Caregiving

sexuals, one would expect that such fictive kin would also be evident in the social networks of LGBT adults, and indeed that is the case (Grossman et al., 2000). Grossman and colleagues reported that close friends were the most frequently mentioned source of social support among older LGBT adults (90%), followed next by their partners (44%).

There have been extensive studies of caregiving to this family of choice by LGBT adults, but the majority has focused on care for persons with HIV/AIDS (e.g., Pearlin, Aneshensel, & LeBlanc, 1997; Turner, Pearlin, & Mullan, 1998). Although these studies have described another type of caregiving experience, there is an inherent danger in extrapolating this HIV/AIDS-specific experience of caregiving to the global caregiving needs and experiences of the LGBT older adults. The issue of caregiving to partners and friends suffering from illnesses other than HIV/AIDS by LGBT adults has remained largely unexplored.

Despite the growing interest in the LGBT population, relatively little is known about the caregiving experiences of midlife and older LGBT people, both in terms of caring for biological families (i.e., families of origin) and their partners and friends (i.e., families of choice) outside of the context of HIV/AIDS. This study was designed to examine the extent of caregiving provided to members of both the family of origin and family of choice in the past five years, and to compare the caregiving experiences of LGBT older adults in these different types of families.

BARRIERS TO UTILIZATION OF FORMAL COMMUNITY SERVICES

As care recipients become frailer and more dependent, the role of formal community services becomes more important. Unfortunately, use of such services as adult home care may pose particular difficulties for LGBT caregivers. Lack of recognition of same-sex couples under most health care policies, Social Security, and the Family and Medical Leave Act leaves LGBT families with fewer resources with which to access formal care providers. Unlike surviving partners in legally married couples, for example, same-sex partners' beneficiaries must pay taxes on retirement savings plans, and are not usually eligible for pensions that help support widows and widowers (Cahill, Ellen, & Tobias, 2000). Such discriminatory policies likely lead informal caregivers to play an even greater role in the lives of LGBT seniors.

Even for those who can afford formal care providers, fear of discrimination may lead LGBT caregivers to avoid such services. A 1994 study of New York State Area Agencies on Aging (AAA) found that of 63 lesbians and 58 gay men surveyed, 72% were tentative about using AAA services due to lack of trust and perceived lack of understanding on the part of AAA personnel. Only 19% reported involvement with a senior center (Lesbian and Gay Aging Issues Network of the American Society on Aging [ASA], 1994).

Such fears of discrimination are well founded. The same study found that 46% of the AAAs reported that openly gay men and women would not be welcome at the senior centers in their areas (ASA, 1994). Homophobic attitudes in nursing homes have been well documented (Cook-Daniels, 1997). As of May 2004, it is still legal to discriminate

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Unlike surviving partners in legally married couples, same-sex partners' beneficiaries must pay taxes on retirement savings plans, and are not usually eligible for pensions that help support widows and widowers.

against gay, lesbian, and bisexual people in 36 states. Discrimination against transgender people is legal in 46 states. Reports of bias are common. One researcher describe a lesbian nursing home resident whom staff members refused to bathe because they did not want to touch her (Raphael, 1997). In another case, a home health care assistant threatened to out an elderly gay male client if he reported her negligent care (Cook-Daniels, 1997).

Fears of discrimination are well founded. As of May 2004, it is still legal to discriminate against gay, lesbian and bisexual people in 36 states.

PREFERENCE FOR ASSISTANCE

The importance of informal care in the lives of older LGBT people is further underscored by looking at preferences for assistance in time of need. The hierarchical compensatory theory of social support (Cantor, 1979) posits that, among older people, the choice of whom to turn to at times of need is ordered according to the primacy of the relationship of the helper to the elder, rather than by the nature of the task. When the initial preferred group is absent, other groups act as replacements in a compensatory manner. Thus, in the two large-scale previous studies of older New Yorkers (Cantor & Brennan, 1993), kin were preferred as the primary source of support, regardless of the kind of caregiving required. Only to the extent that family members were not available did friends, neighbors and, as a last resort, formal organizations become important in the provision of social support. Furthermore, when the samples were divided between those with functional biological kin and those without such kin, respondents without functional family support tended to rely more frequently on friends, neighbors and themselves.

Previous studies of gay men and lesbians have found that most have several gay or lesbian friends who function as a chosen family and form important components of their social support networks (Beeler, Rawls, Herdt, & Cohler, 1999; Grossman, et. al., 2000). The importance of friends in the informal social networks of gay men, lesbians, and bisexuals was further underscored in a study by Dorfman et. al. (1995) that compared the social networks of older heterosexual and homosexual adults. Although the levels of social support were different, heterosexual elders received most of their support from family members, while gay men and lesbians received more support from friends.

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STUDY SAMPLE AND METHODOLOGY

SAMPLE AND DATA COLLECTION PROCEDURES

The main purpose of this study was to obtain as broad a picture possible of the caregiving experiences, social support networks, and needs for assistance of older LGBT individuals in New York City. Because it was not possible to obtain a random sample of such adults, several different approaches were utilized to obtain as valid a sample as possible. From September 2000 through December 2001, participants were recruited from over 100 LGBT organizations in the New York City area. Groups that serve women and people of color were specifically targeted in order to gather as diverse a sample population as possible. Six methods were utilized to recruit study participants. The most important

was flyers, which were mailed to LGBT organizations for distribution to their membership. The flyers asked people interested in the study to contact the research team for a survey. Some organizations had their members complete surveys at one of their regular meetings. Advertisements were also placed in newspapers and through listservs of professionals working with the target population. One-to-one contact with potential respondents was made by tabling at various meetings and community events. Unlike other demographic characteristics, sexual orientation can be difficult to assess because it is often concealed. Employing a snowball sampling approach, the researchers encouraged respondents to recruit friends unaffiliated with any LGBT organizations in order to reach individuals who are not as open about their sexual orientation.

Surveys were completed anonymously and returned to the researchers in a postage-paid envelope included with the survey. Participants were notified that by returning the completed survey, they were giving their consent to participate in the study.

Participants age 50 and older were sought, in part because people often begin to provide care for their parents at that age. Other eligibility criteria included being lesbian, gay, bisexual, or transgender, and a resident of New York City. Although 348 surveys were returned, seven did not meet the age criterion, resulting in a net sample of 341. Because of difficulties in obtaining a random and representative sample, the findings cannot be generalized to all LGBT people, but do represent an important first step in learning more about the social networks and caregiving experiences of this social minority group in the aging population.

Participants were recruited from over 100 LGBT organizations in the New York City area. Groups that serve women and people of color were specifically targeted in order to gather as diverse a sample population as possible.

assumed caregiving responsibilities. It also included measures of the stress and strain experienced by the caregiver. The section concluded with questions on the use of community-based services, including those offered by the LGBT community.

3. **Section Three** was completed only by those respondents who were caring for a member of their family of choice, or had done so within the past five years. It contained a set of questions identical to those in Section Two, but focused on a member of the respondent's family of choice, providing for a comparison with the data from the previous section.
4. **Section Four** was completed by all respondents, and solicited information about their social networks. It included several self-diagnostic indicators of well-being, and also assessed the degree to which respondents had disclosed their sexual orientation to various social groups, and the level of support they had from family and friends regarding their sexual orientation. It also asked about how they wanted LGBT community organizations to help older members in need of assistance. The final set of questions targeted sensitive demographic information, like race and income, which are more likely to be completed after respondents have had a chance to become comfortable with the questionnaire.

SURVEY INSTRUMENT

To better understand the issues involving LGBT caregivers, focus groups on caregiving practices and needs were held with several dozen LGBT people age 50 and older in four of the five boroughs of New York City—Queens, Brooklyn, Manhattan, and Staten Island. Based upon the issues raised in the focus groups, and the existing body of knowledge on informal caregiving and research on older New Yorkers (Cantor, 1993; Cantor & Brennan, 1993; Cantor & Brennan, 2000), a survey instrument was developed and pre-tested. This questionnaire was 18 pages in length and consisted of the following four sections:

1. **Section One** requested demographic information about the respondent, including age, employment status, living arrangement, level of education, and measures of health status and life satisfaction.
2. **Section Two** was completed by respondents who were providing care to a family of origin member or had done so in the past five years. It contained questions about the person being cared for, including their place of residence, sexual orientation, and the nature of their care needs. It also asked about the caregiver's experience, including the type of assistance the respondent provided, the amount of time he or she spent caregiving, the extent to which other family members were involved and the level of the respondent's responsibility, the kinds of difficulties he or she encountered, and the reasons why the respondent had

Researchers encouraged respondents to recruit friends unaffiliated with any LGBT organizations in order to reach individuals who are not as open about their sexual orientation.

2. Sample Characteristics

SOCIODEMOGRAPHIC CHARACTERISTICS

The sample for the study consisted of 223 males, 103 females, 4 transgender individuals, and 1 person who did not indicate gender (see Table 2.1). Three-quarters were non-Hispanic white, 12% were Hispanic, and 10% were African American. Asian/Pacific Islanders and American Indians/Alaska Natives each made up less than 1% of the sample group. Two percent of respondents did not fall into any of these categories.

Sixty-two percent of respondents lived alone; 30% lived with a partner or significant other, and the remaining 8% lived with family or friends. Forty percent indicated they were in a committed relationship, although not all of these lived with their partners. In general, participants were highly educated, and the majority were still working, mainly in professional, white-collar occupations (see Table 2.2). Reported income varied: one-third reported annual incomes ranging from \$25,000 to \$50,000; one-third earned \$50,000 to \$100,000; and 11% had incomes over \$100,000 (see Table 2.2a). However, a small but substantial group of respondents (20%) reported incomes of less than \$25,000 per year. The vast majority (78%) indicated they had "enough money with a little extra," or that money was not a problem. Given the high proportion of respondents in their fifties (46%), self-reported health status was surprisingly low: only 44% rated their health as excellent or good, with 45% indicating their health was only fair. Eleven percent said their health was poor or very poor (see Table 2.1).

Efforts to increase the representation of people of color in the sample above 25% were not successful, and it was impossible to make statistically significant comparisons between their survey answers and those of people who identified as "white." Differences in the responses of male and female survey participants were analyzed and are noted throughout.

Forty percent of respondents were in a committed relationship, although not all of these lived with their partners.

2.1: Sociodemographic Characteristics of Respondents (Percent)

Age	Total	Women	Men
50 to 59	46	52	43
60 to 69	35	30	37
70 +	19	18	20
Race/Ethnicity*			
White	75	66	80
Black	10	10	9
Hispanic/Latino	12	20	9
Asian/Native American/Other	3	4	2
Relationship Status**			
Single	52	46	54
Partnered	40	51	36
Divorced/separated	7	4	9
Widowed	1	0	1
Living Arrangement*			
Alone	62	52	66
With partner	30	41	25
With others	8	7	9
Self-rated Health			
Excellent, good	44	38	46
Fair	52	42	
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Note: Apparent disparities between row totals and the number of individuals in the male and female categories are accounted for by the inclusion of data from the four transgender persons who are not included in the male or female analyses.

Age N=341, Race/Ethnicity N=335, Relationship Status N=337, Living Arrangement N=334, Self-rated Health N=338

*p < .05, **p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

2.2: Sociodemographic Characteristics of Respondents (Percent)

Education*	Total	Women	Men
Less than high school	7	10	5
High school graduate	7	13	5
Some college	15	12	16
College graduate	22	14	25
Graduate/professional degree	50	52	49
Employment			
Working full-time	37	41	35
Working part-time	8	11	6
Self-employed	10	10	10
Self-employed full-time	1	1	0
Self-employed part-time	2	3	1
Homemaker	0	0	0
Retired	37	28	40
Unemployed	3	2	4
Other	3	5	3
Type of Work			
Executives/professionals	17	18	17
Administrators	38	46	35
Small business owners	2	3	1
Clerical and sales workers	21	14	24
Skilled workers	17	13	18
Semi-skilled/operatives	4	6	4
Unskilled workers/domestics	1	1	0
Other	1	0	1

Note: N indicates the total number of individuals who answered each question.

Education N=340, Employment N=336, Type of Work N=331

*p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

COMPONENTS OF INFORMAL SOCIAL SUPPORT NETWORKS

Respondents had relatively extensive informal social networks, with virtually all reporting one or more friends or relatives in their network (see Tables 2.3 & 2.3a). Contradicting the belief that LGBT adults are estranged from their biological families, 40% reported a parent in their informal networks, three-quarters were in frequent contact with one or more siblings, and 70% had at least one other relative to whom they felt close. The vast majority of those with a living parent reported being in contact with them at least weekly. In addition, 20% reported having one or more children, and 8% were grandparents.

The level of interaction and closeness among family members was highest between parents and children. Although somewhat lower among siblings, over half of the

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respondents said they were very or somewhat close to one or more brother or sister. Although there was substantial interaction between LGBT persons and members of their biological families, it was partners and friends who formed the bedrock of the social support networks. Forty percent of respondents were partnered, but over 90% had an average of six friends in their networks. The frequency of contact and degree of closeness was decidedly highest between friends. There were few significant gender-based differences in social support and interactions.

Although there was substantial interaction between LGBT persons and members of their biological families, it was partners and friends who formed the bedrock of the social support networks.

2.2a: Sociodemographic Characteristics of Respondents (Percent)

Income Level*	Total	Women	Men
<\$10,000	5	0	7
\$10,000–\$25,000	16	19	15
\$25,001–\$50,000	35	33	36
\$50,001–\$100,000	32	39	29
\$100,001–\$150,000	8	8	7
\$150,000 +	4	1	5

Income Adequacy

Can't make ends meet	2	2	1
Just manage to get by	21	21	20
Have enough with a little extra	43	42	44
Money is not a problem	35	36	35

Note: N indicates the total number of individuals who answered each question.

Income Level N=320, Income Adequacy N=337

*p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

2.3a: The Average Number of Social Network Components of Study Respondents (Percent)

Components	Total		Women		Men	
	M	SD	M	SD	M	SD
Parent	1.3	0.5	1.3	0.5	1.2	0.4
Child*	2.0	1.2	1.9	1.0	2.2	1.3
Grandchild**	3.0	1.6	3.9	1.4	2.2	1.4
Sibling	2.1	1.6	1.3	0.5	2.0	1.5
Relative	3.0	2.7	2.7	2.3	3.2	2.9
Friend	5.9	5.2	6.5	6.2	5.7	4.7

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

*p < .05, **p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

2.3: The Extent and Number of Social Network Components of Study Respondents (Percent)

Have Component (y)	Total	Women	Men
Partner	40	51	36
Parent	32	35	32
Child**	20	30	15
Grandchild	7	11	5
Sibling	74	73	75
Other Relative	90	89	91
Friend	93	93	93

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Partner N(y)=135, Parent N(y)=110, Child N(y)=66, Grandchild N(y)=23, Sibling N(y)=250, Other Relative N(y)=300, Friend N(y)=311

**p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

2.4: Contact and Closeness with Parents (Percent)

Face-To-Face Contact	Total	Women	Men
Daily	6	8	4
Weekly	13	3	18
Monthly	14	22	10
Several times per year	36	42	34
Once a year or less	32	25	34

Telephone Contact

Daily	19	19	19
Weekly	50	44	53
Monthly	15	17	14
Several times per year	9	6	11
Once a year or less	7	14	3

Degree of Closeness

Very close	51	44	54
Somewhat close	32	28	35
Not too close	10	14	8
Not close at all	7	14	3

Note: N indicates the total number of individuals who answered each question.

Face-To-Face Contact N=110, Telephone Contact N=110, Degree of Closeness N=109

2.5: Contact and Closeness with Children (Percent)

Face-To-Face Contact	Total	Women	Men
Daily	9	13	6
Weekly	25	26	22
Monthly	17	19	16
Several times per year	37	36	41
Once a year or less	12	7	16

Telephone Contact

Daily	13	21	6
Weekly	50	52	49
Monthly	17	14	21
Several times per year	8	7	9
Once a year or less	11	7	12

Degree of Closeness

Very close	64	65	65
Somewhat close	20	23	19
Not too close	5	7	3
Not close at all	11	7	13

Note: N indicates the total number of individuals who answered each question.

Face-To-Face Contact N=65, Telephone Contact N=63, Degree of Closeness N=64

2.6: Contact and Closeness with Grandchildren (Percent)

Face-To-Face Contact	Total	Women	Men
Daily	4	9	0
Weekly	26	36	9
Monthly	4	0	9
Several times per year	44	36	55
Once a year or less	22	9	36

Telephone Contact*

Daily	5	9	0
Weekly	19	36	0
Monthly	19	27	10
Several times per year	48	27	70
Once a year or less	10	0	20

Degree of Closeness

Very close	44	46	36
Somewhat close	39	46	36
Not too close	9	9	9
Not close at all	9	0	18

Note: N indicates the total number of individuals who answered each question.

Face-To-Face Contact N=23, Telephone Contact N=21, Degree of Closeness N=23

*p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

Women were more likely to report having partners, children, and grandchildren in their social networks. There were no significant gender differences in terms of closeness to network members, but women were more likely to maintain face-to-face contact with siblings compared with men (see Tables 2.4-2.7).

AVAILABILITY AND ADEQUACY OF SOCIAL SUPPORT

Respondents were asked about the availability and adequacy of help with the tasks of day-to-day living (instrumental support), and if they had someone to talk to and with whom to share confidences (emotional support). Sixty-four percent reported that they had all the instrumental support they needed, although another 19% felt they could have used a little more. However, the responses about emotional support disclosed a much greater level of deprivation. Over one-third reported inadequate emotional support, suggesting a need for more opportunities for closeness with social network members (see Table 2.8).

2.7: Contact and Closeness with Siblings (Percent)

Face-To-Face Contact**	Total	Women	Men
Daily	4	8	2
Weekly	7	14	4
Monthly	11	12	11
Several times per year	37	42	35
Once a year or less	42	24	49
Telephone Contact			
Daily	3	7	2
Weekly	27	34	24
Monthly	28	24	29
Several times per year	28	20	32
Once a year or less	14	15	13
Degree of Closeness			
Very close	30	33	28
Somewhat close	30	29	30
Not too close	26	21	29
Not close at all	15	18	13

Note: N indicates the total number of individuals who answered each question.
 Face-To-Face Contact N=249, Telephone Contact N=248, Degree of Closeness N=247
 **p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

2.8: Availability and Adequacy of Social Support (Percent)

Availability of Instrumental Support	Total	Women	Men
Most of the time	44	49	42
Some of the time	24	26	24
Only occasionally	22	17	24
Not at all	10	8	10
Adequacy of Instrumental Support			
I got all I needed	64	60	67
A little more	19	20	19
Some more	13	17	12
A lot more	3	3	2
Availability of Emotional Support			
Most of the time	55	61	53
Some of the time	25	23	26
Only occasionally	14	10	15
Not at all	6	6	6

Note: N indicates the total number of individuals who answered each question.
 Availability of Instrumental Support N=331, Adequacy of Instrumental Support N=317, Availability of Emotional Support N=333, Adequacy of Emotional Support N=327

EXTENT OF CAREGIVING

Nearly half of the respondents were currently providing care, or had been caregivers in the past five years, to members of their biological families (families of origin) or to same-sex partners or friends (families of choice). At the time of the interview, slightly more than one-third of those providing care to a member of their family of origin were still involved in caregiving. Among respondents caring for a member of their family of choice, slightly less than one-third were still providing that care. In both groups, caregiving usually continued until the death of the person being cared for, or, in the case of older parents, until their institutionalization.

3. Caregiving for Family of Origin Members

Of the 341 respondents in the study, nearly one-quarter indicated that they were involved in the care of a family of origin member, or had been at some time during the past five years. Of this group, 39% were still caring for a member of their family of origin at the time of the survey, and another 61% had been involved in caregiving within the previous five years (see Tables 3.1 and 3.1a). Caregiving episodes were protracted in many cases: the average number of years of care provision was 8.4. The main reasons given for no longer being involved in caregiving was the death or institutionalization of the care recipient (89%). Only a small percentage indicated that someone else was providing care or that the person no longer needed care. No one indicated that they had stopped providing care because it had become too difficult to do so.

CHARACTERISTICS OF CARE RECIPIENTS

As is typical in studies of caregiving for older people, the largest proportion of family of origin care recipients were parents (84%); in keeping with statistics on the greater longevity of women, 63% were mothers and 21% were fathers (see Tables 3.2–3.2b). Respondents also provided care for other family of origin members: 4% for children, 7% for siblings, and 5% for other relatives.

Overall, 70% of family of origin care recipients were women and 30% were men. Most were elderly: their average age at the onset of the caregiving episode was 74. The vast majority of family of origin care recipients were heterosexual (95%). However, a small proportion of care recipients (3%) were LGBT, and another three percent (3%) of responses indicated that the recipient's sexual orientation was unknown.

The vast majority of family of origin care recipients were heterosexual (95%).

3.1: Caregiving Experience with Family of Origin Members in Past Five Years (Percent)

	Total	Women	Men
Provided Care in the Past Five Years (y)^a			
Currently Providing Care (y)	39	41	35
Reason Caregiving Had Ended			
Death or institutionalized	89	91	88
Person no longer needed care	4	0	8
Someone else responsible for care	7	9	4
Caregiving became too difficult	0	0	0
Other reason	2	0	4

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Family of origin caregivers N=75; women N=37; men N=37. Some totals do not equal 100% due to multiple response categories and the exclusion of transgender individuals from gender comparisons because of the small number of them in the study (N=4).

^a. Proportions based on total sample (N=341), and total women (N=103) and men (N=233).

Provided Care in the Past Five Years N(y)=75, Currently Providing Care N(y)=29, Reason Caregiving Had Ended N=47

3.1a: Caregiving Experience with Family of Origin Members in Past Five Years (Percent)

Length of Episode Among Current Caregivers (Years)

Total		Women		Men	
M	SD	M	SD	M	SD
8.4	10	9.8	11.9	6.8	7.7

Note: N indicates the total number of individuals who answered each question.

Current Caregivers N=29

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

Table 3.2: Characteristics of Family of Origin Care Recipients (Percent)

Relationship to Caregiver	Total	Women	Men
Mother	63	62	62
Father	21	19	24
Son	4	5	3
Sister	3	3	3
Brother	4	3	5
Aunt	1	3	0
Female relative (unspecified)	1	3	0
Other relative (unspecified)	3	3	3
Gender of Care Recipient			
Male	30	28	32
Female	70	72	68

Sexual Orientation of Care Recipient*

Lesbian or gay	3	3	3
Heterosexual	95	92	97
Bisexual	0	0	0
Transgender	0	0	0
Do not know	3	5	0

Note: N indicates the total number of individuals who answered each question.

Relationship to Caregiver N=75, Gender of Care Recipient N=74, Sexual Orientation of Care Recipient N=74

*p < .05 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

LIVING ARRANGEMENTS

In many situations reported in the literature on caregiving, the person receiving care and the caregiver live together. This household arrangement reflects the important role spouses play in caregiving, but is also found among children who move in with an elderly parent, or, more commonly, invite a parent to move in with them. However, families are increasingly providing care for an elderly member who desires to continue to live in

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his or her own home and maintain a large measure of independence. This trend was reflected in this survey. Only 27% of the family of origin care recipients lived in the same residence as their LGBT caregivers. Of the remainder, 30% were currently living alone and another 49% had lived alone but moved in with the caregiving recipient during the course of the caregiving episode. Of these later older persons 24% moved in with other family members, 16% with a nonrelated person, and 35% were in institutions or other long term care facilities.

Thus family of origin care recipients not living with caregivers either lived alone (35%), in nursing homes or other institutions (25%), or with other family members (24%). An additional group (16%) lived with people to whom they were not related (see Table 3.2a). These statistics are striking. A substantial number of care recipients still lived alone, or had lived by themselves at one time during the caregiving episode. And a large number who transitioned from living alone to living with other family members did not move in with their caregiver. One key difference between the family of origin caregivers in this sample and many other samples of caregivers is that relatively few of those providing care lived with those receiving care (Neal et al., 1997). Such living arrangements do not imply that the caregivers in this study were not close to their care recipients, or that they were not deeply involved in caregiving. But they do have implications for the types of care being provided, as well as the amount of time spent providing care.

3.2a: Characteristics of Family of Origin Care Recipients (Percent)

Recipient Living with Caregiver	Total	Women	Men
Yes	27	35	17
No	73	65	83
If no, currently living with:			
Partner/significant other	2	0	4
Husband	2	5	0
Mother	2	5	0
Sister	4	9	0
Neighbor	2	0	4
Other nonrelative	4	5	4
Alone	35	18	50
Alone, then with other family	14	18	7
Alone, then with other nonkin	10	5	14
Alone, then institutionalized	26	36	18

Note: N indicates the total number of individuals who answered each question.

Recipient Living with Caregiver N=74

Table 3.2b: Characteristics of Family of Origin Care Recipients

Age of Care Recipient at Start of Episode (Years)					
Total		Women		Men	
M	SD	M	SD	M	SD
73.9	17.9	73.0	18.4	74.7	17.6

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

REASONS FOR REQUIRING CARE

Respondents were presented with a list of common reasons that people require care. They were asked to indicate all of those applicable to the family of origin care recipient for whom they were responsible (see Table 3.3). The two main causes that emerged were physical illness (50%) and frailty due to age (42%). Nineteen percent of respondents reported that their care recipients required care due to disabilities like vision loss or stroke. Thirty-five percent mentioned Alzheimer's disease or dementia as a major reason for providing care, while 10% indicated their care recipients suffered from mental illness. A smaller group (11%) were providing care in response to a specific accident. These responses were very much in line with the principal reasons older people generally require care. Eighty-one percent of those being cared for were hospitalized during the course of the caregiving episode, a further indication of the level of frailty and disability of the care recipients.

3.3: Reasons Family of Origin Members Needed Care (Percent)

Reasons Recipient Needed Care	Total	Women	Men
HIV/AIDS	1	0	3
Physical illness	50	49	53
Disability	19	27	11
Mental illness	10	16	3
Alzheimer's disease/dementia	35	35	36
Frailty due to old age	42	38	44
Accident	11	11	11
Other reason	10	5	14
Care recipient was hospitalized (y)	81	85	79

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question.

TYPES OF ASSISTANCE

In order to determine what kind of caregiving survey respondents provided, and with what frequency, they were presented with a list of 15 types of assistance commonly provided by caregivers, and asked to rate their level of participation in each. Although the majority of the respondents did not live with the care recipient, the level of involvement was extremely high. The types of assistance provided can be grouped into the following five categories (see Tables 3.4–3.4c):

- *Emotional support.* Between 84% and 90% of the family of origin caregivers indicated they always provided emotional support, including visiting and telephoning, and very few respondents said they did not provide such help at all. As is the case for most caregivers, LGBT caregivers play a crucial role in providing emotional support and companionship to family members for whom they provide care.

- *Advice and decision-making.* After emotional support, providing advice and assistance in making decisions, whether financial or with respect to medical care, is the most frequently mentioned form of assistance. Seventy-seven percent of respondents always provided such assistance, and another 15% sometimes gave decision-making advice; only 6% were not involved in decision-making at all.
- *Acting as a liaison with other family members.* Another important role assumed by the family of origin caregivers was keeping in touch with other family members regarding such things as prognosis, level of morbidity, and the level of morale of the care recipient. Seventy-two percent of the respondents said they always played this role, and another 27% indicated that they were sometimes or occasionally involved in this way. Only 10% acted as liaisons with other family members only occasionally, and nearly no one indicated that they did not perform this function at all.
- *Case management.* Insuring that the care recipient is getting help from medical and social service professionals, as well as dealing with those professionals, are tasks that often fall to a caregiver. Sixty-nine percent of family of origin caregivers indicated that they always or often dealt with medical providers, and 63% had been involved in making arrangements for medical care, relatively large numbers that make sense given the relatively high educational level of this sample and their likely ability to deal with bureaucracies in their own lives. In their capacity as case managers, 60% were always involved in money management for the care recipient, although only

3.4: Types of Assistance and Level of Involvement in Caregiving to Family of Origin Members (Percent)

Personal Care and Mobility	Total	Women	Men
Personal care			
Not provided	38	28	47
Only occasionally	29	36	22
Sometimes	11	6	17
Always or often	22	31	14
Mobility			
Not provided	15	16	14
Only occasionally	29	24	31
Sometimes	23	22	26
Always or often	33	38	29
Transportation			
Not provided	17	19	16
Only occasionally	19	19	16
Sometimes	25	25	26
Always or often	39	38	42

Note: N indicates the total number of individuals who answered each question.

Personal care N=73, Mobility N=73, Transportation N=64

3.4a: Types of Assistance and Level of Involvement in Caregiving to Family of Origin Members (Percent)

Household Management	Total	Women	Men
Shopping/laundry			
Not provided	20	24	17
Only occasionally	20	16	22
Sometimes	16	14	19
Always or often	43	46	42
Cooking			
Not provided	34	32	33
Only occasionally	19	8	31
Sometimes	20	24	17
Always or often	27	35	19
Cleaning house			
Not provided	37	35	39
Only occasionally	14	19	8
Sometimes	14	5	22
Always or often	37	41	31

Note: N indicates the total number of individuals who answered each question.

Shopping/laundry N=74, Cooking N=74, Cleaning house N=74

3.4b: Types of Assistance and Level of Involvement in Caregiving to Family of Origin Members (Percent)

Case Management Assistance	Total	Women	Men
Assist with health care providers			
Not provided	1	3	0
Only occasionally	12	5	19
Sometimes	18	11	22
Always or often	69	81	58
Arrange for medical care			
Not provided	10	3	15
Only occasionally	10	5	15
Sometimes	17	19	15
Always or often	63	73	55
Contact family and friends			
Not provided	1	0	3
Only occasionally	10	8	9
Sometimes	17	16	18
Always or often	72	76	70

Medical Care	Total	Women	Men
Provide medical care			
Not provided	59	51	66
Only occasionally	22	29	16
Sometimes	9	6	13
Always or often	10	14	6
Received training for medical/personal care (y)	25	25	24
Who trained medical/personal care?			
Partner/significant other	0	0	0
Physician/specialist	8	0	25
Nurse	67	75	50
Home health aid	25	25	25

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Assist with health care providers N=74, Arrange for medical care N=71, Contact family and friends N=71, Provide medical care N=68, Received training for medical/personal care N(y)=12, Who trained medical/personal care? N=12

3.4c: Types of Assistance and Level of Involvement in Caregiving to Family of Origin Members (Percent)

Emotional Support and Advice	Total	Women	Men
Emotional support			
Not provided	1	3	0
Only occasionally	1	3	0
Sometimes	13	8	16
Always or often	84	87	84
Visiting or telephoning			
Not provided	1	3	0
Only occasionally	0	0	0
Sometimes	8	12	5
Always or often	90	85	95
Advice or decision making			
Not provided	4	5	3
Only occasionally	4	0	8
Sometimes	15	8	19
Always or often	77	87	69

Financial Help and Management	Total	Women	Men
Financial help			
Not provided	31	28	34
Only occasionally	10	6	14
Sometimes	19	17	20
Always or often	40	50	31
Managing money			
Not provided	18	14	22
Only occasionally	11	11	11
Sometimes	11	14	6
Always or often	60	60	61

Note: N indicates the total number of individuals who answered each question.

Emotional support N=75, Visiting or telephoning N=72, Advice or decision making N=74, Financial help N=72, Managing money N=72

40% always provided financial assistance. Another 20% were sometimes involved in providing financial help, but 40% did not provide, or only occasionally provided, monetary assistance.

- *Household management and hands-on assistance.* The final group of items in the list involved hands-on assistance, including meal preparation, housework, personal care, and assistance with transportation. Respondents were significantly less involved in these ways. The proportion either always or sometimes performing such tasks ranged from a low of 19% (assistance with medical care) to a high of 64% (providing transportation). The tasks most frequently performed were shopping and laundry, followed by housework and preparing meals. But the number of respondents performing each task always, often, or sometimes was not high—usually less than half of the sample.

The lower proportion of respondents involved in personal care and housekeeping is not surprising, since most caregivers did not live with those family of origin members for whom they provided care. These caregivers were, however, clearly involved in making sure that the care recipient received the appropriate level of care, and they played an important role in insuring that the appropriate care was provided.

There were few significant differences in the proportion of men and women undertaking the variety of tasks discussed above. However, there are three trends worth noting. Women indicated that they prepared meals, provided personal care, and dealt with nurses or other health care providers at higher levels than those reported by male caregivers. This trend is borne out by other caregiving studies, and is in keeping with rather traditional ideas about caregiving gender roles.

MOST IMPORTANT TYPE OF ASSISTANCE

Survey respondents were asked what kinds of assistance they provided (see Tables 3.4–3.4c). Among LGBT elders caring for members of their family of origin, providing emotional support and insuring that their family members received the care they need were of paramount importance, and encompassed a large proportion of the care provided. A plurality (40%) felt that providing emotional support and companionship was the most important way in which they helped. Thirty-nine percent of the family of origin caregivers listed case management as most important. A smaller proportion of caregivers believed that household or personal care assistance was the most important way they helped, in line with the lower number of respondents providing such assistance at all.

Given that most family of origin caregivers did not live with the care recipient, it is not surprising that others cleaned and provided personal assistance with greater frequency. Although there was no difference between men and women in their appraisal of the ways in which they provided help, women were more likely to participate in caregiving tasks involving traditional female roles than men.

Among LGBT elders caring for members of their family of origin, providing emotional support and insuring that their family members received the care they need were of paramount importance.

CAREGIVER TRAINING

Providing personal and medical care for frail and disabled elderly people can require a high level of skill and expertise. As previously noted, the provision of such care was not common among caregivers for family of origin members. Among those providing such care, only 26% indicated receiving any training for medical or personal care tasks (see Table 3.4b). Such training was overwhelmingly provided by visiting nurses (68%) or home health care aides (25%). Only 8% involved in providing such training were physicians.

CAREGIVER STRESS

The literature on caregiving is replete with evidence that providing care on a regular basis can both induce stress and feelings of burden, and can interfere with other aspects of the caregiver's life. Accordingly, this survey contained questions designed to shed light on how caregiving affected the LGBT respondents in the study.

TIME SPENT PROVIDING CARE

The amount of time spent providing care is clearly a key factor in the stress and burden experienced by caregivers. Respondents indicated that they spent considerable time caregiving, underscoring the degree of responsibility and involvement in caring for their family of origin members (see Tables 3.5 and 3.5a). Almost half of all family of origin caregivers were involved in caregiving on a daily basis, while nearly another quarter of respondents were involved several times a week. Thus, almost three quarters of family of origin caregivers were involved in providing care at least once per week. Another 25% indicated that they were involved several times per month, and a small minority (4%) were involved only once per month or less.

Not only were the vast majority of family of origin caregivers frequently involved in caregiving, but also the typical number of hours per week spent on caregiving was considerable. Ranging from 1 to 168 hours, family of origin caregivers provided an average of 29 hours of care weekly. There were no significant differences between men and women with regard to the amount of time spent caregiving.

HELP FROM OTHERS

The amount of help a caregiver receives from family and community-based providers is generally related to the level of stress that comes with caregiving, and persons receiving little or no help are most at risk for stress-related problems. Among the family of origin caregivers, 77% received assistance from others, while 23% received no help (see Table 3.5). Respondents were asked about who else helped to provide care on a regular basis. The responses ranged from relatives, neighbors, friends, and partners, to nurses, home health care aides, and community-based organizations that are part of the formal

3.5: Frequency of Caregiving and Contextual Issues for Family of Origin Members (Percent)

Frequency of Care Provision	Total	Women	Men
Every day	47	58	34
Several times per week	24	17	31
Several times per month	25	19	31
Once a month or less	4	6	3
Someone Else Helped with Caregiving (y)	77	73	81
Level of Care Involvement			
Respondent was sole provider	37	40	35
Respondent provided most care	30	26	32
Respondent shared caring equally	23	23	24
Respondent did less than others	10	11	8
Difficulty with Family/Friends (y)	33	40	27
Different Family Expectations of Caregiver Due to Sexual Orientation			
They expect more	34	34	35
They expect less	4	3	6
Makes no difference	61	63	59

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Frequency of Care Provision N=72, Someone Else Helped with Caregiving N(y)=58, Level of Care Involvement N=73, Difficulty with Family/Friends N(y)=24, Different Family Expectations of Caregiver Due to Sexual Orientation N=70

3.5a: Frequency of Caregiving and Contextual Issues for Family of Origin Members

Number of Caregiving Hours Per Week

Total		Women		Men	
M	SD	M	SD	M	SD
29.0	35.2	34.3	37.4	23.6	32.6

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

RELATIONSHIPS WITH OTHERS

Another potential source of stress for caregivers is found in their relationships with other family members, and with medical and social service providers. A caregiver's stress level can be exacerbated if such relationships are strained, or if the caregiver is not accepted as the person responsible for managing care. Respondents were therefore asked a series of questions about their relationships with family members and health care providers aimed at eliciting the extent and nature of such conflicts where they existed. Respondents were also asked if their own sexual orientation was a factor in such conflicts.

A significant minority (34%) indicated that their families expected more of them because they were LGBT.

A significant minority of family of origin caregivers (33%) reported experiencing difficulties with some of the care recipient's friends or relatives (see Table 3.5). When asked with whom, siblings were mentioned most frequently, followed by friends and other people to whom the care receiver was not related. In one case, a care recipient's partner was specifically mentioned, although it is likely that other friends and unrelated people may have been the partners of caregivers as well. In only one case was another relative (an aunt) listed as the person with whom the caregiver experienced conflict.

