

Access to Health Care for LGBT People in Kyrgyzstan

July 2007

**A Sexual Health and Rights Project/Soros
Foundation–Kyrgyzstan Report**



OPEN SOCIETY INSTITUTE
Public Health Program

Access to Health Care for LGBT People in Kyrgyzstan

**Sexual Health and Rights Project (SHARP)
Soros Foundation–Kyrgyzstan**

July 2007

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The Open Society Institute's Public Health Program promotes the participation and interests of socially marginalized groups—including drug users, people living with HIV/AIDS, and Roma communities—in the public health policies and services that impact their lives. The program fosters greater government accountability and transparency through civil society monitoring and advocacy, with an emphasis on HIV and AIDS. In April 2005, the Public Health Program officially launched the Sexual Health and Rights Project (SHARP) to develop and implement a global strategy to improve the health and rights of sex workers, men who have sex with men (MSM), and lesbian, gay, bisexual, and transgender (LGBT) persons. SHARP seeks to respond to opportunities and gaps in this nascent field to ensure that those stigmatized because of their sexual practices, real or perceived sexual orientation, and/ or gender identity have access to quality health and social services and can effectively advocate for their rights. Through a combination of grantmaking and operational efforts, SHARP supports capacity building, education, development of innovative service models and advocacy activities. Its broad geographic mandate includes Eastern and Southern Africa, Central and Eastern Europe, the former Soviet Union, and Southeast Asia.

OSI is working in close collaboration with its national foundation in Kyrgyzstan on a joint strategy to improve the health and rights of marginalized populations. In the fall of 2006, OSI and the Soros Foundation–Kyrgyzstan (SFK) commissioned a team of consultants to undertake qualitative research on the opportunities and barriers to health care access for LGBT persons in Kyrgyzstan. The consultants included Djamilya Alisheva, Julia Aleshkina, and Florin Buhuceanu. Researchers Anna Kirey and Alexey Lytochkin from the nongovernmental organization Labrys also contributed research to the report from a separate research project. The report was edited by Acacia Shields, an independent consultant, and drafts were reviewed by Maxim Anmeghichean of the International Lesbian and Gay Association of Europe; Adrian Coman of the International Gay and Lesbian Human Rights Commission; Anna Kirey of Labrys; Aisuluu Bolotbaeva of SFK; and Jonathan Cohen and Rachel Thomas of OSI.

In July 2007, SHARP and SFK hosted a stakeholder roundtable in Bishkek to present the report and its recommendations to representatives of local and international NGOs and government bodies. The goal of the roundtable was to discuss report recommendations and strategize about their implementation. Special thanks are due to SFK Chairman of the Board Svetlana Bashtovenko, for her opening remarks; Anna Kirey of Labrys for presenting the research results and report recommendations; Maria Lisitsyna of Human Rights Watch for facilitating the discussion; Syrga Isabaeva of SFK for administrative support; and Lena Mironova for translating the report into Russian.

English and Russian versions of the report are available at:

http://www.soros.org/initiatives/health/focus/sharp/articles_publications/sub_listing

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EXECUTIVE SUMMARY

This report discusses the obstacles lesbian, gay, bisexual, and transgender (LGBT) people face in accessing health care in Kyrgyzstan. Researchers identified a number of factors that currently put the health of LGBT people at risk and that require the attention of the government of Kyrgyzstan, international donors, and civil society groups.

One factor inhibiting LGBT access to medical care is the high prevalence of intolerance toward LGBT people in Kyrgyz society generally and among those in the health care system in particular. LGBT people cited discrimination, fear of discrimination, and financial constraints as some of the main obstacles to their accessing health care. In addition, doctors' lack of knowledge about LGBT health needs and lack of skills with which to address them mean that many patients receive improper care or no treatment at all.

Despite the positive effect of the emergence of specialized clinics and nongovernmental organizations (NGOs) serving the LGBT community, many LGBT people remain unaware of their own health needs. This situation further jeopardizes LGBT health.

In order to improve the quality of health care services for LGBT people and ensure that necessary treatment is accessible to everyone, this report recommends training medical personnel about LGBT health needs, educating LGBT people about the importance of receiving proper treatment and screening, and expanding legal protections for LGBT people as citizens and patients.

