Lesbian and Bisexual Women's Health: Common Concerns, Local Issues

Ilga report

UN Human Rights Mechanisms: putting women's health on the agenda

In 1973 the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. But it was only on 17 May 1990, that the General Assembly of the World Health Organization removed homosexuality from its list of mental disorders, paving the way for an enhanced understanding of health in the context of homosexuality. Much remains to be done both with regard to health promotion and protection among LGBT people and in addressing sexuality as a public health issue. Though discrimination on the grounds of sexual orientation and gender identity are not specifically addressed by a UN Resolution, several UN independent experts and agencies address women's health issues in their work, such as the World Health Organisation, UNIFEM, UNAIDS, the United Nations Population Fund. Women's health has become an important issue, so much so that two of the eight Millennium Development Goals refer to it.

AN INTERVIEW WITH SPECIAL RAPPORTEUR ON HEALTH, PAUL HUNT

"THE ADOPTION OF A HUMAN RIGHTS-BASED APPROACH TO HEALTH MAY BE ESPECIALLY EMPOWERING FOR LESBIAN AND BISEXUAL WOMEN, A GROUP THAT CONTINUES TO SUFFER FROM DOUBLE DISCRIMINATION". PAUL HUNT, UN SPECIAL RAPPORTEUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST STANDARD OF PHYSICAL AND MENTAL HEALTH.

In 2002, the Commission on Human Rights adopted a resolution in which it decided to appoint a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. ILGA talked with Mr. Paul Hunt, Special Rapporteur since 2002.

What is the mandate of the Special Rapporteur on the right to health; and how does it reflect the right to health of women, including lesbian and bisexual women?

The resolutions 2002/31 and 2005/24 set out the mandate of the Special Rapporteur, requesting him to gather, request, receive and exchange information related to the right to health from all relevant sources, including Governments, intergovernmental organizations and non-governmental organizations; develop a regular dialogue and discuss possible areas of cooperation with all relevant actors, including Governments, relevant United Nations bodies, specialized agencies and programmes, in particular the World Health Organization and the Joint United Nations Programme on Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome, as well as non-governmental organizations and international financial institutions; report on the status, throughout the world, of the right to health, including on laws, policies, good practices and obstacles; and make recommendations on appropriate measures to promote and protect the realization of the right to health, with a view to supporting States' efforts to enhance public health. Both resolutions request the Special Rapporteur to, inter alia, apply a gender perspective. The resolutions do not specifically talk about the right to health of bisexual and lesbian women. However, the right to health proscribes discrimination on various grounds, including on grounds of sexual orientation. Together, the Commission's request and the prohibition of discrimination on grounds of sexual orientation firmly mandate the Special Rapporteur to address the right to health of lesbian and bisexual women.

In the context of your work as Special Rapporteur, on which occasions have you addressed the right to health of women, and in particular the right to health of lesbian and bisexual women?

Since my appointment as Special Rapporteur in 2002, I have endeavored to integrate a gender perspective throughout my work, including in my thematic reports to the Commission on Human Rights (CHR) and the General Assembly (GA), during formal country missions, and in communications to States. I have addressed the

right to health of lesbian and bisexual women on a number of occasions in these contexts. My thematic reports to the CHR and GA mainstream a gender perspective in analysis of issues from the Millennium Development Goals to mental disability. The reports also include chapters on issues that often particularly affect the right to health of women and sexual minorities. For example, in 2004, my report to the CHR focused on sexual and reproductive health rights. In that chapter, I observe that a lack of support or protection in the face of violence and discrimination impedes the realization of sexual and reproductive health rights for sexual minorities, including lesbian and bisexual women, and that sexual and other health services must also be available to them. During country missions, I have given particular attention to the right to health of women. I have made it a practice to meet with staff from the women's ministry as well as from the ministry of health and other ministries, and I routinely meet with inter-governmental organizations and civil society groups working on women's health issues. My mission reports reflect the right to health issues of concern to women's groups in these countries – whether this is access to health information for Roma women in Romania or maternal mortality in Mozambique. In accordance with my mandate, when I receive reliable information alleging a violation of the right to health, I may respond to this information by sending a communication to the Government concerned. Communications normally invite comments on the allegation in question, seek clarification and remind the Government of its international human rights obligations. I have taken up several communications about violations sustained by women and sexual minorities. In 2004, for example, I sent a joint urgent appeal, together with other Special Rapporteurs, to the Government of Nepal in response to allegations that had been received concerning the arrest of 39 members of the Blue Diamond Society, a non-governmental organization working with sexual minorities and sexual health in Nepal. However, the great majority of requests for communications have been made with respect to violations against men. I would welcome receiving greater information about violations of the right to health of women, including bisexual and lesbian women.

How can the observations made in your reports be used in practice by local women, lesbian and bisexual women's organizations to raise their health concerns with their national Governments?

