

CGS MUN

Committee: Social, Humanitarian, and Cultural Committee (GA3)

Issue: Improving healthcare for the LGBTQ community

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Position: Deputy Chair

INTRODUCTION

Healthcare facilities occupy the biggest portion in humans' necessities. It is the reason why migrations occur in some situations, since it is the biggest factor when choosing a settlement to live. Unfortunately, healthcare services are not evenly distributed to the population at all. One of the clearest gap visible is with the LGBTQ community. They face a set of obstacles when it comes to healthcare facilities, which is mainly due to discrimination, prejudice, and the lack of awareness of healthcare personnel.

Health care is a right for everyone, therefore the facility must be ready to serve everyone regardless of their race, age, religion, ethnicity, and background. If the patient does not receive an inclusive, respectful treatment, they may hide information or even worse, quit their treatments. Preventing this is the staff member's duty via ensuring everyone feels welcomed, included, and accepted in their facilities.

Some of the barriers that are faced by LGBTQ community are limited services, lack of knowledge of health professionals, and negative previous experiences. Maintaining a non-judgemental environment, using the proper pronouns and preferences for the patient, understanding the diversity that the LGBTQ community contains and understand the concepts of fluidity,

LESBIAN

1. BREAST CANCER
2. DEPRESSION/ANXIETY
3. HEART HEALTH
4. GYNECOLOGICAL CANCER
5. FITNESS/OBESITY
6. TOBACCO USE
7. ALCOHOL CONSUMPTION
8. SUBSTANCE USE
9. INTIMATE PARTNER VIOLENCE
10. SEXUAL HEALTH/STDs

GAY

1. DISCLOSURE/COMING OUT
2. HIV/AIDS, SAFE SEX
3. HEPATITIS IMMUNIZATION AND SCREENING
4. FITNESS/EATING DISORDERS/OBESITY
5. SUBSTANCE USE/ALCOHOL
6. DEPRESSION/ANXIETY
7. STDs
8. PROSTATE, TESTICULAR, AND COLON CANCER
9. TOBACCO USE
10. HUMAN PAPILLOMA VIRUS (HPV)

BISEXUAL

1. DISCLOSURE/COMING OUT
2. HIV/AIDS, SAFE SEX
3. HEPATITIS IMMUNIZATION AND SCREENING
4. FITNESS/EATING DISORDERS/OBESITY
5. SUBSTANCE USE/ALCOHOL
6. DEPRESSION/ANXIETY
7. STDs
8. CANCER (PROSTATE, TESTICULAR, BREAST, CERVICAL, AND COLON)
9. TOBACCO USE
10. HUMAN PAPILLOMA VIRUS (HPV)

TRANSGENDER

1. ACCESS TO HEALTH CARE
2. DISCLOSURE OF HEALTH HISTORY
3. HORMONES
4. HEART HEALTH
5. CANCER
6. STDs/SAFE SEX
7. ALCOHOL CONSUMPTION/ TOBACCO USE
8. DEPRESSION
9. INJECTABLE SILICONE
10. FITNESS/OBESITY

QUEER

THERE ARE NO "TOP TEN" HEALTH CONCERNS FOR ALL THOSE WHO IDENTIFY AS QUEER. INSTEAD, HEALTH CONCERNS ARE INDIVIDUAL SPECIFIC. TALK WITH YOUR PROVIDER TO DETERMINE YOURS.

meeting the expectations that a patient waits for are the keys to ensure patients receive the services they have the right to.



Though not specifically limited to the members of the LGBTQ community, some diseases are seen very prevalently amongst them. These health problems vary from breast cancer to HIV, even depression and substance abuse.

Even though some countries are striving for the benefit of the LGBTQ community, unfortunately in many countries they continue to face negative treatments both by the government, the law, and the society. It is vital for their rights to be preserved.

DEFINITIONS OF KEY TERMS

LGBTQ

The generally used abbreviation LGBTQ stands for Lesbian, Gay, Bisexual, Transgender, and Queer. However, a more diverse definition would contain Intersex, Asexual, Pansexual, Agender, Cisgender and Genderqueer as well.

Lesbian

“A female who is a female homosexual, experiencing romantic love or sexual attraction to other females” (“What Does LGBTQ+ Mean?”).