Having difficulties with siblings over caregiving responsibilities is not uncommon in families involved in the care of a frail or elderly person. But it was possible that in the case of LGBT caregivers, sexual orientation might become an additional source of friction. In focus groups held prior to the study, some participants suggested that because many LGBT people are childless and therefore have fewer explicit family responsibilities, more is expected of them when it comes to caregiving than of their heterosexual siblings. Sixty-one percent of family of origin caregivers felt their sexual orientation had no bearing on expectations of their caregiving responsibilities. A significant minority (34%), however, indicated that their families expected more of them because they were LGBT, while 4% felt that less was expected of them because they were LGBT.

LEGAL ISSUES

Caregivers sometimes face problems with the formal health and social services systems because they do not have legal authority to make important medical or financial decisions. The respondents caring for members of their family overwhelmingly indicated that there was someone with legal authority to make medical decisions involving care (81%). Of these, 57% said it was they who had that authority. Another 15% said they shared responsibility with another person, and just over a quarter (28%) said that someone else was responsible (see Table 3.6). If someone else had legal authority in health matters, that other person was almost always another family of origin member, usually a sibling (68%) or the spouse of the care recipient (16%). In three cases, an unrelated person was the designated person; and in one case a physician had legal authority to make them.

Given the amount of time and effort being spent by the family of origin caregivers, and the fact that many carried the majority of caregiving responsibilities, it was heartening

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3. CAREGIVING FOR FAMILY OF ORIGIN MEMBERS

3.6: Medical Authority and Legal Issues for Family of Origin Members (Percent)

	Total	Women	Men
Someone Had Authority for Medical Decisions (y)			
	81	78	83
Who Had Medical Authority?			
Respondent	57	59	57
Someone else	28	28	30
Shared with family	15	14	13
Someone Had Authority for Legal Decisions (y)			
	74	64	83
Who Had Legal Authority?			
Respondent	59	65	55
Someone else	26	22	31
Shared with someone unrelated	15	13	14

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Someone Had Authority for Medical Decisions N(y)=60, Who Had Medical Authority? N=60, Someone Had Authority for Legal Decisions N(y)=53, Who Had Legal Authority? N=53

to find that so many had been designated to make health care-related decisions for their care recipient. Only 19% of family of origin caregivers said there was no one with such legal authority over medical decisions.

Most of the family of origin care recipients had also designated someone to make legal decisions for them. Fifty-nine percent of the family of origin caregivers said that they were that person, and another 15% indicated that they shared the authority with their family. About one-quarter indicated that legal decisions were in someone else's hands, usually a sibling. These findings regarding legal authority mirror those on health care decision making, suggesting that most LGBT family of origin caregivers had both caregiving responsibilities and legal authority for the family members for whom they provided care.

Most LGBT family of origin caregivers had both caregiving responsibilities and legal authority for the family members for whom they provided care.

CAREGIVERS' PERSONAL LIVES

The stress and feelings of burden experienced by caregivers are directly related to the impact caregiving has on their personal lives. To determine how they were most affected by caregiving, respondents were presented with a series of statements about their lives and asked to indicate which they had experienced (see Table 3.7). One group of statements involved the impact of caregiving on social relationships and personal time. Another concerned its impact on work, health, family relationships, and finances. The final group involved disclosures about sexual orientation.

3. CAREGIVING FOR FAMILY OF ORIGIN MEMBERS

3.7: Burden and Strain Experienced by Family of Origin Caregivers (Percent, in rank order)

	Total	Women	Men
Caregiving Burdens (y)			
1. Places limits on social life	65	70	60
2. Had to take time off work*	56	70	43
3. Don't have enough time for myself	51	57	46
4. Difficulty with other care providers	44	51	38
5. Worry about cost of care	39	38	41
6. Problems with family members	36	38	35
7. Lack of privacy	35	38	30
8. Health suffers	29	30	30
9. Requires my constant attention	23	27	19
10. Strained relationship with my partner**	23	38	8
11. Forced me to conceal sexual orientation**	13	24	3
12. Forced me to come out	3	5	0

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question.

*p < .05, **p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

Caregiving most heavily affected the family of origin caregivers' personal lives and their freedom to do what they desired. Sixty-five percent indicated that caregiving limited their social lives, and 55% that they did not have enough time for themselves. Thirty-five percent felt caregiving interfered with their privacy. These findings are very much in line with the other research on caregivers, and underscore the need for intermittent respites from caregiving responsibilities.

Most respondents had not yet reached retirement age, and were still employed. As a result, many experienced conflicts between work and caregiving to their family of origin members. Fifty-six percent had to take time off from work because of caregiving responsibilities. Women were more significantly affected in this way (70%) than men (43%).

Their role as case managers was also an important source of stress. Forty-four percent of respondents reported conflicts with medical or social service providers, including the unavailability of doctors, difficulty getting medical prognosis or guidance on providing care, and problems obtaining home health care or domestic help. Respondents were asked to identify the people with whom they had such difficulties; they cited physicians and specialists most frequently, followed closely by home health care aides and the staff of health care facilities. Nurses, social workers and insurance providers were cited to a lesser extent.

From the data collected, it is impossible to infer to what extent difficulties with medical personnel involved homophobia or a refusal to accept the LGBT caregiver as the spokesperson for the patient. Problems with home health care aides, including tardiness and refusing to do certain tasks, often come up in studies of caregiving for the frail elderly, and in this study, home health care aides were cited almost as often as physicians as a source of conflict and stress. Social workers were less frequently mentioned as sources of difficulty than medical professionals or health care facility staffers. They

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may have been, as a group, more sensitive to needs of the care recipients and their caregivers, although it is possible the caregivers did not have as much contact with social workers as with other health care providers.

One-third of the family of origin caregivers indicated they had problems with family members during the course of providing care. Given that nearly all of them acted as a liaison with family members, that number seems to be disproportionately high.

Caregivers of the disabled or frail elderly often indicate that the rigors of providing assistance affects their health, but only 30% of the family of choice caregivers indicated that their health had suffered due to caregiving. Because these caregivers were less involved in household or personal care than with providing emotional support and case management, the stress associated with caregiving may not have manifested in physical health problems as often, particularly given the relatively young age of many of the caregivers in the study.

Women were significantly more likely than men to report that caregiving strained their relationship with a partner (38% and 8%, respectively) and that caregiving forced them to conceal their sexual orientation (24% and 3%, respectively). It is not clear why gender differences emerged in these areas. While only 3% of respondents reported that being a caregiver forced them to come out of the closet, 13% of both male and female family of origin caregivers said that being a caregiver forced them to conceal their sexual orientation. Though not a major problem for the LGBT care-

While only 3% of respondents reported that being a caregiver forced them to come out of the closet, 13% said that being a caregiver forced them to *conceal* their sexual orientation.

Table 3.7a: Burden and Strain Experienced by Family of Origin Caregivers (Percent)

How Much Spent on Caregiving Per Week?	Total	Women	Men
Less than \$50	53	49	57
\$50 to \$100	31	37	24
\$100 to \$500	17	14	19
\$500 or more	0	0	0

Note: N indicates the total number of individuals who answered each question.

How Much Spent on Caregiving Per Week? N=72

3.7b: Burden and Strain Experienced by Family of Origin Caregivers (Percent)

Extent of Overall Strain in Caregiving Role	Total	Women	Men
Emotional			
Little or none	4	5	3
Some strain	14	8	19
Moderate strain	22	27	17
A lot/a great deal	61	59	61
Physical			
Little or none	36	33	36
Some strain	18	19	17
Moderate strain	27	19	36
A lot/a great deal	19	28	12
Financial			
Little or none	43	34	49
Some strain	16	20	14
Moderate strain	26	26	27
A lot/a great deal	16	20	11

Note: N indicates the total number of individuals who answered each question.

Emotional N=74, Physical N=73, Financial N=73

givers in this sample, this issue may have resonance in other LGBT communities, and should be examined further with other LGBT populations.

MONEY SPENT ON CAREGIVING

Concerns about the costs of providing care were cited by 39% of the caregivers, a statistic related to how much the caregivers spent on caregiving each week (See Table 3.7a). About half (52%) of the caregivers spent less than \$50 per week. Thirty-two percent spent between \$50 and \$100 per week, while 16% spent between \$100 and \$500. (These expenses may not have been solely medical, and could include household help and other incidentals.)

STRESS LEVEL

To verify the level of strain and burden caregivers experienced, family of origin caregivers were asked indicate its impact on them in three areas: emotional, physical, and financial (see Table 3.7b). Although most indicated that they spent money each week on caregiving, and a small proportion spent considerable amounts, 43% indicated feeling little or no financial strain. Another 42% noted feeling some or moderate financial strain, while only a small proportion (16%) felt considerable financial strain. This distribution is not surprising given the relatively high income of many of the respondents, and that over half spent less than \$50 per week on caregiving.

A somewhat smaller proportion (36%) indicated experiencing little or no physical strain. A more substantial group (45%) experienced moderate physical strain, while only 19% indicated feeling considerable physical strain. It would appear that respondents felt somewhat more physical strain than financial strain in their caregiver roles.

It is in the arena of emotional strain, however, that the real toll for the family of origin caregivers is greatest. Only 4% said they experienced little or no strain. Thirty-five percent reported some or moderate emotional strain. But over half of the family of origin caregivers, the largest group by far (61%), indicated that they felt considerable levels of emotional strain. This finding is not inconsistent with other research on caregivers. Among the family of origin caregivers in this study, there were, however, somewhat lower levels of physical strain than what is often reported.

Over half of the family of origin caregivers (61%) indicated that they felt considerable levels of emotional strain.

REASONS FOR PROVIDING CARE

Despite the stress and burdens experienced by caregivers, taking care of a frail family member is widespread in most cultures. In a national study on caregiving, the Kaiser Family Foundation found that one in four adults is an informal caregiver and that as the American population ages, it is likely that families will take on an even greater caregiving responsibility in order to keep loved ones in the community. People provide

care for many reasons. The family of origin caregivers in this study were given a list of common reasons and asked to indicate which of them explained why they had become a caregiver (see Table 3.8).

The most commonly cited reasons were that the care recipient deserved to be cared for (89%), that caregiving allowed the person to remain at home (64%), and that being a caregiver was part of the individual's nature (64%). These responses suggest that nurturing was an important component of caregiving for the caregivers, as was recognition that they had a responsibility to make it possible for someone close to them to remain at home, a nearly universal desire among older people, including those who are ill or frail. Fulfilling family obligations and using the opportunity to become closer to their families of origin were also major incentives for providing care. Forty-four percent indicated that their family expected them to be the caregiver, 35% felt there was no one else to provide the care, and 18% indicated that providing care enabled them to become closer to their family.

Providing care to a family of origin member enhanced personal feelings of purpose, self-worth, and social responsibility.

3.8: Reasons for Providing Care Among Family of Origin Caregivers (Percent)

Sense of Responsibility (y)	Total	Women	Men
Care recipient deserved care	89	92	87
It was respondent's responsibility	79	76	81
Family expected me to provide care	44	46	43
To avoid feelings of guilt/regret	25	22	27
Avoidance of Institutionalization (y)			
Care recipient able to stay home	64	70	60
No one else was available	35	27	43
Personal Reasons (y)			
Part of respondent's nature	64	70	57
Emotionally/spiritually nurturing	31	30	30
Provided respondent sense of purpose	28	27	30
Made respondent a better person	23	16	30
Became closer to respondent's family	19	16	22

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Sense of Responsibility N(y)=178, Avoidance of Institutionalization N(y)=99, Personal Reasons N(y)=165

3.9: Formal Organizations Used by Family of Origin Caregivers (Percent)

Long-Term Care (y)	Total	Women	Men
Visiting nurse service*	40	54	27
Home health care agency	43	46	41
Emotional/Psychological Support (y)			
Support groups*	17	27	8
Therapy	21	22	22
Clergy	23	30	16
Community-Based Services (y)			
Senior LGBT organization	1	3	0
Other LGBT organization	1	3	0
Senior center	16	11	22
Informational Assistance (y)			
Phone information line*	11	19	3
Internet	21	22	19
Other (y)	24	19	30
Difficulties with Formal Service Providers (y)	41	44	38

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Long-Term Care N(y)=62, Emotional/Psychological Support N(y)=46, Community-Based Services N(y)=14, Informational Assistance N(y)=41, Other N(y)=18, Difficulties with Formal Service Providers N(y)=30

*p < .05 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

A smaller proportion responded in terms of fulfilling their personal needs. Thirty-one percent agreed that being a caregiver nurtured them spiritually or emotionally; 28% said being a caregiver provided them with a sense of purpose; 25% became a caregiver to avoid feelings of guilt or regret; and 23% agreed that caregiving makes them a better person. Taken in combination with the fact that almost three-quarters of the family of origin caregivers felt that caregiving was part of their nature, these responses suggest that providing care to a family of origin member enhanced personal feelings of purpose, self-worth, and social responsibility.

COMMUNITY RESOURCES

Although older people are mainly cared for by family, partners, close friends and neighbors, formal community-based agencies can often make a difference in the level of stress experienced by the caregiver, and even make it possible for frail elders to remain in their homes. LGBT people have sometimes resisted turning to formal providers that are not part of the LGBT community. Would having to care for a sick or frail family of origin member mitigate such hesitancy? To find out, survey respondents were asked whether they had sought assistance from support groups, individual or group therapy, information phone lines for caregivers, the Internet, a religious or spiritual leader, LGBT organizations, home health care agencies, or senior centers. As Table 3.9 indicates, respondents' reliance on community services or organizations was minimal. Less than half of the 75 family of origin caregivers had turned to even one of the organizations on the list. Only visiting nurse services and home health care agencies were accessed in a significant number of cases (40% and 43%, respectively). Since most of the caregivers did not reside with care recipients and sizeable proportions of the care recipients had lived at home for some time during the caregiving episode, reliance on such agencies is not surprising.

The caregivers' need for personal support was evident by their involvement in support groups (18%), individual therapy (22%), and counseling with a religious or spiritual leader (23%), suggesting a need for personal support among caregivers. Yet, few people accessed any other service or organization during the caregiving experience, even those based in the LGBT community. Only 1% of respondents reported using the services of an agency serving LGBT seniors, or the LGBT community in general, a trend that is somewhat disturbing. This contrasts with 21% who turned to the Internet for information on caregiving, and 11% who used a phone information line for caregivers.

These findings suggest that most LGBT people caring for a member of their family of origin go it alone, and depend on other family members, partners and friends to provide support and assistance when needed. Only when the pressures of caregiving become more than their informal systems can accommodate do they turn to formal community organizations, primarily for nursing and home care assistance.

Only 1% of respondents reported using the services of an agency serving LGBT seniors, or the LGBT community in general, a trend that is somewhat disturbing.

4. Caregiving for Families of Choice

Of the 341 respondents in the study, 24% reported having provided care to a person who was not related by blood in the previous five years. Most of these care recipients were same-sex partners or close friends. In the caregiving literature, such care recipients are known as members of one's "family of choice." Men were somewhat more likely to report being a caregiver for a family of choice member (27%) than women (20%). Thirty percent of these caregivers were providing care to this unrelated individual at the time of the survey, comprising 8% of the total sample (see Table 4.1). Of those contemporaneously providing care, the caregiving episode ranged from six months to 34 years; on average, its duration was 8.3 years (see Table 4.1a).

Of the 69% who reported that the caregiving episode had ended, the vast majority (85%) said it was because the care recipient had died. Nine percent had stopped because the person no longer needed care, and 5% reported that someone else had assumed caregiving responsibilities. No family of choice caregiver stopped caregiving because it had become too difficult. (Three percent stopped providing care for some other reason.)

CHARACTERISTICS OF CARE RECIPIENTS

In 54% of the reported caregiving episodes, the person receiving care was the partner or "significant other" of the LGBT caregiver. Male friends were the second most commonly reported relationship to the caregiver (30%), followed by female friends (5%), and men (7%) or women (3%) whose relationship to the caregiver was not specified (see Table 4.2). Significant gender differences emerged regarding the relationships between caregivers and care recipients. While men and women were about as likely to care for a significant other or partner, male caregivers were more likely to be involved with male rather than female friends (35% and 2%, respectively). For women, the difference was not as sharp: 15% were car-

In 54% of the reported caregiving episodes, the person receiving care was the partner or "significant other" of the LGBT caregiver.

4.1: Caregiving Experience with Family of Choice Members in Past Five Years (Percent)

	Total	Women	Men
Provided Care in Past Five Years (y)^a	24	19	27
Currently Providing Care (y)	31	24	33
Reason Caregiving had Ended			
Death or institutionalized	85	88	83
Person no longer needed care	9	6	10
Someone else responsible for care	5	6	5
Caregiving became too difficult	0	0	0
Other reason	3	6	2

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Family of choice caregivers N=83; women N=21; men N=62. Some totals do not equal 100% due to multiple response categories and the exclusion of transgender individuals from gender comparisons because of the small number of them in the study (N=4).

^a Proportions based on total sample (N=341), and total women (N=103) and men (N=233).

Provided Care in Past Five Years N(y)=83, Currently Providing Care N(y)=25, Reason Caregiving had Ended N=60

4.1a: Caregiving Experience with Family of Choice Members in Past Five Years

Length of Episode Among Current Caregivers (years)		Total		Women		Men	
		M	SD	M	SD	M	SD
		8.3	8.4	7.8	5.0	8.4	9.0

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

4.2: Characteristics of Family of Choice Care Recipients (Percent)

Relationship to Caregiver*	Total	Women	Men
Partners/significant other	54	60	53
Female friend	5	15	2
Male friend	30	10	35
Female unspecified relationship	3	5	2
Male unspecified relationship	7	5	8
Other unrelated person	1	5	0
Gender of Care Recipient***			
Male	75	15	94
Female	25	85	7

Sexual Orientation of Care Recipient*			
Lesbian or gay	84	65	90
Heterosexual	11	25	7
Bisexual	5	10	3
Transgender	0	0	0

Recipient Living with Caregiver			
Yes	45	70	51
No	37	30	49

If no, with:			
Partner/significant other	6	0	8
Male friend	3	0	4
Female friend	0	0	0
Neighbor	3	0	4
Alone	78	100	72

Alone, then with other family member	3	0	4
Alone, then with other unrelated person	6	0	8

Note: N indicates the total number of individuals who answered each question.

Relationship to Caregiver N=81, Gender of Care Recipient N=83, Sexual Orientation of Care Recipient N=83, Recipient Living with Caregiver N=82

*p < .05, ***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

4.2a: Characteristics of Family of Choice Care Recipients

Age of Care Recipient at Start of Episode		Total		Women		Men	
		M	SD	M	SD	M	SD
		55.0	15.7	58.1	14.9	54.1	16.0

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

ing for female friends, and 10% for male friends. Nearly half of all caregivers (46%) provided care to someone in addition to the individual they reported on in the survey. Usually this person was a partner, significant other, or friend.

Given the greater proportion of male to female respondents and the relationship of caregivers to care recipients described above, it is not surprising that 75% of care recipients were men, while only 25% were women. None of the family of choice caregivers in the sample reported providing care to a transgender person. Older LGBT caregivers were significantly more likely to provide care to someone of the same gender. Among women, 85% provided care to another woman, while 94% of men provided care to another man.

On average, male and female care recipients were 55 at the beginning of the caregiving episode. Although family of choice caregivers tended to care for their peers, there was a significant difference in the age of the care recipient as a factor of the age of the caregiver. The average age of the care recipients of caregivers 70 years and older was 70. But the average care recipient of caregivers 60 to 69 years of age was 53 years old. The average care recipient of 50 to 59 year-old caregivers was 52 years of age (see Table 4.2a).

Eighty-four percent of the care recipients were lesbian or gay, and 5% were bisexual. A small but sizable minority of family of choice care recipients were heterosexual (11%). Women were more likely to provide care to a heterosexual or bisexual, and less likely to provide care to a person who was gay or lesbian, than men. Women's care recipients were 25% heterosexual, 10% bisexual, and 65% gay or lesbian. Men's care recipients were 7% heterosexual, 3% bisexual, and 90% gay or lesbian.

Eighty-four percent of the care recipients were lesbian or gay, and 5% were bisexual. A small but sizable minority were heterosexual (11%).

LIVING ARRANGEMENTS

In 55% of cases, the caregiver and care recipient lived in the same household. Of the remaining 45%, more than three-quarters (78%) lived alone. Others had lived alone and then moved in with someone unrelated to them during the course of their illness. At the time of the interview, 85% of family of choice care recipients had died or been institutionalized.

REASONS FOR REQUIRING CARE

More than four in five care recipients in this group (83%) had serious illnesses requiring hospitalization. The most frequently cited reasons for needing care were HIV/AIDS (41%) and other physical illness (36%), followed by disability (19%), mental illness (8%) and dementia (7%). An additional 8% reported that the care recipient was frail due to old age, and 2% needed care as the result of an accident. Seven-percent reported other reasons (see Table 4.3).

There were significant associations between the reason a care recipient required care and the gender of the family of choice caregiver.

Women were twice as likely to report providing care because of general physical illness, while men were five times as likely to report providing care because of HIV/AIDS.

4. CAREGIVING FOR FAMILIES OF CHOICE

4.3: Hospitalization, Reasons Family of Choice Members Needed Care (Percent)

	Total	Women	Men
Care Recipient was Hospitalized *	83	85	82
Reasons Recipient Needed Care *			
HIV/AIDS***	41	10	50
Physical illness**	36	60	29
Disability	19	30	16
Mental illness	8	5	10
Alzheimer's disease/dementia	7	0	10
Frailty due to old age	8	5	10
Accident	2	5	2
Other reason	7	5	8

Note: N indicates the total number of individuals who answered each question.

Care Recipient was Hospitalized N=66

*p < .05, **p < .01, ***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix A)

4.4: Types of Assistance and Level of Involvement in Caregiving to Family of Choice Members (Percent)

	Total	Women	Men
Personal Care and Mobility			
Personal care**			
Not provided	31	5	40
Only occasionally	27	27	28
Sometimes	13	32	7
Always or often	29	37	25
Mobility			
Not provided	20	5	26
Only occasionally	14	5	17
Sometimes	28	35	26
Always or often	38	55	31
Transportation*			
Not provided	15	24	25
Only occasionally	16	0	16
Sometimes	20	6	28
Always or often	48	71	32

Note: N indicates the total number of individuals who answered each question.

Personal Care N=77, Mobility N=79, Transportation N=75

*p < .05, **p < .01, (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix A)

Female caregivers were twice as likely to report providing care because of general physical illness than males (60% and 29%, respectively), while men were five times as likely as women to report providing care because of HIV/AIDS (50% and 10%, respectively). Caregivers 60 to 69 years of age and 70 years or more were two and three times more likely to report caring for someone because of a disability (31% and 19%, respectively), than caregivers 50 to 59 years of age (8%).

TYPES OF ASSISTANCE

Family of choice caregiving was assessed in the same manner as family of origin caregivers. In order to determine what kind of caregiving survey respondents provided, and with what frequency, they were presented with a list of 15 types of assistance commonly provided by caregivers, and asked to rate their level of participation in each as "always or often," "sometimes," "only occasionally," or "not provided". The types of assistance can be grouped into the following four categories (see Tables 4.4-4.4b):

- *Emotional support.* Nearly all family of choice caregivers (93%) said they provided emotional support to the care recipient always or often. The remainder provided this type of support at least some of the time. Eighty-three percent always or often visited or telephoned, and another 9% did so sometimes.

4.4a: Types of Assistance and Level of Involvement in Caregiving to Family of Choice Members (Percent)

Household Management	Total	Women	Men
Shopping/laundry*			
Not provided	12	0	16
Only occasionally	10	0	14
Sometimes	21	21	21
Always or often	57	79	50
Cooking*			
Not provided	23	5	29
Only occasionally	9	0	12
Sometimes	14	16	14
Always or often	53	79	45
Cleaning house**			
Not provided	20	0	27
Only occasionally	11	5	14
Sometimes	24	21	24
Always or often	44	74	36
Case Management Assistance			
Assist with health care providers			
Not provided	17	6	19
Only occasionally	18	6	22
Sometimes	22	24	22
Always or often	43	65	37
Arrange for medical care**			
Not provided	24	10	17
Only occasionally	12	10	14
Sometimes	24	20	33
Always or often	40	60	36
Contact family and friends			
Not provided	15	10	17
Only occasionally	13	5	22
Sometimes	30	25	17
Always or often	42	60	44

Note: N indicates the total number of individuals who answered each question.
 Shopping/laundry N=77, Cooking N=77, Cleaning house N=79, Assist with health care providers N=77, Arrange for medical care N=75, Contact family and friends N=79
 *p < .05, **p < .01, (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

4.4b: Types of Assistance and Level of Involvement in Caregiving to Family of Choice Members (Percent)

Medical Care	Total	Women	Men
Provide medical care***			
Not provided	44	12	55
Only occasionally	22	47	15
Sometimes	11	0	15
Always or often	22	41	16
Received training for medical/personal care (y)			
	34	24	39
Who Trained Medical/Personal Care?			
Partner/significant other	5	0	7
Physician/specialist	10	20	13
Nurse	35	40	27
Home health care aid	50	40	53
Emotional Support and Advice			
Emotional support			
Not provided	0	0	0
Only occasionally	0	0	0
Sometimes	7	5	8
Always or often	93	95	92
Visiting or telephoning			
Not provided	4	0	5
Only occasionally	4	8	4
Sometimes	9	15	7
Always or often	83	77	84
Advice or decision-making			
Not provided	4	5	3
Only occasionally	10	11	10
Sometimes	32	11	39
Always or often	54	74	48

Note: N indicates the total number of individuals who answered each question.
 Provide medical care N=72, Received training for medical/personal care N(y)=22, Who trained medical/personal care? N=20, Emotional support N=82, Visiting or telephoning N=69, Advice or decision-making N=79
 Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.
 ***p < .001 (Chi-Square Tests of Significance, For a definition of statistical significance see Appendix)

4.4c: Types of Assistance and Level of Involvement in Caregiving to Family of Choice Members (Percent)

Financial Help and Management	Total	Women	Men
Financial help			
Not provided	36	24	39
Only occasionally	13	29	9
Sometimes	7	0	9
Always or often	44	47	44
Managing money*			
Not provided	25	12	28
Only occasionally	8	6	9
Sometimes	20	6	25
Always or often	47	77	39

Note: N indicates the total number of individuals who answered each question.
 Financial help N=75, Managing money N=75
 *p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

- *Advice and decision-making.* More than half (54%) the family of choice caregivers provided advice or assisted with decision making always or often, and 32% helped at least some of the time. Only 4% did not provide advice or help with decisions.
- *Case management.* Family of choice caregivers provided high levels of assistance with case management tasks. Two-thirds (66%) provided case management help with health care providers (43% always or often and 22% sometimes). Similarly high proportions were involved in making arrangements for medical care (40% always or often and 24% sometimes). Women were much more likely than men to provide this type of assistance on a consistent basis (always or often: 60% and 36%, respectively), while men were more likely to do so intermittently compared with women (sometimes: 33% and 20%, respectively).
 This heavy involvement with case management duties also extended to contacting family and friends: 42% provided help in this way always or often and 30% did so sometimes. Nearly three-quarters (73%) of caregivers 70 and older reported providing case management help with medical care at least sometimes, as compared with 63% of caregivers in their sixties, and 58% of those in their fifties. This finding is likely related to the relationship between the average age of the care recipient and provider in each age group, with the oldest caregivers being less likely to provide hands-on care.
 More than half of family of choice caregivers provided monetary assistance: 44% often helped financially, while 7% did so at least some of the time. Two-thirds (67%) of caregivers helped with financial management tasks at least sometimes; 25% did not assist in this way at all.
- *Household help and hands-on assistance.* The proportion of family of choice caregivers involved in household management tasks was quite high, as might be expected.

ed from a sample in which more than half resided with the care recipient. Over three-quarters provided assistance by shopping or doing laundry on a regular basis. More than half (53%) always or often cooked, while another 14% did so sometimes. While a similar proportion of caregivers were involved with housecleaning for the care recipient, there were gender differences in providing this type of support. Women were more likely than men to report helping with housecleaning often (74% and 36%, respectively), while men were more likely than women never to provide such help (27% and 0%, respectively).

Only two in five family of choice caregivers were regularly involved in personal care tasks like bathing and grooming, with 29% reporting they provided this help always or often and 13% providing personal care sometimes. Men were much less likely to help in this area compared with women: 40% of male caregivers reported they did not provide this type of help, compared to only 5% of females. Nearly two-thirds of women (68%) provided this type of help at least some of the time, as compared with 32% of men. Two-thirds of respondents provided assistance with mobility (like getting around the house) at least some of the time. A similar proportions (68%) provided help with transportation (like providing a ride) at least some of the time. There were no gender differences in the involvement of caregivers with these tasks (see Table 4.4).

CAREGIVER STRESS

Providing care on a regular basis can induce stress and feelings of burden, as well as interfere with other aspects of the caregiver's life. Like family of choice caregivers, family of origin caregivers were asked questions designed to shed light on how caregiving affected them.

MOST IMPORTANT TYPE OF ASSISTANCE

When asked to name the most important way that they helped the care recipient, family of choice caregivers overwhelmingly said it was by providing emotional support (71%).

CAREGIVER TRAINING

Assisting with personal and medical care tasks often requires certain skills; about one-third of these caregivers (34%) reported receiving this type of training. As expected, one-third also reported providing medical care at least some of the time, and 42% helped with personal care. In most cases, either a home health care aid (50%) or nurse (35%) provided this training. Physicians provided training to family of choice caregivers only 10% of the time (see Table 4.4b).

Involvement with medical care tasks was relatively low. Only one-third (33%) provided this type of help on a regular basis (22% always or often, and 11% sometimes). Women were significantly more likely to provide this help always or often (41%) than

men (16%), and men were much more likely than women not to provide this type of help at all (55% and 12%, respectively).

TIME SPENT PROVIDING CARE

Over half of family of choice caregivers provided care every day (58%), and nearly one-quarter (23%) provided help at least several times per week. About one-fifth provided care several times per month (16%), while only 4% said they provided care once per month or less (see Table 4.5). On average, family of choice caregivers reported providing 46 hours of care in a typical week. Caregivers 70 and older reported the highest average hours of care per week (62 hours). The average weekly hours of care was 49 among those aged 60 to 69, and 37 among those age 50 to 59 (see Table 4.5a). This finding may reflect the fact that older people are more likely to be retired and have the time to devote to caregiving. It could also mean that the care recipients for whom this group was responsible were, on average, older, and in need of more care.

HELP FROM OTHERS

Thirty-seven percent of the family of choice caregivers reported being the sole provider of care; 63% reported assistance from others on a regular basis. In most of those cases, the assistance came from someone unrelated (43%), a friend (18%), or the partner or significant other of the care recipient (8%). Forty-three percent of caregivers were the only person who provided a substantial amount of care, while 25% said they provided most of the care. For another 25%, caregiving was shared equally with another person; 8% provided less care than others (see Table 4.5).

RELATIONSHIPS WITH OTHERS

Twenty-three percent of the family of choice caregivers reported problematic interactions with the care recipient's biological family. Approximately two-thirds (63%) did not feel their sexual orientation made a difference in terms of expectations of them as a caregiver; 30% felt more was expected of them because of their sexual orientation, and a small proportion (7%) reported they felt less was expected of them.

LEGAL ISSUES

In 67% of cases, family of choice caregivers reported that someone had the authority to make medical decisions for the care recipient, and in 60% of these cases, it was the caregiver who had sole (55%) or shared (5%) authority (see Table 4.6). Caregivers 70 and older were more likely to report that someone had this authority (88%) than caregivers in their sixties (52%) and in their fifties (64%).

A similar proportion of caregivers reported that someone had the authority to make legal decisions for the care recipient (67%), and in 58% of these cases, the caregiver had either sole (54%) or shared (4%) responsibility for legal decisions. There was no association between the age of the caregiver and the likelihood of someone having this authority. If someone else had responsibility for legal decisions, it was usually someone unrelated (22%) or a male friend of the care recipient (15%).

4.5: Frequency of Caregiving and Contextual Issues for Family of Choice Members (Percent)

Frequency of Care Provision			
Provision	Total	Women	Men
Every day	58	75	53
Several times per week	23	15	24
Several times per month	16	10	18
Once a month or less	4	0	5
Someone Else Helped with Caregiving (y)			
	63	55	65
Level of Care Involvement			
Respondent was sole provider			
	43	67	36
Respondent provided most care			
	25	11	30
Respondent shared caring equally			
	25	17	26
Respondent did less than others			
	8	6	8
Difficulty with Family/Friends (y)			
	23	21	24
Different Family Expectations of Caregiver due to Sexual Orientation			
They expect more			
	30	33	28
They expect less			
	7	11	6
Makes no difference			
	63	56	67

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Frequency of Care Provision N=83, Someone Else Helped with Caregiving N(y)=52, Level of Care Involvement N=80, Difficulty with Family/Friends N(y)=19, Different Family Expectations of Caregiver due to Sexual Orientation N=73

4.5a: Frequency of Caregiving and Contextual Issues for Family of Choice Members

Number of Caregiving Hours Per Week					
Total		Women		Men	
M	SD	M	SD	M	SD
47.0	48.0	54.1	44.2	44.4	49.5

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

4.6: Medical Authority and Legal Issues for Family of Choice Members (Percent)

	Total	Women	Men
Someone Had Authority for Medical Decisions (y)*			
	67	70	66
Who Had Medical Authority?			
Respondent			
	55	69	52
Someone else			
	39	31	41
Shared with unrelated person			
	5	0	7
Someone Had Authority for Legal Decisions (y)**			
	67	65	67
Who Had Legal authority?			
Respondent			
	54	75	49
Someone else			
	41	25	44
Shared with unrelated person			
	4	0	5

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Someone Had Authority for Medical Decisions N(y)=55, Who Had Medical Authority? N=56, Someone Had Authority for Legal Decisions N(y)=55, Who Had Legal Authority? N=55

*p < .05, **p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

CAREGIVER STRESS

Respondents were asked to report on how caregiving had impacted their lives. For 35%, being a caregiver reduced their sense of privacy; 52% said that it placed limits on their social lives; and 41% said they did not have enough time for themselves (see Table 4.7). Forty-three percent said they had had to take time off from work because of caregiving responsibilities, and women were more than twice as likely to report taking time off from work than men (70% and 33%, respectively). Forty-one percent reported difficulties with health or medical providers; 20% reported that their own health had suffered; and 28% said that being a caregiver caused them worry about the costs of providing care. Twenty-six percent of family of choice caregivers felt burdened because the care recipient needed their constant attention. Another 16% said that caregiving had caused problems with members of the care recipient's family.

Caregiving also had an impact on issues related to sexual orientation and relationships. Eleven percent reported that being a caregiver forced them to come out, while 15% reported that they were forced to conceal their sexual orientation. For another 14% of caregivers, problems with his or her partner or significant other were attributed to being a caregiver.

MONEY SPENT ON CAREGIVING

Among family of choice caregivers, money spent on caregiving per week tended to be minimal, with nearly two thirds (64%) spending less than \$50 per week. About one fifth spent from \$50 to \$100 per week, while 15% reported considerable caregiving expenses of \$100 or more per week (see Table 4.7a).

Table 4.7: Burden and Strain for Family of Choice Caregivers (Percent, in rank order)

Caregiving Burdens (y)	Total	Women	Men
1. Limited my social life	52	70	45
2. Had to take time off work	43	70	33
3. Had difficulty with other care providers	41	55	37
4. Don't have enough time for myself	41	50	38
5. Lack of privacy	35	45	32
6. Worry about cost of care	28	30	28
7. Requires constant attention	26	20	28
8. Health suffers	20	20	20
9. Problems with family members	16	15	17
10. Forced me to conceal my sexual orientation	15	30	10
11. Strained my relationship with my partner	14	25	10
12. Forced me to come out	11	10	12

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question

4.7a: Burden and Strain for Family of Choice Caregivers (Percent)

How Much Spent on Caregiving Per Week?	Total	Women	Men
Less than \$50	64	67	64
\$50 to \$100	21	17	20
\$100 to \$500	14	11	15
\$500 or more	1	6	0

Note: N indicates the total number of individuals who answered each question.

How Much Spent on Caregiving Per Week? N=78

4.7b: Burden and Strain for Family of Choice Caregivers (Percent)

Caregiving Strain	Total	Women	Men
Emotional			
Little or none	13	11	14
Some strain	14	21	12
Moderate strain	27	42	22
A lot/A great deal	47	26	52
Physical			
Little or none	38	21	44
Some strain	20	21	18
Moderate strain	22	26	21
A lot/A great deal	21	32	18
Financial			
Little or none	52	39	55
Some strain	22	17	24
Moderate strain	18	39	12
A lot/A great deal	8	6	9

Note: N indicates the total number of individuals who answered each question.

Emotional N=79, Physical N=77, Financial N=77

4.8: Reasons for Providing Care Among Family of Choice Caregivers (Percent)

Sense of Responsibility (y)	Total	Women	Men
Care recipient deserved care	83	79	83
It was respondent's responsibility	58	58	57
Family expected respondent to provide care**	8	21	3
To avoid feelings of guilt/regret	10	11	10
Avoidance of Institutionalization (y)			
Care recipient able to stay home	58	68	53
No one else was available	49	53	48
Personal Reasons (y)			
Part of respondent's nature	58	47	60
Emotionally/spiritually nurturing	41	42	40
Provided respondent sense of purpose	35	21	38
Made respondent a better person**	36	10	45
Became closer to respondent's family	1	0	2

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question.

