

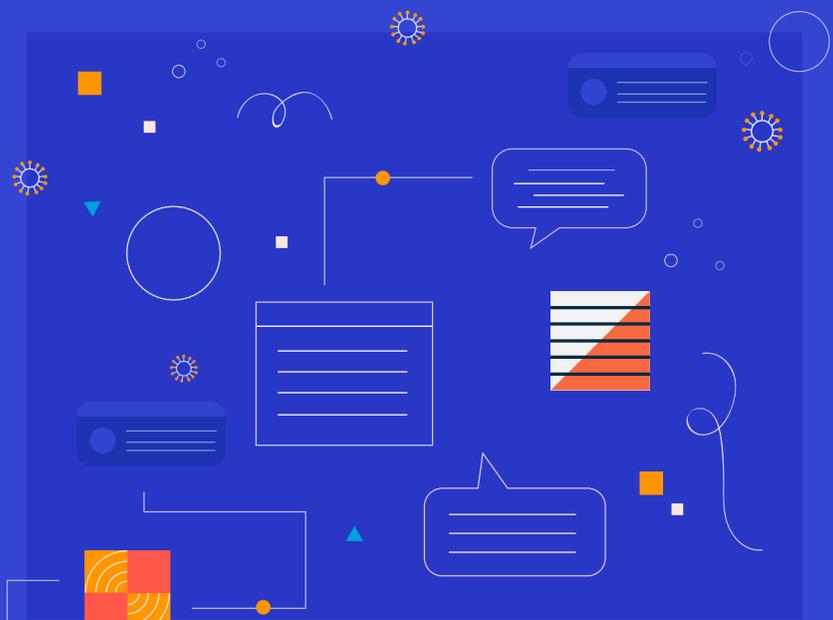
Territorial Dialogues



► Bulletin for humanitarian organizations
Eighth edition | 20/10/2022

Central topic of this issue

- LGBTIQ+ population and access to health services:
Mistrust, discrimination, and medical misconduct.





Introduction

“Leave no one behind”

is one of the pillars to meet the Sustainable Development Goals, recently emphasized by the Office of the High Commissioner of the United Nations, referring specifically to the damage to health inflicted on LGBTIQ+ people, due to factors of discrimination and abuse of health systems, as well as their exclusion from essential prevention programs and services of sexual, reproductive, and mental health programs.

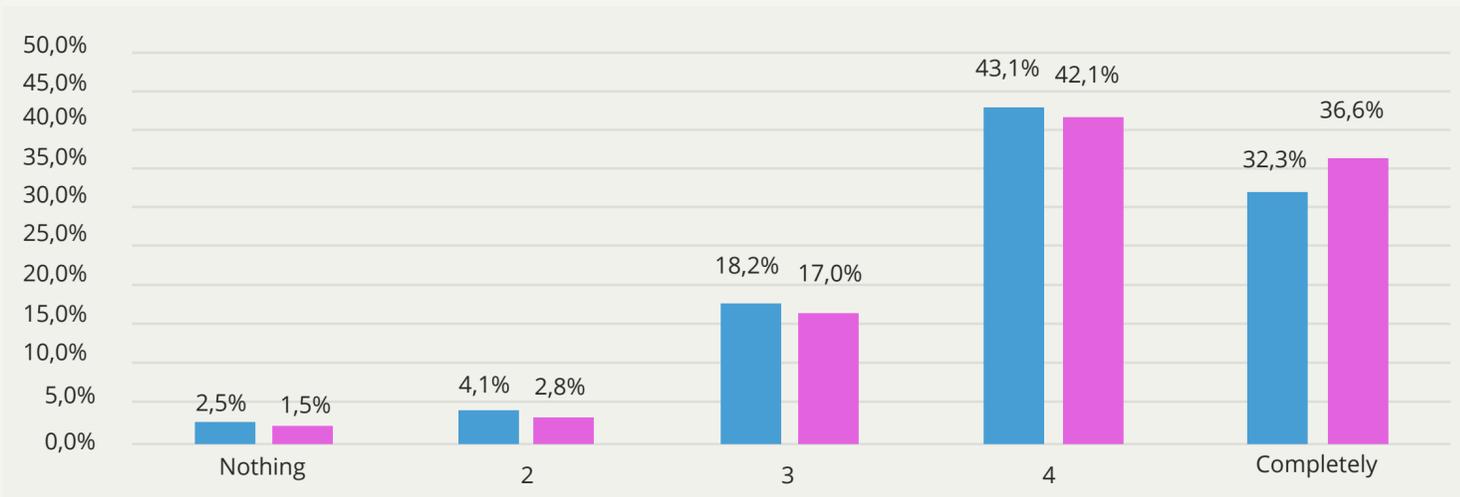
Rooted in Trust 2.0, joins the same call and, through this newsletter, we make visible the voices of people from the LGBTIQ+ community who have expressed to us their distrust towards health services in their municipalities and their reluctance at the time of having an STD test, due to the leakage of the results by some health professionals, generating rumors and exclusion.