Gay

“Gay is a term that primarily refers to a homosexual person or the trait of being homosexual. Gay is often used to describe homosexual males but lesbians may also be referred to as gay” (“What Does LGBTQ+ Mean?”).

Bisexual

“Bisexuality is romantic attraction, sexual attraction or sexual behavior toward both males and females, or romantic or sexual attraction to people of any sex or gender identity; this latter aspect is sometimes termed pansexuality” (“What Does LGBTQ+ Mean?”).

Transgender

“Transgender is an umbrella term for people whose gender identity differs from what is typically associated with the sex they were assigned at birth. It is sometimes abbreviated to trans” (“What Does LGBTQ+ Mean?”).

Queer

“Queer is an umbrella term for sexual and gender minorities that are not heterosexual or cisgender. Queer was originally used pejoratively against those with same-sex desires but,

beginning in the late-1980s, queer scholars and activists began to reclaim the word” (“What Does LGBTQ+ Mean?”).



Asexual

“Asexuality (or nonsexuality) is the lack of sexual attraction to anyone, or low or absent interest in sexual activity. It may be considered the lack of a sexual orientation, or one of the variations thereof, alongside heterosexuality, homosexuality, and bisexuality” (“What Does LGBTQ+ Mean?”).

Pansexual

“Pansexuality, or omnisexuality, is sexual attraction, romantic love, or emotional attraction toward people of any sex or gender identity. Pansexual people may refer to themselves as gender-blind, asserting that gender and sex are insignificant or irrelevant in determining whether they will be sexually attracted to others” (“What Does LGBTQ+ Mean?”).

Agender

“Agender people, also called genderless, gender free, non-gendered, or ungendered people are those who identify as having no gender or being without any gender identity. This category includes a very broad range of identities which do not conform to traditional gender norms” (“What Does LGBTQ+ Mean?”).

Genderqueer

“Genderqueer is an umbrella term for gender identities that are not exclusively masculine or feminine—identities which are thus outside of the gender binary and cisnormativity” (“What Does LGBTQ+ Mean?”).

Sexual Orientation

“Sexual orientation is about who you’re attracted to and want to have relationships with. Sexual orientations include gay, lesbian, straight, bisexual, and asexual” (“What Does LGBTQ+ Mean?”). It is a different concept from gender or gender identity. Some people may have relationships with the same sex but still prefer to identify as heterosexual. This may be caused by the negative prejudice they receive, or that their society or culture does not recognize any other orientations.

MSM

MSM is the abbreviation of men who have sex with men. MSM is a term which is generally used by health professionals because it merely focuses on the sexual behaviour.

WSW

WSW is the abbreviation of women who have sex with women. It is similarly used by health professionals.



Gender Identity

It is “a person’s internal sense of being a man/male, woman/female, both, neither, or another gender” (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

Gender Expression

“The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to assigned sex at birth or gender identity” (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

Gender Affirmation Process (Transition)

“For transgender people, this refers to the process of coming to recognize, accept, and express one’s gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions” (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

Coming Out

“The process by which one accepts and/or comes to identify one’s own sexual orientation or gender identity (to “come out” to oneself). Also the process by which one shares one’s sexual orientation or gender identity with others (to “come out” to friends, etc.)” (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

BACKGROUND INFORMATION

LGBT Demographics

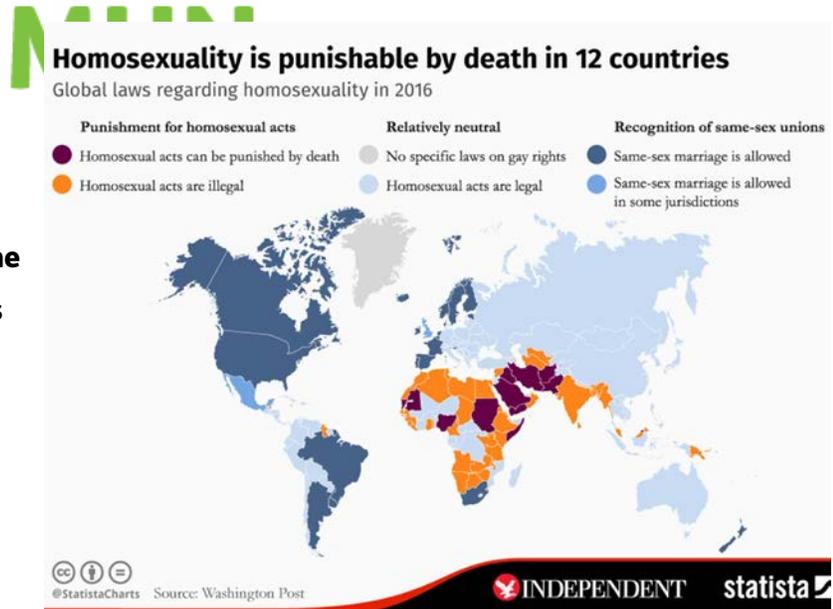
CGS It is challenging to try and fit LGBT into certain demographics and statistics because of their diversity, incomplete and uncertain overlapping of identity, gender, sexual behaviour, the lack of research on the community and reluctance of the members on answering survey questions. However, it cannot be ignored that LGBT community makes up a large portion of the world's population.