**p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

4.9: Formal Organizations Used by Family of Choice Caregivers (Percent)

Long-Term Care (y)	Total	Women	Men
Visiting nurse service	38	40	37
Home health care agency	31	40	28
Emotional/Psychological Support (y)			
Support groups	37	45	33
Therapy	32	25	35
Community-Based Services (y)			
Senior LGBT organization*	14	0	18
Other LGBT organization	16	15	17
Senior center	9	15	7
Informational Assistance (y)			
Phone information line	6	10	5
Internet	14	21	12
Other (y)	11	15	10
Difficulties with Formal Service Providers (y)			
	26	39	22

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Long-Term Care N(y)=56, Emotional/Psychological Support N(y)=56, Community-Based Services N(y)=31, Informational Assistance N(y)=16, Other N(y)=9, Difficulties with Formal Service Providers N(y)=20

*p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

STRESS LEVEL

Caregivers were asked to rate the degree of physical, emotional, and financial strain they experienced on a scale from one (little or no strain) to five (a great deal). About one-fifth of family of choice caregivers (21%) reported a lot or a great deal of physical strain. Nearly half (47%) reported that caregiving caused a lot or a great deal of emotional strain. Significant financial strain was reported by only 8% of family of choice caregivers (see Table 4.7b).

REASONS FOR PROVIDING CARE

Survey respondents were asked why they had assumed a caregiving role. Eighty-three percent said they became caregivers because the care recipient deserved to be taken care of (see Table 4.8). Fifty-eight percent did so because they felt it was their responsibility. The same percentage (58%) provided care so the care recipient could remain at home, and because it was part of their nature. Nearly half (49%) said they became a caregiver because no one else was available. Forty-one percent said that being a caregiver nurtured them spiritually or emotionally, 36% believed it had made them a better person, and 35% that it had given them a sense of purpose. One in 10 said they provided care to avoid feeling regret or guilt. Although only 8% said they became a caregiver due to "family expectations," women were about four times more likely to report this reason than men (21% and 3%, respectively).

4. CAREGIVING FOR FAMILIES OF CHOICE

COMMUNITY RESOURCES

Family of choice caregivers were presented with a list of community-based resources and asked to which, if any, they had turned during the caregiving episode. Thirty-eight percent had used a visiting nurse service, while 31% had used a home health care agency (see Table 4.9). Caregivers in their fifties were the least likely to report accessing this type of service (15%), compared with 44% of those in their sixties and 47% of those 70 and older. This finding is likely related to the greater average age of care recipients among the older caregiving groups.

Thirty-seven percent had turned to a support group while caregiving; 32% had been in individual or group therapy; and 17% had sought counsel from clergy or other spiritual figures. Fourteen-percent had used the Internet to obtain information relevant to their caregiving role. Fourteen-percent had also sought out a LGBT senior service orga-

nization like Pride Senior Network or Senior Action in a Gay Environment. Only 9% reported turning to a senior center, and only 6% had used a telephone information service. Eleven percent reported turning to types of community-based resources other than those discussed here. About one-quarter (26%) reported that they had had some kind of difficulty in dealing with one or more of these service providers.

As was true for the family of origin caregivers, these findings suggest that most LGBT people caring for a member of their family of choice do it largely alone, only occasionally relying on other family members or friends to provide support and direct assistance. Formal community organizations—primarily nursing and home health care assistance—tend to be used as a last resort, after caregiving duties becoming overwhelming.

Most LGBT people caring for a member of their family of choice do it largely alone, only occasionally relying on other family members or friends to provide support and direct assistance.

5. Comparing Caregivers' Experiences in Families of Origin and in Families of Choice

The focus of this study is the nature and extent of caregiving provided by older LGBT individuals to two groups: biological family members (families of origin), and same-sex partners, close friends, and other unrelated individuals (families of choice). The same questions were asked of respondents involved in caregiving with both types of families, permitting the separate examination of the caregiving experiences of both groups, as documented in the preceding two sections. This section compares the caregiving experiences of family of origin and family of choice caregivers, and draws a composite picture of the caregiving experiences of the older LGBT community in New York City. The most important finding is that the similarities in the amount of caregiving involvement, the reasons for providing care, and the nature of the stress and strain involved in caregiving have more to do with the nature of the experience itself than the specific familial relationship between caregiver and care recipient.

The similarities in the amount of caregiving involvement, the reasons for providing care, and the nature of the stress and strain have more to do with the nature of the experience itself than the specific familial relationship between caregiver and care recipient.

LEVEL OF CAREGIVING INVOLVEMENT

A similar proportion of the total sample had provided care during the previous five years to a member of their family of origin (22%) and a member of their family of choice (24%). A slightly higher proportion of those caring for members of their family of origin were still providing care at the time of the survey (39%) compared with family of choice caregivers (30%), but this difference is not statistically significant. The major reason caregivers in both groups were no longer providing care was the death or institutionalization of the care recipient (see Table 5.1). The average number of years of the caregiving episode was nearly identical between the family of origin and family of choice caregivers (8.4 and 8.3 years, respectively) (see Table 5.1a).

5.1: Comparison of Caregiving Experience Between Family of Origin and Family of Choice in Past Five Years (Percent)

	Family of Origin	Family of Choice
Provided Care in Past Five Years (y)^a	22	24
Currently Providing Care (y)	39	30
Reason Caregiving had Ended		
Death or institutionalized	89	85
Person no longer needed care	4	9
Someone else responsible for care	7	5
Caregiving became too difficult	0	0
Other reason	2	3

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Family of origin caregivers N=75; family of choice caregivers N=83

^a Proportions based on total sample (N=341), and total women (N=103) and men (N=233).

Provided Care in Past Five Years (Family of Origin N(y)=75; Family of Choice N(y)=83), Currently Providing Care (Family of Origin N(y)=29; Family of Choice N(y)=25), Reason Caregiving had Ended (Family of Origin N=47; Family of Choice N=60)

5.1a: Comparison of Caregiving Experience Between Family of Origin and Family of Choice in Past Five Years

Length of Episode Among Current Caregivers (years)

Family of Origin		Family of Choice	
M	SD	M	SD
8.4	10.0	8.3	8.4

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

5.2: Comparison Between Characteristics of Family of Origin and Family of Choice Care Recipients (Percent)

Relationship to Caregiver	Family of Origin	Family of Choice
Mother	63	0
Father	21	0
Son	4	0
Sister	3	0
Brother	4	0
Aunt	1	0
Female relative (unspecified)	1	0
Other relative (unspecified)	3	0
Partner/significant other	0	54
Female friend	0	5
Male friend	0	30
Female unspecified relationship	0	3
Male unspecified relationship	0	7
Other unrelated person	0	1

Note: N indicates the total number of individuals who answered each question.

Relationship to Caregiver (Family of Origin N=75; Family of Choice N=81)

5.2a: Comparison Between Characteristics of Family of Origin and Family of Choice Care Recipients

Age of Care Recipient at Start of Episode

Family of Origin		Family of Choice	
M	SD	M	SD
8.4	10.0	8.3	8.4

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

of the person receiving care. Within the families of origin, 70% of care recipients were women and 95% were heterosexual, reflecting the demographics of the older population needing care. Among families of choice that largely involved males caring for partners or significant others with HIV/AIDS, three-quarters of care recipients were male (as were about three-quarters of family of choice caregivers), and 84% were lesbian or gay. However, 11% of care recipients in this latter group were heterosexuals and 5% were bisexuals (see Table 5.2b).

Living Arrangements. Fifty-five percent of family of choice caregivers lived with the care recipient—approximately the same proportion who indicated that the care recipient was their partner or significant other. Among the 45% who did not reside with their caregiver, most lived alone (see Table 5.2c). In contrast, only 27% of care recipients lived with their family of origin caregiver. The vast majority of family members for whom care was provided lived alone, or lived alone and were later institutionalized or moved in with other family members. The significant differences in the living arrangements of care recipients in each group have considerable implications for the types of assistance provided.

5.2b: Comparison Between Characteristics of Family of Origin and Family of Choice Care Recipients (Percent)

	Family of Origin	Family of Choice
Gender of Care Recipient***		
Male	30	75
Female	70	25
Sexual Orientation of Care Recipient***		
Lesbian or gay	3	84
Heterosexual	95	11
Bisexual	0	5
Transgender	0	0
Don't know	3	0

Note: N indicates the total number of individuals who answered each question.

Gender of Care Recipient (Family of Origin N=74; Family of Choice N=83), Sexual Orientation of Care Recipient (Family of Origin N=74; Family of Choice N=83)

***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

5.2c: Comparison Between Characteristics of Family of Origin and Family of Choice Care Recipients (Percent)

Recipient Living with Caregiver***	Family of Origin	Family of Choice
Yes	27	55
No	73	45
If no, with:***		
Partner/significant other	2	6
Husband	2	0
Mother	2	0
Sister	4	0
Male friend	0	3
Neighbor	2	3
Other unrelated person	4	0
Alone	35	78
Alone, then with other family	14	3
Alone, then with other unrelated person	10	6
Alone, then institutionalized	26	0

Note: N indicates the total number of individuals who answered each question.

Recipient Living with Caregiver: Yes (Family of Origin N=74; Family of Choice N=82), Recipient Living with Caregiver: No (Family of Origin N=54; Family of Choice N=37), If no with: (Family of Origin N=51; Family of Choice N=32)

***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

5. COMPARING CAREGIVERS' EXPERIENCES IN FAMILIES OF ORIGIN AND CHOICE

5.3: Comparison of Hospitalization and Reasons for Needing Care Among Care Recipients Between Family of Origin and Family of Choice (Percent)

	Family of Origin	Family of Choice
Care Recipient was Hospitalized (y)	81	83
Reasons Recipient Needed Care		
HIV/AIDS***	1	41
Physical illness	50	36
Disability	19	19
Mental illness	10	8
Alzheimer's disease/dementia***	35	7
Fraillity due to old age***	42	8
Accident*	11	2
Other reason	10	7

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Care Recipient was Hospitalized (Family of Origin N(y)=55; Family of Choice N(y)=66)

*p < .05, ***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

5.4: Comparison of Types of Assistance and Level of Involvement in Caregiving Between Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
Personal Care and Mobility		
Personal care	38	31
Not provided	29	27
Only occasionally	11	13
Sometimes	22	29
Always or often	22	29
Mobility	15	20
Not provided	29	14
Only occasionally	23	28
Sometimes	33	38
Always or often	33	38
Transportation	17	15
Not provided	19	16
Only occasionally	25	20
Sometimes	39	48
Always or often	39	48

Note: N indicates the total number of individuals who answered each question.

Personal care (Family of Origin N=73; Family of Choice N=77), Mobility (Family of Origin N=73; Family of Choice N=79), Transportation (Family of Origin N=64; Family of Choice N=75)

Reasons for Needing Care. Family of choice caregivers were significantly more likely than family of origin caregivers to cite HIV/AIDS as the reason for which care was provided (41%). The next most frequently cited reasons among this group were physical illness (36%) and other disabilities (19%). Among family of origin caregivers, the reasons for providing care were related to the advanced age and frailty of the care recipients. While half of those caregivers cited physical illness as the reason behind their caregiving, this group was significantly more likely than family of choice caregivers to provide care in instances of frailty due to old age (42% and 8%, respectively) or Alzheimer's disease or dementia (35% and 7%, respectively). Family of origin caregivers were also more likely to be providing care following an accident (11%) than family of choice caregivers (2%). (Table 5.3 provides a comparison of these statistics.)

The caregivers in both groups were equally involved in providing care, and members of both groups had been providing care for an average of eight years. The nature of the relationships between caregivers and recipients differed between the two groups, and the major reasons for needing care reflect these differences. Family of choice care recipients were mainly partners and significant others living with the care provider, or friends who lived alone. The vast majority were LGBT themselves. Given the relatively young age of LGBT caregivers in the study, it is not surprising that fewer of

their care recipients required assistance because of age-related conditions. In contrast, family of origin care recipients were mainly parents, siblings, or children; predominantly heterosexual; and less likely to be living in the same household as the caregiver. The high proportion of women among care recipients in this group reflects the demography of the older population in general; among family of choice caregivers, the gender and sexual orientation of the care recipient more often mirrored the characteristics of the caregiver.

5.4a: Comparison of Types of Assistance and Level of Involvement in Caregiving Between Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
Household Management		
Shopping/laundry	20	12
Not provided	20	10
Only occasionally	16	21
Sometimes	43	57
Always or often	43	57
Cooking**	34	23
Not provided	19	9
Only occasionally	20	14
Sometimes	27	53
Always or often	27	53
Cleaning house	37	20
Not provided	14	11
Only occasionally	14	24
Sometimes	37	44
Always or often	37	44

Note: N indicates the total number of individuals who answered each question.

Shopping/laundry (Family of Origin N=74; Family of Choice N=77), Cooking (Family of Origin N=74; Family of Choice N=77), Cleaning house (Family of Origin N=74; Family of Choice N=79)

**p < .01 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

5.4b: Comparison of Types of Assistance and Level of Involvement in Caregiving Between Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
Case Management Assistance		
Assist with health care providers***		
Not provided	1	17
Only occasionally	12	18
Sometimes	18	22
Always or often	69	43
Arrange for medical care*		
Not provided	10	24
Only occasionally	10	12
Sometimes	17	24
Always or often	63	40
Contact family and friends***		
Not provided	1	15
Only occasionally	10	13
Sometimes	17	30
Always or often	72	42
Provide medical care		
Not provided	59	44
Only occasionally	22	22
Sometimes	9	11
Always or often	10	22

Note: N indicates the total number of individuals who answered each question.

Assist with health care providers (Family of Origin N=74; Family of Choice N=77), Arrange for medical care (Family of Origin N=71; Family of Choice N=75), Contact family and friends (Family of Origin N=71; Family of Choice N=79), Provide medical care (Family of Origin N=68; Family of Choice N=72)

*p < .05 ***p < .001 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

5. COMPARING CAREGIVERS' EXPERIENCES IN FAMILIES OF ORIGIN AND CHOICE

TYPES OF CAREGIVING ASSISTANCE PROVIDED

The characteristics of the care recipients and their living arrangements differed significantly between the two groups of caregivers. Family of choice caregivers were much more likely to live with the person for whom they were caring than family of origin caregivers (55% and 27%, respectively). This impacted the type of assistance each group of caregivers provided. (A comparison of that assistance appears in Tables 5.4–5.4d.)

For both family of origin and family of choice caregivers, providing emotional support, and visiting and telephoning were overwhelmingly the most important types of assistance provided, followed closely by giving advice. Family of origin caregivers were slightly more likely than family of choice caregivers to visit or telephone often or sometimes (98% and 91%, respectively), reflecting differences in living arrangements; however this difference is not statistically significant. In contrast, family of origin caregivers were significantly more likely to provide advice or decision-making support often or sometimes (92%) compared to family of choice caregivers (86%), reflecting that older parents, including some suffering from dementia, were the primary care recipients in the former group (see Table 5.4d).

Family of origin caregivers were significantly more likely to provide case management assistance and medical care at least sometimes (89%) than family of choice caregivers (72%). The most frequently reported type of assistance in this area was contacting family and/or friends on the behalf of the care recipient. Family of origin caregivers were also significantly more likely to provide other case management functions, like arranging for medical care or dealing with health care providers, at least some of the time (80% and 87%, respectively). Only 64% of family of choice caregivers arranged for medical care, and 65% dealt with health care providers, at least some of the time. The

5.4c: Comparison of Types of Assistance and Level of Involvement in Caregiving Between Family of Origin and Family of Choice Members (Percent)

Case Management Assistance	Family of Origin	Family of Choice
Received training for medical/personal care (y)	25	34
Who trained medical/personal care?		
Partner/significant other	0	5
Physician/specialist	8	10
Nurse	67	35
Home health care aid	25	50

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Received training for medical/personal care (Family of Origin N(y)=12; Family of Choice N(y)=22), Who trained medical/personal care (Family of Origin N=12; Family of Choice N=20)

5.4d: Comparison of Types of Assistance and Level of Involvement in Caregiving Between Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
Emotional Support		
Not provided	1	0
Only occasionally	1	0
Sometimes	13	7
Always or often	84	93
Visiting or Telephoning		
Not provided	1	4
Only occasionally	0	4
Sometimes	8	9
Always or often	90	83
Advice or Decision-Making*		
Not provided	4	4
Only occasionally	4	10
Sometimes	15	32
Always or often	77	54
Financial Help		
Not provided	31	36
Only occasionally	10	13
Sometimes	19	7
Always or often	40	44
Managing Money		
Not provided	18	25
Only occasionally	11	8
Sometimes	11	20
Always or often	60	47

Note: N indicates the total number of individuals who answered each question.

Emotional Support (Family of Origin N=75; Family of Choice N=82), Visiting or Telephoning (Family of Origin N=72; Family of Choice N=69), Advice or Decision-Making (Family of Origin N=74; Family of Choice N=79), Financial Help (Family of Origin N=72; Family of Choice N=75), Managing Money (Family of Origin N=72; Family of Choice N=75)

5.5: Comparison of Frequency of Caregiving and Contextual Issues Between Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
How Often Provide Care		
Every day	47	58
Several times per week	24	23
Several times per month	25	16
Once a month or less	4	4
Someone Else Helped with Caregiving (y)*	77	63
Level of Care Involvement		
Respondent was sole provider	37	43
Respondent provided most care	30	25
Respondent shared caring equally	23	25
Respondent did less than others	10	8
Any Difficulty with Family/Friends (y)	33	23
Different Family Expectations of Caregiver Due to Sexual Orientation		
They expect more	34	30
They expect less	4	7
Makes no difference	61	63

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

How Often Provide Care (Family of Origin N=72; Family of Choice N=83), Someone Else Helped with Caregiving (Family of Origin N=58; Family of Choice N=52), Level of Care Involvement (Family of Origin N=73; Family of Choice N=80), Any Difficulty with Family/Friends (Family of Origin N(y)=24; Family of Choice N(y)=19), Different Family Expectations of Caregiver Due to Sexual Orientation (Family of Origin N=70; Family of Choice N=73)

*p < .05 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

divergence again reflects the differences in the characteristics between the care recipients in each group: frail, older recipients in the family of origin group may have been less able to handle these tasks independently than the younger care recipients in the family of choice group (see Tables 5.4b and 5.4c).

The vast majority of caregivers in both groups were not involved in providing medical care. Among the small proportion that did, a greater proportion of family of choice caregivers reported providing it at least sometimes (33%), compared with family of ori-

gin caregivers (19%), although this difference is not statistically significant. The statistics on receiving training in providing such care are similar for both groups.

Over half of the caregivers in both groups provided financial help and money management assistance at least sometimes. While family of origin caregivers were somewhat more involved in providing financial help compared with their family of choice counterparts (60% and 51%, respectively), this difference is not statistically significant. Approximately two-thirds of both groups of caregivers provided assistance with money management at least some of the time (see Table 5.4d).

The greatest differences between family of choice and family of origin caregivers were expected in the area of hands-on personal care and household help, given the larger number of caregivers and care recipients who lived together among the former group. Family of choice caregivers did report providing help at least sometimes with shopping and laundry, cooking, and cleaning house (78%, 68%, and 68%, respectively) more often than family of origin caregivers (69%, 47%, and 50%, respectively). However, only the difference in those helping with cooking is statistically significant (see Table 5.4a).

Family of choice caregivers were also more likely to report helping at least sometimes with mobility-related tasks than family of origin caregivers (66% and 56%, respectively), although the difference is not statistically significant. Nor are there significant differences in the frequency of providing help with transportation: approximately two-thirds of each group provided such help at least some of the time. More intriguingly, about 40% of both groups provided help with personal care tasks like bathing, dressing or grooming at least sometimes, but the largest proportions of caregivers did not. Because only about two-fifths of both groups were the sole providers of care, other caregivers, including paid help, may have been more involved in personal care tasks (see Table 5.5).

The greatest differences between family of choice and family of origin caregivers were expected in the area of hands-on personal care and household help, given the larger number of caregivers and care recipients who lived together among the former group.

SUMMARY

The type of assistance provided by this study's caregivers was influenced by the characteristics of those for whom they were caring, and whether they lived with that person. However, there were far more similarities than differences between these two groups of caregivers. For example, there were very few differences between family of choice and family of origin caregivers in providing emotional support and advice, which comprised the cornerstone of caregiving assistance and was provided by nearly all caregivers in the study, regardless of their relationship to the caregiver. Family of origin caregivers were most often involved with older parents, less likely to live in the same household as the care recipient, and significantly more likely to perform a case management role. Because family of choice caregivers were more likely to live with the care recipient, they were more involved in household management tasks.

Table 5.5a: Comparison of Frequency of Caregiving and Contextual Issues Between Family of Origin and Family of Choice Members

Number of Caregiving Hours Per Week**			
Family of Origin		Family of Choice	
M	SD	M	SD
29.0	35.2	47.0	48.0

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

CONTEXTUAL FACTORS AND THE IMPACT OF CAREGIVING ON LGBT PROVIDERS

Previous sections of this report examined the similarities and differences between family of origin and family of choice caregivers. Before addressing issues related to the stresses and burdens involved in providing care, this section contextualizes those findings with regard to the amount of care provided; interactions between caregivers and family members and friends; and issues of legal and medical authority.

Amount of Caregiving Provided. Family of choice caregivers were more likely to live with the care recipient, and consequently spent more time on average per week providing assistance (47 hours) than their family of origin counterparts (29 hours), who tended to live apart from their care recipients (see Table 5.5a). Though deeply involved emotionally and in a case management role, family of origin caregivers were less likely to be involved in the direct provision of assistance which, by its nature, is more time consuming. Nonetheless, the frequency of care provision did not differ significantly between the two groups: the majority of both provided assistance at least several times per week. It is therefore not surprising that 77% of the family of origin caregivers shared the responsibility with someone else, significantly more than the 63% family of choice caregivers who reported sharing caregiving duties. There were no significant differences in the extent to which the caregivers provided care: about two-fifths of each group reported being the sole provider, while approximately one-quarter of each group said they were the primary provider of care or shared that responsibility equally with another person.

Relationships with Other Family Members and Friends. Information from focus groups conducted prior to the study suggested that conflicts about the caregiver's sexual orientation might arise in their relationships with other family members and friends. In fact, nearly one-third of family of origin caregivers and one-quarter of family of choice caregivers reported such problems (the difference is not statistically significant). Although the study did not collect information on the details of these difficulties, family of choice group information suggests that they stemmed at least in part from the caregivers' sexual orientation. And about one-third of each group reported that more was expected of them as caregivers because of their sexual orientation. Focus group par-

Nearly one-third of family of origin caregivers and one-quarter of family of choice caregivers reported conflicts about the caregiver's sexual orientation in their relationships with other family members and friends.

5.6: Comparison of Medical Authority and Legal Issues for Family of Origin and Family of Choice Members (Percent)

	Family of Origin	Family of Choice
Someone Had Authority for Medical Decisions (y)*	81	67
Who Had Medical Authority?		
Respondent	57	55
Someone else	28	39
Shared with family	15	5
Someone Had Authority for Legal Decisions (y)	74	67
Who Had Legal Authority?		
Respondent	59	54
Someone else	26	41
Shared with unrelated person	15	4

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Someone Had Authority for Medical Decisions (Family of Origin N=60; Family of Choice N=55), Who Had Medical Authority? (Family of Origin N=60; Family of Choice N=56), Someone Had Authority for Legal Decisions (Family of Origin N(y)=53; Family of Choice N(y)=55), Who Had Legal Authority? (Family of Origin N=50; Family of Choice N=55)

*p < .05 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

Participants indicated this expectation derived largely from familial perceptions that LGBT caregivers had fewer of their own family responsibilities than other family members. Other information about the extent and quality of the caregivers' relationships with their biological families disproved the belief that many LGBT people are estranged from their families.

Legal and Medical Authority. In most cases, caregivers in both groups reported that someone besides the care recipient had the authority to make legal and medical decisions. Family of origin caregivers were significantly more likely to report someone had authority for medical decisions (81%) than family of choice caregivers (67%); the person with that authority in both groups was most often the LGBT caregiver (see Table 5.6). The proportion of each group that either shared authority over medical decisions, or did not have such authority, was not significantly different. About three-quarters of the family of origin caregivers and two-thirds of family of choice caregivers reported that someone had the authority to make legal decisions for the care recipient. Similar proportions of caregivers in both groups indicated that they were the ones who had that authority. There were no significant differences between the two groups in the proportion of each that shared legal authority, or did not have it at all.

Table 5.7: Comparison of Burden and Strain Between Family of Origin and Family of Choice Caregivers (Percent)

	Family of Origin	Family of Choice
Caregiving Burdens (y)		
Placed limits on my social life	65	52
Had to take time off work	56	43
Don't have enough time for myself	51	41
Had difficulty with other care providers	44	41
Worry about cost of care	39	28
Problems with family members**	36	16
Lack of privacy	35	35
Health suffers	29	20
Strained my relationship with my partner	23	14
Requires constant attention	23	26
Forced me to conceal my sexual orientation	13	15
Forced me to come out*	3	11

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question

*p < .05, **p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

CAREGIVER BURDEN AND STRAIN

Differences between family of choice and family of origin caregivers are largely due to the nature of the relationship between the caregiver and the care recipient, and the situation that prompted the need for caregiving. This section examines whether these differences resulted in differences in the stresses and burdens experienced by caregivers.

Table 5.7 provides the list of the caregiving burdens presented to the caregivers in this study's survey. For both groups, the limits caregiving placed on their social lives and the necessity of taking time off from work were most frequently mentioned, followed closely by not having enough time for themselves. That caregiving presents such impediments to personal pursuits and employment pursuits clearly represents a major source of burden. The next highest-ranked caregiving burden was difficulty with other care providers, including those providing both formal and informal sources of assistance. Concerns about the cost of care was the fourth most frequently cited burden; approximately 80% of each group reported spending up to \$100 per week on care (see Table 5.7a).

Caregivers for family of origin members were significantly more likely (36%) to report problems with family members than family of choice caregivers (16%). Family problems were closely followed by lack of privacy, reported by about one-third of caregivers in both groups. The health of many caregivers often suffers as a result of caregiving, and

5.7a: Comparison of Burden and Strain Between Family of Origin and Family of Choice Caregivers (Percent)

	Family of Origin	Family of Choice
How Much Spent on Caregiving Per Week?		
Less than \$50	53	64
\$50 to \$100	31	21
\$100 to \$500	17	14
\$500 or More	0	1

Note: N indicates the total number of individuals who answered each question.

How Much Spent on Caregiving Per Week? (Family of Origin N=74; Family of Choice N=68)

5.7b: Comparison of Burden and Strain Between Family of Origin and Family of Choice Caregivers (Percent)

	Family of Origin	Family of Choice
Caregiving Strains		
Emotional		
Little or none	4	13
Some strain	14	14
Moderate strain	22	27
A lot/A great deal	61	47
Physical		
Little or none	36	38
Some strain	18	20
Moderate strain	27	22
A lot/A great deal	19	21
Financial		
Little or none	43	52
Some strain	16	22
Moderate strain	26	18
A lot/A great deal	16	8

Note: N indicates the total number of individuals who answered each question.

Emotional (Family of Origin N=74; Family of Choice N=79), Physical (Family of Origin N=73; Family of Choice N=77), Financial (Family of Origin N=73; Family of Choice N=77)

this was the next most frequently cited item, but was not a serious source of burden among respondents. A care recipient requiring constant attention and problems with a partner or significant other were mentioned by less than one-quarter of each group. Family of choice caregivers were significantly more likely to say they had been forced to reveal their sexual orientation (11%) as compared to only 3% of family of origin caregivers. This may be because approximately half of them were caring for a partner with HIV or AIDS, an issue for which sexual orientation is of prime importance.

The personal restrictions on caregivers are a source of serious burden, a finding consistent with the general literature on caregiving: the pressures of being responsible for another's health and well-being can cause considerable strain and affect one's health, work and financial standing. To obtain a more detailed picture of the amount of stress caregivers experienced, the survey asked about emotional, physical, and financial strain. Caregivers felt they made the greatest contribution in the area of emotional support; it is therefore not surprising that 47% of family of choice caregivers and 61% of family of origin caregivers reported significant levels of emotional strain. Only 47% of family of origin caregivers and 13% of family of choice caregivers reported little or no emotional strain. (The difference between the two groups is not statistically significant.) Providing constant care to someone, even voluntarily, is an emotionally draining experience well-documented in the caregiving literature. It can be particularly difficult to watch the physical or mental deterioration of the person receiving care (see Table 5.7b).

Only about one-fifth of caregivers in both groups reported significant levels of physical strain. About one-quarter in both groups reported moderate levels of physical strain. Similarly, the majority of both groups reported little or no financial strain, and few in either group reported significant levels of financial strain.

REASONS FOR PROVIDING CARE

Most caregivers in both groups had strong reasons for assuming the caregiving role (see Table 5.8); many centered on the caregivers' sense of responsibility. Four-fifths of respondents said the person being cared for deserved such assistance. Many also provided care out of a sense of obligation and responsibility. Family of origin caregivers were significantly more likely to say so (79%) than their family of choice counterparts (58%), a likely reflection of the long-term and reciprocal nature of parent-child relationships, as well as social norms regarding filial responsibility toward aging parents. This is further illustrated by the finding that family of origin caregivers were significantly more likely to report that their families expected them to provide care (44%), as compared with only 8% of family of choice caregivers, and that they were significantly more likely to provide care to avoid feelings of guilt and/or regret (25%) as compared with 10% of caregivers for family of choice members.

The next most frequently cited reasons for providing care centered on the care recipient and a desire to keep them at home. Close to two-thirds of caregivers in both groups provided care so that the recipient could remain at home (64% of family of origin and 58% of family of choice caregivers). Sizable proportions of both groups of caregivers provided such assistance because no one else was available.

Table 5.8: Comparison of Reasons for Providing Care Between Family of Origin and Family of Choice Caregivers (Percent)

	Family of Origin	Family of Choice
Sense of Responsibility (y)		
Care recipient deserved care	89	83
It was respondent's responsibility***	79	58
Family expected me to provide care***	44	8
To avoid feelings of guilt/regret**	25	10
Avoidance of Institutionalization (y)		
Care recipient able to stay home	64	58
No one else was available	35	49
Personal Reasons (y)		
Part of respondent's nature	64	58
Emotionally/spiritually nurturing	31	41
Provided respondent sense of purpose	28	35
Made respondent a better person	23	36
Became closer to respondent's family***	19	1

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Sense of Responsibility (Family of Origin N(y)=178; Family of Choice N(y)=126), Avoidance of Institutionalization (Family of Origin N(y)=74; Family of Choice N(y)=85), Personal Reasons (Family of Origin N(y)=123; Family of Choice N(y)=137)

p < .01, *p < .001 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

Table 5.9: Comparison of Formal Organizations Used by Family of Origin and Family of Choice Caregivers (Percent)

	Family of Origin	Family of Choice
Long-Term Care (y)		
Visiting nurse service	40	38
Home care agency	43	31
Emotional/Psychological Support (y)		
Support groups**	17	37
Therapy	21	32
Clergy	23	17
Community-Based Services (y)		
Senior LGBT organization**	1	14
Other LGBT organization**	1	16
Senior center	16	9
Informational Assistance (y)		
Phone information line	11	6
Internet	21	14
Other (y)*	24	11
Difficulties with Formal Service Providers (y)*	41	26

Note: (y) indicates that percentages listed represent those individuals who answered "yes" to the question. N indicates the total number of individuals who answered each question. When the N is followed by (y), this indicates the total number of individuals who answered "yes" to that question.

Long-Term Care (Family of Origin N(y)=62; Family of Choice N(y)=56), Emotional/Psychological Support (Family of Origin N(y)=46; Family of Choice N(y)=70), Community-Based Services (Family of Origin N(y)=14; Family of Choice N(y)=31), Informational Assistance (Family of Origin N(y)=23; Family of Choice N(y)=16), Other (Family of Origin N(y)=18; Family of Choice N(y)=9), Difficulties with Formal Service Providers (Family of Origin N(y)=30; Family of Choice N(y)=20)

*p < .05, **p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

A large number of both groups (64% of family of origin and 58% of family of choice caregivers) said that being a caregiver was intrinsic to their nature. Thirty-one percent of family of origin and forty-one percent of family of choice caregivers said caregiving was emotionally or spiritually nurturing, and both groups endorsed the idea that being a caregiver provided a sense of purpose about equally (28% and 35%, respectively). A similar share felt that caregiving made them a better person. And 19% of family of origin caregivers reported that providing care brought them closer to their families. Overall, there were more similarities than differences between the two groups in their reasons for becoming caregivers; they responded to others in need, regardless of the relationship to that person.

ASSISTANCE FROM THE FORMAL COMMUNITY-BASED SYSTEM OF HEALTH AND SOCIAL SERVICES

Caregivers are sometimes willing to look for help from those in the community in a position to mitigate some of the stress and burden associated with caregiving, although family members often wait to ask for help until the level of care required surpasses their ability to provide it. That less than half of the LGBT caregivers in either group turned to any formal or community-based resource was not unexpected.

The most frequently utilized type of formal assistance was home health care and visiting nurse services, each accessed by approximately 40% of caregivers in both groups (see Table 5.9). Given the nature of the illnesses and disabilities among care recipients discussed earlier in this report, these levels of utilization of long-term care services are completely plausible. Fewer caregivers in both groups sought help for themselves with the stress and burden of the caregiving situation. Family of choice caregivers were more likely to attend support groups (37%) than family of origin caregivers (17%). There were no significant differences between groups in the proportion of caregivers using individual therapy, which ranged from 21% to 32% among family of origin and family of choice caregivers, respectively. About 20% of both groups had turned to members of the clergy for advice and support—23% of family of origin caregivers and 17% of family of choice caregivers.

With respect to other assistance from LGBT community organizations, family of choice caregivers were significantly more likely to seek such help; only 1% of family of origin caregivers sought such assistance, compared with up to 16% of their family of choice counterparts. Given that the overwhelming proportion of care recipients in the former group were LGBT themselves, while care recipients in the family of origin were almost entirely heterosexual, this finding is not unexpected. What is particularly noteworthy is how few caregivers turned to any LGBT organization at all. Family of origin caregivers used senior centers at a higher rate (17%) than family of choice caregivers (9%), although this difference is not statistically significant. Nor were there significant differences between the two groups in the proportions using the Internet or telephone information services; the Internet was, however, used more frequently.

Among those accessing formal organizations for help, family of origin caregivers were significantly more likely to report having difficulties with service providers (41%) than family of choice caregivers (26%). This may be due, in part, to the greater case management role family of origin caregivers played, a further reflection of how the differences in relationships and living situations between family of choice and family of origin caregivers influence the nature of the caregiving.

About 20% of both groups had turned to members of the clergy for advice and support—23% of family of origin caregivers and 17% of family of choice caregivers.

6: Contextual Issues in the Lives of Older LGBT Adults

As noted in the previous sections, providing care to a family member, partner, or friend does not occur in a vacuum, but involves contextual issues in the lives of the caregivers, including how satisfied they are with their lives in general, their sense of acceptance and control over their lives, their level of depression (if any), and their ability to handle stress and strain.

This study sample included 341 older LGBT adults recruited widely from the community at large. Of this group, 46% indicated they are or were caregivers. However, the entire sample of 341 adults, including those who are not caregivers, provided information on who they were, their social networks, sense of well-being, and their opinions regarding the role of the LGBT community in assisting its older members. This section, concerning contextual issues, and the next section, concerning the role of the LGBT community, includes responses from the full sample of 341, whether or not they were involved in caregiving.

DISCLOSURE OF SEXUAL ORIENTATION

Particularly pertinent to LGBT adults is the extent to which they are comfortable with and disclose their sexual orientation to family members, friends, and colleagues at work or in organizations to which they belong, as well as to people in their place of worship. The extent to which they disclose their sexual orientation to their health care providers is also important to their health and well-being. All study respondents were presented with a list of persons and asked to indicate the extent to which they were open and honest concerning their sexual orientation with such persons (see Table 6.1). (The choices were: open to some, all, or none).

Almost half of the LGBT respondents were “out” to all the members of their biological family, while another 30% were out to some members of their biological family.

Almost half of the LGBT respondents were open to (or "out" to) all the members of their biological family, while another 30% were open to some members of their biological family. However, a small but sizeable group, about one-quarter, indicated they were open to none of their family members. Openness with respect to sexual orientation was, as would be expected, higher with regard to friends, with 59% indicating they were "open to all" friends, and another 30% to at least "some friends." Virtually no one indicated being "closeted" to all friends.

With respect to openness to members of social and political organizations to which they belonged, as well as to colleagues at work, not surprisingly the proportion "open to all" dropped (38% with respect to members of social/political organizations and 33% among colleagues at work). However, between 40 and 45% were "open to some" of their organizational colleagues or those with whom they worked (44% and 42% respectively). Again, as in the case of biological family members, there was a small but sizeable group ranging from 1% to 25% who indicated being "open to none" of those with whom they worked or participated in social or political organizations. There was somewhat less openness to persons in the place of worship. Thirty-one percent were "open to all" while 45% were only open to some, and 28% were "open to none" in their place of worship.

Not surprisingly, people were less likely to be out in the workplace, at social/political organizations, or in their houses of worship. In each of these three situations, slightly over 30% were completely open and honest about their sexual orientations, with the largest population being more selective and open only to some persons in these situations. However, the difficulties faced by many older LGBT people with respect to openness concerning sexual orientation can be seen by the findings that in each situation, approximately one-quarter of respondents were open to no one.