On a scale of 1 to 5, where 1 means not at all and 5 means completely, how much do you trust the following groups of people?
Doctors and nurses in this country

According to LGBT population
 Total 23 cities
 January-May 2022

● No LGTBI ● LGTBI



Notas: Resultados calculados con factores de expansión base CNPV 2018
Fuente: DANE-EPS

According to the report on stress, health, and well-being of LGBTIQ+ people in Colombia by UCLA (University of California, Los Angeles), there is a scarcity of data that provide a decent estimate of the health of the LGBTIQ+ population in Colombia. Taking this into account, the analysis will be based on the data found, relying heavily on qualitative data.

The situation of the LGBTIQ+ community in Colombia can also be seen as a turbulent relationship, specifically because of constant microaggression and verbal violence, which can affect and impact the lives and health of people who subsequently do not report and/or seek to solve their health problems. Furthermore, this can increase mistrust of medical institutions due to discrimination and violence suffered at the hands of the institutions.

In this sense, reported cases include changes in the behavior or care provided by physicians, ranging from more subtle aggressions to discriminatory expressions of violence, exclusion and hatred, by asking about the patient's gender identity or sexual practices (in contrast to 9% of people within the LGBTIQ+ community in the USA), lack of empathy and a reduction of communication during care in a population that already suffers discrimination



75% mention having been harassed at least once before the age of 18

According to a survey conducted by the DANE in 2022 there is a high or complete trust of the LGBTIQ+ community in doctors and nurses in the country (surveys conducted in 23 cities in the country). This information contrasts with the information we received in the departments of Putumayo and Caquetá, where members of the LGBTIQ+ community told us about barriers for the LGBTIQ+ population when accessing health services, including donating blood, backed up by data collected in other materials.

Based on this, we can safely assume that the lack of data can provide us with insight into the situation of health and healthcare for the LGBTQIA+ community:

Lo que logramos a analizar, con los datos que tenemos es que:

- **There exists distrust of the LGBTQIA+ population towards public entities in Colombia.** 20% report suffering verbal abuse by police and other members of the State. Distrust is also pervasive towards health entities which can explain why there is little to no participation of the LGBTQIA+ population, in the departmental health campaigns. The LGBTQIA+ community becomes visible in health campaigns that focus on HIV screening.
- **Reports claim that health workers lack professional ethics** and there have been reports about the disclosure of the results of HIV tests conducted by members of the LGBTQIA+ community.
- As a result, people from the LGBTQIA+ sector prefer to travel to other departments to take these kinds of medical exams.



249

Total number of rumors

Data collected between: August 1 and August 31, 2022

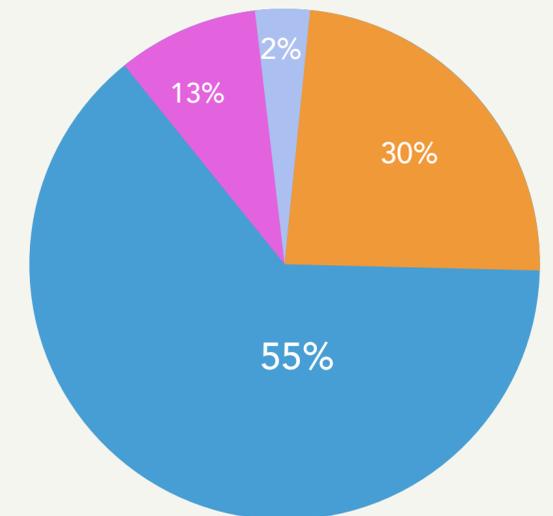
Low risk (92%) and medium risk (8%).

Key words

- COVID
- Vaccine
- Community
- Pandemic
- Fear
- Woman
- Test
- Disease

Social networks where information was collected

- Twitter 
- Offline 
- Facebook 
- Telegram 



COVID-19 data



82,375 new dosages were allocated in the last 15 days (September 17, 2022).