While 122 countries allow homosexual acts between adults, 72 outlaw such actions. Only 26 countries allow same-sex couples to adopt a child. In 25 countries, NGOs or organizations supporting LGBT rights are outlawed. 22 countries permit same-sex marriage. In 8 countries, homosexual acts has a death penalty rule (Simmons). According to a variety of researches and surveys, 3.5% of the population of USA identify as lesbian, bisexual, or gay, and 0.3% of the adults are transgender. This is approximately 9 million people ("Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People").

Importance of LGBT Healthcare

It can be easily observed that LGBT community is still discriminated in some countries, especially in those where the governments ban homosexual acts. Their right to live is taken from them in some cases. Considering the bias they face, even in healthcare facilities, it is understandable why gay, lesbian, bisexual, and transgender people are three times more likely to have depression (Human Rights).

Until 1973, homosexuality was considered as a disease in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and transgender identity is still considered as a health disorder. In the past, in order to understand homosexual and transgender identity, many of the LGBT people were subjected to therapies like electroshock and castration ("Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People"). Now, even though these acts are not in use, many health clinicians still hold a biased attitude towards LGBT patients. In 1990s, California, nearly $\frac{1}{5}$ of the physicians have indicated that they had homophobic viewpoints. 18% have specified that they felt uncomfortable when they were treating LGBT



CGS MUN

patients. Recently these viewpoints have improved slightly. In United States, 6% of the physicians still state they feel discomfort treating LGBT patients. (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”). Therefore, due to previous biased experience and the discrimination they face in healthcare facilities, LGBT patients are rather reluctant to receive the health care they have the rights to.

There are other reasons why LGBT people fail to receive proper health care. Firstly, they have limited access. This may be due to the fact that most LGBT people don't have health insurance because either their parents have rejected them because of their identity or they are homeless or unemployed. Then again, even if they have health insurance, they still might not be able to receive the care they are required to have. This, of course, varies from facility to facility.

Another reason is the previous negative experiences that they have experienced. They often have to face discrimination and biased or prejudiced viewpoints from health professionals. These negative experiences due to poorly trained staff are the greatest reasons why there is a problem with LGBT people seeking medical help. According to various surveys, some LGBT people have states that they look for indications even when they first enter a facility, to see if there is a welcoming environment or not. They look for clues such as the way they are greeted by the staff and whether or not if they have non-discrimination policies, and if there are gender-neutral bathrooms or not.

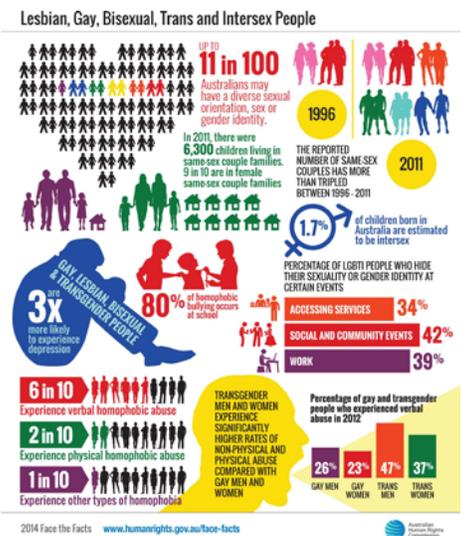
Further on, the lack of knowledge or experience present a barrier for LGBT people. Luckily, it is not very challenging to overcome this issue since it can be solved by thoroughly educating the staff and personnel throughout the facility.