INTRODUCTION

Methodology

Research for this report was conducted by a team of consultants in September 2006. The purpose of the research was to determine the level of access to health care available to LGBT people in Kyrgyzstan.¹

Researchers working for the Soros Foundation–Kyrgyzstan (SFK) and the Open Society Institute's Sexual Health and Rights Project (SHARP) conducted interviews in Bishkek, Osh and Jalal Abad with 49 men who have sex with men (MSM)² and 1 transgender

¹ Transgender people are those whose bodies at birth do not match their internal sense of their gender identity. The gender that a person considers his or her true self, regardless of the sex he or she was assigned at birth, is called the person's gender identity. How that person appears and acts in accordance with his or her gender identity is referred to as the person's gender expression. For example, people designated at birth as female, but who identify as male, are female-to-male transgender, or FTM, and are also referred to as transgender men. A transsexual is a transgender person who opts to bring his or her body into alignment with his or her gender identity through hormone therapy and sex reassignment surgeries. Not all transgender people are transsexual. In addition, not all transgender people are homosexual; gender identity and sexual orientation are two separate issues.

² This report uses the public health terms MSM (men who have sex with men) and WSW (women who have sex with women) to describe people who have sex with others of the same sex, whether occasionally,

woman (male-to-female, or MTF) using a structured questionnaire.³ Additional detailed interviews with 3 MSM were conducted in Bishkek and Jalal Abad. Researchers Anna Kirey and Alexey Lytochkin from the NGO Labrys conducted similar structured interviews with 48 women who have sex with women (WSW) and 6 transgender men (female-to-male, or FTM) in Bishkek as part of a separate research project.⁴ The SFK/SHARP researchers augmented these findings with focus group discussions with WSW (4 people), MSM (10 people) and transgender people (6 people, 5 FTM and 1 MTF).

The SFK/SHARP researchers also conducted in-depth interviews with medical professionals in Bishkek, Osh, and Jalal Abad and with the leaders of NGOs working with the LGBT community. Secondary sources used in this report include materials published by Labrys and another NGO, Oasis.

Survey and focus group volunteers were identified by staff members of Labrys and Oasis. Interviewees' connection to these LGBT organizations may mean that their responses are not typical of members of Kyrgyzstan's LGBT community not affiliated with either of these NGOs. In particular, contact with LGBT NGOs may have affected interviewees' responses regarding the availability of LGBT-friendly health care services and attitudes about their own sexual orientation or gender identity, as well as their views on coming out.

The names of all interviewees have been kept confidential in this report to encourage openness and out of respect for the safety and privacy of participants in this study.

Participant Profile

The LGBT community in Kyrgyzstan is diverse in terms of its ethnic, cultural, socio-economic, and religious composition. LGBT community members are all ages and have a wide range of educational backgrounds.

The majority of people interviewed for this report were 30 years old or younger. Eighty-two percent of WSW and transgender men surveyed were 30 years old or younger.⁵ The remaining 18 percent were between 31 and 50 years old. Seventy-six percent of MSM respondents were 30 years old or younger.⁶ The remaining 24 percent were between the ages 31 and 47. The average age of the transgender people interviewed was 24 years old.

regularly, or as an expression of gay identity. The term is meant to be descriptive without attaching an identity or meaning to the behavior, so that health interventions, especially HIV/AIDS education and services, can be directed to persons on the basis of need. The terms MSM and WSW are used in this report in an effort to be inclusive of those who practice same-sex relations but have not embraced a lesbian, gay, bisexual or transgender identity, and are not meant to avoid or deny people's right to an identity.

³ Though interviews with lesbian and bisexual women and transgender people were planned for Osh and Jalal Abad, researchers were unable to identify people willing to be interviewed.

⁴ When research for this report was initiated, Labrys researchers were already in the process of conducting a similar study focusing on WSW and transgender men. It was deemed expedient for SFK/SHARP researchers to use the results of the Labrys study rather than duplicate that group's efforts.

⁵ As noted above, the Labrys survey included 48 WSW and 6 transgender men.

⁶ The term "MSM respondents" is used here and throughout the report to refer to the 49 men and 1 transgender woman who took part in the SFK/SHARP survey.

