



# The Networker

The Official Newsletter of the Network for Lesbian, Gay, Bisexual & Transgender Concerns in Occupational Therapy

VOLUME 14/NUMBER 3/NOVEMBER 2007

*Happy  
Thanksgiving  
to  
all our  
members....*

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**FROM THE CO-CHAIR**  
by Susan Roberts

Well, here it is mid-October again in the New York metro region. I can hear geese honking overhead as I make my way through the campus from the bus stop to my office, contemplating the changes that have happened so rapidly in my life over this past three years.

I named my private practice and clinic Changes OT, because that’s what we do in OT – help people adapt to changes in their lives. Frankly, I have had enough of change for a while. Though I am adapting like crazy and striving to feel grateful for each opportunity to rise to a new challenge.

The reason I am walking and bus-  
singing to work is that last week the car died in a flash flood rainstorm (I thought I left those behind in Arizona!). I enjoy the walk through oak woods and feel righteous about the calories I’m burning especially since I am carrying a 20 pound backpack of books and papers. (Yes, I am following all the AOTA guidelines for backpack safety.)

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**FROM THE CO-CHAIR**  
by Kay Blöse

Well autumn has finally hit the mountains of West Virginia. But I have dragged myself away from the outdoor beauty to take care of some indoor beauty and network business.

Frank Gainer has been keeping The Networker updated on the status of our scholarship. Hopefully we will be able to offer the scholarship within the next few years but in the meantime we need to keep adding money to the fund. This scholarship will be offered to GLBT identified students in the field of occupational therapy. So as you find loose change or feel like donating a little bit of your paycheck to a great cause please consider The Network Scholarship Fund. See the enclosed article for how to get your money to Frank.

We are also still looking for feedback on making changes to our mission statement so please go to our website *diverseOT.org* and check out the mission statement.

Also just to follow-up on more unfinished business. The Network

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**Network for Lesbian,  
Gay and Bisexual  
Concerns in  
Occupational Therapy**

“The Mission of the Network is to create the means for members of the occupational therapy professional community who are committed to advancing an understanding of sexual orientation issues to identify, support and mentor one another and to promote research in occupational therapy.”

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**A Piece from the Editor:**

**ALICE HAMILTON 1869-1970**

“Like her sister Edith, Alice Hamilton grew up in the shadow of a dominating father and at his insistence attended Miss Porter's Finishing School for Young Ladies, in Farmington, Connecticut. Unwilling to accept the usual strict Victorian limits on how female members of "nice" American families were supposed to behave, she went on to college and medical school and for over a decade worked closely with her friend Jane Addams, the well-known social reformer and founder of Hull House, a settlement house in the Chicago slums.

Hamilton's medical specialty was the study of the diseases workers in factories were then commonly faced with in the course of carrying out their daily tasks. She engaged in many battles for improved industrial safety standards, especially in respect to lead poisoning, on which she came to be recognized as one of the world's leading authorities. Eventually she became a special investigator for the United States Bureau of Labor and was appointed by Harvard University to be its first professor of public health.

Hamilton published hundreds of papers on industrial toxology and ended by writing an autobiography in which she attacked conventional shibboleths with her usual vigor. She lived to be a hundred, to the end championing public health and personal liberty.

Like her sister, she was a lesbian, and that, too, was for her - as it had never been for Edith - a cause worth fighting for. In her youth, she dressed in mannish clothing, wore her hair cropped short, and strode about like a heavyweight boxer in top fighting trim. Zestfully, she seemed to be saying that if the world didn't approve of her conduct, so much the worse for the world.”

*Reprinted from "Late Bloomers" by Brendan Gill. New York: Artisan, Workman Publishing Co. 1996.*

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cerns in Occupational Therapy

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To join, send application in this issue to  
The Network

167 High Street, Westerly, RI 02891

**CONTRIBUTIONS SOUGHT  
FOR NETWORK SCHOLARSHIP**

From the Co-Chair  
*continued from page 1*

Exciting progress has been made since the last Networker! The American Occupational Therapy Foundation (AOTF) has agreed to allow the Network for LGBT Concerns in Occupational Therapy to establish a scholarship. An Agreement is in the process of being drawn up and signed. Once the scholarship is endowed, it will be awarded to a self-identified LGBT applicant once per year. In order to provide a \$1,000 a year scholarship, the suggested minimum, we will need to have \$18,000 invested with AOTF. Our current total stands at \$2,893!

Please send your donations to the address below, made out to the AOTF Network Scholarship Fund. I will then bundle and deliver to AOTF. Please provide me with your e-mail address and I will send confirmation that I received your check. All donations are tax deductible.

Frank Gainer

1447 Corcoran Street, NW

Washington, D.C. 20009-3803

Thank you. If you have any questions, please contact me at [fgainer@aota.org](mailto:fgainer@aota.org) or 301-652-6611 x2051 during the day or in the evening at (202)265-0018.

would like to make a very visible donation to AOTA in the form of GLBT material for the Wilma West library but we need feedback from the membership about this. Once again head to our website to share your thoughts.

Don't forget about our annual gathering at the AOTA conference in Long Beach, April next year. We are working to get a more prime meeting time with a little more publicity ahead of time. So we will have a working meeting and then a gathering to socialize and get to know members from all over the country. As conference details are finalized we will also provide information about GLBT presentations.

Hope you all are having a great autumn and please contact us if you have ideas, comments, or suggestions.

Your co-chair,

Kay Blose

From the Co-Chair  
*continued from page 1*

And think of all the dynamic osteogenesis caused by weight training when I climb the 3 flights of stairs in my office building. This is truly great stuff!