My reports may assist local women's organizations, including lesbian and bisexual women's organizations, in two practical ways. Firstly, the reports may be useful as an educational tool to encourage women, including lesbian and bisexual women, to consider their health in terms of human rights. The adoption of a human rights-based approach to health may be especially empowering for lesbian and bisexual women, a group that continues to suffer from double discrimination and whose health concerns are very often marginalized. Secondly, the reports may help local organizations hold Governments to account if they fail to fulfil their obligations regarding the right to health of women, including lesbian and bisexual women. One important caveat is that, in many countries, women and organizations may encounter severe practical obstacles if they raise concerns about the right to health of lesbian and bisexual women. Fears of being ostracized, physically attacked or prosecuted may deter lesbians and bisexuals from advocating on these issues; and local human rights organizations may be reluctant to pursue such controversial issues, which they may perceive as jeopardizing public support for their other human rights work. Such silencing of public debate is an example of how discrimination against lesbian and bisexual women may impede the enjoyment of their right to health.

How can local women, lesbian and bisexual women's organizations raise their concerns regarding their sexual and reproductive health with UN bodies? To which UN body or agency should they submit information and raise their concerns?

There are two types of UN human rights bodies to which concerns regarding the health of lesbian and bisexual women may be addressed, namely treaty bodies and charter bodies. Firstly, provisions relating to the right to health are included in several of the core international human rights treaties, each of which is monitored by a treaty body comprised of a committee of experts. Some of the treaty bodies monitoring women's right to health, including sexual and reproductive health rights and discrimination against lesbians and bisexuals, include the Committee on Economic, Social and Cultural Rights; the Committee on the Elimination of

Discrimination Against Women and the Committee on the Rights of the Child. One of the ways in which these treaty bodies perform their monitoring role is by examining and commenting on periodic reports which States are obliged to submit concerning their compliance with the treaty. However, treaty bodies also encourage non-governmental organizations to submit accurate and independent "shadow reports" to supplement the official State report and to identify gaps in a State's compliance with its treaty obligations. Therefore, local women's organizations, including lesbian and bisexual women's organizations, can play a vital role in the treaty-monitoring process by submitting such a shadow report to the relevant treaty body at the appropriate reporting time. Secondly, the relevant charter bodies include the Commission on Human Rights. The Commission has appointed a number of thematic Special Rapporteurs, of which I am one. Several Special Rapporteurs have addressed issues related to the health of women, including lesbian and bisexual women. For example, the Special Rapporteur on Violence against Women has examined linkages between women's right to health and issues including forced marriages, trafficking of women and girls, rape and female genital mutilation. She has relied heavily on input from non-governmental organizations in fulfilling her mandate. Lesbian and bisexual women have an important role to play in feeding reliable independent data to Special Rapporteurs, including but not limited to the Special Rapporteurs on the Right to Health and on Violence against Women.

Are you open to receiving information about the health of the most vulnerable groups of women, and how could local organizations support your work in looking at the health of those most vulnerable groups of women?

I am definitely open to receiving such information. The health of the most vulnerable groups of women falls within two broad themes that I have chosen for my work: the right to health in the context of poverty and the right to health from the perspective of discrimination and stigma. The right to health of lesbians and bisexuals is often particularly relevant within the context of the latter theme. Secondly, I rely on local organizations for accurate and independent data to contextualize the official information that I receive from Governments. For example, part of my mandate involves conducting fact-finding country visits called country missions. On country missions, it is important that I meet not only with Government officials, but also with independent non-governmental organizations. These organizations provide me with information necessary for me to obtain an accurate picture of the state's compliance with its right to health obligations and of the impediments to the enjoyment of the right to health by vulnerable or marginalised groups such as lesbian and bisexual women. Thirdly, as I previously mentioned, I also receive information, alleging violations of the right to health, which I may take up by sending a communication to the appropriate Government. I would welcome receiving information about violations of the right to health of women, including lesbian and bisexual women.

Additional information concerning Paul Hunt's work as Special Rapporteur, including annual reports and country missions, is available at

www.ohchr.org/english/issues/health/right/index.htm
www2.essex.ac.uk/human_rights_centre/rth.shtm

UNITED NATIONS POPULATION FUND (UNFPA) AND THEIR WORK ON WOMEN'S HEALTH

"INFORMATION ON SEXUAL ORIENTATION IS VERY OFTEN NOT COLLECTED IN OFFICIAL STATISTICS".

"UNFPA works to help empower women, improve their reproductive health, provide education, support equal rights to economic opportunity and to eliminate gender violence" writes Ms Safiye Cagar, Director of UNFPA's Information, Executive Board and Resource Mobilization Division. But the UN agency only assists properly accreditated NGOs that conform to the National Aids plan... A procedure that may rule out campaigns targetting lesbian and bisexual women.

Most people connect the United Nations' health issues only with the World Health Organization. How does UNFPA work in cooperation with other UN bodies, such as WHO, UNIFEM and UNAIDS?

UNFPA programmes are developed jointly with Governments, in consultation with other UN agencies and organizations present in a country. UNFPA supports quality reproductive health services on the basis of individual decisions. Key elements include: meeting the need for family planning; ensuring maternal health and reducing infant mortality; preventing and

managing sexually transmitted and reproductive tract infections, and preventing HIV/AIDS; and eliminating traditional practices such as female genital cutting that are harmful to women's reproductive health and wellbeing. The Fund works with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and many others, particularly at the local level. UNFPA is one of the co-sponsors of UNAIDS.