In terms of ethnicity, 55.6 percent of WSW and transgender men interviewed were ethnic Russian, 25 percent were ethnic Kyrgyz, and the remainder represented other ethnic groups. Sixty percent of MSM interviewed for this report were ethnic Russian, 6 percent were ethnic Kyrgyz, and the remainder represented other ethnic groups.⁷

Among WSW respondents, 70.4 percent defined their sexual orientation as lesbian; 26 percent identified as bisexual.⁸ Among MSM respondents, 52 percent defined their sexual orientation as gay; 46 percent as bisexual.⁹

LGBT Groups and Health and Human Rights NGOs

NGOs working with the LGBT community include Avalon, Labrys, and Oasis. Such NGOs are essential to furthering the collective visibility and representation of LGBT people and focusing the attention of government and donor institutions on the needs of the LGBT community. However, these NGOs remain relatively small and fragile and receive little support from other civil society actors, including health and human rights groups that could potentially offer the LGBT community crucial support. As a result, LGBT groups depend heavily on support from foreign organizations, such as the Dutch NGOs COC Nederland and Hivos. Indeed, existing LGBT-friendly medical services offered by NGOs on a small scale are dependent on financial support from foreign donors and are difficult to sustain. LGBT NGOs are further constrained by a common lack of understanding and cooperation.

Avalon

Avalon was established in 2006 by staff from Oasis. The group, based in Bishkek, works with MSM as well as other members of the LGBT community. Staff maintain a shelter for LGBT people and conduct support programs for LGBT sex workers. The director of Avalon works at the Bishkek City AIDS Center, where members of the target group who receive referrals from Avalon can obtain free medical services. Avalon also offers members of the LGBT community free psychological counseling. The group has formed ties with “Psychological Health and HIV/AIDS,” a group that now offers LGBT people access to mental health specialists, and Shag Navstrechu, an organization working with people living with AIDS.

Labrys

The NGO Labrys was established in 2004 as an activist organization for lesbian and bisexual women, and in late 2005 expanded to include support services for transgender men. The emergence of the transgender group within Labrys—one of the very few in the

⁷ Ethnic Russians are a minority in Kyrgyzstan, but constituted the majority of interviewees for this report. According to the 2003 demographic data available from the National Statistical Committee of Kyrgyzstan, 10.7 percent of society in Kyrgyzstan is ethnic Russian, and 66.9 percent is ethnic Kyrgyz.

⁸ Of the six transgender men who participated in the Labrys survey, one identified as bisexual, two identified as straight, and three identified as lesbian.

⁹ The one MTF participant in the SFK/SHARP survey identified as straight.

former Soviet Union—was a first and significant step in Kyrgyzstan toward dissolving the restricted and exclusive identity of “gay and lesbian.” The group currently provides programs and services for some 200 lesbian and bisexual women and transgender men and women. Labrys aims to establish a safe space for people of all identities and to give its members the opportunity to explore, create, and propose a model that promotes justice and rejects the gender inequalities, violence, and discrimination pervasive in Kyrgyz society. The group provides members with a safe place to socialize and discuss the issues that affect their lives. Labrys also runs a shelter for WSW and transgender people who need to leave their homes or who find themselves in a difficult situation. As part of its program, Labrys also hosts parties at a local disco and regular discussion groups for transgender men and WSW. In addition to providing referrals to a clinic for free gynecological services, Labrys offers members free counseling with an LGBT-friendly psychologist. Materials about LGBT health needs are distributed through the group’s office in Bishkek. Labrys recently completed a needs assessment study with lesbian, bisexual, and transgender people in Bishkek, part of which is reflected in this report.

Oasis

The longest-standing LGBT group in Kyrgyzstan, Oasis, was founded in 1995 with a focus on youth and vulnerable groups. It began work on the prevention of HIV/AIDS and sexually transmitted infections (STIs) among MSM in 1998. Today the group continues to conduct information campaigns involving distribution of materials and the organization of seminars to educate youth and other vulnerable groups. Researchers found that HIV/AIDS prevention projects are used by Oasis as a way of reaching out to the MSM population and as a means of legitimating and funding the organization. Even a well-established NGO such as Oasis enjoys little voice in shaping national policies or procedures on HIV/AIDS, however. As described further below, Oasis provides referrals for MSM to receive free medical services at a clinic. The group also offers psychological services to MSM free of charge. Oasis is based in Bishkek and has recently established a branch in the southern city of Osh, called the Initiative Group of the Oasis Fund. At the time of this writing the Osh group was awaiting official registration.