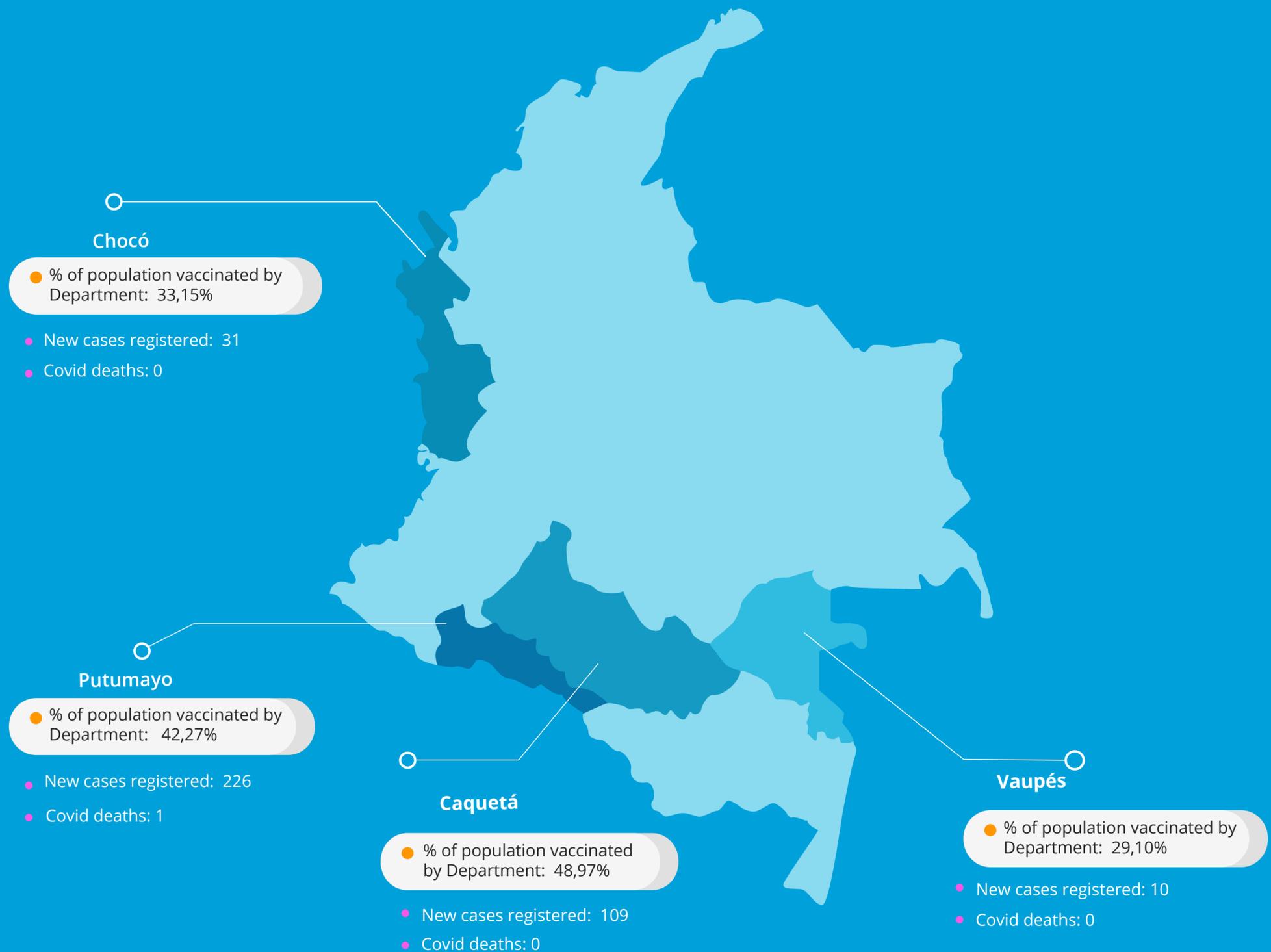


36.5 million people (71.77% of the population) with the complete vaccination schemes (September 17).

- **707 municipalities in Colombia**  already have 79.54% of their schemes complete.

- **Cobertura por Departamento:**

- × Caquetá (70,5%),
- × Chocó (44,6%),
- × Putumayo (59%),
- × Vaupés (33,8%) coverage-departments in which Arraigados en la Confianza is present-have not yet vaccinated 70% of their respective populations.





1.

► Trend

“Discrimination against the LGBTIQ+ diverse population”.

Rumor

“

In some health care workers, there is a lack of professional ethics, as they go about disclosing HIV test results or initiate fingerprinting and stigmatization for those who go for testing and belong to the LGBT population.”



Contexto

- Members of the LGBTIQ+ community have pointed out in our listening groups that health entities **consider them promiscuous and more likely to be carriers of STDs.**
- **This has also led to acts of discrimination**, such as denying them the possibility of donating blood or being targeted by health entities when they must carry out HIV screening activities.
- Likewise, they tell with indignation how **“when it comes to HIV testing, the officials do not have discretion and tell who they have been tested, making it look like something bad.** Worse still, they go about divulging the test results of people who test positive.”
- **This in turn has caused LGBTIQ+ people to desist from getting tested for STDs or prefer to go to other Departments to do so,** which generates additional costs and, consequently, the desistance of many patients.
- In the cases of HIV-positive people who receive their treatment in other Departments to avoid feeling discriminated against, this also represents a factor of desertion.