Prevalent LGBT Health Disparities

As stated before, there are not any LGBT-specific health disparities or illnesses, however LGBT people are more susceptible to some diseases compared to non-LGBT people. These are usually related to the discrimination and stigma that they have to experience due to the prejudiced environment around them. They have to face this in their daily lives, even at school, work, home, and public settings. Facing this much discrimination might cause stress, which is also referred to as “minority stress” when talked about certain groups facing segregation. Minority stress often leads to the development of unhealthy coping mechanisms, mental disorders, high levels of stress, and health problems. This social isolation can cause substance abuse, violence, anxiety, and depression. Due to these reasons, it is necessary for distressed LGBT people to seek medical attention yet they are unable to do so due to the lack of proper medical intervention.

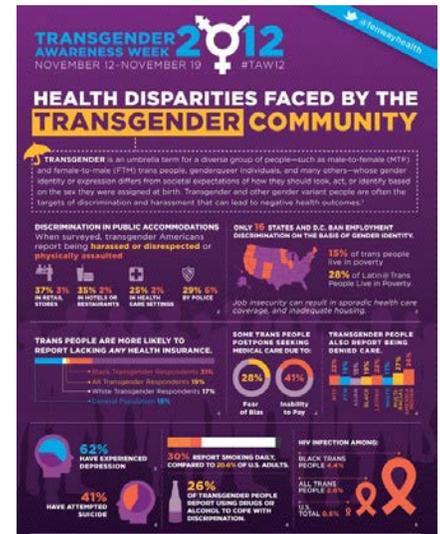
LGBT youth are three times more likely to commit suicide compared to non-LGBT youth, and are also more likely to be homeless. An estimated 40% of all homeless youth consists of LGBT. They are also much more susceptible to diseases that are sexually transmitted such as HIV and STD. MSM (men who have sex with men) are more likely to have STDs or HIV, especially throughout the LGBT communities of color. LGBT people also have higher possibilities of leaning towards smoking, alcohol use, substance abuse, anxiety, and depression than others. Because of the inequality of healthcare, they are less likely to receive the proper treatment as well. Transgender people, in specific, are much more prone to sexually transmitted diseases, suicide, and discrimination. Elderly LGBT also face various obstacles due to social isolation, diminished availability of family support and services (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”). They are even segregated by their peers in sheltered housings. With the proper education, healthcare staff may help them get through these problems.

For MSM and transgenders (especially male-to-female) are at very high risks of sexually transmitted diseases such as HIV. Even though they make up approximately 2% of the population of the entire United States, they are half the population of people with HIV. Nearly $\frac{2}{3}$ of the HIV cases are transgenders and MSM. In some urban areas, the prevalence of HIV among MSM and transgenders of color reaches to the general prevalence of HIV in sub-



Saharan African countries. These people are the only community where HIV seems to be showing an increase in the recent years. It should also be considered that black, and non-white MSM are affected by HIV more disproportionately than white MSM. HIV prevalence among black MSM is 28%, while it is 16% among white MSM. This racial disproportion is not due to merely unsafe sex, but have other reasons such as the limited access to prevention therapies.

HIV is not the only disease that seems to be affecting transgenders and MSM excessively. 63% of the people with syphilis infection are MSM, also accounting for 1/3 of the people with gonorrhea infection. There are various disparities that affect other LGBT groups as well. Lesbians are more vulnerable to obesity and being overweight. Among bisexuals and gays, eating disorders and disorders related to body image is more prevalent. This is especially prevalent among high school students, since LGBT youth are more likely to have unhealthy eating habits. Homosexual and bisexual women are more vulnerable to breast and cervical cancer compared to non-LGBT women.

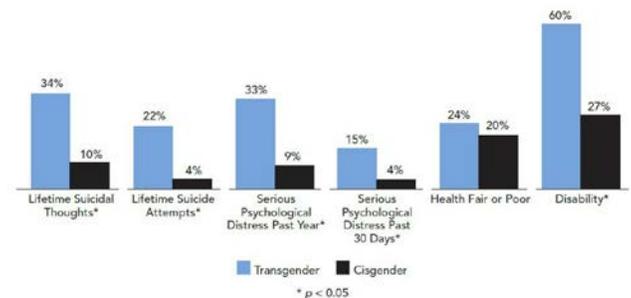


One of the most significant consequences of the obstacles faced by LGBT are the mental outcomes. They are much more prone to have anxiety, depression, and to commit suicide. The coping mechanisms that they project are dangerous as well. LGBT people are twice more likely to smoke, therefore they have the community have the highest smoking rates. Other than tobacco use, substance and alcohol abuse are more prevalent among them as well. Some researches associate unsafe sex and consequently sexually transmitted diseases to drug use (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