Health and Human Rights Groups

The Youth Human Rights Group, Independent Human Rights Group, Mental Health and Society, Open Viewpoint, and Sezim are human rights NGOs in Bishkek that are potential allies for the LGBT community but do not currently focus on LGBT issues. The legal aid group Adilet has supported LGBT people in need of legal advice and is also a potential resource and ally for LGBT NGOs and the community at large. Health NGOs, particularly those that work with drug users and on HIV/AIDS prevention, also represent potential sources of support for the LGBT NGOs. Some of the leading health NGOs in Bishkek include Tais Plus, Aman Plus, Sotsium, and Ranar, as well as those already working in cooperation with Avalon, Psychological Health and HIV/AIDS and Shag Navstrechu. In Osh, Musaada, a well-established group that works with drug users and sex workers, is in communication with the newly created branch office of Oasis and is providing moral support and advice to members of the new LGBT group. Podruga is another potential ally in Osh for LGBT people involved in sex work. The NGO

Spravedlivost in Jalal Abad has a strong record of support for victims of police abuse and is a potential ally for LGBT people regarding this issue.

International Organizations

International governmental and nongovernmental organizations based in Kyrgyzstan with mandates to defend LGBT rights include the Central Asia office of the UN High Commissioner for Human Rights, the Organization for Security and Cooperation in Europe (OSCE), the Central Asia researcher for Human Rights Watch, and the representative of the Norwegian Helsinki Committee.

The Right to Health and Protection from Discrimination

Article 15 of the Constitution of Kyrgyzstan declares equal rights and equal treatment for all citizens. It states: “No one shall be subject to any type of discrimination, violation of his rights and freedoms on the basis of ethnic origin, sex, race, ethnicity, language, political or religious belief, or other conditions or circumstances of a personal or social nature.”¹⁰

The failure to include sexual orientation and gender identity among the protected identities under the antidiscrimination law has left LGBT people vulnerable to persecution and unable to effectively seek redress for abuse of their rights. The absence of domestic legislation and policy guaranteeing nondiscrimination against LGBT people has also contributed to marginalization of the LGBT community in Kyrgyz society.

The International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Kyrgyzstan is a party, declares “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”¹¹ Fundamental health rights are articulated in domestic legislation in the Health Law, the Law on Citizens’ Health, the Law on Medical Insurance, the Law on Health Organizations, and the Law on Sanitary Epidemiological Well-Being. There is additional domestic legislation that covers HIV/AIDS and the rights of patients.

Specialized legislation unifying and coordinating the various provisions on patients’ rights in the above laws and others is urgently needed. A recent study on the state of health rights in Kyrgyzstan found that:

¹⁰ Unofficial translation; any errors are the responsibility of the editor.

¹¹ Article 12, ICESCR. The Committee on Economic, Social and Cultural Rights, set up by the ICESCR, has explicitly stated that this international instrument prohibits discrimination in access to health care on the basis of sexual orientation. Article 12, General Comment 14, Paragraph 18 states, in part: “By virtue of article 2.2 and article 3, the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health.” Available at: [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En)

A draft patients' rights act, collecting, codifying, regularizing, and augmenting the existing provisions scattered in several pieces of legislation has been proposed but has not received parliamentary support. At present the enforcement of patient rights requires using the basic civil code provisions on liability for harm, the provisions in the health code governing [administrative] liability for [improper treatment, diagnosis, imperiling health], the provisions regarding expertise, including alternative expertise.¹²

In addition, Kyrgyzstan currently lacks adequate mechanisms for redress of abuses of patients' rights. There is a lack of jurisprudence on health rights, indicating a lack of enforcement of current legislation and need for additional legislation and monitoring. The Office of the Ombudsman, mandated to respond to citizens' complaints about rights violations, currently does not respond effectively to complaints regarding abuses of health rights.

BACKGROUND

Homophobia, Transphobia, and Discrimination in Kyrgyzstan

“Many are forced to become sex workers. Nobody gives us a job. Two of my acquaintances are sex workers. I was a sex worker too.”

--Transgender woman in Bishkek

LGBT people's ability to function as full and free members of Kyrgyz society and to access the same services as other citizens are constrained by the intolerance and discrimination they experience. Homophobia and transphobia are widespread in Kyrgyzstan.¹³ Intolerance toward LGBT people is reported to be common in areas outside of the capital, where there is little public information available about sexual minorities and the need for tolerance toward LGBT people. The researchers for this report found homophobia and transphobia to be particularly acute in southern Kyrgyzstan, where society is generally conservative and political, religious, and community leaders often embrace homophobic ideas.