What is the importance and possible implications of this situation?

- Barriers to gain access to health services become visible for minorities that have suffered historical exclusion in the country. Furthermore, these situations bring attention to the multiple stigmas that have been generated around sexually transmitted diseases
- These prejudices have also been recently evidenced through rumors and pieces of disinformation that openly discriminate against the LGBTIQ+ community, indicating, for example, that they are the carriers and transmitters of monkeypox or that because of their gender status they should be denied access to health services or be vaccinated against COVID-19 in other isolated places.
- This trend of discriminatory misinformation is critical because, precisely due to the health emergency caused by the COVID-19 pandemic, there was an increase in cases of systemic violence against the LGBTIQ+ population, as well as an increase in mental health, sexual and reproductive health, and gender-based violence. There are multiple documented cases such as that of Alejandra Monocuco, a 39-year-old trans woman who was denied the necessary medical attention after being infected with COVID-19 and who died in unfortunate events.



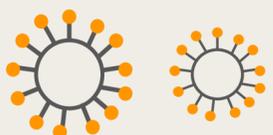
Why has this rumor gone viral?

- These types of comments have also become viral on social networks, mainly due to discriminatory narratives that associate the diverse community with the spread of diseases and even with the origin and transmission of COVID-19, as well as hateful statements with ideological or religious overtones that increase their diffusion and effect on society.
- Likewise, there is a fundamental legal problem regarding gender recognition, which, combined with restrictive measures such as “peak and gender”, have exacerbated discrimination and negligence on the part of some institutions, while generating frustration and confusion among the diverse population.



What is the significance and possible implications of these rumors?

- As has been evidenced in various contexts, these comments can generate **discrimination and violence against the diverse population**.
- These factors are even more acute in the case of the diverse migrant or mobile population, who must face the interruption of hormonal treatments due to the denial of these services in the places of transit or medical negligence, as well as difficulties in accessing medical, water, sanitation, food and housing services, among others.



Some facts to keep in mind:

- In Colombia, Decree 1543 of 1997 regulates the management of sexually transmitted diseases (STDs) and establishes that positive cases of sexually transmitted diseases DO have to be reported to the Territorial Health Directorates (regardless of the professional secrecy established in Article 37 of Law 23 of 1981) or else the entities may receive sanctions. However, it states that this will be done purely for health purposes and that the patient's personal information is confidential and will enjoy the protection of confidentiality.
- This decree also establishes the obligatory nature of the attention and non-discrimination of the positive patients by the health personnel, under penalty of incurring in a punishable conduct of not complying with the provision of the service.
- There is a National Medical Ethics Tribunal and a PQRS system of the Ministry of Health to which specific requests can be submitted in case of having experienced discrimination or medical negligence.
- Likewise, organizations such as Caribe Afirmativo, Colombia Diversa, Alianza VHIDA and the Colombian League for the Fight Against AIDS provide legal and psychosocial counseling services in these cases.

Recommendations:

- **As actors in the humanitarian sector, we can bring actionable and simple information to communities regarding the channels and routes for legal advice, reporting and attention to these cases, ensuring that the information reaches those who need it, especially in remote rural areas. Some examples of content are:**
 - [Legal Clinic de El Tiempo](#)
 - [Legal Concepts: medical malpractice](#)
- With Caribe Afirmativo, our partner, we are supporting LGBTIQ+ organizations in meetings for dialogue and training on issues of access to health and justice. If you are interested in being part of these meetings, contact us by e-mail at jsandovalvasco@internews.org e info@caribeafirmativo.lgbt
- Entities such as Colombia Diversa also offer advisory services through the following e-mail addresses: info@colombiadiversa.org

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Rooted in Trust 2.0 (Rooted in Trust), by Internews, is tasked with identifying, collecting, analyzing and responding to rumors in 10 countries around the world, with support from USAID’s Bureau of Humanitarian Affairs (BHA). We focus on providing journalists and humanitarian communicators with the necessary tools, in their preferred languages, to respond to rumors and misinformation in the context of the COVID-19 crisis.



For more information about the project or access to our content repository, please visit our website: [Internews](https://www.internews.org)



If you would like to give us your feedback on this newsletter and/or the “Rooted in Trust 2.0” project, please feel free to write to us at jsandovalvasco@internews.org. Any feedback or comments will be considered for future content pieces.

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