The special Rapporteur on Health, Paul Hunt, linked discrimination based on sexual orientation with sexual and reproductive health and rights. What impact does his reports have on the work of UNFPA?

UNFPA policies and programmes are derived from the Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD) and decisions of the UNDP/UNFPA Executive Board and the United Nations General Assembly. UNFPA assists health care in line with the right of all individuals to enjoy the highest attainable standard of physical and mental health, including the right to sexual and reproductive health as stated in the ICPD Programme of Action. Mr Hunt's report can only reinforce UNFPA's commitment to its mandate to support health care for all persons.

How do you collect data on groups of women, such as lesbians and bisexual women?

UNFPA gets and uses data collected by other United Nations bodies such as United Nations Statistical Division, the Population Division and others, such as WHO. Other data come from Demographic and Health Surveys, Management Information Systems of Health Ministries, Knowledge, Attitudes and Practices studies and socio-cultural research; but information on sexual orientation is very often not collected in official statistics.

How do you target lesbians and bisexual women in your actions, especially in the context of the Millennium Development Goals number 3 "Promote gender equality and empower women" and number 6 "Combat HIV/AIDS, malaria and other diseases"?

UNFPA takes a rights-based approach to reproductive and sexual health. This includes support for reproductive health services that protect a woman's general health and well-being, that allow for well-informed decisions, and are respectful of individual decisions, without coercion or discrimination. UNFPA works with a broad spectrum of organizations, at national and local levels, to help empower women, improve their reproductive health, provide education, support equal rights to economic opportunity and to eliminate gender violence. The Fund seeks the help and guidance of national authorities and establishments in identifying groups of women living in high-risk contexts so that interventions can address their health needs.

UNFPA is dealing with Governments but also with non-governmental organizations. How do you work with local women, lesbian and bisexual women's organizations?

UNFPA provides assistance to national NGOs, including women's NGOs, on the basis of a country-level accreditation process under the guidance of the UNFPA representative or country director. The process certifies that the NGO has provided UNFPA with information such as the names on its governing bodies and senior executives; information on its population-related work; its constitution; and the legal authority under which it operates. UNFPA assistance may then be provided to properly accredited NGOs. UNFPA's representatives or country directors work on projects with a wide range of national and local NGOs. In submitting requests for assistance, NGOs provide all necessary information to justify the request: purpose, objectives, work plan, expected results and budget. Proposals at the national level are submitted to the UNFPA representative or country director of the nations concerned. Working within this framework in Honduras, UNFPA supports the National AIDS Forum, a national NGO, which provides grants to strengthen the capacity of several groups, including the Coalition of Gay and Lesbian Organizations, to work in HIV/AIDS prevention and implement HIV/AIDS prevention campaigns among people living in high-risk contexts. Assistance is extended to projects that conform to the National AIDS Plan.

www.unfpa.org

DEFINITION OF HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Preamble to the Constitution of the World Health Organization (7 April 1948).

www.who.int

THE MILLENNIUM DEVELOPMENT GOALS

In September 2000, at the United Nations Millennium Summit, world leaders composed of 191 heads of State and Government, agreed to a set of goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.

1. Eradicate extreme poverty and hunger / **2**. Achieve universal primary education
3. Promote gender equality and empower women / **4**. Reduce child mortality
5. Improve maternal health / **6**. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability / **8**. Develop a global partnership for development

A SHORT HISTORY OF LESBIANS IN THE UNITED NATIONS

Mexico 1975 : The World Conference of the International Women's Year fuels the lesbian movement. The lesbian caucus raises the question of the exclusion of lesbian issues from the agenda of the conference.
Copenhagen 1980 : The organizing committee of the Forum for the World Decade for Women approves five proposals for workshops on lesbian issues. Lesbians throughout the world dedicate themselves to the task, working in networks.
Nairobi 1985 : The International Lesbian Information Service organizes seven workshops on education, employment, health, networking, etc. The lesbian caucus comes to the conference with specific demands. To protect them from the local authorities, the head of the Forum has the lesbian workshop tent taken down, an act that puts lesbian issues in the spotlight.
Cairo 1994 : For the first time, the term "sexual rights" is placed in an official intergovernmental document for the Conference on Population and Development. Even though the term is withdrawn, the debate on sexuality is vigorous.
Beijing 1995 : An international campaign manages to have lesbian issues included in the official agenda, and a lesbian "tent" is set up throughout the conference. The official Conference Committee discusses the term "sexual orientation".
Canada 1998 : 150 NGOs come together in the Global Forum for Human Rights and produce a document dealing with sexual orientation and including in its final report recommendations from LGBT groups.
New York 2000 – Beijing + 5 : Session of the General Assembly of the United Nations aiming to follow up the Beijing Platform for Action. At the Millennium summit of the UN the eight Millennium Development Goals are established.
New York 2005 – Beijing +10 : UN Commission on the Status of Women conducts the ten-year review and appraisal of the Beijing Platform for Action.