I embarked on this journey of accelerated change three years ago when I decided I needed only three things in my life – good sex, good friends and children. I figured all three of these items were readily available, I simply needed to leave my present relationship. I had plenty of friends and a pediatric practice. I left the girlfriend, and opened a pediatric clinic – this involved moving 3 times in one year and the loss of several friends (who sided with the girlfriend). The clinic proved wildly successful at changing some children’s lives for the better (see page 192 in the new MOHO book for a photo vignette) but financially not up to the insurance reimbursement challenge. But I made some new friends and learned a lot.

I got some help writing my business plan from an ex-girlfriend (a mad NYC affair from my youth) and it blossomed into something new. I moved 3,000 miles

and landed a job teaching OT at a university – another dream revisited. What fun! Good sex, good friends (mine & hers) but no kids (unless you count the twenty-somethings I’m teaching). Then I succumbed to the academic workload – which pretty much wiped out the sex (what girlfriend?) and the friends.

Actually, a teaching colleague gave me the wake-up message when she said – “getting tenure is great – I just had to give up my friends for five years.” I went into OT (back in the 70’s) because I didn’t have to take any more math courses – but I still have some rudimentary skills. 56 (my age) plus 5 equals 61, and I factored in the debt load for getting a doctorate (in my spare time – hah!). This seemed like a poor trade off – no sex, no friends, no children.

I reconsidered my options and gave notice. When folks ask what I’m going to do – I say, cook, sew, spend time with friends. Of course they mean work, but... I think I might take a holiday from DOING for a while and concentrate a bit more on BEING.

I got a hammock for my birthday. It came with a cap that has “Accomplish Nothing” embroidered on the back. I like that.

**HOPE TO SEE YOU  
AT OUR  
2008  
ANNUAL MEETING IN  
LONG BEACH!!!**

## Homosexuality in Home Health: Perspectives from Both Sides of the Table

by Jessica Miller

Home health holds a special place in my heart as an occupational therapist. It allows for the most natural environment to surround the patient through recovery. Being in the patient's own domain, patient/practitioner roles appear less rigid enabling patients to step out of the sick patient role and into that of the leader of their treatment. OTs are used to creating a therapeutic environment for clients. In home health, therapists have little control over the treating space, and patients can feel quite vulnerable at times. Some will express this when they show concern that their bed is not made or apologize for their husband's underwear on the bathroom floor.

Family is another way the therapeutic environment differs in home health. Whether through pictures on the wall, phone calls from children, or drop-in visits, family members are much more present. Maybe because of this presence, patients tend to share more about their families and ask more questions about their therapist's family. For a gay/lesbian/bisexual/transgendered therapist, answering their questions and sharing about one's family might assist in rapport-building. However, my own experience causes me to be less candid in fear patients will be uncomfortable if they know my family includes my female partner. Focusing on the primary goal of therapeutic relationship building, it is possible to share without fully answering patients' questions about family. Striking the right balance takes practice. At times, this dance with semantics feels counter-intuitive to me because it seems to come from prejudice, on the assumption that the elderly person would be uncomfortable with this sharing.

When the roles are reversed, prejudices based on sexuality have shown to be a life or death matter. Elderly people receiving home care have reported feeling disrespected or mistreated, leading some to commit suicide. In some assisted-living facilities, gay residents

have been moved to other floors (sometimes even to the psych wing) at the request of uncomfortable residents. A gay man shared his experience of home health aides wearing gloves when opening the door for fear of catching AIDS. Today's elderly folk grew up in a time where homosexuality was identified as both a crime and a psychological illness. Fear of depending on others for self-care skills leads many back into the closet. One's life partner becomes the "sister," pictures are hidden, and some never mention their partner, all to avoid questions. This severing of part of one's identity and family support would be detrimental to anyone, but the consequences are magnified when it occurs at a time when one already feels isolated or disabled due to illness or injury. Not surprisingly, closeted older adults deal with significant depression which is rarely treated successfully with medication. (Gross, 2007)

GLBT occupational therapists are in a unique position to be part of the solution to these problems. In larger metropolitan areas, GLBT Aging Projects are emerging to train long-term care providers in cultural sensitivity. Other healthcare providers are becoming gay-advocate case managers, assisting clients to locate health care professionals who have a positive reputation for caring for gay men and lesbians. Also, gay-friendly assisted living facilities are being created and are looking for health care providers.

After seeing both sides of this story, one cannot help but see the irony of the potential for a gay patient being in the closet and invisible to the gay healthcare worker standing just inches away.

*Gross, J. (2007, October 7). Aging and gay, and facing prejudice in the twilight. The New York Times.*

APPLICATION FOR MEMBERSHIP

New Application to join the Network

Renewal donation (please note changes in your information)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

(WHERE YOU WANT CORRESPONDENCE AND THE NETWORKER SENT)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail address \_\_\_\_\_ AOTA Member # \_\_\_\_\_

((You need not be an AOTA member to belong to the Network. However, if you are an AOTA member, please give us your AOTA Member #. We let AOTA know how many AOTA members we have on our list to gain their continued support for the Network.)

*Membership is defined as those who have given a donation.*

Check your donation:

**OTR** (Suggested donation \$15)     **COTA** (Suggested donation \$15)

**Student** (Suggested donation \$10)     **Institution** (Suggested donation \$20)

I would like my name on the distributed list.

*(Distributed to Network members only, for networking among ourselves.)*

I would like my name on the NON-distributed list.

*(You will receive the newsletter and will not appear on the distributed member - or any - list.)*

*Please make check payable to "NETWORK" and mail to:*

Michael Nardone, 167 High Street, Westerly, RI 02891