Ways of Treatment

It is highly important for the healthcare staff to have a delicate, sensitive, understanding, unbiased attitude towards their patients. The patient may have experienced insensitive, biased, unaware, discriminative behaviours before and might be on guard from the beginning. Therefore, honest mistakes may result with emotional reactions. In these

Mental and Physical Health Indicators for Transgender and Cisgender Adults
CHIS 2015-2016



cases, apologizing for mistakes or correcting the mistake of a colleague will be the key for a constructive conversation to occur. Health professionals should also be able to make a patient feel comfortable and welcomed. LGBT patients have similar problems to non-LGBT people as well. They may not own a health insurance or may not have understood the coverages entirely. They can be unable to explain their concerns clearly due to lack of knowledge, trust, or can be anxious to come to the facility. In cases like these, it is the staff's job to ensure they receive the support they need. Enrolling an uninsured patient for health care, helping a patient to understand the billing process and helping if there is a problem, ensuring that the patient is comfortable telling about their health concerns, or explaining health care options to them are some ways to help a struggling LGBT patient.

Communication is highly significant and should be done in the right way, especially with LGBT patients to be able to build a relationship of trust. Health professionals should avoid making assumptions on the gender identity or sexual orientation of patient at all times, similarly to how they would avoid assuming age, race, and ethnicity. There are ways of communicating without offending the patient. One of them would be using the terms that the patients use for themselves or their partners. It is important to use the desired words for them to feel comfortable. When asking questions about the background of the patient, it should not be automatically assumed that they are heterosexual. Instead of asking a female patient if they have a boyfriend or husband, it should be in the form of asking if they are involved in a relationship. Using any kind of disrespectful words or language, expressing surprise on somebody's appearance should be completely avoided.

When communicating with a patient, it is essential to use their preferred personal pronouns and names. Their pronoun or gender might not correspond with their names, so it would be wrong to assume their gender merely considering their name or their appearance. In general, whenever a patient will be addressed, avoiding using terms or pronouns that would indicate gender could be avoided. Similarly, avoiding using gender terms or pronouns such as he, she must be avoided when addressing a new patient. In order to prevent possible assumptions, conflicts due to the uncertainty of the patient's preferred pronoun and gender, health care facilities should include this information in their systems via containing questions on their registration forms and documents. If the facilities' forms do not include such questions, the staff must ask the patient their preferred pronoun and name privately for them to feel comfortable.

In some cases, the preferred gender and name might not match with the registered information if there are insurance or third-party payers involved. It is often difficult for the health care staff to change this information from the system however if their gender on their insurance does not match their anatomy, the patient might not be able to receive the necessary treatment. Therefore, the staff should be prepared for such situations and should be able to handle it without embarrassing or outing the patient.

It is not polite to ask questions too private or unnecessary, even if one is merely curious. LGBT patient might get offended in such cases, since they might be expecting bias and discrimination. Such questions can indicate prejudice to the patient and make them feel uncomfortable. Hence, insensitive, personal questions must be avoided when addressing a patient.

The staff should be also educated on understanding concepts like fluidity, expression, and diversion. There is a very wide range of various genders and identities which may change over the time due to different reasons such as cultural reasons. LGBT people often struggle about using their preferred pronoun or gender because they want to avoid prejudice and discrimination among their work, school, society, and family. Consequently, health professionals should be prepared for such situations.

One of the most important ways to make an LGBT patient feel comfortable is maintaining an unbiased, non-judgmental environment, without question. By educating the staff working in health care facilities to be respectful, understanding, and welcoming at all times while avoiding having bias, prejudice when treating a patient is a way of eliminating the inequality of LGBT health care and decreasing the obstacles they face in their personal lives.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

United States of America

In the US, LGBT people have various same-sex marriage rights in many states but still needs more work from the advocates. It has been initiated when “the Boy Scouts of America” had lifted the ban against LGBT employees and staff. Later on, it has also done the same thing to transgender people. After Eric Fanning became the first gay secretary of a U.S. military branch, the US military lifted its ban against transsexual people. However, anti-discrimination laws for LGBT especially in workplace are still lacking for Americans. The main reason to this are the religious liberty laws in some states, which allows workplaces to deny LGBT employees

due to religious reasons. A similar case can be observed in bathroom laws and the debate on gender-neutral bathrooms (Gay Rights)