It may be most important for people to disclose their sexual orientation to their health care providers. Disclosure of sexual orientation to a health provider may in many situations be crucial to receiving proper medical care. Although 46% of respondents indicated they disclosed their sexual orientation to health care providers, 34% only disclosed their sexual orientation selectively to some health care providers, and 20% of the LGBT seniors in this study indicated that they made such disclosure to none of their health providers. Therefore, over half of the respondents did not completely disclose their sexual orientation—or, presumably, information about their sexual behavior—to their health care providers. Such a situation has potentially dangerous repercussions, including the failure to learn about disease prevention techniques, a lack of attention to certain LGBT-related health care needs, and even misdiagnoses of medical conditions (Gay and Lesbian Medical Association [GLMA], 2001, 2002a, 2002b). Among older gay men who are not out to health care providers, early signs of HIV/AIDS are often misdiagnosed as normal signs of aging, and HIV tests are not routinely given (GLMA, 2002a). (The current standard treatment HIV/AIDS involves following early detection with a rigid adherence to treatment regimens, which often leads to a higher quality of life and better prognosis.) Older lesbians may be at higher risk for breast cancer (GLMA

The difficulties faced by many older LGBT people with respect to openness concerning sexual orientation can be seen by the findings that in each situation, approximately one-quarter of respondents were open to no one.

Over half of the respondents did not completely disclose their sexual orientation—or, presumably, information about their sexual behavior—to their health care providers. Such a situation has potentially dangerous repercussions.

2002b), and failure to disclose sexual orientation leaves doctors ignorant of that elevated risk.

The only difference between men and women with regard to disclosure issues involved health care providers: men were more likely to be open and honest with their health care providers than women, perhaps as a result of the impact of HIV/AIDS on gay men in general. In fact, it is possible that this higher rate of disclosure among men reflects a greater likelihood of testing

Older respondents were less likely to disclose their sexual orientation, regardless of gender.

6.1: Level of Openness and Honesty Concerning Sexual Orientation (Percent)

Biological Family	Total	Women	Men
All	48	49	47
Some	30	26	31
None	23	25	22
Friends			
All	59	58	59
Some	37	35	38
None	4	7	3
Social/Political Organizations			
All	38	36	37
Some	44	44	45
None	19	20	18
Colleagues at Work			
All	33	34	32
Some	42	40	41
None	25	26	27
Health care Providers*			
All	46	35	51
Some	34	38	31
None	20	26	18
Place of Worship			
All	31	31	32
Some	45	42	42
None	25	27	32

Note: Apparent disparities between row totals and the number of individuals in the male and female categories are accounted for by the inclusion of data from the four transgender persons who were not included in the male or female analyses.

Biological Family N=331, Friends N=333, Social/Political Organizations N=330, Colleagues at Work N=323, Health care Providers N=326, Place of Worship N=325

*p < .05 (Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

6.2: Psychological Well-Being (Percent)

Life Satisfaction	Total	Women	Men
Very satisfied	41	41	41
Somewhat satisfied	46	48	46
Not too satisfied	10	8	11
Not at all satisfied	2	3	2
Self-Reported Depression			
No	70	71	70
Yes	30	29	30
Happiness			
Very happy	29	35	25
Fairly happy	56	51	59
Not too happy	14	13	14
Not at all happy	2	1	1

Note: Apparent disparities between row totals and the number of individuals in the male and female categories are accounted for by the inclusion of data from the four transgender persons who were not included in the male or female analyses.

Life Satisfaction N=335, Self-Reported Depression N=332, Happiness N= 329

Table 6.2a: Psychological Well-Being

Ryff Well-Being Subscales ¹	Total		Women		Men	
	M	SD	M	SD	M	SD
Self-acceptance**	38.8	8.2	40.6	7.2	38.2	8.3
Autonomy*	38.7	5.9	39.9	5.5	38.1	6.0
Environmental mastery	37.8	6.4	38.4	6.2	37.7	6.5

M=Mean, SD=Standard Deviation (For a definition of mean and standard deviation see Appendix)

1. The range for the well-being scales was 9–54.

*p < .05, **p < .01 (ANOVA and Chi-Square Tests of Significance; For a definition of statistical significance see Appendix)

for HIV/AIDS, which in many cases involves self-disclosure. As might be expected, with regard to openness of sexual orientation, older respondents were less likely to disclose their sexual orientation than younger respondents, regardless of gender.

PSYCHOLOGICAL WELL-BEING

Considering the psychological impact of aging and caregiving provides a more dynamic representation of the respondents' lives, and several indicators of well-being were included in this study. Although life satisfaction and depression are often used to assess well-being, these indicators do not present a complete picture of psychological function. Life experience and the subjective interpretation of the effects of these experiences also affect one's psychological well-being (Hultsch & Plemons, 1979; Ryff & Dunn, 1985; Ryff & Essex, 1992). Most theories of psychological well-being have focused on three dimensions: positive and negative affect and life satisfaction (Diener, Suh, Lucas, & Smith, 1999; Watson & Tellegen, 1985). Others have used the absence of depression to calculate a level of well-being. (Lawton, 1984; Jahoda, 1958) However, Ryff (1989a) has proposed a model of wellness that moved beyond the relatively simple view that well-being and health were indicated when negative indicators like illness or depression were absent. This study included indicators of both approaches as described below.

Life Satisfaction and Depression: To ascertain the overall level of life satisfaction and degree of happiness with current life, respondents were asked to rate their life satisfaction as very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied. The vast majority (97%) indicated either being very satisfied (41%) or somewhat satisfied (46%), suggesting that most respondents felt positively about their current life. But 12% were negative with respect to life satisfaction. When it came to feelings about happiness, the proportion feeling very positive dropped to 29%, with a larger group (56%) indicating some reservation (only fairly happy), while 16% were not too happy or not happy at all with their current life (see Table 6.2). Perhaps even more significant is the fact that 30% reported feeling depressed. This rate of depression is as high as that found in clinical populations including visually impaired elderly and is more than six times the average rate of 5% in the general U.S. population (Galea et. al., 2002).

Overall Level of Psychological Well Being: Three of Ryff's (1989b) well-being scales were chosen in order to obtain a sense of the overall level of psychological well-being experienced by elderly LGBT people. These three scales measure self-acceptance, autonomy, and environmental mastery, facets of well-being most germane to LGBT seniors. They were chosen because they assess additional aspects of positive psychological functioning that would be missed by traditional measures of well-being. Each of the three scales consists of nine items, including both positive and negative characteristics of the well-being domain, and were scored from 9 to 54, with higher scores indicating greater levels of well-being. Women reported higher levels of well-being than men on each of the three measures (see Table 6.2a).

Thirty percent reported feeling depressed. This is more than six times the average rate in the general U.S. population.

Given the frequently hostile attitude of society toward LGBT people, it is important for them to achieve a high level of self-acceptance. Women reported significantly higher average levels of self-acceptance than men.

Self-Acceptance: A self-accepting person possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of the self, both good and bad; and feels positive about his or her past life. Given the frequently hostile attitude of society toward LGBT people, it is important for them to achieve a high level of self-acceptance, so that even when society is unsupportive, they can maintain a positive outlook on life. Most respondents scored above the median for the scale (M=38.8). Women reported significantly higher average levels of self-acceptance (M=40.6) than men (M=38.2).

Autonomy: Autonomous individuals are self-determining and independent, and able to resist social pressures to think and act in certain ways. They judge themselves by their own set of standards and regulate their behavior based upon these standards. Autonomous individuals may be better able to help others during stressful life events, making them good candidates for the role of caregiver. Again, most of the people in the sample scored higher than the median (M=38.7), and women scored significantly higher (M=39.9) than men (M=38.8).

Environmental Mastery: An individual who scores high on this scale makes effective use of surrounding opportunities, and is able to choose or create contexts suitable to personal needs and values. This particular domain of well-being is integral to an older LGBT person's ability to live in a society in which the expression of a homosexual orientation is frequently eschewed or actively suppressed. Although the mean score on this dimension of well-being was the lowest of the three examined, it was still above the median (M=37.8). The difference between the scores of men and women is not statistically significant.

Environmental mastery is integral to an older LGBT person's ability to live in a society in which the expression of a homosexual orientation is frequently eschewed or suppressed.

SUMMARY

Looking at the responses to various measures of well-being and satisfaction with life, one is struck by the relatively positive evaluations given by the respondents. The majority are either somewhat or very satisfied with their lives, although they are more circumspect in indicating their level of happiness, with a larger proportion suggesting some reservation in how happy they are. With respect to the general measures of well-being, the respondents scored above the midpoint on all three scales (i.e. self-acceptance, autonomy, and environmental mastery). However, these scores were not at the top of the scale, again suggesting some indication of the effect of being an older LGBT adult in a society that is far from welcoming of differences, particularly in the area of sexual orientation.

The difficulties faced by many LGBT people are reflected in the higher than usual rate of depression found in the study sample. The apparent contradictions between the results of the various measures of psychological well-being illustrate the complexity of issues of mental health in this population. Future research that can help tease apart some of these contradictions is clearly warranted. Additional research is needed with respect to the psychological well-being of LGBT older adults and the nature of the pressures they experience living their lives according to their own choices.

The difficulties faced by many LGBT people are reflected in the higher than usual rate of depression found in the study.

7: The Need for Assistance and the Role of the LGBT Community

This study attempted to better understand the role of the LGBT community in the formal social support of older adults. Thus, respondents were asked about their needs for assistance and their perceptions of the role the LGBT community played in meeting the needs of older community members.

CAREGIVING AND OTHER NEEDS OF LGBT SENIORS

When asked about their own needs for caregiving assistance, 8% of respondents said they currently needed such assistance. Another 19% said they had needed such assistance in the past. In addition, participants were asked to indicate various types of assistance and services that they wanted the LGBT community to provide for its seniors (see Table 7.1).

Respondents reported needing social and emotional support more frequently than any other kind. Over one-quarter (26%) reported needing psychological and emotional support, nearly one-fifth (19%) were interested in visiting services, and about one-tenth requested age-inclusive social venues. These figures are consistent with the one-third of respondents who reported needing more emotional support from their social networks in the previous year (see Table 2.9). About one-fifth (19%) said they would like to have LGBT retirement and assisted living facilities available, and 14% wanted assistance with the activities of daily living. Less than one in ten were interested in other caregiving related services, such as long-term care facilities, or training and respite for caregivers.

Fewer than 10% of respondents expressed the desire for assistance from the LGBT community in political and policy advocacy. Eleven percent saw a need for consumer advocacy, followed by advocacy for LGBT-friendly mainstream services (8%). The relatively low interest in the area of political advocacy may reflect, in part, cohort effects: on

7.1: Types of Assistance Requested by LGBT Respondents (Percent)

Social and Emotional Support	Total
Psychological or emotional support	26
Friendly visitors	19
Social outlets that are age-inclusive	12
Senior centers for LGBT people	2
Romantic/sexual connections	1
Telephone support/outreach	2
Spiritual/religious support	0
Longterm Caregiving Assistance	
Retirement/assisted living facilities	19
Assistance with activities of daily living	14
Long-term care facilities	9
Training for caregivers	7
Visiting home care	7
Respite care	6
Intergenerational caregiving	3
Political/Policy Oriented Consumer Advocacy	
Advocate for LGBT friendly mainstream services	4
Fight against ageism in the LGBT community	5
Keep LGBT seniors active in the community	4
Political lobbying for LGBT needs	3
Health care Services	
Health care	10
Other Community Services	
Emergency financial assistance	5
Legal counseling	5
Transportation services	5
Financial planning	2
Other	13
Not Sure	3

Note: Multiple responses (up to three per respondent) account for the total percentage being greater than 100%.

7.2: Why The LGBT Communities Should Help Seniors (Percent)

	Total
The LGBT community is my family	17
Older LGBT people are isolated in society	14
We know ourselves better than others	13
It is easier to be open with other LGBT people	12
We should take care of our own	10
Homophobia/heterosexism	9
Fight ageism within the community and society in general	4
The LGBT community should advocate for equal treatment	3
Mainstream services are unwelcoming	3
To prevent the need to go back into the closet	2
To provide financial assistance	1
Encourage intergenerational contact within the LGBT community	1
Other	11
I don't know	1
There is no specific need	1

average, LGBT people 50 and older have historically been less politically active than younger LGBT people. The need for LGBT health care services was brought up by 10% of respondents. Only about 5% of respondents mentioned other community services, such as legal counseling or transportation services. It is likely that in the relatively rich service environment of New York City, LGBT seniors feel that these types of services can be easily accessed through existing formal service structures.

Caregiving

WHY THE LGBT COMMUNITY SHOULD ASSIST ITS OLDER MEMBERS

When asked why the LGBT community should help its senior members, most respondents said that the LGBT community was best at caring for its own, reflecting an underlying belief in the persistence of discrimination and lack of understanding on the part of the mainstream health care and social service systems (see Table 7.2). The other most frequently cited reasons included familial feelings for the LGBT community; discomfort with mainstream services; the isolation and stigmatization suffered by LGBT seniors; and homophobia or heterosexism. Such findings not only indicate that there are a sizable number of LGBT seniors who would prefer receiving services within the community, but also point up the need for extensive advocacy, outreach, and education to mainstream service providers about making their programs more LGBT friendly and accessible.

When asked why the LGBT community should help its senior members, most respondents said that the LGBT community was best at caring for its own, reflecting an underlying belief in the persistence of discrimination.

8: Conclusions

The preceding sections have cataloged the caregiving experiences of older LGBT adults in New York City, the extent of their social networks and social interactions, their levels of psychological well-being, and the role they envision for the LGBT community in serving its older members. The results are detailed and extensive. Some findings directly address the research questions posed below, and have important implications for policy and practice.

What are the characteristics of older LGBT adults? To what extent are they involved in caregiving? To whom is such care provided?

- Respondents in this study were LGBT adults 50 years of age and older. Most were highly educated, worked in white-collar occupations, and had correspondingly high income levels. This is not necessarily representative of gay and lesbian people as a whole (Badgett, 2003). Self-rated health in this group was lower than typically reported among adults of this age.
- Respondents had extensive informal support networks. Most were highly involved with their families of origin, indicating that, at least among this group, few were estranged from their biological families.
- One-third reported that their emotional support was inadequate, suggesting a need for more opportunities to be close to social network members.
- A substantial proportion of the sample was involved with caregiving; nearly half were providing care or had provided care in the past five years to members of their biological families or to partners, significant others, or friends.

What are the caregiving experiences of those assisting parents and other family of origin members?

- Similar to older heterosexuals, older LGBT people are heavily engaged with their families of origin, and are deeply involved in caregiving and other forms of social support.

- Of the 341 respondents in this study, close to one-quarter were or had been involved in the care of a family of origin member in the previous five years. The care recipient was most often a parent suffering from an age-related illness.
- Family of origin caregivers were unlikely to live with the care recipient, and many of their caregiving activities were related to case management. Many were responsible for making legal and health decisions for the care recipient.
- LGBT family of origin caregivers provided as much or more care as other family members. Very few said they did less than other family members.

What are the caregiving experiences of those assisting partners and/or friends?

- One-quarter of the sample reported providing care to a person who was not related by blood to the caregiver.
- Partners and/or significant others with HIV, AIDS, or other physical illnesses were the focus of much of the family of choice caregiving.
- About two-thirds of caregivers in this group had authority to make medical or legal decisions for the care recipient.
- Most family of choice caregivers lived with the care recipient and provided a great deal of hands-on care.

What are the similarities and differences between the two types of caregivers—LGBT caregivers for members of their families of origin, and those providing care to partners or close friends?

- Members of both groups of caregivers felt that emotional support was the most important type of assistance they provided.
- Family of choice caregivers played a more hands-on role, while family of origin caregivers were more likely to serve as case managers. This stems largely from differences in relationships to the care recipient, living arrangements, and the reasons care recipients required care.
- There were few gender-based differences in caregiving activities, but women did do more hands-on work traditionally associated with stereotypically female gender roles.
- Sexual orientation was problematic for a small minority of family of origin caregivers.
- LGBT caregivers in both groups needed the same sort of support as other caregivers, including respite, support groups, and other services.
- Most caregivers were employed during the caregiving episode, and had to negotiate the competing demands of caregiving and the workplace.

What is the degree of disclosure of sexual orientation in this group of older LGBT adults?

- About one-fourth of the sample was not open and honest about their sexual orientation with biological family members. Another 29% were only out to some members of their family or origin, while nearly half (48%) were completely open and honest with their biological families.
- Among friends, the degree of disclosure was higher: 59% were completely out, and an additional 37% were out to some of their friends. Respondents were less likely to be out in the workplace, within social/political organizations, and in places of worship.

What is the psychological status of this group of older LGBT adults?

- Over half of the respondents did not completely disclose their sexual orientation, or, presumably, their sexual behaviors, to their health care providers, potentially resulting in a failure to monitor health care needs specific to their homosexuality.
- Although over four-fifths (88%) of the participants said they were at least somewhat satisfied with their lives, 30% reported being depressed. This rate of depression is as high as some clinical populations and is more than six times the average rate of depression in the general population in the United States.
- Respondents reported relatively high levels of psychological well-being in the domains of self-acceptance, autonomy, and environmental mastery, as compared with the general population. Women scored higher on average than men in self-acceptance and autonomy.

In what ways should the LGBT community be a source of formal social support for these older adults?

- Eight percent of LGBT elders said they currently needed caregiving assistance. Another 19% said they had needed such assistance in the past.
- One-quarter of respondents reported needing social and emotional support—the support most frequently cited. Similarly, one-third reported needing more emotional support in the previous year.
- When asked why the LGBT community should help its senior members, most said the community is best at caring for its own, reflecting the persistence of discrimination and lack of understanding on the part of the mainstream health care and social service systems. This underscores the need for mainstream and LGBT community agencies to provide outreach to older members of the LGBT community.

9: Policy Implications

There are four major policy issues raised by this study of the caregiving needs and practices of lesbian, gay, bisexual and transgender (LGBT) New Yorkers age 50 and older. The following section provides discussion of and context for these issues, with an emphasis on existing or proposed legislation that can address the needs highlighted by this study.

POLICY IMPLICATIONS: RELIEVING STRESS RELATED TO CAREGIVING EXPERIENCES

Nearly three-quarters of LGBT caregivers surveyed in this study reported emotional stress related to caregiving that ranged from “moderate” to “a great deal.” Caregiving can result in substantial emotional, physical and financial strain. Yet, as the Lifespan Respite Care Act currently pending in Congress notes, “Available respite care programs are insufficient to meet the need...leaving large numbers of family caregivers without adequate support.”¹¹ The bill also states that of the approximately 26 million Americans currently provide caregiving assistance to one or more adult family members or friends who are chronically or terminally ill or disabled, only 42% are under age 65. In other words, the majority of people caring for the elderly are also elders.¹² Therefore, support services for caregivers, including respite care, information and referral, and assistance in securing services, counseling, and support groups, are critical to minimize the emotional, physical, and financial stress involved in caregiving.

The majority of people caring for the elderly are also elders. Therefore, support services for caregivers are critical to minimize the emotional, physical, and financial stress involved.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

As a first step toward meeting the needs of caregivers, Congress passed the National

11. S. 538, 138th Cong. (2003).
12. Ibid.

Family Caregiver Support Program (the Caregiver Support Program) in 2000. This law uses a definition of “caregiver” that includes LGBT individuals who are caring for same-sex partners, close friends, and members of their families of origin. The act also states, “The term ‘family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.”¹³ This program provided \$125 million to states in 2001 (increased to \$155 million in FY 2003) for a variety of services for family caregivers. These services, to be provided in partnership with area agencies on aging and local community-based service providers, include:

- Providing information to caregivers about services available to them
- Assisting caregivers in accessing support services
- Counseling of individual caregivers, the organization of support groups, and training to help caregivers make decisions and solve problems related to their caregiving roles
- Providing respite care so that caregivers can have a temporary relief from their caregiving responsibilities
- Providing some limited supplemental services directly to people in need of care, which can complement the services provided by their existing caregivers¹⁴

Community-based LGBT organizations—particularly those serving LGBT elders like Pride Senior Network, Senior Action in a Gay Environment (SAGE), Griot Circle, and Old Lesbians Organizing for Change, as well as LGBT community centers and health centers—should contact their local Area Agencies on Aging (AAAs) regarding the availability of funds under the Caregiver Support Program. They should also bid for contracts to provide some of these services. Furthermore, AAAs and elder services departments at the local, state and federal level should be urged to target funding to LGBT organizations, just like they currently target organizations serving ethnic minority elderly populations. It is essential that the LGBT community establish liaisons with community-based agencies currently providing services under the Caregiver Support Program to ensure that LGBT individuals and organizations are included in their outreach efforts and service provision. These agencies are mandated by the Caregiver Support Program to liaise with all members of the community who meet the definition of family caregivers, including LGBT caregivers.

Information about local AAAs can be found on the National Association of AAAs website (www.n4a.org), which has many helpful links and publications. The National Directory for Eldercare Information and Referral, which can also be ordered at the AAAs website, lists all Area Agencies on Aging, Title VI grantees, and state Units on Aging to which community-based organizations can apply for funding. The directory also provides a complete listing of local and state agencies on aging, as well as Native American aging programs. It is a leading resource for purchasers of products and services for elders in the U.S.

13. Older Americans Act Amendments of 2000, H.R.782, 136th Cong. § 372 (2000).
14. Ibid.

The National Family Caregiver Support Program uses a definition of “caregiver” that includes LGBT individuals who are caring for same-sex partners, close friends, and members of their families of origin.

It is essential that the LGBT community establish liaisons with agencies providing services under the Caregiver Support Program to ensure that LGBT individuals and organizations are included in outreach efforts.

The Elder Care Locator (www.eldercare.gov, 1-800-677-1116) also has extensive information on specific elder support programs. This directory assistance service of the U.S. Administration on Aging helps people locate aging services in every community throughout the United States. It includes information on state services, area agencies on aging, and local community aging programs and services.

It is important that LGBT people understand that they are eligible for services under the Caregiver Support Program. To help meet this objective, AAAs and elder services departments should be urged to provide support and funding to educate LGBT individuals and organizations about their rights under the Caregiver Support Program. Public education is a critical first step, both within and beyond the LGBT community.

While we encourage LGBT elder groups to apply for funding to provide services, for most LGBT elders, caregiving support services will most likely be offered by mainstream, non-LGBT specific service providers. The caregiving policy change that would have the greatest impact on LGBT elders around the country, and even in large metropolitan areas like New York City, would be mandating these service providers to conduct outreach and provide culturally competent services to LGBT community members. Approximately one-third of respondents in this survey reported that they had experienced barriers when accessing services in the broader community, including homophobia, feeling uncomfortable with non-LGBT service providers, and receiving unequal treatment from these agencies. This finding supports the need for better outreach and service provision. As noted previously, advocating for "LGBT-friendly mainstream services" was the top reported priority for policy advocacy among the LGBT elders in this survey.

It is important that LGBT people understand that they are eligible for services under the Caregiver Support Program.

The most important caregiving policy change would be mandating service providers to conduct outreach and provide culturally competent services to LGBT community members.

The Lifespan Respite Care Act would provide an important source of assistance for LGBT caregivers, whether they are caring for members of their families of origin or for their families of choice.

OTHER BILLS PENDING

The Lifespan Respite Care Act of 2003 (S. 538), which would provide \$90 million per year to assist family caregivers in finding and accessing quality, affordable respite care so that they can have a break from their caregiving responsibilities, also defines caregiver in such a way as to make same-sex partners and close friends eligible for the act's services: "The term 'family caregiver' means an unpaid family member, a foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with a special need."¹⁵ The Lifespan Respite Care Act was passed the Senate in 2003 but has not yet been passed by the House of Representatives (National Alliance for Caregiving, n.d.). This bill would provide an important source of assistance for LGBT caregivers, whether they are caring for members of their families of origin or for their families of choice. This is particularly important for caregivers of families of choice, as they are most likely to be living with the care recipient and involved in ongoing, hands-on caregiving activities. This law would benefit LGBT caregivers and deserves the support of the LGBT community.

15. S. 538, 108th Cong. (2003).

POLICY IMPLICATIONS: LGBT CAREGIVING FOR FAMILY OF ORIGIN MEMBERS

Despite the high degree of reported emotional strain, few LGBT caregivers for family of origin members turned to community services or organizations for emotional support. And even fewer accessed any other service or organization during the time they were providing caregiving assistance. In fact, only 1.3% of those providing care to a family of origin member (only one respondent) reported accessing the services of an LGBT community-based organization. New York City has at least three well-known LGBT elder service organizations. This dramatic underuse of these community resources underscores the need for these organizations to become more involved in providing supportive services to caregivers, and additionally, to conduct more successful outreach. This low rate of accessing community-based LGBT elder services emphasizes the need for LGBT elder organizations to apply for and receive funding through the Caregiver Support Program described earlier.

Despite the high degree of reported emotional strain, only one respondent reported accessing the services of an LGBT community-based organization.

RELiance ON HOME HEALTH CARE AND HOME CARE

In order to ensure that adequate care is provided to their family of origin members, LGBT caregivers, who also act primarily as case managers, need to be aware of and access available community services, especially if they do not live with the person for whom they are caring. In this study, only 40% of family of origin caregivers used a visiting nurse service, and 43% used a home care agency. Though the cause of this underuse is not completely known, a recent report from the United Hospital Fund and the Visiting Nurse Service of New York noted "the widespread distrust about the home care workforce" due, in part, to "media reports of fraud and abuse." It also warned that "[c]aregivers' concerns must be addressed candidly and forthrightly so that those who need help can confidently welcome workers into their homes or the homes of their loved ones." (UHF, 2000).

While there is little research on homophobia in health care and home care, what little there is indicates LGBT caregivers and care recipients may be particularly vulnerable to bias at the hands of caregiving assistants.¹⁶ For example, one home care assistant threatened to "out" a gay client if he reported her negligent care (Raphael, 1997). Training of home care assistants in diversity and tolerance—including sexual orientation diversity—is critical if LGBT caregivers or LGBT elders in need of caregiving assistance are to access home health care and home care.

16. A 1994 study by the Gay & Lesbian Medical Association found that two-thirds of doctors and medical students reported knowing of biased caregiving by medical professionals. Fifty percent of respondents reported witnessing it, and nearly 90% reported hearing disparaging remarks about gay, lesbian, or bisexual patients. (Schatz & O'Hanlan, 1994).

POLICY IMPLICATIONS: LGBT CAREGIVING FOR FAMILY OF CHOICE MEMBERS

FAMILY AND MEDICAL LEAVE

Given the large number of hours caregivers reported providing care to partners and friends, the ability to take time off from work to provide that care would be a godsend. Unfortunately, the Family and Medical Leave Act (FMLA), a federal law passed in 1993 that provides such an opportunity to married spouses and common-law, opposite-sex partners, discriminates against same-sex partners. It provides up to 12 weeks of unpaid leave after the birth, adoption, or foster placement of a child; to facilitate recovery from a "serious health condition"; or to care for an immediate family member who is extremely sick. To qualify for family leave under this law, an employee must have worked for more than 1,250 hours in the previous 12 months in a company with more than 50 employees. Most importantly for those in same-sex relationships, family is defined in very specific terms to exclude those headed by gay or lesbian individuals. For instance, the legislation states that "[s]pouse means a husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides, including common law marriage in states where it is recognized."¹⁷ Consequently, this law in its current form prevents gay men and lesbians from taking care of their same-sex partners in a manner equivalent to that of their heterosexual counterparts, and it exposes them to additional vulnerability in the workplace. It also prevents close friends from taking unpaid leave to provide extended care for members of their families of choice. It is unclear whether same-sex spouses married and residing in Massachusetts will be eligible under the federal family leave law. This will likely be contested in the courts in the near future.

California's Family and Medical Leave Law, however, which was enacted in 2002, allows employees to take six weeks of paid leave (as opposed to 12 weeks unpaid leave through the FMLA) to care for an ill relative—including a domestic partner—or after the birth, adoption, or placement of a foster child. Most workers are paid at a rate of about 55% of their salary. The program, which will begin in 2004, will be completely employee-funded, with average annual payments of approximately \$26 per worker (Jones, 2002). Similar amendments to the FMLA would allow gay people to care for their same-sex partners without having to worry about losing their jobs.

Although nearly two dozen states besides California have family leave plans that provide unpaid leave, they do not cover same-sex domestic partners, except for in Hawaii and Vermont, where reciprocal beneficiary and civil union laws added same-sex partners as eligible family members. However, the California family leave law is unique in that it not only provides paid leave, but also includes domestic partners as a matter of course, rather than adding them to a pre-existing law. In order to ensure equal treatment of same-sex couples under family and medical leave policy, more inclusive definitions of family should be included in state and federal laws. This would not only benefit LGBT people, but also all individuals taking care of a loved one.

The Family and Medical Leave Act prevents gay men and lesbians from taking care of their same-sex partners on equal terms with their heterosexual counterparts.

More inclusive definitions of family should be included in state and federal law.

This would not only benefit LGBT people, but also all individuals taking care of a loved one.

MENTAL HEALTH ISSUES

One-third of respondents reported that their families expected more help from them due to their sexual orientation or gender identity, while only 4% said their families expected less from them because they were LGBT. Additionally, one-third of those providing care also reported problems with family members or friends of the care recipient because of their sexual orientation or gender identity. Thirty percent of the 341 respondents reported being depressed—a rate six times the rate among the general population. However, the level of depression between caregivers and non-caregivers in the sample was not significantly different. This finding differs sharply from other studies of caregiving among the general, mostly heterosexual population. In those studies, there were significant differences in reported rates of depression between caregivers and non-caregivers (Pinquart & Sorensen, 2003). Nonetheless, the ability of caregivers to access mental health support services is critical.

Mental health care may be hampered by reluctance on the part of mental health professionals to address issues of sexuality in elderly populations, and the role it may play in mental health issues. Treatment approaches that are dependent on group therapy or support groups may also be problematic for LGBT people who are concerned that disclosure of their sexual orientation or gender identity may result in peer disapproval. Discrimination following disclosure of sexual orientation in nursing homes, senior centers, domestic violence centers, and other auxiliary care settings has been reported (Dean et al., 2000). A recent study found that one in four lesbian and gay people who sought mental health counseling reported receiving inappropriate treatment (Nystrom, 1997).

Support groups have been shown to help caregivers adjust to the rigors of providing care on an ongoing basis. LGBT organizations should consider providing support groups for LGBT caregivers in which participants can share their experiences and problems. Outreach by LGBT organizations to mental health professionals is an important means of sensitizing them to issues particular to LGBT caregivers and LGBT elderly. Where appropriate, clergy should be involved in this outreach process. Particularly in the case of caregivers of family of origin members, clergy were turned to for support by almost one-quarter of such respondents (23%). But in general, caregivers for both family of choice and family of origin members tended not to seek support from others. It is likely that, for many of these caregivers, mental health services—particularly support groups run under the auspices of the LGBT community—could be an important source of assistance.

HEALTH CARE

The American Association of Retired People (AARP) lists the three most important things to do when caregivers are communicating with health professionals about the person they are caring for:

- Ask the right questions to get the information they need to make decisions
- Give health professionals the information they need about the care recipient to make informed judgments

One-third of respondents reported that their families expected more help from them due to their sexual orientation or gender identity.

Discrimination following disclosure of sexual orientation in nursing homes, senior centers, and other auxiliary care settings has been reported.

17. The Family and Medical Leave Act of 1993, 29 C.F.R. § 825.800 (1993).

- Get the information, services, and quality care the care recipient deserves (AARP, 2003)

For those providing care to same-sex partners and close friends who are LGBT, it is critical that they provide information about the care recipient's sexual orientation, as LGBT people are at greater risk for certain health issues (GLMA, 2002a; GLMA, 2002b; GLMA, 2001). Due to homophobia in health care, or fear of homophobic treatment at the hands of health care providers, caregivers and care recipients who are LGBT may be less likely to disclose their sexual orientation to health professionals.

HEALTH INSURANCE

Two-thirds of Americans receive health insurance coverage through their employers. In 2002, however, 43.3 million people under the age of 65 were uninsured (Medicare covers most people over age 65) (Kaiser Commission on Medicaid and the Uninsured, 2003). The majority (82%) of these individuals lived in families in which one member was employed either full time (70%) or part-time (12%). Most were without health coverage because their employers did not provide it, or because the premium they had to pay was too high given their income (Ibid.).

Lesbians and gay men often face significant difficulties in acquiring health care coverage, as they are ineligible for the health care benefits that employers frequently extend to their employees' legally married spouses. Moreover, the children of lesbian or gay couples may also be excluded from coverage if their nonbiological or nonlegal parent is the only person in the family with employer-provided health insurance (Cahill, Ellen, & Tobias, 2002).

Significant advances have been made in increasing health insurance access for same-sex couples and their families through domestic partner benefits and equal benefits ordinances that require contractors with a city, county, or state to provide such benefits to their employees. However, tax laws prevent unmarried partners from getting these on the same terms as married partners. For example, employer-provided spousal and family health care coverage is exempt from federal income tax liability: employees with legal spouses get tax-free insurance benefits. However, domestic partner health coverage is taxed as income by the federal government. As a result, many LGBT employees face an additional federal tax bill in the hundreds if not thousands of dollars, depending upon their tax bracket and the cost of the benefits plan. Some accept this inequity because they can afford the tax bill. Others are forced to decline the coverage and hope that any needed medical care will not exceed the cost of the tax.

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Many LGBT elders are partnered and would benefit greatly from partner recognition by governmental entities and public policy frameworks.

PARTNER RECOGNITION AND INCOME SUPPORT

Many LGBT elders are single, often due to the death of their partner. Many, however, are partnered, and would benefit greatly from partner recognition by governmental entities and public policy frameworks. Recognition of same-sex marriages would mean that sources of income and family security that heterosexual marriage couples rely upon would also be available to married same-sex couples. Over the course of a lifetime, these unaccessed income streams, addi-

tional expenses, and tax penalties mean individuals in same-sex relationships cannot accrue as much savings to use in old age, and as a result, have fewer financial resources later in life. This often has implications regarding what kind of caregiving assistance individuals can afford to access.

Full equality under partner recognition policies would benefit low- and moderate-income LGBT seniors most. For example, although domestic partnership and civil unions offer concrete benefits like health insurance coverage and, in the case of California, coverage under the state's Family and Medical Leave law, only access to the institution of civil marriage would accord same-sex couples full equality under all state and federal policies. Same-sex couples have to spend thousands of dollars to create legal contracts that protect their relationships in the event of sickness or death. (Often such contracts are not recognized by various social and governmental institutions anyway.) Similarly, nonbiological parents would not have to draw up contracts—such as second-parent adoption documents—recognizing their parental relationships with their nonbiological children.

Some of the major issues in this policy area include:

- **Social Security and Pensions:** Surviving same-sex partners are not eligible for Social Security survivor benefits, even though they've paid FICA taxes into the system for their entire lives. Gay partners are also ineligible for spousal benefits, which allow a partner to earn half his or her life partner's Social Security payment if this sum is higher than the individual's own benefit. In addition, partners of workers with defined-benefit pensions do not receive the same legal protections provided to married spouses. Ineligibility for Social Security survivor and spousal benefits alone costs LGBT elders at least \$100 million a year in unaccessed benefits. Unequal treatment under pension and other retirement plans costs LGBT elders much more, particularly when calculated over the course of their retirement. Strong majorities of Americans support treating same-sex couples equally under Social Security policy (68%) and inheritance rights (73%) (Kaiser Family Foundation, 2001). While the current political environment makes any policy change in this area highly unlikely in the short term, the Democratic National Committee did call for equal treatment of same-sex couples by the Social Security Administration in January 2002. And nearly all of the 2004 Democratic presidential candidates supported equal treatment of same-sex couples in social security-related policy (Cahill, Hernandez, Hill, & Varghese, 2003).
- **Unequal Tax Treatment of Same-Sex Couples:** Federal tax law is another policy area in which gay people face discrimination. Same-sex couples do not enjoy the tax exemptions that married couples do with regard to gift taxes and estate taxes. Gay and lesbian partners are also liable for taxes on any domestic partner benefits they receive. Finally, gay men and lesbians face obstacles in claiming their partners as dependents.
- **Medicaid Spend-Down Requirements:** Following the death of a spouse in a nursing home or assisted care facility, Medicaid regulations allow the surviving widow or widower of a married heterosexual couple to remain in the couple's home for the rest of his or her life without jeopardizing the right to Medicaid coverage. Upon the sur-

Ineligibility for Social Security survivor and spousal benefits costs LGBT elders at least \$100 million a year in unaccessed benefits.

vivor's death, the state may then take the home to recoup the costs of terminal care. Because same-sex couples cannot marry, they can be forced into choosing between keeping their home and life's savings, or medical coverage (Dean et al., 2000).

ISSUES RELATED TO THE ROLE OF THE LGBT COMMUNITY IN PROVIDING CAREGIVING ASSISTANCE

More than one in four respondents in this study reported needing psychological and emotional support. One in five (19%) expressed interest in visiting services, and one in ten respondents requested age-inclusive social venues, such as an LGBT elder center or an age-diverse LGBT community center.

Two decades ago, LGBT people rallied around the thousands of gay and bisexual men devastated by AIDS in the United States. So did the families and straight friends of gay people with AIDS. In the face of government passivity and outright hostility, LGBT people and their straight allies built a community-based infrastructure to provide services, to prevent transmission of HIV through safer-sex education and the distribution of condoms, and to challenge prejudice and stigma through public education. Many volunteered as "AIDS buddies," visiting and providing caregiving assistance to people living with AIDS. While the caregiving needs and practices of LGBT elders require a public policy response, they also require a similar community response.