Discrimination, that is, unequal treatment of people based on their sexual orientation or gender identity, is pervasive and perpetrated with impunity throughout Kyrgyzstan. The majority of people interviewed for this report had suffered some kind of discrimination in connection with their sexual orientation or gender identity.

¹² Scott Newton, *Health Rights Advocacy in Kyrgyzstan* (Law and Health Initiative of the Open Society Institute, 2006).

¹³ For the purposes of this report, homophobia is defined as irrational fear of, or hatred against, people emotionally and sexually attracted to persons of the same sex. Transphobia is fear of, or hatred against, people whose gender identity or expression does not conform to conventional or stereotypical conceptions of gender.

Seventy-eight percent of MSM interviewed for this report said they had suffered persecution based on their sexual orientation.¹⁴ Of those who had experienced persecution, 44 percent had been verbally insulted and 30 percent suffered other types of discrimination, such as refusal of service at shops and restaurants. As many as 16 percent of gay and bisexual men who reported persecution said they had suffered physical violence because of their sexual orientation. Another 14 percent reported being the victims of forced sex, and 10 percent said they had suffered some type of sexual violence.¹⁵

Research for this report did not include data on violence against WSW because of their orientation. However, just over 14 percent of WSW and transgender men said their fathers physically assaulted them when they disclosed their sexual orientation, or it was revealed or somehow discovered.¹⁶ Almost 26 percent of WSW and transgender men reported being the victims of sexual violence. WSW and transgender men also reported various types of discrimination, with some 35.2 percent reporting that their sexual orientation creates problems in their lives. Fifteen percent said that their sexual orientation hinders their career growth. One participant in the Bishkek WSW focus group said, “I was fired from the supermarket. Girls were embarrassed to undress in my presence, they were afraid of me. That’s why I didn’t receive any explanations, I was just fired.”

Distrust of police and judicial authorities leads to the underreporting of criminal acts against LGBT people. Of those MSM who said they experienced persecution, for instance, only 12 percent said they had informed anyone about these incidents. Unable to access justice, LGBT people are forced to practice survival strategies, embracing invisibility and marginality as a way of avoiding persecution and exclusion.

In addition to confronting homophobia, transphobia, and discrimination in society, LGBT people in Kyrgyzstan are compelled to operate in a generalized heterosexist environment that denies or stigmatizes non-heterosexual behavior, identity, and community.¹⁷ Pressure to conform to heterosexist society can be intense. This was illustrated in testimony of MSM about the pressure to live as bisexuals and to marry women.

One participant in the MSM focus group discussion in Osh told researchers, “Usually men become bisexual when they approach marriage age. Under pressure from parents they marry. Even if a man is gay he should marry.” A participant in the focus group conducted in Jalal Abad said, “Among us [MSM in Jalal Abad] about 30 percent are bisexuals, others are gays. But all of them have families, according to oriental traditions all of them are ‘forced’ bisexuals.”

¹⁴ The remaining 22 percent of the respondents declined to answer this question.

¹⁵ There is some overlap in these statistics: five of the respondents who reported that they had suffered sexual violence also said they had been the victims of forced sex.

¹⁶ Almost 5 percent of mothers used violence against WSW and transgender men who came out, or whose orientation or gender identity was revealed.

¹⁷ Heterosexism is the belief that everyone is, or should be, heterosexual. A heterosexist viewpoint denies and rejects gay, lesbian, bisexual, and transgender identities and renders LGBT people “invisible.”

A transgender man (female-to-male) reported that his mother "...prefers to keep the silence as it was before. She even tried to give me away in marriage." In a 2007 case reported by Labrys, the mother of one WSW beat her and her partner and forced the woman into marriage with a man.¹⁸

LGBT survival strategies are developed in response not only to specific incidents of discrimination and family pressure, but also as a means of coping with widespread social intolerance. Many LGBT people remain isolated because they feel they "do not belong" in mainstream Kyrgyz society.