Several projects have been implemented in the US to increase the policies and regulations in health care facilities to increase the access of LGBT people to health care and insurance. Some of the major changes were made by Affordable Care Act (ACA) and Defense of Marriage Act (DOMA). The ACA has provided health insurance to many by expanding the rights. Before Trump administration withdrew some, LGBT people had gained protection related to cases like sexual orientation and identity. DOMA has provided the right of same-sex marriage for the first time in the US, recognized in various states.

US has made a noticeable progress on ensuring LGBT have equal health care rights with non-LGBT people and providing insurance and health care rights.

China

In China, homosexuality is not a crime and it is legal to have same-sex relationships. However, adoption is outlawed for them. They have no recognition of their relationships, and there are no measures to prevent discrimination nationwide. Still, it is not regarded as a disease. For years, homosexual acts were ambiguous in China, but since 2001, Chinese Society of Psychiatry has removed homosexuality from mental disorders and was no longer considered as an illness.

However, conversion therapy is still an ongoing issue in China. Various private hospitals and clinics continue to offer conversion therapies. These therapies consider homosexuality as a disease and try to convert a homosexual or bisexual to a heterosexual. There is a legal framework present in China regarding the compliance of treatments of disorders with categorization standards, however China has not taken any measurements to prevent the prevalence of conversion therapies that are offered in private facilities.

There should be clear guidelines provided to both private and public health care facilities, stating that conversion therapies are prohibited, and ensuring that the implementation does not take place anywhere by monitoring the facilities. If any practice of these therapies are detected, the licenses of these workplaces should be taken away immediately.

France

In 2012, France has adopted a brand new programme on combating discrimination, prejudice, and violence against the LGBT community. France, along with Norway, Netherlands, and four NGOs (Amnesty International, IDAHO, FIDH, and ILGA) established an International

“Human Rights, Gender Identity, and Sexual Orientation” Support Fund, determined to support and defend the rights of the LGBT community.



This fund aims to collaborate and cooperate with as many agencies as possible that tries to eliminate homophobia or transphobia. One of their main goals are to support initiatives (local or national) especially in countries where the issue is too sensitive to be debated publicly or considered a taboo within the society.

An initial try of the organization was a call upon decriminalizing homosexuality and encouraging the freedom of expression for nations. Later on, a decision to cooperate on projects to be implemented in Africa, Asia, and Caribbean was made.

United Kingdom

United Kingdom is one of the nations who strive the most to protect the LGBT community according to several researches. Homosexuality, same-sex marriage, and military for LGBT people are legal, adoption is available for same-sex couples, housing discrimination, employment discrimination, and discrimination of LGBT people are outlawed by the government.

Even though UK tries to prevent the negative prejudice that LGBT confronts, they still have to go through these obstacles in their everyday life, including health and social services. According to a survey made in 2015, it was stated by over three thousand health personnel that they have heard a colleague indicate a negative comment on LGBT patients/people at work. Furthermore, ¼ of the LGBT health care staff have specified that they have faced discrimination at work due to their sexual orientation.

It has been detected that ¾ of the health care personnel never received training on the needs of LGBT people and how they should be treated when they are in need of support. However, there are solutions offered to this problem. Free trainings are available especially on the internet about sexual orientation on the Royal College of General Practitioners' platform, and thus trainings on freedom of expression, gender identity, and gender reassignments are offered as well.

Face-to-face support can be found through programmes such as Pride in Practice project from the LGBT Foundation in Manchester. Displaying posters, and having information booklets on LGBT diversity, equalizing health care opportunities, especially to create a welcoming environment for LGBT patients to ensure they understand the facility offers an unbiased approach.

Russia

In Russia, LGBT people face discrimination and violence from society and other communities. Even though homosexual acts have been decriminalized in Russia, it is prohibited for same-sex couples to marry or own a household, and adopt children. There are no laws present that outlaw discrimination against the LGBT community. Even though homosexuality was removed from the list of mental disorders in Russia, it is still considered as an abnormality by many according to researches and surveys made in the nation.