The Caregiver Support Program authorizes the Assistant Secretary of the Administration on Aging to "award grants or enter into contracts with eligible organizations" for "Demonstration Projects for Multigenerational Activities" that are perfectly suited for projects that mobilize young and middle aged volunteers to provide caregiving assistance to LGBT elders in need of caregiving assistance. Section 417 of the Caregiver Support Program states that grants and contracts "may" be provided to "eligible organizations with a demonstrated record of carrying out multigenerational activities."¹⁸ However, under the Bush Administration, the Caregiver Support Program has not yet distributed any funds through this provision.¹⁹ Private foundations and other charitable contributions could provide pilot funds to meet this need, which could later be supplemented with government funds through the Caregiver Support Program and the Older Americans Act.

Although fewer than 10% of respondents in this study expressed the desire for assistance from the LGBT community in political and policy advocacy, such support is clearly needed and warranted to help meet their caregiving needs. In order to advocate for LGBT elders in the most effective way, LGBT organizations must acknowledge and address the ageism that inhibits their ability to meet the needs of LGBT elders. In addition to LGBT elder organizations like Senior Action in a Gay Environment, non-elder LGBT organizations and non-gay elder advocacy organizations should also expand their agendas to include the particular concerns of LGBT elders, including caregiving issues.

18. Older Americans Act Amendments of 2000, H.R. 782, 136th Cong. § 417 (2000).

19. Personal conversation with Administration on Aging staff. (2003, October 30). This staffer noted that the only programs of this kind were projects that were funded through separate appropriations advanced by individual members of Congress for their districts.

9: POLICY IMPLICATIONS

Already LGBT elders are organizing to participate in the next White House Conference on Aging, scheduled for 2005. These conferences, which have occurred approximately once per decade since President Harry Truman instituted the practice in 1950, assess the challenges emerging from the growing population of elder Americans. They also serve as a forum in which to evaluate current needs and make recommendations to the President and Congress regarding amendments to the Older Americans Act for the next decade. In 1995 lesbian and gay elders were listed as a "special population" in the conference's report for the first time, and sexual orientation was added to the conference's statement of nondiscrimination. Given the myriad anti-gay actions of the Bush Administration, it will be interesting to see if LGBT elder issues are explicitly addressed. As in previous White House Conferences on Aging, caregiving promises to be a prominent issue. It is essential that the LGBT community stress the importance of caregiving among their members, and insure that their needs are given equal consideration in policy directives that result from this conference.

LGBT elders are organizing to participate in the next White House Conference on Aging. It is essential that this community insure that their needs are given equal consideration at this conference.

LGBT organizations and non-gay elder advocacy organizations should expand their agendas to include the particular concerns of LGBT elders, including caregiving issues.

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Caregiving

Appendix

STATISTICAL SIGNIFICANCE

In this study, tests of significance were performed on survey data to determine whether or not differences between groups or categories of study participants (i.e. male vs. female participants) simply occurred by chance. The Chi-Square test of significance is most frequently reported in this study. It is used when researchers want to see if statistically significant differences exist between the observed or actual frequencies and the expected or hypothesized frequencies of variables presented in a table. The ANOVA (Analysis of Variance) test of significance is used to see if statistically significant differences exist between the mean or average scores of two or more groups on one or more survey variables.

To report the extent of any statistically significant differences, statistical procedures and "cut-off" points widely accepted in social science research were used. If the relationship was likely to happen by chance less than five times out of 100, one asterisk (*) was included next to the result. If the relationship was likely to happen by chance less than one time out of 100, two asterisks (**) were included next to the result. If the relationship was likely to happen by chance less than one time out of 1000, three asterisks (***) were included next to the result. In social science research, such outcomes are often referred to as "significant at the $p < .05$ level," "significant at the $p < .01$ level," and "significant at the $p < .001$ level," respectively.

MEAN (M) & STANDARD DEVIATION (SD)

In social science research, "mean" simply refers to the average of a given set of values. "Standard deviation" is a more complex statistic that shows the spread or dispersion of values in a given set of values. It is a measure of the average amount the values in a given set deviate from the mean. The more widely these values are spread out, the larger the standard deviation.

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National Gay and Lesbian Task Force Policy Institute bestsellers

Education Policy

ISSUES AFFECTING
LESBIAN, GAY, BISEXUAL,
AND TRANSGENDER YOUTH

by Jason Cianciotto and Sean Cahill

Education Policy provides a comprehensive overview of social science research on the extent and impact of harassment and violence against LGBT students, as well as the public policy interventions that support LGBT students and make schools safer. It includes the first in-depth analysis of how President Bush's No Child Left Behind Act affects LGBT students, profiles eight students who stood up to anti-LGBT abuse, and articulates an agenda for future research and policy analysis. (November 2003; 168 pp.; \$20.00; www.thetaskforce.org/library/)

Transitioning our Shelters

A GUIDE FOR MAKING
HOMELESS SHELTERS SAFE
FOR TRANSGENDER PEOPLE

by Lisa Mottet and John M. Ohle

The problem of unsafe shelters for transgender people is pervasive. *Transitioning our Shelters* is a guide designed for shelters that want to provide safe shelter for transgender people but are not sure how to do so. A joint publication of the Task Force and the National Coalition for the Homeless, the Guide provides many answers to concerns about safety and privacy for transgender residents based on successes at real shelters across the country, the bulk of which are addressed without monetary expenditures. (January 2004; 168 pp.; \$20.00; www.thetaskforce.org/library/)

Campus Climate

FOR GAY, LESBIAN, BISEXUAL,
AND TRANSGENDER PEOPLE:
A NATIONAL PERSPECTIVE

This report, by Susan R. Rankin, details the experiences of GLBT people at 14 colleges and universities across the country. Based on a survey of nearly 1700 students, faculty, and staff, *Campus Climate* documents anti-GLBT bias and harassment, along with levels of institutional support for GLBT people. It highlights differences in experiences between various identity groups and concludes with recommendations for creating an inclusive and supportive environment for GLBT people. (May 2003; 70 pp.; \$10.00; www.nglft.org/library/)

Family Policy

ISSUES AFFECTING GAY, LESBIAN,
BISEXUAL AND TRANSGENDER FAMILIES

By Sean Cahill, Mitra Ellen and Sarah Tobias. Groundbreaking in its breadth and depth, this report examines family policy as it relates to GLBT people and their loved ones. It provides information useful to those advancing supportive legislation and policy, particularly at the state and local levels. Covers partner recognition; antigay adoption and foster policies; youth and elder issues; health care and end-of-life concerns; and the impact of welfare reform and the faith-based initiative. (December 2002; 216 pp.; \$20.00; www.nglft.org/library/)

Say it Loud and I'm Black Proud

BLACK PRIDE SURVEY 2000

This largest-ever study of Black GLBT people is the result of a two-year collaboration between nine Black GLBT Pride organizations, the NGLTF Policy Institute, and five African-American researchers: Juan Battle, Cathy J. Cohen, Dorian Warren, Gerard Ferguson, and Suzette Audam. The survey of nearly 2,700 respondents documents significant and often surprising demographics, experiences, and policy priorities of Black GLBT people. (March 2002; 86 pp.; \$10.00; www.nglft.org/library/)

Transgender Equality

A HANDBOOK FOR ACTIVISTS
AND POLICYMAKERS

A handbook providing activists and policymakers with the tools they need to pass transgender-inclusive nondiscrimination and anti-violence legislation. Written by Paisley Currah and Shannon Minter, with an introduction by Jamison Green. This handbook is an invaluable resource guide providing model legislative language, talking points, responses to frequently asked questions, and a comprehensive resource listing. (June 2000; 96 pp.; \$10.00; www.nglft.org/library/)

OTHER NGLTF PUBLICATIONS

The 2000 Census and Same-Sex Households

In 2000, the U.S. Census allowed same-sex couples living together to identify themselves as "unmarried partners." This national data set offers a rich trove of information on members of our community, easily accessible on-line. Maps show concentrations of same-sex households in all 50 states and a dozen major cities. (October 2002; 162 pp.; \$20.00; www.nglft.org/library/)

Leaving Our Children Behind

WELFARE REFORM AND THE GAY, LESBIAN, BISEXUAL, AND TRANSGENDER COMMUNITY

This report, by Sean Cahill and Kenneth T. Jones, describes the reactionary agenda of senior policymakers in the Bush administration to change social service provision in the United States. Examines welfare reform and the impact of marriage and fatherhood initiatives, abstinence-only-until-marriage education, and the faith-based initiative on the GLBT community. (December 2001; 112 pp.; \$10.00 www.nglft.org/library/)

Social Discrimination and Health

THE CASE OF LATINO GAY MEN AND HIV RISK

This report, by renowned AIDS researchers Rafael Diaz and George Ayala, documents the correlations among homophobia, racism, poverty, and HIV risk, and has significant implications for prevention strategies. Although Latinos were the subject of this case study, the findings are relevant to other communities of color and marginalized groups. Available in English and Spanish. (July 2001; SOLD OUT; download at www.nglft.org/library/)

Outing Age

PUBLIC POLICY ISSUES AFFECTING GAY, LESBIAN, BISEXUAL AND TRANSGENDER ELDERS

This groundbreaking report reviews social science literature and explains what we do and do not know about the demographics of GLBT elders. *Outing Age* outlines major public policy issues facing GLBT seniors—including federal aging programs, disability, long-term care and caregiving, nursing homes, and Social Security—and presents recommendations for advocacy to move public policy toward equal treatment of this population. (Nov. 2000; SOLD OUT; download at www.nglft.org/library/)

Out and Voting II

THE GAY, LESBIAN AND BISEXUAL VOTE IN CONGRESSIONAL ELECTIONS, 1990-1998

An in-depth profile of the gay, lesbian, and bisexual voting bloc and the first-ever analysis of the impact of this emerging constituency in national congressional elections. By Dr. Robert Bailey of the Rutgers University School of Public Policy and Administration. Among the report's findings: out GLB voters comprise roughly 5% of the national electorate, and 8.8% of voters in cities of 500,000 or more. (January 2000; 54 pp.; \$10.00; www.nglft.org/library/)

Domestic Partnership Organizing Manual

This manual, by Policy Institute Research Fellow Sally Kohn, provides comprehensive information on what domestic partnership benefits are, why employers should adopt these benefits, and how employees and citizens organize effectively for policy change. Sample policies and lists of who offers domestic partnership benefits are included. (May 1999; 140 pp.; \$10.00; www.nglft.org/library/)

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Out and Aging
The MetLife Study of Lesbian
and Gay Baby Boomers

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Lesbian and Gay Aging Issues Network

Established in 1994, the Lesbian and Gay Aging Issues Network (LGAIN) is a constituent group of the American Society on Aging. It works with professionals in aging to raise awareness about the concerns of lesbian, gay, bisexual and transgender (LGBT) people ages 50-plus. In addition, LGAIN reaches out to LGBT organizations and to the media to create greater understanding of the needs of LGBT elders. Visit the LGAIN home page at www.asaging.org/lgain.

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Executive Summary

The baby boom generation has lived through a period of tremendous cultural change, including significant shifts in social attitudes toward lesbian, gay, bisexual and transgender (LGBT) issues. As they plan for retirement and for their eventual long-term care and end-of-life needs, LGBT baby boomers share in the hopes and experiences that characterize the largest generation in American history. At the same time, however, they reflect certain unique family structures and gender role differences—and they confront distinct concerns about caregiving, social support networks, retirement and end-of-life planning.

In February 2006, in partnership with the MetLife Mature Market Institute, the Lesbian and Gay Aging Issues Network of the American Society on Aging undertook the first U.S. national survey of lesbian, gay, bisexual and transgender baby boomers. A sample of 1,000 self-identified LGBT people ages 40 to 61 participated in an online survey conducted by Zogby International, a leading polling and public-opinion research firm.* The snapshot of LGBT baby boomers that emerges from the survey raises important questions for the wide range of professionals who work with older adults, employers, policymakers, and everyone interested in ensuring dignity, independence and the highest possible quality of life for the boomer generation as it reaches midlife and old age.

Caregiving and Social Support Networks

- ◆ One in four respondents said that they had provided care for an adult friend or family member within the last six months. This high incidence of caregiving is particularly surprising, as previous studies of the U.S. population as a whole have found only one in five adults is a caregiver.¹
- ◆ Strikingly, about the same proportions of gay and bisexual men and lesbian and bisexual women are serving as caregivers. In contrast, recent studies of the general population have found that only between 25% and 44% of caregivers are male.² The relatively even percentages of male and female LGBT caregivers in this study suggest that gay and bisexual men may be providing care much more frequently than men in the overall U.S. population.
- ◆ More than one-third (36%) of LGBT boomers who are caregivers are caring for parents, while about half as many (18%) are caring for their partners. An additional 14% are caring for friends and another 12% are caring for other nonrelatives.
- ◆ Even though at least three-quarters of the respondents expect to become caregivers for someone else, almost one in five reported being unsure who will take care of them when the need arises. This was especially the case for those without partners or spouses, of whom more than one-third said they are not sure who would provide them with needed care.

*The age range used in this report is slightly greater than the age range typically used to define the baby boom generation. On the advice of the research advisory panel, the survey included 40-year-olds and 61-year olds, thus adding one year at each end of the range. By doing so, the resulting data not only permits meaningful statements about baby boomers, but also enables useful comparisons to the age cohorts customarily studied in many of the existing studies on midlife and aging in general.

- ◆ In addition to close ties with their families of origin, more than three-quarters of the respondents have important connections with what researchers have called families of choice—close friends who are “like family” or “like a second or extended family.”

Concerns About Aging and Retirement

- ◆ Both lesbian and bisexual women as well as gay and bisexual men share a concern about their financial stability as they age into retirement.
 - For women, their greatest fear is outliving their income as they age.
 - For men their great fear is becoming dependent upon others and becoming sick or disabled.
- ◆ More than a quarter (27%) of LGBT boomers reported great concern about discrimination as they age, and less than half expressed strong confidence that healthcare professionals will treat them “with dignity and respect.” Fears of insensitive and discriminatory treatment by healthcare professionals are particularly strong among lesbians, of whom 12% said they have absolutely no confidence that they will be treated respectfully.
- ◆ LGBT baby boomers clearly want to spend their final days in the comfort of their own homes. Nearly half (47%) said they would like their end-of-life care to take place in their current residence with the help of hospice care, followed at a distant second by 16 percent who would prefer to spend their final days in their current homes without hospice care.
- ◆ Lesbian and bisexual women appear to be less financially prepared for the end of life. For instance, they are notably less likely than their male counterparts to have purchased long-term care insurance or to have written wills.
- ◆ One half (51%) of LGBT baby boomers have yet to complete wills or living wills spelling out their long-term care and end-of-life wishes—yet such documents are particularly important for LGBT older adults given the current lack of legal protection for LGBT couples and families.
- ◆ Almost 40 percent of respondents believe that being lesbian, gay, bisexual or transgender has helped them prepare for aging in some way. They have developed positive character traits, greater resilience, or better support networks as a consequence of being lesbian, gay, bisexual or transgender.

Introduction

The baby boom generation—usually defined as those born between 1946 and 1964—is the largest in American history. This generation came of age during the cultural shifts and political turmoil of the 1960s and 1970s. Among the lesbian, gay, bisexual and transgender population, baby boomers represent the first cohort to have experienced the LGBT visibility that came with the advent of the contemporary gay rights movement. As they age into retirement, they will undoubtedly bring with them expectations very different from those of previous generations of LGBT elders.

To understand the specific needs and concerns of this significant but often invisible segment of the baby boom generation, the MetLife Mature Market Institute in partnership with the Lesbian and Gay Aging Issues Network of the American Society on Aging undertook the first national study of LGBT boomers. While a few previous studies have addressed LGBT issues within the baby boom generation, no other study has approached the national scope, the large sample size or the broadly representative pool of this survey, which was conducted by Zogby International. For the first time, this study creates a national snapshot of LGBT baby boomers—and of what matters to them as they look toward the future.

Methodology

To conduct the survey for the current study, Zogby International sent e-mail invitations to 34,829 individuals who had agreed to participate in online surveys. This represents a portion of Zogby's interactive panel of adults in the United States; Zogby estimates that the panel includes about 4 percent to 6 percent LGBT participants. Among the baby boomers in the Zogby overall interactive panel, about 1 percent self-identify as lesbian, gay, bisexual or transgender.

For the current survey, of the initial pool of 34,829 invited participants, 1,586 (4.6%) had previously self-identified as lesbian, gay or bisexual in Zogby polls. Of these, 843 agreed to participate in the study; this represents a 53 percent response rate among the eligible subgroup. In addition, 157 individuals who had not self-identified as LGBT in prior Zogby surveys—which do not always ask about sexual orientation—did so in response to this questionnaire and completed the survey.

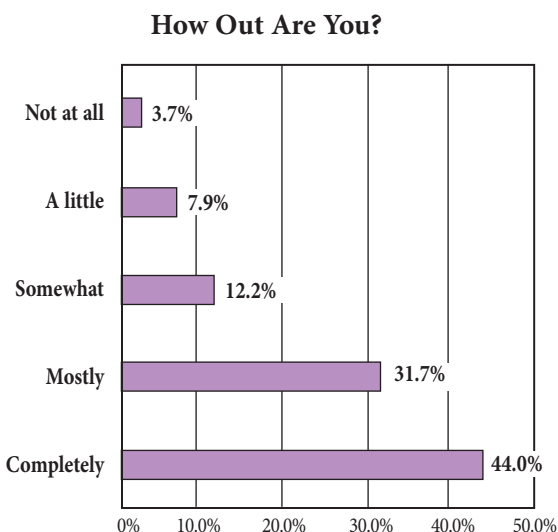
Altogether, 1,000 individuals who identified themselves as lesbian, gay, bisexual or transgender and who were ages 40 to 61 responded to the invitation. Zogby conducted online interviews with this group between Feb. 10, 2006, and Feb. 16, 2006. Respondents were not compensated for their participation.

The study as a whole has a margin of error of plus or minus 3.2%; findings for subgroups of the respondents have higher margins of error. Slight weights were added for region, race and gender to more accurately reflect the percentages of these cohorts in the overall U.S. population. Although Zogby has taken strenuous efforts to ensure that its interactive panel is as representative as possible, an online survey is necessarily limited to those who have access to the Internet and have the inclination to spend time online answering a Web-based questionnaire.

Demographics of LGBT Baby Boomers

The snapshot of the typical LGBT baby boomer that emerges in the current study is that of a well-educated, middle-income employed adult living in a committed relationship. Of those who participated in the study, a plurality has revealed their sexual orientation to various people in their social network.³

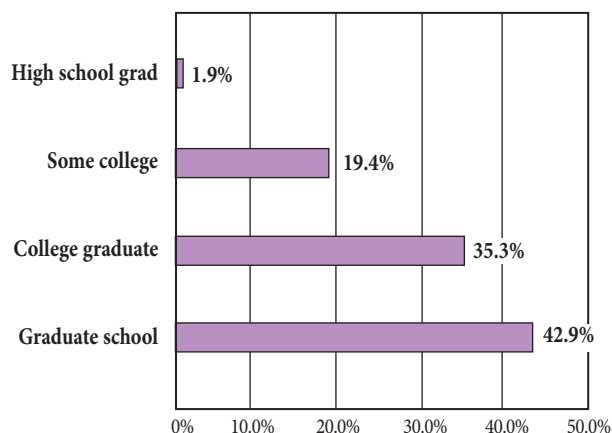
Fifty-six percent of the respondents are men, 43% are women, and 1% identify as transgender. Fifty-two percent self-identified as gay, 33% as lesbian, and 15% bisexual. More than half are partnered, with 46% in civil unions or domestic partnerships and an additional 10% in marriages.⁴ Slightly more than one-third are single; another 10 percent are divorced, widowed or separated. One in five is a parent to one or more children. Eighty-four percent self identified as white, 8% Hispanic, 3.5% African American, 2.5% Asian, and 2% as other.



Annual Household Income

< \$15,000	4.4%
\$15,000-\$25,000	3.1%
\$25,001-\$35,000	5.7%
\$35,001-\$50,000	12.4%
\$50,001-\$75,000	24.0%
\$75,001-\$100,000	14.3%
\$100,001-\$125,000	10.2%
\$125,001-\$150,000	8.0%
>\$150,001	12.8%

Education



Friends are Like Family

More than three-quarters of respondents rely on the emotional and social support of their families of choice—close friends who are “like family” or “like a second or extended family.” More specifically, respondents are closely divided between feeling that their friends are like their family (40%) and their friends are like their second or extended family (36%).

LGBT Boomers And Caregiving

Lesbian, gay, bisexual and transgender baby boomers are serving as caregivers to other adults in somewhat larger percentages than the rest of the U.S. population. The most recent comprehensive study of caregiving in the United States found that one in five adults in America (21%) is providing care to another adult. Much of this care burden falls on the baby boom generation. In a 2004 study conducted by the National Alliance for Caregiving and AARP, the average age of the caregivers was 46, placing them right at the height of the baby boom.⁵

In the current study, a surprisingly high proportion of LGBT baby boomers reported that they have been providing care for an adult friend or family member on a regular basis within the last six months. Fully one-quarter are devoting time and energy as caregivers to parents, partners, adult children, friends or others who need their assistance. With this high percentage of LGBT boomers already providing care at relatively young ages (40 to 61), their involvement in caregiving is only likely to increase. Indeed, the majority of respondents report that they expect to become caregivers in the years to come.

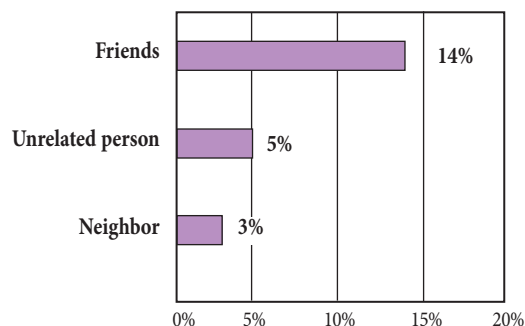
Of the quarter of LGBT baby boomers providing care, more than half (53%) are caring for relatives from their families of origin. A plurality of all caregivers (36%) is assisting a parent. Younger baby boomers—those ages 40 to 49—are considerably more likely than those 50 or older to care for a parent (41% vs. 30%), presumably because their parents are more likely to still be alive.

Partners and spouses are, not surprisingly, often care recipients. Almost one out of five (18%) LGBT caregivers in the study reported caring for a partner. This proportion jumps to almost one in three

(29%) for those living in civil unions or domestic partnerships, making this group as likely to care for a partner as for a parent. Those ages 50 and older also reported taking care of a partner more often than younger respondents (21% vs. 15%). Notably, an additional 4 percent of all caregivers are assisting their partner's parent or sibling.

A high proportion of respondents are caregivers for people who fall outside conventional definitions of family.

Caring for Friends



These caregiving relationships confirm other research findings about the value of friendship and community in sustaining LGBT individuals, who often have confronted tension or even rejection in their families of origin because of their sexual orientation or gender identity.⁶

Many studies have noted the importance within the LGBT community of families of choice, relationships with close friends and partners whom a person considers family, regardless of legal or biological relationship. Overall, 42% of LGBT caregivers in the current study reported assisting partners, friends, neighbors or others outside of their families of origin. Given the finding that three-quarters of all respondents considered their friends either as “like family” or as “like an extended or second family,” many of these caregiving arrangements probably represent a chosen family relationship.

LGBT Boomers Provide Full Range of Care

Respondents who are caregivers provide the full range of care, from companionship to help with household chores and daily hygiene. “Company and conversation” tops the list, with nearly three-quarters providing this crucial personal contact.

About half of the caregivers surveyed reported driving and doing household chores for their care recipient, while just under half say they pay bills and do other paperwork. Forty-five percent prepare meals, and 37% set appointments for the care recipient. About one in six (16%) assists with walking, while 12 percent provide help getting in and out of bed. One in ten provides daily hygiene, such as bathing, brushing teeth and washing hair, and one in eleven (9%) reads to the person in their care. One-quarter of caregivers reported providing other kinds of assistance as well, such as running errands and helping with medical decisions.

Time Commitment is Greater Than Population as a Whole

One in four of the survey respondents who are working full time is currently or has been providing help to someone on a regular basis, while approximately one in three unemployed respondents (32%) or retired respondents (28%) is doing so.

Hours of Care Provided Per Week*

Hours	Percentage of LGBT Caregivers
1-10	34%
11-20	12%
21-30	5%
31-40	4%
41+	20%

*25% were either uncertain about hours or did not answer the question.

Whereas other researchers have found that nearly half of all caregivers say they provide eight hours or less of care per week, in the current study, a higher percentage of LGBT baby boomers reported a greater time commitment.⁷

Conversely, a considerable one in five (20%) reported that caregiving is a full time job, with 41 hours a week or more spent on caregiving activities. This figure includes one remarkably overworked group: Seventeen percent of the caregivers who are full-time employees reported that they also provide the equivalent of full-time care. Given recent attention to the hidden economic costs of caregiving, this tremendous commitment of time and resources by LGBT baby boomers represents a substantial and largely invisible contribution to the healthcare sector and to the U.S. economy overall.

Both Men and Women are Primary Caregivers

Among the most surprising findings in the current study is the similarity in rates of caregiving for women and men among LGBT boomers. Traditionally, women have been seen as the primary caregivers, with some surveys suggesting that as many as three-quarters of all caregivers in the United States are women. Recent studies have documented a trend toward more men providing care, however, with the most comprehensive study finding that 39% of caregivers are male.⁸ Notably, the current study found that gay and bisexual men are well ahead of this trend: They are about as likely as lesbians and bisexual women to report being caregivers for other adults.

Similarities in Care Recipients

With a few exceptions, men and women respondents reported similar ranges of who they care for and of time spent on caregiving. Gay and bisexual men are caregivers to partners, biological relatives and nonrelatives in roughly the same proportions as lesbian and bisexual women. Sixteen percent of the men reported caring for their partners, as did just shy of 19% of the women.

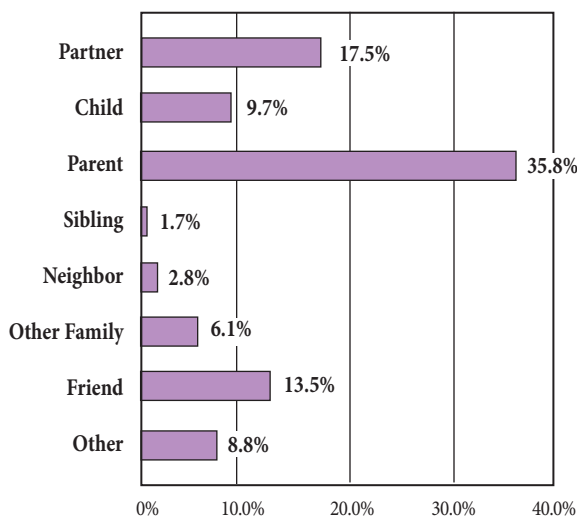
Among their relatives, women are almost four times as likely as men to report caring for adult children, but men are more likely than women to report caring for parents or siblings. Caregiving for families of choice and other nonrelatives also is gender balanced. Whereas men were more than twice as likely as women to report caring for friends, women were almost twice as likely to report assisting others outside their biological families, such as former employees or partners' relatives.

Similarities in Number of Hours Spent on Caregiving

In dramatic contrast to gender differences in the overall caregiving population, lesbian and bisexual women and gay and bisexual men reported similar numbers of hours spent on caregiving. Several important studies of the general population in the United States have shown that female caregivers are providing more hours of care and a higher level of care than male caregivers. A national survey in 1998 found that women spend up to 50% more time providing care than their male counterparts, although other studies have suggested that the time commitment evens out for male and female caregivers older than age 75.⁹

Strikingly, in the current study of LGBT baby boomers, women and men reported being full-time caregivers in almost equal proportions. Of those providing 41 or more hours a week assisting a care recipient, 20% were women and 18% were men. Among part-time LGBT caregivers, the main gender difference is that men were more likely to report a small number of hours spent on care (1–10 hours or 11–20 hours), while women were much more likely than men to be uncertain how much time they spend on caregiving.

Profile of Care Recipients



Similarities in Types of Care Provided

The types of care provided by the respondents did not vary by gender in substantial ways. This finding contrasts dramatically with previous studies of the general U.S. population, which have found significant differences in the kinds of care men and women provide—with male caregivers more likely to help with paying bills and other paperwork and women more likely to take on the more physically and emotionally demanding task of helping with personal hygiene and other activities of daily living.¹⁰

This distinction between men as care managers and women as care providers was not so prominent, however, in the LGBT boomer population surveyed. Gay and bisexual men still reported managing finances slightly more often than the women (50% vs. 45%), and male caregivers also were somewhat more likely to help care recipients walk. Lesbian and bisexual women helped with bathing and other daily hygiene on a regular basis twice as much as their male counterparts (14% vs. 7%) and were somewhat more likely to drive and prepare meals for their care recipients. But most other kinds of assistance—including help getting in and out of bed, making appointments and doing household chores—were provided by men and women in more or less equal proportions.

LGBT Boomers Expect to be Caregivers

Not only are LGBT baby boomers who took part in the survey currently serving as caregivers in large numbers, but a large majority either expects (80%) or has definite plans (76%) to provide care for a friend or family member in the future. In fact, only about one in 10 reported no expectations (9%) or plans (12%) for potential caregiving duties, with about the same percentage saying they are unsure what the future will hold.

For whom do you expect to be a caregiver in the future? For whom do you plan to be a caregiver in the future?

	Expect to Be Caregiver	Plan on Being Caregiver
Partner/Spouse/Significant Other	59%	56%
Parent	35%	38%
Friend	20%	19%
Sibling	16%	15%
Adult child	3%	3%

When asked about their future roles as caregivers, respondents noted a wide variety of concerns. Their most commonly reported fear was not having the financial means to provide needed care (16%), followed by worries about possessing the necessary emotional strength (13%) or physical strength (11%). Almost one in six (16%) reported no apprehension about this widely anticipated future role.

LGBT Boomers Concerned About Their Own Future Care

In planning for their own future care needs, LGBT baby boomers' most serious worries are financial, with one-third reporting that how to pay for care is of most concern. Other less common fears about caregiving included lack of independence (9%), being a burden on others (8%), finding a competent caregiver (7%) and the quality of care (6%). In addition, 5% reported their greatest apprehension was bigotry in the caregiving situation, and 5% reported that abuse is their greatest concern.

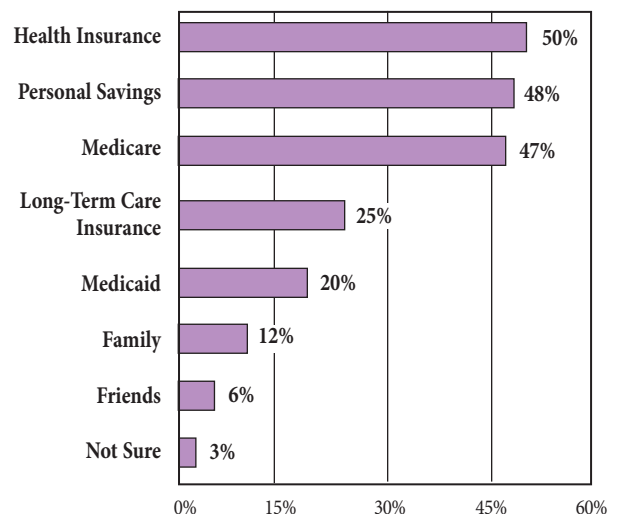
All told, only about one in six LGBT boomers reported having made actual arrangements for future informal caregiving. But, when the need arises, more than half (53%) reported a partner or spouse is the most likely person to become their primary caregiver. Of those currently in civil unions, domestic partnerships or marriages, that proportion rises to more than eight in ten.

LGBT Boomers Have Misconceptions About Financing Care

As they consider their long-term care needs, LGBT baby boomers are faced with an array of financial options. Of those surveyed, half mistakenly believe they will be able to pay for such care with health insurance, while only slightly fewer said they anticipate covering these costs with personal savings (48%) or with Medicare (47%).

Although one in four (25%) plans to use long-term care insurance, only about one in six (15%) has actually purchased this coverage. Another 20% plan to rely on Medicaid for their long-term care needs. Just 12% expect the assistance of family members, and 6% will be looking to friends for help. A remarkably high 31% said they have other unspecified plans or are not sure how they will afford long-term care.

Paying and Planning for Long-Term Care

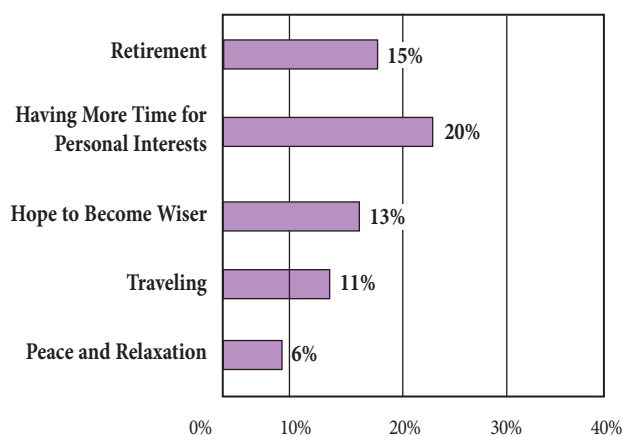


Hopes and Concerns for the Future

Expectations About Growing Older

When asked what they look forward to about aging, participants in the current survey noted a wide range of hopes for the future, as indicated in the chart below.

What do you look forward to about aging?



In thinking about aging, LGBT boomers also express significant fears. A previous MetLife Mature Market Institute study of the overall baby boom generation's concerns about retirement found that LGBT baby boomers are more likely to worry about their later years than are their heterosexual counterparts (41% vs. 33%).¹¹

The current, more focused, study found that, as they consider growing older, LGBT boomers are most concerned about maintaining their independence, their health and their financial well-being. About three in four respondents (74%) said they are afraid of not being able to take care of themselves, while 56% each are concerned about becoming dependent on others, becoming sick or disabled, and outliving their income.

Approximately two out of five worry most about becoming confused (40%), about being alone (39%), and about dying in pain (37%). Losing friends and family is a major concern for about one in four respondents.

Concerns About Finances

In the current study, important gender differences emerged between the primary fears about aging expressed by gay men vs. those expressed by lesbian women; these findings are consistent with previous research.¹² The men expressed more concern than the women about being alone (43% vs. 36%), becoming sick or disabled (59% vs. 50%), and losing the ability to care for themselves (76% vs. 68%).

Both women and men expressed concern about outliving their income, with women slightly more concerned than men (60% vs. 55%). Like other groups of women in midlife and old age in the United States, lesbian women feel generally less financially prepared than men for retirement.

Women from previous generations were typically taught not to concern themselves with income or financial planning. Women as a group today have lower incomes and lifetime earnings than men, and so do not have the same amount of disposable income to put toward retirement savings and protection such as long-term care insurance or annuities.

Given all these factors, lesbians in same-sex relationships—who do not have access to Social Security widows' payments and other marriage-related federal benefits—are apprehensive about their financial ability to live comfortably in retirement. For gay men, by contrast, concerns about lack of access to such benefits may be somewhat offset by greater confidence in their overall earning capacity.

Concerns About Discrimination

Asked to identify their greatest concerns about aging, 32% of gay men and 26% of lesbians taking part in the survey cited discrimination due to their sexual orientation. This fear was most acute for those in civil unions or domestic partnerships, whose status as members of a same-sex couple presumably makes their sexual orientation more obvious. Fully one in three of these respondents (33%) named discrimination as a major fear, compared to less than one in four of their counterparts not involved in such partnerships.

An open-ended question about respondents' greatest fears about aging specifically as a person who is lesbian, gay, bisexual or transgender yielded a wide range of responses. Notably, one in five (20%) respondents said their greatest fear about growing older as an LGBT person is "being or dying alone." While such concerns are common within the general aging population, they may take on even greater significance for LGBT boomers whose chosen families lack social or legal sanction.

Almost a third of respondents (30%) reported concerns about antigay bias as they age. Eighteen percent named discrimination or prejudice in general as their top fear.

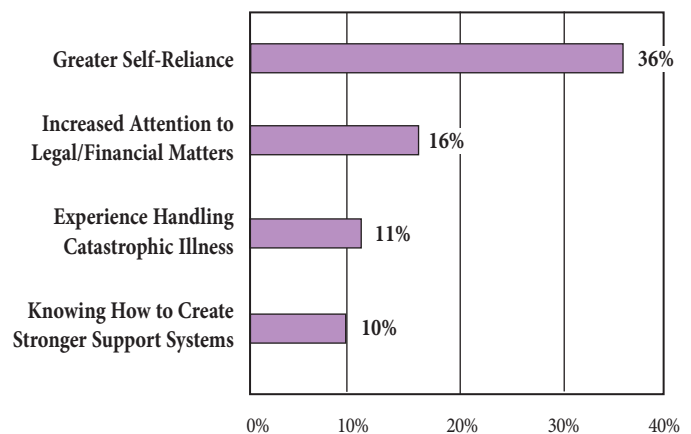
For participants in the survey, prejudice and discrimination also emerged as major worries in relation to healthcare. Notably, 19% have little or no confidence that medical personnel will treat them with dignity and respect as LGBT people in old age. Lesbians expressed the gravest doubts, with approximately 12% saying they had no confidence that they would receive appropriate and unbiased treatment.

Resilience and Support Networks

At the same time, many of the baby boomers surveyed felt that their experiences as LGBT people actually have helped them prepare for aging. This finding is consistent with other research: Several studies over the last four decades have found that gay men and lesbians who have navigated the challenges of the coming-out process tend to cope successfully with other life crises and losses as they age, a capacity researcher Douglas Kimmel terms "crisis competence."¹³

Nearly four out of 10 respondents to the current survey (38%) said that they have developed positive character traits, greater resilience or better support networks as a consequence of being lesbian, gay, bisexual or transgender. Notably, Hispanic respondents (51%) and African American respondents (43%) were considerably more likely than the sample as a whole to agree that their LGBT identities had helped them as they approached midlife and old age.

How Has Being a LGBT Person Helped You Prepare For Aging?



Retirement and Advance Planning

Working in Retirement

The first members of the baby boom generation reach their 60s in 2006. As they contemplate leaving the workforce, almost half of the LGBT members of this generation participating in the current study (47%) believe they will retire sometime in their 60s, and 12% expect to retire even earlier or have retired already. Especially for those now in their 40s, this may not be a very realistic estimate, particularly in light of upcoming or anticipated changes to the Social Security program and generally low retirement savings in this cohort. In addition, as the overall number of American workers begins to decline, experts anticipate increasing incentives for older people to stay in the workforce.

Some respondents already project an older and possibly more realistic retirement age: Twenty-seven percent expect to leave the workforce between ages 70 and 79, and 3% plan to wait until after their 80th birthday. The remaining 9% are not sure about when they will retire.

Living Longer

In general, LGBT members of the baby boom generation who took part in the survey anticipate living for many more years. Sixty percent expect to live to 80 or older, including 20% who expect to live to 90 or more. Just over one in four (27%) believe they will live to an age between 70 and 79. Two percent do not expect to live beyond 60.

Those living in a civil union or domestic partnership (45%) are more likely than respondents who are married (35%), single (38%) or divorced, widowed or separated (35%) to say they expect to live to their 80s. In addition, those with children (46%) are more likely than those without (39%) to expect to live to their 80s. These findings echo studies of the general population in the United States, which find that people with spouses or children tend to have better mental and physical health and to think they will live longer, perhaps because they believe there is someone to live for.

End-of-Life Wishes and Advance Planning Documents

Like most people in the United States, LGBT baby boomers participating in the survey overwhelmingly said that they want to die in their own homes, either with the support of hospice care (47%) or without (16%). Just 7% would like their end-of-life care to take place in an assisted living facility, and 5% prefer a retirement community. Three percent would like to spend their last days at a family member's home, while 1% each said they would like end-of-life care in a hospital, at a friend's home or in a nursing home.

By nearly three to one (72% vs. 26%), respondents said they have discussed their end-of-life preferences and treatment in detail with someone, while 2% were not sure they had done so. Understandably, married respondents (87%) and those living in a civil union or domestic partnership (81%) are much more likely than those without partners to have discussed their preferences for end-of-life care, and they are by far most likely (68%) to have talked to their partners about these wishes.

This is consistent with other studies that have found about seven in 10 married Americans of all ages have talked to their spouses about their end-of-life preferences.¹⁴ Respondents in the current survey also had talked about their final care arrangements in detail with a friend (48%), a sibling (42%) or a parent (33%). Far fewer had shared their wishes with primary care physicians, legal or financial professionals, adult children or other relatives, therapists or spiritual advisers.

Even though LGBT boomers have fairly clear ideas on where they want to spend their final days and on other end-of-life issues, large numbers of boomers have not yet completed any formal advance planning documents—such as wills, living wills, durable powers of attorney for healthcare, and ethical wills—and have not yet made funeral arrangements.

In the current study, 26% of those ages 40-49 and 16% of those ages 50-61 reported that they have not completed any of these advance planning documents, and even more are missing at least some of the key documents they might need. For LGBT individuals, these legal and financial preparations for the end of life take on particular importance in a culture that does not acknowledge the vital role of families of choice and largely does not offer same-sex couples the rights enjoyed by traditional families and by married couples.

Implications

The findings in this study not only offer a snapshot of a population never before studied on a national scale, they also bring to the fore a number of practical implications for LGBT boomers, for their loved ones, for their employers, and for professionals and organizations working with them. The following points highlight just a few of these implications:

- ◆ The finding that LGBT boomers—both men and women—are highly active in providing informal care for both their families of origin and their families of choice suggests that appropriate workplace policies and programs may be needed to help older LGBT employees remain productive while balancing work responsibilities and eldercare demands.
- ◆ The findings that many LGBT baby boomers have not made specific plans for future long-term care—or have unrealistic expectations about how they will pay for such care—suggest that LGBT organizations, business providers, financial institutions and organizations that work with older adults could play a vital role in educating LGBT boomers about long-term care planning needs and options.
- ◆ The findings that many LGBT boomers have not prepared important documents such as advance care directives and healthcare powers of attorney suggest that awareness needs to be raised about the need for such documents. In addition, organizations might look at developing targeted programs to assist LGBT boomers in preparing such documents.
- ◆ The finding that LGBT baby boomers—especially women—feel concerned about outliving their income in retirement suggests a need for planning with financial and legal professionals.
- ◆ The findings about the vital role of friendship networks and families of choice suggest that providers should be alert to the importance of nonrelatives as a source of support and informal care for LGBT people in midlife and older.
- ◆ The finding that an important percentage of LGBT boomers hope to receive end-of-life care in their own homes suggests that hospice and homecare agencies would do well to assess their cultural competence regarding the concerns of LGBT elders and to provide training in this area to their frontline staff.

Endnotes

- ¹ National Alliance for Caregiving and AARP, *Caregiving in the U.S.* (Bethesda, Md.: National Alliance for Caregiving, 2004); funded by the MetLife Foundation.
- ² *Caregiving in the U.S.* found that 39 percent of caregivers are men. A smaller study by the National Family Caregivers Alliance reported that 44 percent are men; see Caregiver Survey 2000 (Kensington, Md.: National Family Caregivers Alliance, 2000). A Family Caregiver Alliance fact sheet cites government and foundation studies showing that between 25 percent and 41 percent of caregivers are male; see "Selected Caregiver Statistics" retrieved June 30, 2006, from www.caregiver.org/caregiver/jsp/content_node.jsp?node=d=439.
- ³ In the LGBT community, the phrase "coming out" (short for "coming out of the closet") refers to disclosing one's sexual orientation or gender identity to others. Being out is often opposed to being closeted, that is, hiding one's identity from others.
- ⁴ The 10 percent of respondents reporting that they are married may include members of same-sex couples from Massachusetts, the only state in the United States where such unions are currently recognized, or of same-sex couples who have married in one of the four countries that have legalized such marriages: Belgium, Canada, The Netherlands and Spain. The group of married respondents also is likely to include at least some lesbian, gay and bisexual people married to members of the opposite sex.
- ⁵ National Alliance for Caregiving and AARP, *Caregiving in the U.S.*
- ⁶ See, for example, B. de Vries and P. Hoctel, "The Family-Friends of Older Gay Men and Lesbians," in N. Teunis and G. Herdt (eds.), *Sexual Inequalities: Case Studies From the Field* (Berkeley: University of California Press; forthcoming); M. H. Cantor, M. Brennan and R. A. Shippy, *Caregiving Among Older Lesbian, Gay, Bisexual and Transgender New Yorkers* (New York City: National Gay and Lesbian Task Force Policy Institute, 2004), retrieved June 30, 2006, from www.thetaskforce.org/downloads/Caregiving.pdf; K. Weston, *Families We Choose: Lesbians, Gays and Kinship* (New York City: Columbia University Press, 1991); and J. S. Weinstock, "Lesbian Friendships at Midlife: Patterns and Possibilities for the 21st Century," *Journal of Gay and Lesbian Social Services* 11, nos. 2-3 (2000): 1-32.
- ⁷ National Alliance for Caregiving and AARP, *Caregiving in the U.S.*, vi.
- ⁸ See note 2.
- ⁹ The Family Caregiver Alliance fact sheet referred to in note 2 cites two studies: Health and Human Services, *Informal Caregiving: Compassion in Action* (Washington, D.C.: Department of Health and Human Services, 1998), and J. J. McCann, et al., "Comparison of Informal Caregiving by Black and White Older Adults in a Community Population," *Journal of the American Geriatrics Society* 48 (2000), 1612-1617.
- ¹⁰ See, for example, *The MetLife Study of Sons at Work: Balancing Employment and Eldercare* (New York City: MetLife Mature Market Institute, 2003).
- ¹¹ MetLife Mature Market Institute, *The MetLife Survey of American Attitudes Toward Retirement: What's Changed? Findings From a National Study* (New York City: MetLife Mature Market Institute, 2005).
- ¹² See, for example, J. K. Quam and G. Whitford, "Adaptation and Age-Related Expectations of Older Gay and Lesbian Adults," *The Gerontologist* 32, no. 3 (1992): 367-374, and G. S. Whitford, "Realities and Hopes for Older Gay Males," in J. K. Quam (ed.), *Social Services for Senior Gay Men and Lesbians* (Binghamton, N.Y.: Haworth Press, 1997), 79-95.
- ¹³ D. C. Kimmel, "Adult Development and Aging: A Gay Perspective," *Journal of Social Issues* 34, no. 3 (1978): 113-130.
- ¹⁴ The Pew Research Center for the People and the Press, *More Americans Discussing—and Planning—End-of-Life Treatment: Strong Public Support for Right to Die* (Washington, D.C.: Pew Research Center for the People and the Press, 2006), 16, retrieved June 30, 2006, from <http://people-press.org/reports/pdf/266.pdf>.

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Making Progress

How New York's Top Twenty-Five Law Firms Address Issues of Concern to the LGBT Community

Report of The New York County Lawyers' Association's
Committee on Lesbian, Gay, Bisexual and Transgender Issues

Approved by the Board of Directors of The New York County Lawyers' Association
at its regular meeting on January 10, 2005

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EXECUTIVE SUMMARY

In the summer of 2003, the New York County Lawyers' Association's Committee on Lesbian, Gay, Bisexual and Transgender Issues ("the Committee") distributed a survey to the twenty-five largest law firms in New York City. The survey was designed to examine how New York's top law firms address matters of concern to the lesbian, gay, bisexual and transgender ("LGBT") community.

The Committee received responses from twenty-four of these firms, and prepared a summary of each firm's answers. Then, to ensure that this report would reflect accurate and up-to-date information, each firm was sent a copy of this summary and was given the opportunity to update the information and make any corrections it wished. The Committee reviewed the responses, analyzed the data, and now submits this report of its findings.

On the whole, the Committee finds that New York's largest law firms are making substantial progress on issues of critical importance to the LGBT community. All of the firms have self-identified LGBT attorneys and most firms have self-identified LGBT partners. The overwhelming majority of firms use self-identified LGBT attorneys in the recruiting process and many firms employ recruitment practices specifically designed to seek out self-identified LGBT lawyers. All of the firms also take steps to ensure that LGBT candidates for employment have the opportunity to meet with self-identified LGBT lawyers at the firm.

Without exception, the firms include both sexual orientation and gender identity and expression in their definition of diversity. Each firm offers benefits to same-sex domestic partners and their children, and all of the firms have gender-neutral parental leave policies that cover adoption. The vast majority of firms provide support to the LGBT community through financial

contributions to LGBT organizations, *pro bono* representation of LGBT clients and participation in LGBT law conferences and community events. Many firms have peer groups for their self-identified LGBT lawyers, and all firms welcome LGBT attorneys to bring same-sex guests to firm functions.

Based on the overwhelmingly positive responses to the Committee's survey, it is undeniable that New York's top law firms have embraced the LGBT community when they define diversity and have made great strides in ensuring that LGBT attorneys are welcome, valued and treated equally. The Committee is pleased to report that it has found no indication of any systemic homophobia, transphobia or bias against the LGBT community within the responding firms surveyed. Nevertheless, there is always room for improvement and the Committee makes the following recommendations which the Committee believes should be adopted by every firm in the country.

- Firms should take concrete steps to increase the total number of self-identified LGBT attorneys employed;
- Firms should ensure that self-identified LGBT attorneys are retained, promoted and elevated to partnership and other leadership positions within the firms;
- Firms should use self-identified LGBT attorneys to conduct legal employment interviews, and should ensure that potential LGBT candidates have the opportunity to discuss the LGBT experience with self-identified LGBT lawyers;
- Firms should have self-identified LGBT attorneys on their hiring committees, and should use proactive recruitment practices designed to specifically find self-identified LGBT lawyers;
- Firms should sponsor LGBT events at LGBT legal organizations, regularly communicate with LGBT student organizations at law schools, and host events for LGBT candidates to

meet with LGBT lawyers;

- Firms' non-discrimination and diversity policies should explicitly mention both sexual orientation and gender identity and expression;
- Firms should provide health and other benefits to their LGBT employees' domestic partners and the domestic partners' children, should honor spousal relationships lawfully entered into in other jurisdictions, and should ensure that the families of LGBT employees receive all of the benefits received by the families of non-LGBT employees;
- Firms should have gender-neutral parental leave policies that cover adoption, and which apply to the LGBT employee's domestic partner, should review the specifics of their policies to make sure that they do not have a disproportionate impact upon LGBT couples, and should take appropriate action to correct any inequities;
- Firms should have gender-neutral dress codes, and should adopt formal gender transition policies;
- Firms should support the LGBT community through *pro bono* representation of LGBT clients, financial contributions to LGBT organizations and participation in LGBT law conferences and community events; and
- Firms should encourage the formation of LGBT affinity groups, and should regularly sponsor luncheons or social events for LGBT attorneys.

New York's largest law firms are often viewed as the leaders of this country's legal community. The Committee hopes that all law firms and legal organizations will follow the lead of New York's top firms by taking the steps they have taken on LGBT issues, along with the

Committee's suggestions for improvement. By doing so, the legal community will be fulfilling its traditional role of championing the cause of civil liberties for all.

INTRODUCTION

In the summer of 2003, the New York County Lawyers' Association's Committee on Lesbian, Gay, Bisexual and Transgender Issues ("the Committee") distributed a survey to the twenty-five largest law firms in New York City.¹ (The list of firms is attached as Appendix A.) The survey was designed to examine how New York's top law firms address matters of concern to the lesbian, gay, bisexual and transgender ("LGBT") community. The Committee's survey represents the first time that New York law firms have been asked to respond publicly to questions about their practices and policies on LGBT issues.

Lawyers have often been at the forefront of championing the cause of civil liberties. As the LGBT community continues to strive for full and equal civil rights, it is crucial to obtain an understanding of how New York's legal community has helped to advance that effort. The information gathered from this survey provides much needed insight into how New York law firms address issues of critical importance to the LGBT community. In addition, the survey results offer invaluable assistance to attorneys seeking employment at firms that encourage a positive working environment for LGBT legal professionals. The results of the survey will also help LGBT individuals and organizations to make an informed decision when choosing legal representation.

The Committee is pleased to report that twenty-four out of the top twenty-five law firms took part in the survey.² Based on the overwhelming response, it is clear that all of the responding law firms recognize the importance of the matters covered by the survey. Indeed, these firms expressed great interest in this project, were forthcoming with additional information requested by the

¹ The firms chosen for inclusion in the survey are those with the largest number of lawyers in their New York office(s), as identified in the *New York Law Journal's* "2002 NYLJ 100 Largest Law Offices: The Top 100 in New York State" (December 2002).

² Wilson, Elser, Moskowitz, Edelman & Dicker LLP is the only law firm that did not respond to the survey. The Committee sent three letters to the firm's recruitment coordinator and managing partner, and made several follow-up telephone calls. The firm was specifically informed that its non-participation would be noted in this report.

Committee, and offered to help the Committee in any way. This enthusiastic response shows how seriously the law firms value a diverse workplace and that the LGBT community is squarely included in their definition of diversity.

On the whole, the Committee finds that New York's largest law firms are making substantial progress on issues of critical importance to the LGBT community. All of the firms have self-identified LGBT attorneys and most firms have self-identified LGBT partners. The overwhelming majority of firms use self-identified LGBT attorneys in the recruiting process and many firms employ recruiting practices specifically designed to seek out self-identified LGBT lawyers. All of the firms take steps to ensure that LGBT candidates for employment have the opportunity to meet with self-identified LGBT lawyers at the firm.

Without exception, the firms include both sexual orientation and gender identity and expression in how they define diversity. Each firm offers benefits to same-sex domestic partners and their children, and all of the firms have gender-neutral parental leave policies that cover adoption. The vast majority of firms provide support to the LGBT community through financial contributions to LGBT organizations, *pro bono* representation of LGBT clients and participation in LGBT law conferences and community events. Many firms have peer groups for their self-identified LGBT lawyers, and all firms welcome LGBT attorneys to bring same-sex guests to firm functions.

The Committee is encouraged by the significant progress made by New York's largest firms on these issues of vital importance to the LGBT community. Although improvements can still be made, it is abundantly clear that these firms have made tremendous strides in reaching out to the LGBT community. It is equally apparent that all of the firms in the survey recognize that LGBT individuals are part of the diversity the firms embrace. There is no doubt that many law firms in New York follow the lead of the largest firms. The Committee believes that the advances made by New York's top law firms on LGBT issues, along with the suggestions for improvement made by the

Committee, can serve as a model for all law firms and legal organizations to follow.

THE SURVEY

The Committee's survey contains fifteen questions. (The survey is attached as Appendix B.)

The topics covered include:

- Number of Self-Identified LGBT Attorneys Employed by the Firms;
- Firm Recruitment of LGBT Attorneys;
- Firm Policies and Benefits;
- Firm Treatment of Transgender Issues;
- Firm Support of the LGBT Community; and
- Firm Culture and LGBT Employees.

After receiving the responses from the firms, the Committee prepared a summary of each firm's answers. To ensure accurate and up-to-date information, each firm was sent a copy of this summary and was given the opportunity to update the information and make any corrections it wished. (The summaries for the twenty-four responding firms are attached as Appendix C.) The summaries were sent to the firms in the summer of 2004. Fourteen of the twenty-four firms submitted updated information and/or corrections. After the summaries were updated, the Committee reviewed the responses and analyzed the data.³ The Committee now submits this report of its findings.

FINDINGS AND ANALYSIS

Number of Self-Identified LGBT Attorneys Employed by the Firms

Each firm was asked how many self-identified LGBT attorneys (partners, associates and of-

³ The Committee did not take steps to independently verify the information submitted by the firms.

counsel) are employed in the firm's New York office(s) compared to the total number of attorneys employed. Twenty-three of the firms participating in the survey report exact numbers of their self-identified LGBT attorneys.⁴ All of these firms have self-identified LGBT associates, and the overwhelming majority, seventeen firms, report at least one self-identified LGBT partner. Nine firms have self-identified LGBT lawyers working in "of counsel," "special counsel" or "senior attorney" positions.⁵ (Charts showing the numbers and percentages for each firm are included in Appendix D.

The survey specifically requested information on "self-identified" LGBT individuals only.⁶ Although the number of self-identified LGBT individuals is often only a subset of the actual number of a firm's LGBT employees, the Committee believes that it is important to distinguish between those who feel comfortable enough in a corporate environment to let both management and fellow employees know about their sexual orientation and gender identity – and those who do not. First,

⁴ Debevoise & Plimpton LLP states that it "does not ask its lawyers to self-identify for LGBT status." The firm reports, however, that more than ten lawyers make themselves available to applicants who wish to meet with an LGBT lawyer.

⁵ Because the numbers of "of counsel" and similar positions tend to be low and vary widely among the firms, no meaningful analysis can be conducted.

⁶ The numbers of self-identified LGBT attorneys employed by a given legal organization is a relatively new item of information that remains unreported by many legal employers. Pioneered about eight years ago by the National Association for Law Placement ("NALP"), a number of leading employer members of NALP began to offer their LGBT attorneys the opportunity to self-identify in hopes of enhancing the employer's ability to attract and retain top legal talent and address client requests. Though controversial and slow to increase, greater numbers of employers have been reporting numbers of their LGBT attorneys each year. Analysis of the LGBT numbers and the employers reveals that large urban employers (as high as 40% in some cities) are more likely to report such numbers and, unsurprisingly, the highest LGBT numbers are found in urban centers, especially those where one's sexual orientation is a category legally protected from employment discrimination. Nationally, something just over 20% of NALP employer members report this data, and even therein the numbers of openly LGBT attorneys seems significantly below what other LGBT census data suggests. NALP, city bar associations, and other organizations continue to advocate for giving LGBT attorneys the opportunity to self-identify for such purposes, yet barriers remain with employers who do not wish to do so, employers who guess at the numbers, and LGBT attorneys who fear being so "out of the closet."

potential LGBT employees are primarily concerned with how a firm's internal culture embraces individuals who openly self-identify. Second, law firm management often avoids the pressure to accurately assess how a firm's culture accommodates LGBT employees and clients by stating that the firm does not inquire into the private lives of its employees or clients. Unfortunately, such express or implied policies of non-inquiry often mask an underlying reality of a systemic cultural discomfort with the entire subject. Finally, the very fact that a significant number of individuals feel comfortable enough to self-identify as LGBT individuals is significant. Interestingly, almost every responding firm was able to identify their self-identified LGBT attorneys.

It is important to understand that the following figures and percentages are fluid, and simply reflect a snapshot of the numbers of self-identified LGBT attorneys at the time the survey was completed or updated. The Committee recognizes that these numbers are constantly changing and, indeed, for some of the firms, the numbers did in fact change from when the survey was initially filled out until the time it was updated. Because of these variations, the fact that a particular firm's numbers might appear on the lower end of the spectrum does not necessarily indicate that its commitment to hiring self-identified LGBT attorneys is less sincere than that of firms with higher numbers.

The percentage of self-identified LGBT attorneys (partners, associates, and of counsel) at the firms ranges from a high of 4.90% to a low of 1.18%. Only four firms report that more than three percent of their attorneys self-identify as LGBT and twelve firms report less than two percent. The median firm reports that 1.98% of its attorneys self-identify as LGBT.⁷

While one firm reports that 6.73% of its partners self-identify as LGBT, six firms state that

⁷ The median firm is the firm that falls in the middle of the reported percentages. Thus, in this example, half of the firms report percentages of self-identified LGBT attorneys above 1.98% and half report percentages below 1.98%.

they have no self-identified LGBT partners. Only four firms report that more than three percent of their partners are self-identified as LGBT, and thirteen firms report less than two percent. The median firm reports that 1.61% of its partners self-identify as LGBT.

The percentage of self-identified LGBT associates ranges from a low of 0.84% to a high of 4.64%. Seven firms report that more than three percent of their associates self-identify as LGBT, and eleven firms report less than two percent. The median firm reports that 2.11% of its associates self-identify as LGBT.

There does not appear to be any discernable correlation between the percentage of self-identified LGBT partners in a firm and the percentage of self-identified LGBT associates. For example, the two firms reporting the highest percentage of self-identified LGBT partners fall near the bottom of the rankings of self-identified LGBT associates. Conversely, of the six firms reporting no self-identified LGBT partners, four of them are in the top half of the rankings for self-identified LGBT associates. And six firms report a higher percentage of self-identified LGBT partners than self-identified LGBT associates.

Although the Committee is encouraged that all of the firms employ self-identified LGBT attorneys, we believe that improvements can be made. First, the Committee believes that it is essential that all firms have self-identified LGBT partners. As it stands, more than a quarter of New York's largest law firms do not have any self-identified LGBT partners. Although these firms have made significant advances in ensuring that women and people of color reach partnership,⁸ they have failed to achieve similar progress with respect to the LGBT community.

⁸ According to the 2004-2005 "NALP Directory of Legal Employers," published by the National Association for Law Placement ("NALP"), all of the firms that responded to the survey have people of color and women in the partnership at their New York offices. Moreover, research released by NALP in November 2003 revealed that attorneys of color account for 4.03% of the partners in New York City's major law firms and that women account for 14.1% of the partners in these firms.

The Committee also believes that all of the firms should be taking additional steps to increase the total number of self-identified LGBT attorneys employed. The overall percentage of self-identified LGBT attorneys in the reporting firms is only 2.28%. While the Committee found no data on the percentage of self-identified LGBT attorneys in the metropolitan New York area, anecdotal evidence and the experience of our members reflect that this number is significantly higher than the percentage of self-identified LGBT attorneys reported by the firms. Only by ensuring that there are self-identified LGBT partners and by increasing the percentage of self-identified LGBT attorneys can New York's major law firms send a clear message that LGBT lawyers are welcome and can succeed professionally.

Firm Recruitment of LGBT Attorneys

The firms were asked several questions regarding recruitment policies in an attempt to determine whether the firms actively recruit members of the LGBT community and provide channels for a self-identified LGBT candidate to obtain clear and accurate information about a firm's internal culture, particularly with respect to its treatment of LGBT employees.

With one exception, every firm uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.⁹ Moreover, every firm states that it is able to arrange for a self-identified LGBT lawyer to discuss the LGBT experience with a potential LGBT candidate. All of the firms report that when applicants ask to speak with an LGBT lawyer at the firm, they happily accommodate the request.

Each firm was asked whether any self-identified LGBT attorneys serve on its hiring committee. Ten of the firms report that the hiring committee includes, or has included in the past, self-identified LGBT lawyers, whereas ten firms indicate that there are no self-identified LGBT

⁹ Morgan, Lewis & Bockius LLP reports that it does not inquire into the sexual orientation of attorneys who conduct legal interviews.

attorneys on their hiring committees.¹⁰ The data appears to reflect a direct correlation between the presence of a self-identified LGBT attorney on a firm's hiring committee and the degree to which the firm aggressively recruits LGBT attorneys. Although virtually all of the firms report that they regularly use self-identified LGBT lawyers in some aspect of the recruiting process, firms that include LGBT lawyers on their hiring committees were more likely to use recruitment practices designed to specifically find self-identified LGBT lawyers.

Among these recruitment practices are: a) participation in the annual Lavender Law Conference Career Fair;¹¹ b) sponsorship of LGBT events at LGBT legal organizations; c) communication with LGBT student organizations at law schools; d) affirmative inquiries as to whether a candidate wishes to speak to a specific group of lawyers corresponding with gender, ethnicity or sexual orientation; e) hosting dinners for LGBT candidates with LGBT lawyers; and f) appointing a Diversity Director committed to recruitment, retention, professional development and advancement of all minority groups, including LGBT lawyers.

The firms' responses, taken in the aggregate, suggest that each of the firms has given serious thought to LGBT recruitment and ongoing employment. Nevertheless, there is room for improvement, and it is apparent that some firms do more than others in this area. Clearly, it is in the firms' own self-interest to seek out and retain talented LGBT attorneys. The Committee believes that in order to do this, and to provide full outreach to potential LGBT applicants, all firms must have

¹⁰ Stroock & Stroock & Lavan LLP, Shearman & Sterling LLP and Cravath, Swaine & Moore LLP report that they do not have a hiring committee, and Morgan, Lewis & Bockius LLP reports that it does not inquire into the sexual orientation of attorneys on its hiring committee.

¹¹ Each year, the National Lesbian and Gay Law Association ("NLGLA") sponsors the Lavender Law Conference, a series of panels, symposia and courses on cutting-edge legal issues affecting LGBT individuals and the community. The Conference features a Career Fair which provides the opportunity for conference participants to network and obtain jobs as attorneys and summer associates/interns with legal employers from all over the country.

self-identified LGBT attorneys on their hiring committees. Moreover, all firms must take specific, proactive steps to seek out, identify and recruit potential LGBT candidates, and to ensure that those candidates know that they are welcome at the firm. It is equally important for firms to take concrete steps to make certain that talented LGBT attorneys are retained, promoted and elevated to leadership positions within the firms.

Firm Policies and Benefits

The firms were asked a number of questions about their policies and benefits. First, they were asked to provide copies of their non-discrimination and diversity policies. Twenty firms submitted their non-discrimination policies, and all of these policies include sexual orientation as a protected category.¹² Eleven firms report that they have diversity policies with respect to legal hiring, and all but two of these policies include sexual orientation within the umbrella of diversity. Two firms indicate that they have written affirmative action plans, but only one firm provided a copy. That firm's affirmative action policy does not include sexual orientation. Nine firms report that they do not have a diversity policy. Although a number of firms declined to submit their policies, all of the firms in the survey have adopted the Statement of Diversity Principles of the Association of the Bar of the City of New York ("City Bar"), which includes both sexual orientation and gender identity and expression in its definition of diversity.

It appears that all firms subscribe to the view that the LGBT community is included within their definition of diversity. However, some firms do not explicitly include sexual orientation, or gender identity and expression, in their own diversity policies. The Committee believes that the firms' diversity policies must explicitly mention these categories to send a clear message to both existing employees and candidates for employment that the LGBT community is part of the diversity

¹² A number of firms use the term "sexual preference." It is the view of the Committee that "sexual orientation" is the preferred and more accurate term.

that the firms seek to foster.

The Committee is pleased to report that all of the firms provide health and other benefits to their LGBT employees' domestic partners and the domestic partners' children. Fifteen of the firms provide such benefits to same-sex domestic partners only. Nine firms provide benefits to both same-sex and opposite-sex domestic partners. Although the types of benefits provided by the firms vary widely, it is clear that the partners of LGBT employees, and their children, are eligible to receive the same benefits as the spouses and children of non-LGBT employees.

The firms were asked to supply information about their parental leave policies. Since LGBT couples often adopt, the Committee was interested in whether the firms' policies cover adoption. The Committee was also interested in whether parental leave was extended to both male and female employees, because a female-only policy would obviously not benefit a gay male couple interested in starting a family. The Committee is pleased to report that all of the reporting firms have gender-neutral policies that provide leave for adoptive parents.

Some of the firms' policies appear to have a disproportionate negative impact upon LGBT employees. For example, some firms provide much longer periods of leave for childbirth than for adoption. Although this discrepancy may be an attempt to accommodate the health issues accompanying childbirth, the end result is that LGBT couples who adopt will always have less time to spend with their new children. Also, some firms provide significantly shorter periods of parental leave to male employees than female employees, even in cases where the female employee has adopted a child. Obviously, such a policy negatively impacts gay male couples who adopt. Finally, although several firms' policies explicitly state that they apply to an employee's domestic partner who gives birth or adopts, the overwhelming majority of the policies are silent or unclear on this point. Of course, in order to ensure that LGBT employees enjoy the same parental leave benefits as non-LGBT employees, the policies must explicitly cover domestic partners.

The Committee believes that all firms should have gender-neutral parental leave policies that cover adoption, and which apply to the employee's domestic partner. The Committee urges each firm to review its policy with an eye toward determining whether the policy negatively impacts LGBT couples, and to take appropriate corrective action.

Firm Treatment of Transgender Issues

The firms were asked a number of questions about their policies on transgender issues. Readers of this report are likely familiar with the terms "sexual orientation," "gay," "lesbian" and "bisexual." The LGBT community today also includes transgender people. While there may be some disagreement about the precise meaning of transgender, it is generally viewed as an umbrella term to describe all those who *transgress gender* norms. When we are born, the doctor pronounces us a boy or a girl, and from that moment on, certain stereotypical gender-based expectations are set. Boys must be rugged, masculine and athletic. Girls must be soft, feminine and pretty. But, in reality, people will not always fit this mold, and may have a different "gender identity" from that assigned at birth. The transgender community describes those who don't meet society's expectations for people born with their anatomy, and includes transsexuals, cross-dressers,¹³ intersexed persons,¹⁴ men who are somewhat feminine and women who are somewhat masculine (whether gay, bisexual or heterosexual-identified), and other gender-variant people.

There is no definitive correlation between one's gender identity and one's sexual orientation.

¹³ Cross-dressers are people who have more than one mode of gender presentation, presenting fully in the gender opposite of their birth sex part of the time. Unlike transsexuals, many of whom seek sex reassignment surgery, most cross-dressers have no interest in medical transition or living full-time in the gender opposite of their birth sex, and most do not wish to cross-dress in the workplace.

¹⁴ Intersexed people are born with sex chromosomes, external genitalia, or internal reproductive systems that are not considered "standard" for either male or female. While many intersexuals do not consider themselves transgender, they may nevertheless face similar discrimination.

Indeed, many transsexuals, cross-dressers and gender-variant people consider themselves to be heterosexual. Thus, policies and laws that prohibit discrimination based on sexual orientation must also explicitly include gender identity and expression in order to make clear that discrimination on that basis is also prohibited. Employers, landlords, and places of public accommodation are legally entitled to deny jobs, housing and other benefits to transgender people in 44 states and in the overwhelming majority of municipalities around the nation. Even in places where transgender individuals enjoy legal protection, there is still much discrimination and harassment against members of the transgender community.

The Committee is pleased to report that all of the firms in the survey prohibit discrimination based on gender identity or gender expression. However, only Cadwalader, Wickersham & Taft LLP explicitly lists these categories in its non-discrimination policy. The majority of the firms merely add a catch-all phrase to their non-discrimination statements, such as “other characteristics protected by law,” which, in New York City, would include gender identity and expression.¹⁵ The remaining firms implicitly prohibit such discrimination by their adoption of the City Bar’s Statement of Diversity Principles, which includes gender identity and expression.

Given the sad history of intolerance in this area, the Committee believes that the firms must explicitly include gender identity and expression in their non-discrimination and diversity policies. By explicitly listing these categories, the firms can signal that transgender and gender variant people are not just tolerated, as required by New York City law, but are also welcomed.

¹⁵ The relevant law is Title 8 of the Administrative Code of the City of New York, the New York City Human Rights Law, as amended by Local Law 3 of 2002 (“The term ‘gender’ shall include actual or perceived sex and shall also include a person’s gender identity, self-image, appearance, behavior or expression, whether or not that gender identity, self-image, appearance, behavior or expression is different from that traditionally associated with the legal sex assigned to that person at birth”).

Twenty-one of the surveyed firms have dress codes, although six of them failed to supply copies. Of the fifteen dress codes received, nine are gender-neutral and six are not. A non-gender-neutral dress code can make it difficult for transgender and gender variant individuals to express their genders. Thus, a non-gender-neutral dress code signals an insensitivity to those whose gender identity does not fall at one end or the other of the feminine-masculine spectrum. In order to send a more positive message to transgender and gender variant people, the Committee urges all firms to adopt gender-neutral dress codes.

None of the firms surveyed reports being aware of any employees who have transitioned from one gender identity to the other, or at least no self-identified ones, although the Committee is aware of one attorney who is a former employee of Cadwalader, Wickersham & Taft LLP, who had transitioned from male to female before working for the firm. Likewise, none of the firms has developed policies or procedures for employees who are starting to transition gender. Although some firms state their non-discrimination policies would apply to such circumstances, the precise mode of implementation of such policies is uncharted and unknown. Obviously, one’s gender identity has no bearing on one’s ability to succeed as a lawyer. Thus, in order to accommodate employees who decide to transition gender, and to ensure that firms do not lose talented employees due to the absence of gender transition procedures, the Committee urges all firms to adopt formal gender transition policies.

Firm Support of the LGBT Community

Each firm was asked to describe its support, if any, of the LGBT community during the previous ten years. The survey identified the following three specific modes of support: a) financial contributions to LGBT-related organizations or causes; b) participation in LGBT law conferences or community events; and c) provision of *pro bono* legal services for LGBT-related matters.

The vast majority of firms report support for the LGBT community in all three areas, with

only one firm reporting no support of any kind in the last ten years. Twenty-three firms report that they have made contributions to LGBT-related organizations or causes.¹⁶ Among the beneficiaries of such support are Lambda Legal Defense and Education Fund (“Lambda Legal”), the Lesbian and Gay Law Association of Greater New York (“LeGaL”), the Gay and Lesbian Alliance Against Defamation (“GLAAD”), the ACLU Lesbian and Gay Rights Project, and several LGBT organizations at law schools. Although not specifically LGBT organizations, a number of firms have made contributions to AIDS charities, including Gay Mens Health Crisis, the American Foundation for AIDS Research (“AMFAR”) and God’s Love We Deliver.

Nineteen firms report that they participate in LGBT law conferences or community events. Some of the most popular responses were the Lavender Law Conference, LeGaL’s Annual Law Conference, the ACLU LGBT Summer Associate Reception, the LGBT Pride Week Celebration at the City Bar, and the annual dinners of Lambda Legal, LeGaL and the Human Rights Campaign (“HRC”). Twenty-one firms report that they have provided *pro bono* assistance on LGBT matters. Many of these cases have resulted in precedent-setting decisions on significant LGBT legal issues, including *Lawrence v. Texas*, 539 U.S. 558 (2003)(overturning sodomy laws), *Levin v. Yeshiva Univ.*, 96 N.Y.2d 484 (2001)(lesbian couple seeking right to live in married student housing) and *In re Jacob*, 86 N.Y.2d 651 (1995)(upholding rights of lesbians to adopt their partners’ children). Many firms perform their *pro bono* work in cooperation with Lambda Legal, the ACLU Lesbian and Gay Rights Project, the National Center for Lesbian Rights and Gay Mens Health Crisis. Others provide assistance to individual LGBT litigants in areas such as discrimination, immigration and asylum, custody and adoption, insurance, HIV/AIDS, trusts and estates and transgender rights.

¹⁶ Some firms declined to answer this question fully on privacy grounds stating in substance that the firm has provided financial support to the LGBT community, but that it was against firm policy to disclose the specific details of such support.