It is illegal in Russia to have propagandas on promoting LGBT people and their identities, along with 16 other countries, which being Algeria, Egypt, Libya, Morocco, Nigeria, Somalia, Tunisia, Iraq, Iran, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, Syria, and Lithuania (Fenton).

In May 2018, Russia's federal agency responsible for social media has shut down a site that raised awareness on HIV among MSM and transgender people. This event was at least the eighth event of censorship on gay propaganda and encouraging homosexual acts. These "non-traditional" sexual acts are considered taboo.

Children-404 which is an online organization that aims to provide psychological support and a welcoming, safe environment for LGBT children has also been censored by the government in 2013. Cases like these are an indication that Russian government's ban on homosexual propaganda is a way to discriminate LGBT and is extremely harmful to the society.

Iran

LGBT people in Iran unfortunately face major difficulties. Sexual activity between the same sex is outlawed in Iran. Penalties can extend as far as execution, along with imprisonment and lashing. Heterosexual marriage is prohibited as well. There are no laws present to prevent discrimination against the LGBT community.

There are twelve more countries that homosexuality is punishable by death like Iran, which being Sudan, Saudi Arabia, Yemen, Mauritania, Afghanistan, Pakistan, Qatar, UAE, parts of Nigeria, parts of Somalia, parts of Syria and parts of Iraq (Fenton).

Due to the fact that the law criminalizes homosexuality, authorities rely upon these discriminatory frameworks to justify harassments and unjust arrests. Social discrimination and violence is also widespread in Iran. Familial violence, and forced medical treatments are present. LGBT people are unable to report and file charges on these assaults because they fear of getting charged themselves.

Transgender people are classified as mentally ill according to Iranian law. However, Iran is the only Persian Gulf nation that allows sex reassignment and recognizes the gender identities of transgenders. During the 1979 Islamic revolution, transsexual people were classified under the same roof with homosexuals: they were against the law. However, after the efforts of Maryam Khatoun Molkara, laws were changed.

After getting fired from her job, Malkara was forced to be injected male hormones while getting locked up in a psychiatric institution during the revolution. Due to her relations with high-level contacts, she got released to work with several influential religious leaders of Iran, advocating homosexual and transgender rights. After her attempts, she managed to get a meeting with Ayatollah Khomeini, who was the supreme leader of Iran during the revolution.

Malkara convinced Khomeini to release a fatwa, which declared hormone-replacement and gender-confirmation therapies eligible and religiously acceptable. Transgender people were decriminalized thanks to the efforts of Malkara but are still considered as mentally ill. An Iranian LGBT will be recognized as person with gender identity disorder after a series of tests and legal procedures which contain appealing for a court order, having therapy sessions with a psychiatrist, and going through physical and psychological examinations at the Legal Medicine Organization which belongs to the state.

TIMELINE OF EVENTS

Date	Description of Event
1880	The Empire of Japan criminalized homosexuality.
1886	England criminalized homosexuality between men.
1917	The October Revolution occurred in Russia which resulted in Bolsheviks stating homosexual acts and heterosexual acts were treated the same by the law.
1921	Britain attempted to make lesbianism illegal for the first time in UK's history and failed.

1924		The first organization which protects the rights of LGBT people was established, before facing police intervention.
1924		Paraguay and Peru legalized homosexuality.
1932		Poland and Denmark legalized homosexuality.
1933		The National Socialist German Workers Party criminalized homosexuality and homosexual individuals were discharged to concentration camps. By the end of Holocaust, there was an estimated amount of 9000 homosexuals murdered in the camps.
1933		USSR outlawed homosexuality once again.
1942		Switzerland and Sweden legalized homosexuality.
1961		Illinois became the first state to legalize homosexuality.
1968		Germany, Bulgaria, and Canada decriminalized homosexuality.
1970		The first LGBT Pride Parade occurred in New York City. Additionally, the first Gay Rights March took place in the UK.
1972		Sweden, for the first time in the world, legalized hormone therapy and allowed transgenders to change their sex.
1980		The United States Democratic Party was the first political party in the US to endorse homosexuality.
2004		Massachusetts became the first US state to legalize same-sex marriage. In 2015, the law was extended to nationwide.

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES, AND EVENTS

The UN has been working on solutions to tackle the issue at hand via submitting and debating several resolutions on LGBT rights, and equalizing their healthcare opportunities. Below are the resolutions that were composed by the General Assembly and Human Rights Council aiming to ensure equality on LGBT healthcare

[A/HRC/RES/27/32](#)

This Human Rights Council resolution on human rights, sexual orientation and gender identity aims to eliminate the negative approach against LGBT people and ensure that their rights are protected in regions around the world.

[A/HRC/RES/32/2](#)

This Human Rights Council resolution on protection against violence and discrimination based on sexual orientation and gender identity tackles the issue of the outlash faced by the LGBT community such as violence and discrimination by means of eliminating the problem by taking the necessary measures on protection.

[A/RES/57/214](#)

This General Assembly resolution aims to urge governments to ensure the LGBT community have access to their rights such as healthcare and protection, and endorses creating LGBT-inclusive environments in daily-life such as schools and workplaces.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

There has been several attempts on solving the issue at hand. First of all, even though it is not observable at the moment, President Donald Trump claimed to be a different Republican during his campaign for elections in the United States. He has indicated that his party would strive towards eliminating the discrimination towards LGBT people. He even held up a Pride flag during his campaign events, saying the key acronym LGBTQ during the Republican convention in 2016.

Furthermore, United Kingdom has been striving to remove the difficulties from the lives of LGBT community. LGBT Health and Wellbeing (LGBT Healthy Living Centre) was founded in Scotland in 2003 to promote the health, equality, and wellbeing of the LGBT people of Scotland. The institution supports and provides service and information to the LGBT community in order to improve their health, eliminate social isolation, and encourage community cooperation and development.

The organization aims to establish a program of activities that will benefit the ill-health of the community, reduce their social isolation and exclusion, promote the health of LGBT

individuals by strengthening the community, encourage people to adopt, maintain a sustainable and healthy lifestyle, and equalize the access of LGBT people to health care services and information based on their needs.

Moreover, according to the researches and surveys done by the Health Equality Index (HEI) in the United States, 418/626 of the survey respondents have scored a 100 and therefore received the status “2018 LGBTQ Healthcare Equality Leader”. In addition, 95 more institutions scored as “Top Performers” by achieving 8-95 points. These statistics show us that with the help and encouragement these organizations provide, healthcare facilities started to successfully adopt LGBT-inclusive practices and policies.

These equality leaders receive special logos alongside a toolkit for further resources to outreach LGBT residents located in the area. These opportunities further extend the equalization process and enhance the inclusiveness of the environment formed in the facility. There are 8 regions which consist of 7 states (Alaska, Georgia, Idaho, Montana, New Hampshire, Puerto Rico, South Carolina and Wyoming), and Puerto Rico which do not have any leaders this year, however the rest are quite evenly distributed to the United States (Human Rights Campaign).

POSSIBLE SOLUTIONS

One of the most important things that should be done is making health facilities LGBT-inclusive. Maintaining an unbiased, non-judgemental approach, using the desired pronouns as a sign of respect, understanding the diversity that the LGBTQ community contains and the concepts of fluidity, meeting the expectations that a patient awaits for are some ways of making a patient feel welcomed and safe.

Intake forms that are given to a new patient to fill out their information should be revised in order to extend the range of listed sexual orientations and gender to make it more inclusive. The Institute of Medicine recommends this extended range to be included in electronic health records as well. One way of obtaining this information is inviting patients to provide their information electronically before their visit or during registration. Through this way, patients might feel safer to talk about their health issues since merely the relevant staff will get a hold of their disclosed information. Additionally, allowing patients to provide their information electronically to the institution will act as a streamline to record the information

in electronic databases, instead of re-entering the data that was filled to a paper form into the records.



Even if the data was obtained face-to-face or via paper forms, the information is very critical for the staff to identify and meet the needs of the patients. Regardless of the way it has been obtained, the data should be entered to an EHR (electronic health record) to ensure the relevant data is used appropriately and is confidential.

The setting and the environment of the health care facility can act as a display of the non-judgmental, unbiased, welcoming policies on sexual orientation and gender. All employees working in the facility including the clinicians, assistants, nurses, and receptionists must be educated in order to be aware of the respectful ways of treating a LGBT patient, which was extensively elaborated in the Background Information. The Joint Commission recommended the presence of educational brochures, containing information on LGBT health disparities, which may act as “self-assessment tools” for the staff and organizations (“Improving the Healthcare of Lesbian, Gay, Bisexual, and Transgender People”).

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