The data reflects an interesting pattern of consistency with respect to the three categories of support. Firms that report significant financial contributions to LGBT-related organizations or causes also significantly participate in LGBT law conferences and frequently provide *pro bono* representation related to LGBT litigation. This uniformity of support not only evidences general good will toward the LGBT community, but may also reflect the degree to which a particular firm’s internal culture welcomes LGBT employees. Thus, the Committee believes that all firms should continue to significantly support the LGBT community through *pro bono* representation, financial contributions and participation in LGBT law conferences and community events.

Firm Culture and LGBT Employees

The firms were asked a number of questions designed to gauge the culture at the firm for LGBT employees. Fourteen firms report that they have either a formal or informal LGBT peer group or affinity group. Some of the firms are more active than others in encouraging camaraderie among LGBT attorneys and have an official LGBT affinity group that meets regularly to discuss issues and plan social events. Other firms report that their LGBT partners and associates gather informally to talk about issues of concern. Many firms regularly sponsor LGBT luncheons, LGBT Pride Week dinners and other social events. Ten of the firms, however, report that they do not have, or are unaware of, a formal or informal LGBT peer group within the firm.

All of the firms report that LGBT lawyers have brought a same-sex guest to a firm function. Fifteen firms report that this happens often. Nine firms report that it occurs only sometimes. There appears to be a correlation between whether the firm has an LGBT peer group and the frequency with which LGBT attorneys bring same-sex guests to firm events. The overwhelming majority of the firms that have an LGBT peer group report that their LGBT attorneys often take same-sex guests to firm functions. On the other hand, only half of the firms that do not have an LGBT affinity group can make that claim. Thus, it appears that where a firm has an LGBT peer group, LGBT lawyers are

more comfortable bringing same-sex guests to firm functions.

The Committee believes that all firms should have an officially recognized LGBT affinity group, and that the firms should regularly sponsor luncheons or social events for LGBT attorneys. We believe that these steps are necessary to send the message that LGBT lawyers are welcome at the firm, and to provide a forum where LGBT attorneys can regularly meet to discuss issues unique to them. Such steps are also important because they provide the opportunity for LGBT attorneys to develop mentoring relationships with partners and senior lawyers, which is often critical to professional advancement in the firm.

CONCLUSION AND RECOMMENDATIONS

There is no question that New York's largest law firms have made significant progress on many issues of critical importance to the LGBT community. Based on the overwhelmingly positive responses to the Committee's survey, it is undeniable that New York's top law firms have embraced the LGBT community when they define diversity and have made great strides in ensuring that LGBT attorneys are welcome, valued and treated equally. The Committee is pleased to report that it has found no indication of any systemic homophobia, transphobia or bias against the LGBT community within the responding firms surveyed.

Nevertheless, there is always room for improvement and the Committee makes the following recommendations. These recommendations represent a list of best practices gleaned from already existing policies at the firms and practices that the Committee believes should be adopted by every firm in the country.

- In order to send a clear message that self-identified LGBT lawyers are welcome at and squarely included in the firm, firms should take concrete steps to increase the total number of self-identified LGBT attorneys employed;
- In order to show that qualified LGBT attorneys can succeed professionally, firms should

ensure that self-identified LGBT attorneys are retained, promoted and elevated to partnership and other leadership positions within the firms;

- In order to ensure the greatest success in attracting LGBT attorneys, firms should use self-identified LGBT attorneys to conduct legal employment interviews, and should ensure that potential LGBT candidates have the opportunity to discuss the LGBT experience with self-identified LGBT lawyers;
- In order to recruit and retain talented LGBT attorneys and to provide full outreach to potential LGBT applicants, firms should have self-identified LGBT attorneys on their hiring committees, and should use proactive recruitment practices designed to specifically find self-identified LGBT lawyers;
- In order to ensure that firms reach the widest number of LGBT candidates for employment, firms should participate in the annual Lavender Law Conference Career Fair, sponsor LGBT events at LGBT legal organizations, regularly communicate with LGBT student organizations at law schools, and host events for LGBT candidates to meet with LGBT lawyers;
- In order to send a clear message to both existing employees and candidates for employment that the LGBT community is part of the diversity that the firms seek to foster, firms' non-discrimination and diversity policies should explicitly mention both sexual orientation and gender identity and expression;
- In order to make certain that LGBT employees are treated fairly, firms should provide health and other benefits to their LGBT employees' domestic partners and the domestic partners' children, should honor spousal relationships lawfully entered into in other jurisdictions, and should ensure that the families of LGBT employees receive all of the benefits received by the families of non-LGBT employees;
- In order to ensure that LGBT employees are treated equally, firms should have gender-neutral

parental leave policies that cover adoption, and which apply to the LGBT employee's domestic partner, should review the specifics of their policies to make sure that they do not have a disproportionate impact upon LGBT couples, and should take appropriate action to correct any inequities;

- In order to show transgender and gender variant people that they are welcome, firms should adopt gender-neutral dress codes;
- In order to accommodate employees who decide to transition gender, and to ensure that firms do not lose talented employees due to the absence of gender transition procedures, firms should adopt formal gender transition policies;
- In order to demonstrate a commitment to LGBT issues, firms should support the LGBT community through *pro bono* representation of LGBT clients, financial contributions to LGBT organizations and participation in LGBT law conferences and community events; and
- In order to provide opportunities for LGBT attorneys to discuss issues unique to them, and to encourage the development of mentoring relationships with partners and senior lawyers, firms should encourage the formation of LGBT affinity groups, and should regularly sponsor luncheons or social events for LGBT attorneys.

The Committee cannot overstate the importance of the results of this survey, particularly in light of recent events. At a time when the LGBT community is facing hateful attacks throughout the country on their basic civil rights, and in light of the real threat that the nation's courts may move in a direction hostile to the very idea of equal justice and liberty for all, it is crucial that the legal community use its best efforts to ensure that members of the LGBT community are not only treated fairly, but also that they are welcome and valued in our diverse nation. New York's largest law firms are often viewed as the leaders of this country's legal community. The Committee hopes that all law

firms and legal organizations will follow the lead of New York's top firms by taking the steps they have taken on LGBT issues, along with the Committee's suggestions for improvement. By doing so, the legal community will be fulfilling its traditional role of championing the cause of civil liberties for all.¹⁷

¹⁷ The Committee extends its thanks to members Robert Bacigalupi, Andrew Chapin, Ivan Dominguez, Richard Grossman, Thomas Hickey and Hon. Barbara Jaffe, whose hard work and dedication made this report possible.

LIST OF FIRMS INCLUDED IN SURVEY

LAW FIRM	NUMBER OF LAWYERS IN NEW YORK OFFICE(S)
1. Skadden, Arps, Slate, Meagher & Flom LLP	857
2. Simpson Thacher & Bartlett LLP	635
3. Weil, Gotshal & Manges LLP	565
4. Shearman & Sterling LLP	559
5. Davis Polk & Wardwell	527
6. Sullivan & Cromwell LLP	520
7. Cravath, Swaine & Moore LLP	477
8. Debevoise & Plimpton LLP	475
9. Paul, Weiss, Rifkind, Wharton & Garrison LLP	468
10. Sidley Austin Brown & Wood LLP	463
11. Clifford Chance US LLP	451
12. Proskauer Rose LLP	428
13. Cleary Gottlieb Steen & Hamilton LLP	416
14. Fried, Frank, Harris, Shriver & Jacobson LLP	375
15. White & Case LLP	374
16. Cadwalader, Wickersham & Taft LLP	371
17. Wilkie Farr & Gallagher LLP	368
18. Dewey Ballantine LLP	357
19. Kaye Scholer LLP	346
20. Milbank, Tweed, Hadley & McCloy LLP	336
21. Schulte Roth & Zabel LLP	319
22. Morgan, Lewis & Bockius LLP	313
23. Wilson, Elser, Moskowitz, Edelman & Dicker LLP	276
24. Stroock & Stroock & Lavan LLP	275
25. Latham & Watkins LLP	265

APPENDIX A**LIST OF FIRMS INCLUDED IN SURVEY**

** Information obtained from the *New York Law Journal's* "2002 NYLJ 100 Largest Law Offices: The Top 100 in New York State" (December 2002).

APPENDIX B

THE SURVEY

NEW YORK COUNTY LAWYERS' ASSOCIATION
Committee on Lesbian, Gay, Bisexual and Transgender Issues

LGBT LAW FIRM SURVEY

Law Firm _____
Contact Person _____
Phone Number _____
Date Completed _____

1. (A) How many attorneys are employed in your firm's New York office(s)? Please provide specific numbers for partners, associates, and of counsel.

Partners _____

Associates _____

Of Counsel _____

(B) How many **self-identified** lesbian, gay, bisexual or transgender ("LGBT") attorneys are employed in your firm's New York office(s)? Please provide specific numbers for partners, associates, and of counsel.

LGBT Partners _____

LGBT Associates _____

LGBT Of Counsel _____

If you do not provide specific numbers above, please explain why.

2. (A) Describe the steps your firm takes to actively recruit **self-identified** LGBT lawyers, both entry-level and lateral.

(B) Does your firm have any **self-identified** LGBT attorneys on its legal hiring committee?

YES _____ NO _____

If the answer is YES, how many? _____

(C) Does your firm regularly use **self-identified** LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs?

YES _____ NO _____

(D) Does your firm regularly use **self-identified** LGBT attorneys to conduct legal employment interviews at your firm's office?

YES _____ NO _____

3. (A) Does your firm have a written non-discrimination policy?

YES _____ NO _____

If the answer is YES, please provide it.

(B) Does your firm have a written diversity policy with respect to legal hiring?

YES _____ NO _____

If the answer is YES, please provide it.

4. (A) Does your firm provide benefits to same-sex domestic partners of your employees?

YES _____ NO _____

(B) If the answer to (A) is YES, are these benefits provided to the children of the employee's same-sex domestic partner?

YES _____ NO _____

(C) If the answer to (A) is YES, are these benefits provided to opposite-sex domestic partners?

YES _____ NO _____

(D) If the answer to (A) is YES, please provide any such written policy. If you do not have a written policy, please describe the benefits provided.

5. Please provide a copy of your firm's maternity and/or paternity leave policy.

6. Does your firm have a written dress code policy?

YES _____ NO _____

If the answer is YES, please provide it.

7. In the last ten years, has your firm contributed financially to any LGBT causes or organizations?

YES _____ NO _____

If the answer is YES, please explain.

8. In the last ten years, has your firm participated in any LGBT legal conferences and/or LGBT community events?

YES _____ NO _____

If the answer is YES, please explain.

9. In the last ten years, has your firm taken cases involving LGBT issues on a *pro bono* basis?

YES _____ NO _____

If the answer is YES, please explain.

10. In the last ten years, has your firm represented **self-identified** LGBT individuals or LGBT organizations?

YES _____ NO _____

If the answer is YES, please explain.

11. Has there ever been an individual at your firm who has transitioned from one gender identity to the other?

YES _____ NO _____

Does your firm have any policy in the event this issue arises?

YES _____ NO _____

If the answer is YES, please explain. If the policy is in writing, please provide it.

12. Has an LGBT lawyer in your firm ever brought a same-sex guest to a firm function?

YES _____ NO _____

If the answer is YES, how often has this occurred?

RARELY _____ SOMETIMES _____ OFTEN _____

13. Is there a formal or informal LGBT caucus or peer group at your firm?

YES _____ NO _____

If the answer is YES, please describe it.

APPENDIX C

SUMMARIES OF THE FIRMS' RESPONSES

14. When legal job applicants ask to speak with an LGBT lawyer employed by your firm, how do you respond?

15. Please provide the name and contact information of a **self-identified** LGBT attorney at your firm who would be willing to speak with us about the issues addressed in this survey.

**** END OF SURVEY****

CADWALADER, WICKERSHAM, & TAFT LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	1 out of 74	1.35%
Associates:	5 out of 237	2.11%
Of Counsel:	1 out of 42	2.38%
TOTAL:	7 out of 353	1.98%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm sponsors receptions and panel discussions for LGBT students at law schools, and participates in career fairs for LGBT students. In addition, LGBT attorneys at the firm send letters to LGBT student groups at various law schools.

The firm does not have any self-identified LGBT attorneys on its three-partner legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm "is happy to arrange for" the applicant to speak with one of its LGBT lawyers.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers both sexual orientation and gender identity and/or expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical and dental insurance to same-sex domestic partners of employees, and to

the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity policy covers gender identity and/or expression.

In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is for the most part gender neutral. It does, however, require men's shirts to have a collar.

C. Gender Identity Transition

The firm reports that there has not been a self-identified individual at the firm who has transitioned from one gender identity to the other. However, the Committee is aware of one attorney who is a former employee of the firm who had transitioned from male to female before joining the firm.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has contributed to:

Lambda Legal
 ACLU Lesbian and Gay Rights and AIDS Projects
 LeGaL
 City Bar's Committee LGBT Rights
 NYCLA's Committee on LGBT Issues
 National Lesbian and Gay Law Foundation
 National Lesbian and Gay Law Association

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

LeGaL's Annual Dinner Dance and Silent Auction (annually)
 Lambda Legal's Annual Liberty Awards Dinner (annually)
 Lavender Law Career Fair and Conference (2003 and 2004)

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm did not report whether it has taken any cases involving LGBT issues on a *pro bono* basis.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group at the firm.

CLEARY GOTTlieb STEEN & HAMILTON LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	3 out of 80	3.75%
Associates:	13 out of 288	4.51%
Counsel:	3 out of 20	15.00%
TOTAL:	19 out of 388	4.90%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm sends an email to "Outlaw" at a number of law schools inviting members to participate in the on-campus interview process. When lawyers arrive to begin employment, the firm asks them to self-identify.

The firm has an unspecified number of LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When setting up an applicant's visit to the office, the firm asks the applicant if he/she would like to meet with a specific group of lawyers, including groups corresponding with gender, ethnicity, sexual orientation, etc. affiliations.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers "sexual orientation or preference." Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other category protected by law," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression. However, it prohibits discrimination based upon "any other category protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has made financial contributions to LGBT causes and organizations (although the firm did not elaborate).

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has hosted many fund-raising, awareness-raising events for the Lesbian and Gay Immigration Rights Task Force.

The firm regularly sponsors tables at Lambda Legal's annual awards dinner and the ACLU Gay and Lesbian Rights Project's annual dinner.

Associates at the firm attended a meeting at the City Bar in the spring of 2003 regarding incorporating LGBT representation into their practice.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm served as co-counsel to Lambda Legal in representing James Dale in his claim against the Boy Scouts and, as a result, received an award from G.L.A.A.D.

The firm regularly takes referrals from public interest legal groups, including the Lesbian and Gay Immigration Rights Task Force, the Lawyers Committee on Human Rights and the Catholic Legal Immigration Network, to represent immigrants in sexual orientation-based asylum claims. One successful case involved a transgender asylum seeker from Lebanon. Another involved a gay man at risk of removal to El Salvador.

The firm has worked with the Gay Mens Health Crisis researching legal issues for a potential law suit.

In 1995, the firm worked with Lambda Legal in preparing its lawyer for opposition to Hawaii's experts on same sex marriage. Lambda won the case, but Hawaii then amended its constitution to prohibit same-sex marriage.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm sponsors LGBT luncheons and there is an informal network of LGBT lawyers at the firm who make themselves available for mentoring and support of one another.

CLIFFORD CHANCE US LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	0 out of 93	0.00%
Associates:	5 out of 227	2.20%
Of Counsel:	0 out of 24	0.00%
TOTAL:	5 out of 344	1.45%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm did not identify any steps it takes to actively recruit self-identified LGBT lawyers.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges for one of its LGBT lawyers to meet with the applicant.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination/diversity policy that covers sexual orientation, but which does not cover gender identity and/or expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides domestic partner benefits to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

The firm did not describe the benefits provided.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity/diversity policy does not cover gender identity and expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is mostly gender neutral. However, men are prohibited from wearing shirts without sleeves and footwear without socks.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has sponsored tables at various benefits, including LeGaL, ACLU Lesbian and Gay Rights Project, and the City Bar's Committee on LGBT Rights.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has sponsored tables at various benefits, including LeGaL, ACLU Lesbian and Gay Rights Project, and the City Bar's Committee on LGBT Rights.

C. Pro Bono Representation in Cases Involving LGBT Issues

A team of lawyers submitted an *amicus* brief in the United States Supreme Court in the case involving James Dale, the gay Boy Scoutmaster.

The firm represented a gay man in a dispute over the estate of his deceased partner, whose parents sought to exclude the client from taking an inheritance from the deceased partner. The firm obtained a favorable settlement for the client.

The firm's lawyers have served as cooperating attorneys with Lambda Legal, providing legal research and other assistance on an as-needed basis.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group.

CRAVATH, SWAINE & MOORE LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	4 out of 78	5.13%
Associates:	5 out of 360	1.39%
Of Counsel/ Senior Counsel:	0 out of 10	0.00%
TOTAL:	9 out of 448	2.01%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm did not describe any specific steps it takes to actively recruit self-identified LGBT lawyers. Instead, the firm stated that it "seek[s] to recruit outstanding law students and train them to be well-rounded generalists, without regard to race, gender or sexual orientation."

The firm does not have a legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges for one of its LGBT lawyers to meet with the applicant. If scheduling issues prevent that from happening, the firm provides the applicant with contact information of LGBT partners and associates, or invites the applicant to return to the office for the requested interview.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other classification protected by law," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical and dental benefits to same-sex domestic partners of employees and to the domestic partner's children.

The firm also gives employees the option of naming their same-sex domestic partner as a beneficiary of their 401K plan and life insurance policy.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption. Child care leave is also available when an employee's same-sex domestic partner gives birth or adopts a child.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression. However, it prohibits discrimination based upon "any other classification protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm does not have a written dress code policy but allows casual dress on Fridays during the summer. Casual dress is not further defined and thus appears to be gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other while employed at the firm.

The firm does not have a written policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm regularly contributes to a wide variety of charitable organizations, including those working in support of LGBT causes. The firm, as a matter of policy, does not disclose the identities of the charities or the amounts contributed.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm hosted the LGBT summer associate reception for the ACLU in June 2003.

Peter Wilson, a corporate partner of the firm, was the co-chair of Lambda Legal's 30th anniversary dinner.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm successfully represented Dignity in its attempt to demonstrate in front of St. Patrick's Cathedral during the LGBT Pride march.

The firm filed an *amicus* brief in the U.S. Supreme Court on behalf of Atlanta, Chicago, Los Angeles, New York, Portland, San Francisco and Tucson in *Boy Scouts of America v. Dale*, arguing in support of the cities' right to legislate against discrimination.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group at the firm.

DAVIS POLK & WARDWELL

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	0 out of 113	0.00%
Associates:	8 out of 365	2.19%
Of Counsel:	0 out of 23	0.00%
TOTAL:	8 out of 501	1.60%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm participates in the Lavender Law Career Fair. In addition, the firm sends an annual e-mail to all lawyers requesting them to self-identify.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney at the firm, the firm contacts appropriate lawyers and asks them to make time to see the candidate.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other basis prohibited by federal, state or local law," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health, dental and vision benefits to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression. However, the policy prohibits discrimination based upon "any other basis prohibited by federal, state or local law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm reports that it has a dress code policy but did not provide it. Thus, the Committee is unable to determine if the policy is gender-neutral.

C. Gender Identity Transition

To the firm's knowledge, there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm did not indicate whether it has a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has made financial contributions to:

LeGaL
Gay Mens Health Crisis
National Lesbian & Gay Law Foundation

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in:

- Lavender Law Career Fair
- Annual Pride Week Student Reception of the City Bar's Committee on LGBT Rights
- Annual Summer Reception of the ACLU Lesbian and Gay Rights and AIDS Projects

One of the firm's associates serves on the Board of Directors of Lambda Legal, and was co-chair of the Board from 2001-2003.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has taken cases involving LGBT issues on a *pro bono* basis for:

- Gay Mens Health Crisis
- Lesbian & Gay Rights Immigration Services
- Lambda Legal

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group at the firm.

DEBEVOISE & PLIMPTON LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:		99	0.00%
Associates:		308	0.00%
Of Counsel:		23	0.00%
TOTAL:		430	0.00%

The firm does not ask its lawyers to self identify for LGBT status. The firm reports that there are "more than 10" lawyers who make themselves available to applicants who wish to meet an LGBT lawyer. This would indicate a percentage of at least 2.33% LGBT lawyers in the firm.

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

"The firm takes no specific steps to recruit self-identified LGBT lawyers," though it "actively recruits qualified individuals of diverse background."

The firm does "not presently" have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

The firm offers candidates the opportunity to meet self-identified LGBT lawyers when they interview. When legal job applicants ask to speak with an LGBT attorney, the firm arranges it.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation. The firm has a written diversity policy with respect to legal hiring that refers to the non-discrimination policy.

Neither policy explicitly mentions gender identity and/or expression, although the non-discrimination policy does cover "protected activities," which arguably could include gender identity and/or expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides unspecified benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression, although it does cover "protected activities," which arguably could include gender identity and/or expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been a self-identified individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has contributed to:

Lambda Legal's annual dinner
LGBT Pride Week reception at the City Bar

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has not, "to [its] knowledge" participated in LGBT legal conferences or community events.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has provided *pro bono* representation to:

Lambda Legal (including *Lawrence v. Texas*)
Hetrick-Martin Institute

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group at the firm.

DEWEY BALLANTINE LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:	1	90	1.11%
Associates:	6	222	2.70%
Of Counsel:	0	11	0.00%
TOTAL:	7	323	2.17%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm sends LGBT lawyers to interview on campus. The firm offers candidates the opportunity to meet self-identified LGBT lawyers when they interview in the office.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm sets the interview up.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination/diversity policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other characteristic protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health benefits to same-sex and opposite-sex partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity/diversity policy does not explicitly mention gender identity and/or expression. However, the policy prohibits discrimination based upon "any other characteristic protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is not gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm purchases a table at the LeGal dinner every year. The firm also purchases tickets to the Summer Attorney Reception of the ACLU Lesbian and Gay Rights and AIDS Projects.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has not participated in LGBT legal conferences or community events.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm represented a gay man seeking asylum in the U.S.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm's LGBT partner and associates gather informally.

FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

	LGBT	TOTAL	PERCENT
Partners:	1	86	1.16%
Associates:	4	224	1.79%
Of Counsel:	2	16	12.50%
TOTAL:	7	326	2.15%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm reaches out to LGBT organizations at various law schools, organizes events for LGBT attorneys and summer associates, and hosts dinners for LGBT candidates with LGBT lawyers

The firm has an unspecified number of self-identified LGBT attorneys on its legal hiring committee. In addition, a senior member of the firm's recruitment department is openly gay.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm always accommodates the request.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination/diversity policy that covers sexual orientation. A one-sentence description of it was included in a description of its Diversity Committee.

The policy does not cover gender identity and/or expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, dental, vision, life insurance and health club benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity and diversity policies do not cover gender identity and/or expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm supports a number of LGBT causes and organizations, including purchasing a table at the annual Lambda Legal Awards Dinner, making donations to Lambda Legal, supporting Gay Mens Health Crisis's annual AIDS Walk, and making a substantial donation to the LGBT student organization at Harvard Law School.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm sends representatives to the annual Lavender Law Conference.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has represented many people with HIV/AIDS with regard to social security, welfare and other claims. The firm recently represented the surviving spouse of a man who died of AIDS when the spouse was initially unable to have the decedent's body exhumed and moved to the location where the two would be buried together. The firm has represented same-sex partners in custody cases.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has a very active LGBT affinity group that regularly meets for dinners and other social outings.

KAYE SCHOLER LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:	0	97	0.00%
Associates:	3	210	1.43%
Special Counsel:	1	33	3.03%
TOTAL:	4	340	1.18%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm reports that all self-identified LGBT applicants are interviewed by an LGBT attorney.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm encourages them to do so.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on sexual orientation or gender identity and expression.

The firm reports that it has a diversity policy with respect to legal hiring, but did not provide a copy. Thus, the Committee is unable to determine whether the policy includes sexual orientation or gender identity and expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health insurance benefits to same-sex and opposite sex partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on gender identity and expression.

The firm reports that it has a diversity policy with respect to legal hiring, but did not provide a copy. Thus, the Committee is unable to determine whether the policy includes gender identity and expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm did not provide a copy of its dress code policy. Thus, the Committee is unable to determine if the policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been a self-identified individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm sponsors the Annual Summer Attorney Reception of the ACLU Lesbian and Gay Rights and AIDS Projects.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in Diversity Conferences which have included LGBT issues. The firm also participates in the Annual Summer Attorney Reception of the ACLU Lesbian and Gay Rights and AIDS Projects.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm represents Gay and Lesbian Elder Housing.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group at the firm.

LATHAM & WATKINS LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:	1	62	1.61
Associates:	2	219	0.91
Of Counsel:	1	13	7.69
TOTAL:	4	294	1.36

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm encourages students of diverse backgrounds to interview on campus and to send their resumes to the firm's Diversity Recruiting Subcommittee. The firm asks all applicants whether they have any specific interest in interviewing with individuals of diverse backgrounds. If there is no attorney at that location who meets the requested profile, an attorney from another office who does will contact the applicant.

The firm sponsors conferences, panels and symposiums hosted by diverse student organizations, and participates in jobs fairs hosted by minority student organizations.

The firm does not currently have any self-identified LGBT attorneys on its legal hiring committee, but has in the past.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm gets one of its LGBT lawyers to interview the applicant. If no one is immediately available, the applicant is contacted by an appropriate person from another of the firm's offices.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation. The firm has a written diversity policy with respect to legal hiring that includes sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy prohibits discrimination based upon "any other characteristic or condition protected by applicable law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, vision and dental insurance to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity and diversity policies do **not** cover gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based upon "any other characteristic or condition protected by applicable law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral on its face, but specifies "suits and ties" in certain situations, as if all of its attorneys were men.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue, but states that its equal employment opportunity and anti-harassment policies would apply.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has supported the following:

AIDS Legal Referral Panel
 AIDS Project LA
 AIDS Walk New York
 City Bar's Committee on LGBT Rights
 Bay Area Lawyers for Individual Freedom ("BALIF")
 Gay and Lesbian Alliance Against Defamation
 Gay and Lesbian Attorneys of Washington, D.C.
 GAYLAW
 Lambda Legal
 NYU OUTLaw
 The L.A. Gay & Lesbian Center
 Whitman-Walker Clinic in Washington, D.C.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

Included in A. above.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm represented the Human Rights Campaign ("HRC") on legislative matters, with one of the firm's attorneys receiving an award from HRC for his *pro bono* work in 2001. The firm represented several individuals seeking asylum in the United States based on sexual orientation. The firm has worked on many other unspecified matters involving LGBT issues.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has an LGBT affinity group, but does not otherwise describe it.

MILBANK, TWEED, HADLEY & McCLOY LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT	
Partners:	3	76	3.95%	plus 4 "consulting"
Associates:	9	194	4.64%	
Of Counsel:	0	7	0.00%	
TOTAL:	12	277	4.33%	

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm offers candidates the opportunity to meet self-identified LGBT lawyers when they interview. The firm is in contact with and supports various LGBT organizations at the law schools.

Although the firm does not have any self-identified LGBT attorneys on its legal hiring committee at the present time, a number of LGBT attorneys have served on the committee recently for several years each.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm is pleased to make arrangements.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written diversity policy with respect to legal hiring that includes sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy prohibits discrimination based upon "other characteristics protected by law," which, in New York City, would cover gender identity and expression.

The firm was one of the first to sign on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical and dental benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity and diversity policies do not explicitly mention gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based upon "other characteristics protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Dress Code Policy

The firm's dress-code policy is not quite gender-neutral -- apparently for men only, long sleeve shirts are required.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm did not report whether they have a specific policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has regularly contributed to:

Lavender Law Conference
 Lambda Legal
 LeGaL
 NYU OUTLaw

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has regularly purchased tables and/or participated in functions sponsored by:

Lambda Legal
 LeGaL
 ACLU
 LGBT organizations at a number of law schools

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has provided *pro bono* services for:

Lambda Legal
 Empire State Pride Agenda
 "Frequently" others, including representing a gay man seeking asylum in the U.S.

In addition, two attorneys have served on the Board of Lambda Legal.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has an informal LGBT peer group.

MORGAN, LEWIS & BOCKIUS LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	2 out of 83	2.41 %
Associates:	3 out of 175	1.71 %
Of Counsel:	0 out of 16	0 %
TOTAL:	5 out of 274	1.82 %

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm reports that it publishes and disseminates its Diversity Statement. However, the Diversity Statement makes no reference to the LGBT community as being included in the definition of diversity. The firm also submits data on self-identified LGBT lawyers to the National Association of Law Placement ("NALP") so that this information can be published and read by LGBT readers.

The firm reports that its legal hiring committee is composed of a diverse cross-section of attorneys. However, the firm cannot state whether the committee has any self-identified LGBT attorneys, because the firm does not inquire as to the sexual orientation of the participants.

For the same reason, the firm cannot state whether it regularly uses self-identified LGBT attorneys to conduct legal employment interviews.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges for them to do so.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written diversity policy with respect to legal hiring that does not include sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy states that "every personnel decision will be made without regard to . . . other characteristic[s] protected from discrimination by the laws of the domestic states and jurisdictions in which we maintain offices," which, in New York City, would cover gender identity and expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, dental, vision and life insurance benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity and diversity policies do not explicitly mention gender identity and/or expression. However, the non-discrimination policy states that "every personnel decision will be made without regard to . . . other characteristic[s] protected from discrimination by the laws of the domestic states and jurisdictions in which we maintain offices," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm does not have a written dress code policy.

C. Gender Identity Transition

The firm has no knowledge of whether or not an individual at the firm has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue, but states that its equal employment opportunity policy would apply.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has not contributed financially to any LGBT causes or organizations in the last ten years.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has not participated in any LGBT legal conferences and/or LGBT community events in the last ten years.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has not taken any cases involving LGBT issues on a *pro bono* basis in the last ten years.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

The firm has no knowledge of any formal or informal LGBT caucus or peer group at the firm.

PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	2 out of 91	2.20%
Associates:	9 out of 299	3.01%
Of Counsel:	1 out of 21	4.76%
TOTAL:	12 out of 411	2.92%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm sends letters to LGBT law student groups advising students to sign up for on-campus interviews. The firm also participates in the Lavender Law Career Fair.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm "tries" to get one of its LGBT lawyers to meet with them, "if possible."

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other protected characteristic," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical and dental insurance to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

Although the firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other protected characteristic," which, in New York City, would cover gender identity and expression.

In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

Among the organizations to which the firm has made a financial contribution are:

AIDS Walk New York
 American Foundation for AIDS Research
 LGBT Summer Reception at the City Bar
 Gay and Lesbian Alliance Against Defamation
 LeGaL
 Gay Mens Health Crisis
 Lambda Legal

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

Among the LGBT legal conferences and community events in which the firm has participated are:

ACLU Lesbian and Gay Rights and AIDS Projects Annual Summer Attorney Reception
 LGBT Summer Reception at the City Bar
 LeGaL's annual dinner
 Lambda Legal's Gala Anniversary dinner
 Lambda Legal Liberty Awards dinner

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm filed an *amicus* brief, on behalf of local lesbian and gay community organizations, religious groups and former Mayor David N. Dinkins, in the landmark *Levin v. Yeshiva* case, where the New York Court of Appeals reinstated a lawsuit brought by two lesbian couples challenging a university's discriminatory housing policy.

The firm represented the Irish Lesbian and Gay Organization in an action against the City of New York and others arising from the City's refusal to grant the group a parade permit to protest the group's exclusion from New York's St. Patrick's Day parade.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group.

PROSKAUER ROSE LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	2 out of 124	1.61%
Associates:	9 out of 282	3.19%
Senior Counsel:	1 out of 43	2.33%
TOTAL:	12 out of 449	2.67%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm hosts an event each spring and invites LGBT lawyers from local law schools to come to the firm, meet with attorneys and learn about the firm's practice. The firm also asks all applicants whether they have any specific interest in meeting with openly gay attorneys.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm asks one of its LGBT lawyers to contact the applicant and arrange a meeting. The firm fully supports the applicant's request and makes sure that the applicant speaks with as many LGBT lawyers as he or she requests.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written diversity policy with respect to legal hiring that includes sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy prohibits discrimination based upon "any other characteristic protected by law," which, in New York City, would cover gender identity and expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical and dental insurance to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity and diversity policies do not explicitly mention gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based upon "any other characteristic protected by law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue, but states that its equal employment opportunity and anti-harassment policies would apply.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has made financial contributions to:

LGBT Summer Reception at the City Bar
LeGaL's annual dinner
International Gay and Lesbian Human Rights Committee
Lambda Legal's annual dinner
ACLU Lesbian and Gay Rights Project's summer reception
God's Love We Deliver

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

Partners in the firm spoke at the 1999 Queer Law Conference and the 2002 LGBT Law Conference. A partner was the program chair of the 2002 New York State Bar Association's Civil Rights Committee's program "Legal Issues Affecting the LGBT Community."

C. Pro Bono Representation in Cases Involving LGBT Issues

Many lawyers at the firm work with Gay Mens Health Crisis to provide *pro bono* assistance to persons with AIDS who wish to prepare wills.

A member of the firm authored the City Bar's 1997 report on same sex marriage, and chairs the Same Sex Marriage Committee of the New York State Bar Association.

The firm has represented the Gay Officers' Action League in a Florida case.

In 1998, a partner in the firm served as lead counsel for a Navy officer threatened with expulsion from the service based on private information the Navy obtained illegally from America Online. A permanent injunction was issued against the proposed discharge and the case made new law under the Electronic Communications Privacy Act as well as the military's "Don't Ask, Don't Tell, Don't Pursue" policy.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has an LGBT affinity group that meets several times a year.

SCHULTE ROTH & ZABEL LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:	2	69	2.90%
Associates:	2	238	0.84%
Special Counsel:	0	16	0.00%
TOTAL:	4	323	1.24%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm interviews at the Lavender Law CareerFair and supports various LGBT activities, including the annual LeGaL Foundation dinner and on-campus law school LGBT organizations.

The firm has one self-identified LGBT attorney on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges it.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other classification protected by law," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, life and disability benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

Although the firm's non-discrimination policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other classification protected by law," which, in New York City, would cover gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been a self-identified individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue, but states that its non-discrimination policy would apply.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has contributed financially to various on-campus law school LGBT organizations (through advertisements, etc.), and to the LeGaL Foundation.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has not participated in LGBT legal conferences or community events.

C. Pro Bono Representation in Cases Involving LGBT Issues

Summer associates have done *pro bono* internship weeks at Gay Mens Health Crisis. The firm has done *pro bono* work through Gay Mens Health Crisis and other legal services organizations that serve the LGBT community.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group.

SHEARMAN & STERLING LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	0 out of 107	0.00%
Associates:	6 out of 350	1.71%
Of Counsel:	0 out of 12	0.00%
TOTAL:	6 out of 469	1.28%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm participates in the Lavender Law Conference, sponsors Lambda Legal's annual dinner, and has on-campus meetings, seminars, events and workshops with LGBT law student organizations.

The firm does not have a legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm gladly honors the request and either sets up an office interview or provides contact information to the applicant.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written Global Diversity Initiative that includes sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy prohibits discrimination based on "[a]ny basis not routinely applied to other applicants," which could be construed to include gender identity and expression. In addition, the firm's Diversity Initiative is broadly worded and can be read to include gender identity and expression. The firm has also signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health, dental and vision benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity and diversity policies do not explicitly mention gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based on "[a]ny basis not routinely applied to other applicants," which could be construed to include gender identity and expression. In addition, the firm's Diversity Initiative is broadly worded and can be read to include gender identity and expression. The firm has also signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has made financial contributions to Lambda Legal.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in LGBT projects, seminars and/or workshops of Lambda Legal, LeGaL, and the City Bar.

Teams of firm attorneys and summer associates have conducted research and writing projects for three nationally known LGBT advocacy organizations.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has been involved in *pro bono* cases with Lambda Legal, the National Center for Lesbian Rights and the Gay and Lesbian Alliance Against Defamation.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

The firm has an LGBT affinity group.

SIDLEY AUSTIN BROWN & WOOD LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	0 out of 128	0.00%
Associates:	9 out of 281	3.20%
Of Counsel:	0 out of 26	0.00%
TOTAL:	9 out of 435	2.07%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm participates in the Lavender Law Career Fair. The firm also seeks to ensure that self-identified LGBT candidates have an opportunity to meet LGBT attorneys when the candidates come to the firm to interview.

The firm has one self-identified LGBT attorney on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm responds that they would be happy to arrange for the applicant to speak with an LGBT lawyer employed by the firm.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy, but did not provide it. Therefore, the Committee is unable to determine whether the policy prohibits discrimination based on sexual orientation or gender identity and/or expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides benefits to same-sex domestic partners of employees and to the domestic partner's children.

The firm did not include a copy of its policy, nor did it describe the benefits provided.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

Since the firm did not provide a copy of its non-discrimination policy, the Committee is unable to determine whether the policy prohibits discrimination based on gender identity and/or expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm has a written dress code policy, but did not provide it. Therefore, the Committee is unable to determine whether the policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm was a major sponsor of Lambda Legal's 30th Anniversary Gala in 2003, and contributed \$25,000. A contribution of \$25,000 was also made in 2002.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has not participated in any LGBT legal conferences and/or LGBT community events in the last ten years.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm successfully represented two lesbians in a case addressing the right of same-sex couples to adopt children.

The firm represented an individual who was discharged from the military for being gay based on photographs that were voluntarily disclosed to his service branch by someone at the film processor. The firm obtained a very favorable settlement for its client from the film processor.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

There is no formal or informal LGBT caucus or peer group.

SIMPSON THACHER & BARTLETT LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	3 out of 150	2.00%
Associates:	8 out of 540	1.48%
Senior Counsel and Counsel:	2 out of 25	8.00%
TOTAL:	13 out of 715	1.82%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm did not describe any specific steps it takes to actively recruit self-identified LGBT lawyers.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm puts them in touch with an LGBT lawyer.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other legally protected status," which, in New York City, would cover gender identity and expression.

The firm did not indicate whether it has a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides domestic partner health benefits to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

Although the firm's non-discrimination policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other legally protected status," which, in New York City, would cover gender identity and expression.

The firm did not indicate whether it has a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

Although the firm stated that it has a written dress code policy, it did not provide a copy. Thus, the Committee is unable to determine whether the policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has made financial contributions to:

Gay Mens Health Crisis
Gay and Lesbian Alliance Against Defamation
Lambda Legal

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has sponsored Lambda Legal's annual dinner, and the annual Summer Reception of the ACLU Lesbian and Gay Rights Project.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm represented two gay men against four agents of the Drug Enforcement Administration in a federal civil rights action alleging, among other things, anti-gay bias.

The firm was co-counsel to certain *amici* in *Lawrence v. Texas*, 539 U.S. 558 (2003), which overturned sodomy laws.

The firm represented a pre-operative transsexual against the U.S. Air Force in a wrongful discharge case in the Federal Circuit.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm's LGBT attorneys attend LGBT social events (such as dinner parties, etc.) sponsored by the firm.

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	5 out of 172	2.91%
Associates:	23 out of 546	4.21%
Of Counsel, Counsel, Special Counsel:	0 out of 72	0.00%
TOTAL:	28 out of 790	3.54%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm routinely follows the inclusiveness policy and practices embodied in its Diversity Mission Statement. The Diversity Mission Statement, however, does not define "diversity" and does not specifically mention the LGBT community.

The firm participates with various LGBT bar associations and law student organizations that focus on recruitment and retention of LGBT lawyers.

The firm has two self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm makes every effort to accommodate such requests.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written diversity policy with respect to legal hiring. However, the policy does not define "diversity" and does not specifically mention the LGBT community.

The firm has an affirmative action policy which does not include sexual orientation.

None of these policies explicitly mentions gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based upon "any other legally impermissible factor," which, in New York City, would cover gender identity and expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, dental, pension and retirement benefits to same-sex and opposite-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm's equal employment opportunity, diversity and affirmative action policies do not explicitly mention gender identity and/or expression. However, the non-discrimination policy prohibits discrimination based upon "any other legally impermissible factor," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm does not have a written dress code policy.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm did not report whether they have a specific policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has contributed to various law school LGBT organizations, including Harvard LAMBDA, and MCAA Pathways to Diversity Research.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm encourages and supports involvement of its attorneys within bar association and community activities.

The firm sponsors a dinner for LGBT attorneys during LGBT Pride Week, maintains leadership on the Los Angeles Gay and Lesbian Bar Association Board, and has been a patron in supporting LGBT organizations at various law schools.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm reports that it has taken cases involving LGBT issues on a *pro bono* basis, but does not provide any details.

VI. FIRM CULTURE AND LGBT EMPLOYEES

All summer associates and new associates attend diversity training which includes awareness discussions about sexual orientation and expression.

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has an LGBT caucus or peer group.

STROOCK & STROOCK & LAVAN LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	0 out of 83	0.00%
Associates:	4 out of 167	2.40%
Of Counsel:	0 out of 23	0.00%
TOTAL:	4 out of 273	1.47%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm has supported LGBT groups at the various law schools where the firm conducts on-campus interviews.

In 2003, the firm was a sponsor of the Lavender Law Conference.

The firm does not have a legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm is happy to have them meet with an LGBT lawyer.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation. Although the policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other category protected by applicable law," which, in New York City, would cover gender identity and expression.

The firm reports that it does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health insurance benefits to same-sex domestic partners of employees, and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

Although the firm's equal employment opportunity policy does not explicitly mention gender identity and/or expression, it prohibits discrimination based upon "any other category protected by applicable law," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has supported LGBT groups at the various law schools where the firm conducts on-campus interviews.

In 2003, the firm was a sponsor of the Lavender Law Conference.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

In 2003, the firm was a sponsor of the Lavender Law Conference.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm has taken cases involving LGBT issues on a *pro bono* basis, but did not provide any details.

The firm received an award from the N.Y. AIDS Coalition in Spring 2003.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

The firm has an informal LGBT group that meets to discuss various issues, and organizes the annual Pride Dinner during LGBT Pride Week. The firm hopes to formalize the group when the firm creates a diversity committee, which is in planning.

SULLIVAN & CROMWELL LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	7 out of 104	6.73%
Associates:	5 out of 337	1.48%
Of Counsel:	0 out of 1	0.00%
TOTAL:	12 out of 442	2.71%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm did not describe any steps it takes to actively recruit LGBT lawyers.

The firm does not have any self-identified LGBT attorneys on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges it.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation.

The firm has a written diversity policy with respect to legal hiring that includes sexual orientation.

Although neither policy explicitly mentions gender identity and/or expression, the non-discrimination policy prohibits discrimination based upon "any other unlawful criterion or circumstance," which, in New York City, would cover gender identity and expression.

The firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides health and dental benefits to same-sex domestic partners of employees, and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

Although the firm's equal employment opportunity and diversity policies do not explicitly mention gender identity and/or expression, the non-discrimination policy prohibits discrimination based upon "any other unlawful criterion or circumstance," which, in New York City, would cover gender identity and expression. In addition, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is not gender-neutral.

C. Gender Identity Transition

The firm is not aware of whether anyone at the firm has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has contributed to Gay Mens Health Crisis and LeGaL.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in various LeGaL events.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm reports that it has taken on many cases involving LGBT issues on a *pro bono* basis, including acting as cooperating attorney with Lambda Legal and the ACLU Lesbian and Gay Rights Project on the following:

Able v. United States, 155 F.3d 628 (2d Cir. 1998)(challenge to the military's "Don't Ask, Don't Tell" policy);

Gay Teachers Association v. Board of Educ. of City School Dist., 183 A.D.2d 478 (1st Dept. 1992)(domestic partnership rights);

Many *amicus* briefs on LGBT rights issues; and

A court challenge to the method of distribution of HIV medications to pre-arraignment detainees.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

The firm has an informal LGBT group that meets periodically to discuss issues.

WEIL, GOTSHAL & MANGES LLP**I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)**

Partners:	2 out of 153	1.31%
Associates:	6 out of 350	1.71%
Of Counsel:	2 out of 33	6.06%
TOTAL:	10 out of 536	1.87%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

In 2002 and 2003, the firm participated in the career fair at the Lavender Law Conference. The firm provides applicants with the opportunity to interview with self-identified LGBT lawyers in the firm. The firm increases its profile in the LGBT community by sponsoring events with Lambda Legal, the ACLU Lesbian and Gay Rights Project and the Gay and Lesbian Alliance Against Defamation.

The firm has one self-identified LGBT attorney on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm provides them with the contact information for, or sets up an interview with, an LGBT lawyer at the firm.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on sexual orientation or gender identity and expression.

The firm does not have a written diversity policy with respect to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides medical, dental and vision benefits to same-sex domestic partners of employees and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on gender identity and expression.

The firm does not have a written diversity policy. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

Although the firm stated that it has a written dress code policy, it did not provide a copy. Thus, the Committee is unable to determine whether the policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has contributed to the following:

LeGaL's annual dinner
 Lambda Legal's annual dinner
 ACLU Lesbian and Gay Rights Project's summer reception
 Lavender Law Conference
 Gay And Lesbian Alliance Against Defamation's Media Awards dinner

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in the following:

LeGaL's annual dinner and conference (2003)
 Lambda Legal's annual dinner (2002 - 2003)
 ACLU Lesbian and Gay Rights Project's summer reception (2001 - 2003)
 Gay And Lesbian Alliance Against Defamation's Media Awards dinner (2000 - 2003)

C. Pro Bono Representation in Cases Involving LGBT Issues

Working with Gay Mens Health Crisis, the firm has represented individuals on personal bankruptcy and insurance matters, and has provided general counsel to Gay Mens Health Crisis.

Working with Lambda Legal, the firm filed an *amicus* brief in *In re Jacob*, 86 N.Y.2d 651 (1995) on behalf of a lesbian couple seeking second parent adoption. This case led to a landmark decision supporting such adoptions.

The firm has funded half of the salary of a National Association for Public Interest Law ("NAPIL") fellow during the past two years. This attorney represented gay and lesbian teens living in foster care on a wide range of issues.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

The firm has an informal LGBT caucus or peer group.

WHITE & CASE LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

Partners:	3 out of 102	2.94%
Associates:	10 out of 260	3.85%
Of Counsel:	0 out of 23	0.00%
TOTAL:	13 out of 385	3.38%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm reports that LGBT attorneys, including the Chair of the firm's Employment Committee, are actively involved in attorney recruitment and are readily available to speak with candidates about LGBT issues and the working environment at the firm for LGBT lawyers.

The firm has sponsored LGBT receptions at law schools, including a Fall 2003 reception organized by OUTLaw at NYU School of Law.

The firm has one self-identified LGBT attorney on its legal hiring committee who is the Chair.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges for one or more LGBT lawyers at the firm to speak with the applicant.

III. FIRM POLICIES AND BENEFITS

A. Equal Employment Opportunity and Diversity

The firm has a written non-discrimination policy that covers sexual orientation, but does not cover gender identity and/or expression.

The firm reports that it does not have a written diversity policy with respect solely to legal hiring. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

The firm does have an affirmative action plan, but did not provide it. The firm reports that the plan is available for employees to inspect in the Human Resources Department.

B. Domestic Partner Benefits

The firm provides medical, dental and vision benefits to same-sex and opposite-sex domestic partners of employees, and to the domestic partner's children.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES

A. Equal Employment Opportunity and Diversity

The firm's equal employment opportunity policy does not cover gender identity and/or expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm's dress code policy is not gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been an individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a policy covering this issue.

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)

A. Financial Contributions to LGBT Causes and Organizations

The firm has contributed to:

Lambda Legal
LeGaL Foundation
Gay Mens Health Crisis
Lesbian and Gay Immigration Rights Task Force

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

Members of the firm are active in, or have attended events sponsored by, the ACLU, Lambda Legal, LeGaL, Gay Mens Health Crisis, Immigration Equality, Live Out Loud, Human Rights Campaign, and LGBT events sponsored by the City Bar and the New York State Bar Association.

The firm is active with the New York City Taskforce Against the Sexual Exploitation of Youth, which includes several organizations geared toward at-risk LGBT youth.

The firm has a team in the AIDS walk every year. (The firm recognizes that this is not exclusively an LGBT event).

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm submitted *amicus* briefs on behalf of Parents of Murdered Children in the Brandon Teena case, and on behalf of the Log Cabin Republicans in *Lawrence v. Texas*, 539 U.S. 558 (2003), which overturned sodomy laws.

The firm handled the *Meinhold v. U.S. Department of Defense* case, arguing that the Department of Defense's policy of banning gays and lesbians was unconstitutional.

The firm has participated in legal clinics with Gay Mens Health Crisis and the AIDS department of St. Luke's/Roosevelt Hospital.

The firm has incorporated a number of LGBT not-for-profit groups, including a marriage equality group, an organization dealing with transgender rights and an entity which promotes team sports to the LGBT community. The firm has assisted these groups with other legal issues.

The firm has filed asylum claims on behalf of gays and lesbians who fled persecution in their countries of origin.

The firm assisted an HIV-positive farmer who was arrested for using marijuana to combat wasting caused by his anti-viral medication.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers sometimes bring same-sex guests to firm functions.

The firm has an informal LGBT group that gets together for periodic social events. The members of the group are known within the firm as being resources for LGBT issues.

WILLKIE FARR & GALLAGHER LLP

I. NUMBER OF SELF-IDENTIFIED LGBT ATTORNEYS EMPLOYED IN THE FIRM'S NEW YORK OFFICE(S)

	LGBT	TOTAL	PERCENT
Partners:	1	92	1.09%
Associates:	4	254	1.57%
Of Counsel:	0	8	0.00%
TOTAL:	5	354	1.41%

II. FIRM RECRUITMENT OF LGBT ATTORNEYS

The firm reports that it is committed to the recruitment and development of self-identified LGBT lawyers. Initiatives include: the appointment of a Director of Diversity Initiatives, a Diversity Committee committed to the recruitment, retention, professional development and advancement of minority and self-identified LGBT lawyers, minority and self-identified LGBT panel at area law schools, hiring of diversity consultant to implement diversity training and other initiatives, and hiring of diversity headhunters.

The firm has one self-identified LGBT attorney on its legal hiring committee.

The firm regularly uses self-identified LGBT attorneys to conduct legal employment interviews at law schools and/or career fairs, as well as at the firm's office.

When legal job applicants ask to speak with an LGBT attorney, the firm arranges it.

III. FIRM POLICIES AND BENEFITS**A. Equal Employment Opportunity and Diversity**

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on sexual orientation or gender identity and expression.

The firm reports that it has a diversity policy with respect to legal hiring, but did not provide a copy. Thus, the Committee is unable to determine whether the policy includes sexual orientation or gender identity and expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes sexual orientation and gender identity and expression.

B. Domestic Partner Benefits

The firm provides domestic partner benefits to same-sex partners of employees and to the domestic partner's children. Generally, any benefit provided to a spouse will be provided to a same-sex partner.

C. Parental Leave

The firm's policy covers both male and female lawyers, and includes adoption.

IV. FIRM TREATMENT OF TRANSGENDER ISSUES**A. Equal Employment Opportunity and Diversity**

The firm did not provide a copy of its non-discrimination policy. Thus, the Committee is unable to determine whether the policy prohibits discrimination based on gender identity and expression.

The firm reports that it has a diversity policy with respect to legal hiring, but did not provide a copy. Thus, the Committee is unable to determine whether the policy includes gender identity and expression. However, the firm has signed on to the City Bar's Statement of Diversity Principles, which includes gender identity and expression.

B. Dress Code Policy

The firm did not provide a copy of its dress code policy. Thus, the Committee is unable to determine if the policy is gender-neutral.

C. Gender Identity Transition

The firm reports that there has not been a self-identified individual at the firm who has transitioned from one gender identity to the other.

The firm does not have a specific policy covering this issue

V. FIRM SUPPORT OF THE LGBT COMMUNITY (PREVIOUS TEN YEARS)**A. Financial Contributions to LGBT Causes and Organizations**

The firm has been a Grand Benefactor of the LeGaL Foundation's Annual Dinner. The firm has contributed to OUTLaw at NYU School of Law.

B. Participation in LGBT Legal Conferences and/or LGBT Community Events

The firm has participated in LeGaL Foundation events.

C. Pro Bono Representation in Cases Involving LGBT Issues

The firm did not report whether it has taken *pro bono* cases involving LGBT issues.

VI. FIRM CULTURE AND LGBT EMPLOYEES

The firm reports that LGBT lawyers often bring same-sex guests to firm functions.

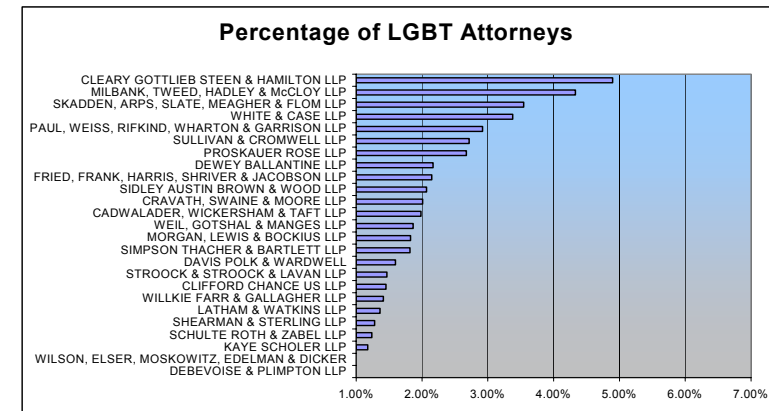
The firm's Diversity Committee, which includes self-identified LGBT lawyers, meets monthly to discuss legal personnel issues. The firm hosts monthly minority/LGBT luncheons.

APPENDIX D
CHARTS

Number / Percentage of LGBT Attorneys at New York's Top 25 Law Firms

FIRM	ATTORNEYS		
	LGBT	TOTAL	%
CLEARY GOTTLIEB STEEN & HAMILTON LLP	19	388	4.90%
MILBANK, TWEED, HADLEY & McCLOY LLP	12	277	4.33%
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	28	790	3.54%
WHITE & CASE LLP	13	385	3.38%
PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	12	411	2.92%
SULLIVAN & CROMWELL LLP	12	442	2.71%
PROSKAUER ROSE LLP	12	449	2.67%
DEWEY BALLANTINE LLP	7	323	2.17%
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP	7	326	2.15%
SIDLEY AUSTIN BROWN & WOOD LLP	9	435	2.07%
CRAVATH, SWAINE & MOORE LLP	9	448	2.01%
CADWALADER, WICKERSHAM & TAFT LLP	7	353	1.98%
WEIL, GOTSHAL & MANGES LLP	10	536	1.87%
MORGAN, LEWIS & BOCKIUS LLP	5	274	1.82%
SIMPSON THACHER & BARTLETT LLP	13	715	1.82%
DAVIS POLK & WARDWELL	8	501	1.60%
STROOCK & STROOCK & LAVAN LLP	4	273	1.47%
CLIFFORD CHANCE US LLP	5	344	1.45%
WILLKIE FARR & GALLAGHER LLP	5	354	1.41%
LATHAM & WATKINS LLP	4	294	1.36%
SHEARMAN & STERLING LLP	6	469	1.28%
SCHULTE ROTH & ZABEL LLP	4	323	1.24%
KAYE SCHOLER LLP	4	340	1.18%
DEBEVOISE & PLIMPTON LLP	No specific numbers reported*		
WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP	Did not participate		
TOTAL	215	9450	2.28%

* Debevoise & Plimpton LLP reports that it has "more than 10" LGBT attorneys.



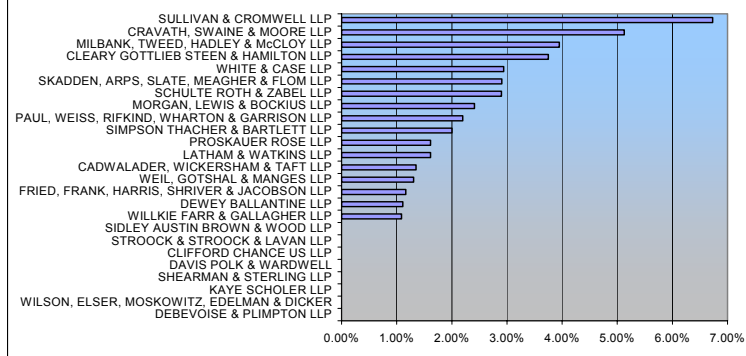
**Number / Percentage of LGBT Partners at
New York's Top 25 Law Firms**

FIRM	PARTNERS		
	LGBT	TOTAL	%
SULLIVAN & CROMWELL LLP	7	104	6.73%
CRAVATH, SWAINE & MOORE LLP	4	78	5.13%
MILBANK, TWEED, HADLEY & McCLOY LLP	3	76	3.95%
CLEARY GOTTlieb STEEN & HAMILTON LLP	3	80	3.75%
WHITE & CASE LLP	3	102	2.94%
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	5	172	2.91%
SCHULTE ROTH & ZABEL LLP	2	69	2.90%
MORGAN, LEWIS & BOCKIUS LLP	2	83	2.41%
PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	2	91	2.20%
SIMPSON THACHER & BARTLETT LLP	3	150	2.00%
LATHAM & WATKINS LLP	1	62	1.61%
PROSKAUER ROSE LLP	2	124	1.61%
CADWALADER, WICKERSHAM & TAFT LLP	1	74	1.35%
WEIL, GOTSHAL & MANGES LLP	2	153	1.31%
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP	1	86	1.16%
DEWEY BALLANTINE LLP	1	90	1.11%
WILLKIE FARR & GALLAGHER LLP	1	92	1.09%
KAYE SCHOLER LLP	0	97	0.00%
SHEARMAN & STERLING LLP	0	107	0.00%
DAVIS POLK & WARDWELL	0	113	0.00%
CLIFFORD CHANCE US LLP	0	93	0.00%
STROOCK & STROOCK & LAVAN LLP	0	83	0.00%
SIDLEY AUSTIN BROWN & WOOD LLP	0	128	0.00%
DEBEVOISE & PLIMPTON LLP	No specific numbers reported		
WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP	Did not participate		
TOTAL	43	2307	1.86%

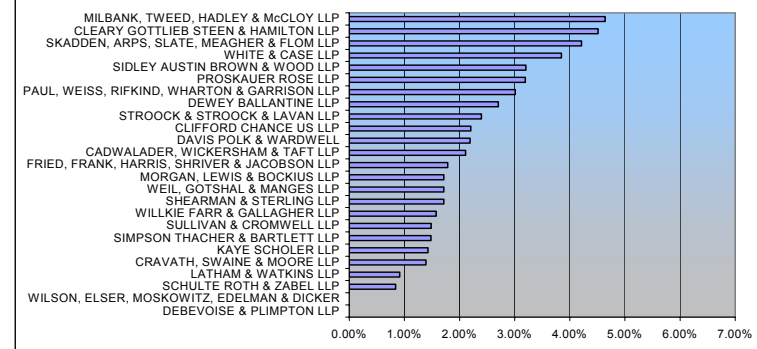
**Number / Percentage of LGBT Associates at
New York's Top 25 Law Firms**

FIRM	ASSOCIATES		
	LGBT	TOTAL	%
MILBANK, TWEED, HADLEY & McCLOY LLP	9	194	4.64%
CLEARY GOTTlieb STEEN & HAMILTON LLP	13	288	4.51%
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	23	546	4.21%
WHITE & CASE LLP	10	260	3.85%
SIDLEY AUSTIN BROWN & WOOD LLP	9	281	3.20%
PROSKAUER ROSE LLP	9	282	3.19%
PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	9	299	3.01%
DEWEY BALLANTINE LLP	6	222	2.70%
STROOCK & STROOCK & LAVAN LLP	4	167	2.40%
CLIFFORD CHANCE US LLP	5	227	2.20%
DAVIS POLK & WARDWELL	8	365	2.19%
CADWALADER, WICKERSHAM & TAFT LLP	5	237	2.11%
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP	4	224	1.79%
SHEARMAN & STERLING LLP	6	350	1.71%
WEIL, GOTSHAL & MANGES LLP	6	350	1.71%
MORGAN, LEWIS & BOCKIUS LLP	3	175	1.71%
WILLKIE FARR & GALLAGHER LLP	4	254	1.57%
SULLIVAN & CROMWELL LLP	5	337	1.48%
SIMPSON THACHER & BARTLETT LLP	8	540	1.48%
KAYE SCHOLER LLP	3	210	1.43%
CRAVATH, SWAINE & MOORE LLP	5	360	1.39%
LATHAM & WATKINS LLP	2	219	0.91%
SCHULTE ROTH & ZABEL LLP	2	238	0.84%
DEBEVOISE & PLIMPTON LLP	No specific numbers reported		
WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP	Did not participate		
TOTAL	158	6625	2.38%

Percentage of LGBT Partners

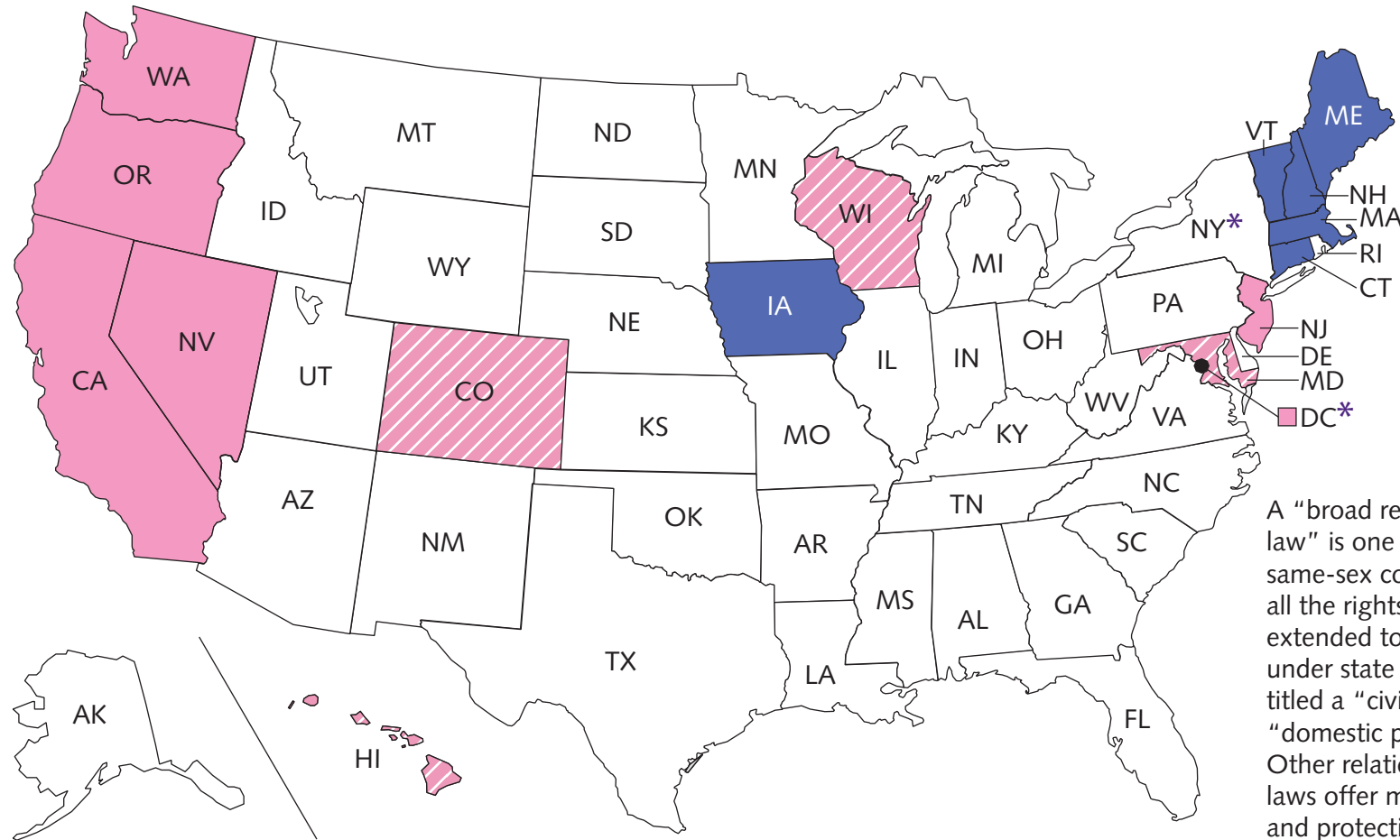


Percentage of LGBT Associates



Relationship Recognition for Same-Sex Couples in the U.S.

This map was last updated on: July 2009



A "broad relationship recognition law" is one that extends to same-sex couples all or nearly all the rights and responsibilities extended to married couples under state law, whether titled a "civil union" or "domestic partnership" law. Other relationship recognition laws offer more limited rights and protections.

States with full marriage equality
 Massachusetts (2004); Connecticut (2008); Iowa (2009); Maine²; (2009); Vermont (2009);
 New Hampshire (2009)

States with broad relationship recognition laws
civil unions: Vermont (2000); New Jersey (2006); New Hampshire (2007)
domestic partnerships: California (2005); Oregon (2007); Washington (2008);
 District of Columbia (2008); Nevada (2009)

States with limited relationship recognition laws
designated beneficiaries: Colorado (2009)
domestic partnerships: Maryland (2008)¹; Wisconsin (2009)
reciprocal beneficiaries: Hawai'i (1997)

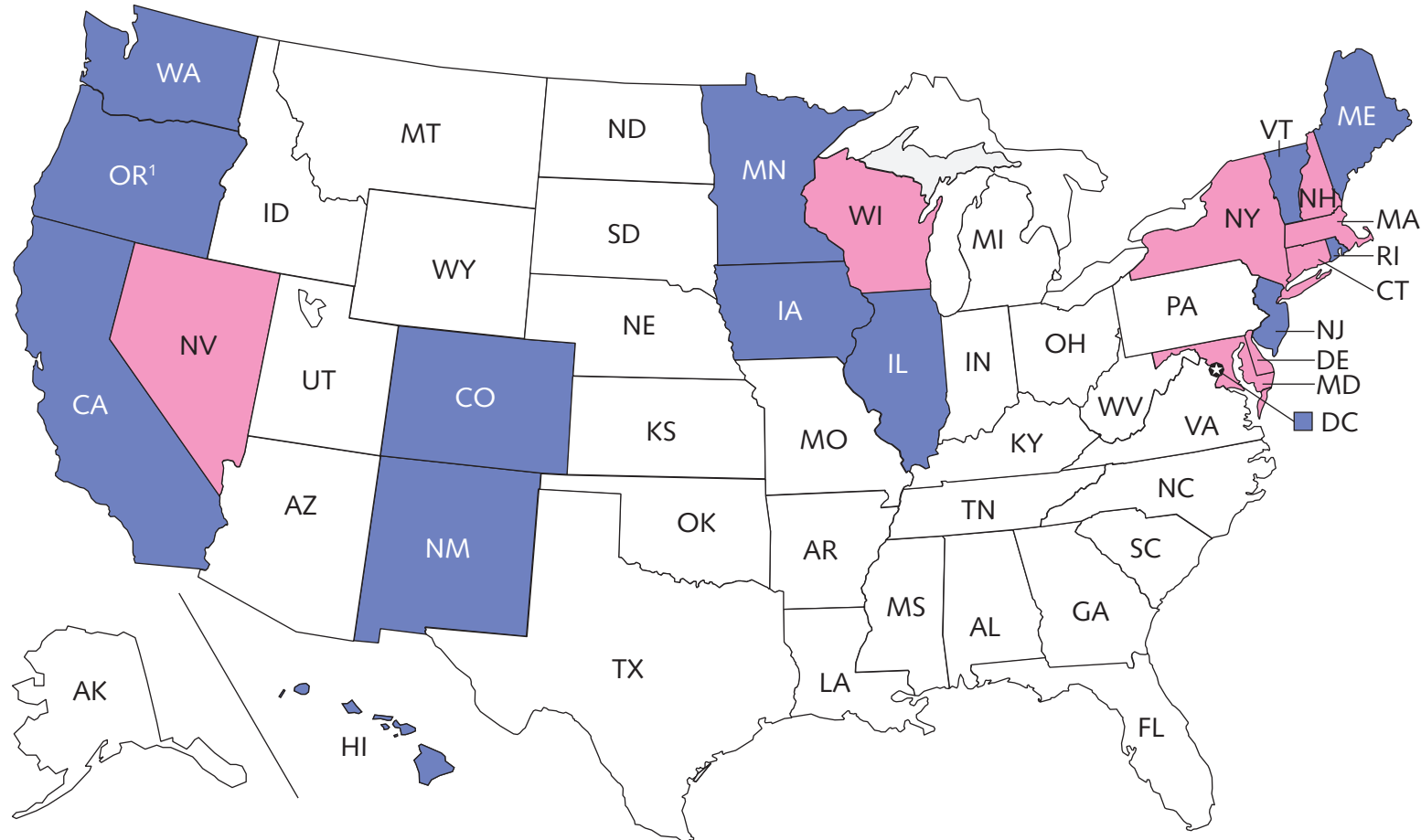
*** States which recognize same-sex marriages performed in other states**
 New York (2008); Washington D.C. (2009)

¹In 2008, the Maryland Legislature established "domestic partnerships" granting minimal benefits but the state does not maintain a domestic partner registry.

²Same-sex marriage in Maine, originally scheduled to take effect in September 2009, has been delayed pending a statewide vote in November 2009.

State Nondiscrimination Laws in the U.S.

This map was last updated on July 1, 2009



States banning discrimination based on sexual orientation and gender identity/expression (13 states and the District of Columbia)

Minnesota (1993); Rhode Island (1995, 2001)¹; New Mexico (2003); California (1992, 2003)¹; District of Columbia (1997, 2005)¹; Illinois (2005); Maine (2005); Hawaii (1991, 2005, 2006)²; New Jersey (1992, 2006)¹; Washington (2006); Iowa (2007); Oregon (2007)¹; Vermont (1992, 2007)¹; Colorado (2007)

Laws banning discrimination based on sexual orientation (8 states)

Wisconsin (1982); Massachusetts (1989); Connecticut (1991); New Hampshire (1997); Nevada (1999); Maryland (2001); New York (2002); Delaware (2009)

¹California, DC, New Jersey, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.

²In 1991, Hawaii enacted a law prohibiting sexual orientation discrimination in employment. In 2005, it enacted a law prohibiting sexual orientation and gender identity/expression discrimination in housing. In 2006, public accommodations protections were added for sexual orientation and gender identity/expression.

Possible Sources for Annual CCA CLE Presentation

Marjorie H. Cantor, Mark Brennan, & R. Andrew Shippy, National Lesbian & Gay Task Force Policy Institute, Caregiving Among Lesbian, Gay, Bisexual and Transgender New Yorkers (June 18, 2004) (available at <http://www.thetaskforce.org/downloads/reports/reports/CaregivingAmongOlderLGBT.pdf>)
Comprehensive overview and analysis of issues older LGBT people face regarding caregiving by and for blood relatives, life partners, and friends.

Patrick Folliard, Getting Real: Transgender Attorneys Talk About Coming Out in the Workplace, Minority Corp. Counsel Assoc. Div. & The Bar (July / Aug. 2008), (available at <http://www.mcca.com/index.cfm?fuseaction=page.viewpage&pageid=1762>)
Article discussing transgender workplace issues and concerns.

Taylor Flynn, Protecting Transgender Families: Strategies for Advocates, A.B.A. Sec. Indiv. Rts. & Resp. Hum. Rts. Mag. (Sum. 2003) (available at <http://www.abanet.org/irr/hr/summer03/transgender.html>)
Article discussing issues and case law involving divorce and transgender persons.

Gay & Lesbian Advocates & Defenders, Transgender Legal Issues in New England (June 2009) (<http://www.glad.org/uploads/docs/publications/trans-legal-issues.pdf>)
Information on Transgender Legal Issues for People Living in New England.

Human Rights Campaign Foundation, Corporate Equality Index 2009 (http://www.hrc.org/documents/HRC_Corporate_Equality_Index_2009.pdf)
A tool to rate U.S. businesses on treatment of LGBT employees, consumers and investors.

Human Rights Campaign Foundation, A Straight Guide to GLBT Americans (2006) (http://www.hrc.org/documents/A_straight_Guide.pdf)
A guide to LGBT people written for straight people.

MetLife Mature Market Institute, Out & Aging: The MetLife Study of Lesbian & Gay Baby Boomers (Nov. 2006) (available at <http://www.sageusa.org/uploads/OutandAging.pdf>)
A national snapshot of LGBT baby boomers—and of what matters to them as they look toward the future.

Shannon Mintner, National Center for Lesbian Rights, Transgendered Persons and Marriage: The Importance of Legal Planning (2002) (<http://www.nclrights.org/site/DocServer/tgmarriage.pdf?docID=1182>)
Article summarizing legal issues surrounding marriage for transgender people and ways that transgender persons can protect marital relationships

National Gay & Lesbian Task Force, Relationship Recognition for Same-Sex Couples in the U.S. (July 22, 2009) (http://www.thetaskforce.org/downloads/reports/issue_maps/relationship_recognition_07_09_color.pdf)
Map highlighting states that legally recognize same-sex relationships.

National Gay & Lesbian Task Force, State Nondiscrimination Laws in the U.S. (July 1, 2009) (http://www.thetaskforce.org/downloads/reports/issue_maps/non_discrimination_7_09_color.pdf)
Map highlighting states that prohibit discrimination based on sexual orientation and/or gender identity.

New York County Lawyers' Association's Committee on Lesbian, Gay, Bisexual and Transgender Issues, New York Lawyer's Making Progress: How New York's Top Twenty-Five Law Firms Address Issues of Concern to the LGBT Community (available at <http://www.lgbtbar.org/documents/MakingProgress.pdf>)
Survey examining how New York's top law firms address matters of concern to the LGBT community.

Transgender Law Center, Transgender Family Law Facts
(<http://transgenderlawcenter.org/pdf/Family%20Law%20Facts.pdf>)
A quick overview of issues regarding marriage, domestic partnerships, parenting, foster care, and youth issues.

ACC Extras

Supplemental resources available on www.acc.com

Diversity Creates More Productive Project Teams.

Article. May 2009

<http://www.acc.com/legalresources/resource.cfm?show=231340>

Achieving Diversity.

InfoPak. June 2006

<http://www.acc.com/legalresources/resource.cfm?show=19670>

Inside Diversity: A Call to Action.

Program Material. December 2007

<http://www.acc.com/legalresources/resource.cfm?show=19978>

Please note, these additional resources are provided by the Association of Corporate Counsel and not by the faculty of this session.