Government officials often use the fact of LGBT invisibility or public absence to claim that there is no pressing human rights problem related to LGBT rights. Political parties with representation in parliament have proved hostile to the suggestion that they include LGBT issues in their political agenda. Many politicians instead use their positions of authority to support and legitimize homophobic attitudes and fuel anti-gay rhetoric. They have repeatedly failed to act as champions of LGBT equality and empowerment or to encourage change in general attitudes toward homosexuality. Many in government hold the view that LGBT people are "un-natural" and that the notion of human rights for sexual minorities is alien to, and incompatible with, Kyrgyz culture.

Doctors and other staff at private and state clinics in Kyrgyzstan routinely assume patients are heterosexual. Heterosexism and homophobia put the health of LGBT people at risk. Commenting on such situations, the Gay and Lesbian Medical Association in the United States found that:

The unfortunate consequences of homophobic attitudes and actions can result in devastating outcomes, including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), addictive diseases, stress-related disorders, depression and suicide. Thus, being served by a continuum of care ranging from preventive services to identification of risk conditions or diseases, treatment, referral or rehabilitation, or maintenance is essential for a group that has an increased probability of risk for developing chronic and costly conditions.¹⁹

As authorities in the field have discovered, in addition to putting LGBT people's physical health at risk, negative prejudice, social stigma, and discrimination can have a deep and negative effect on the mental health and well-being of LGBT people, leading to feelings of self-hatred, guilt, shame, depression, and thoughts of suicide.

One psychologist interviewed in Jalal Abad reported that LGBT patients come to her because they feel social pressure prevents them from living as the people they truly are. She said, "They wish to live openly, but the mentality [of society] does not allow that."

¹⁸ Labrys Blog, Available at: kyrgyzlabrys.livejournal.com

¹⁹ *Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*, (San Francisco: Gay and Lesbian Medical Association): 28-29.

Transgender men and women are extremely isolated and marginalized in Kyrgyz society. Transphobia remains acute and transgender people face prejudice, aggression, and hostility from the general population and discrimination from medical professionals to whom they turn for help.

While gays, lesbians, and bisexual people may have the possibility to hide their sexual orientation in order to reduce the level of hostility from others, in particular when applying for jobs, transgender people are in a different situation. Participants in the transgender focus group discussions report that many members of the transgender community have been forced to engage in prostitution when they were unable to find other work.

One transgender woman (MTF) who spoke openly about the forces pushing transgender people into sex work said, “Many are forced to become sex workers. Nobody gives us a job. Two of my acquaintances are sex workers. I was a sex worker too.”

There is, unfortunately, a good deal of transphobia also within the LGBT community. In particular, it was reported that many lesbians do not perceive transgender men (FTM) to be men. One transgender man said, “My lesbian friends do not perceive me as a guy. They often talk to me using female word endings.”

MSM have also failed to treat transgender men with respect. One transgender man recalled an interaction with MSM, saying, “They just think that this is a whim. When they see that [our] genitals are not male, they do not take us seriously. There is a requirement—if you have a penis, then you are a man.”

Another interviewee reported that a workshop organized for MSM on matters of transsexuality and transgenderism fell apart when the trainer (a transgender man) was ridiculed and insulted by the gay and bisexual male participants. Revealing a lack of understanding of transgenderism and unwillingness to learn about issues of gender identity, one of the leaders of the MSM community reportedly said, “Transgenders are lesbians who decided to change their sex.”

Coming Out in Kyrgyzstan

“I’m already 30 and still have not told anybody about my sexual orientation. If I try to tell my parents then I simply would not have any other choice but to hang myself.”
--MSM in Osh

Given the widespread homophobia and transphobia in Kyrgyzstan, it can be difficult for members of the LGBT community to “come out,” that is, disclose their sexual orientation or gender identity.²⁰ The process of coming out is a crucial action for LGBT people and is an important stage in the formation of LGBT identity. Those who fear coming out may

²⁰ Coming out is a term used to describe the process of self-discovery, self-acceptance, and openness of LGBT individuals about their sexual orientation and gender identity.

develop internalized homophobia (self-hate) and depression.²¹ The majority of LGBT people interviewed for this report stated that it was important to them to find a way to come out to some friends and colleagues. In general it appears easier for LGBT people to come out to friends than to relatives, who often react negatively to the news.

Thirty percent of MSM surveyed said their family knew about their sexual orientation; while 68 percent had come out to friends and 40 percent had come out to their colleagues. 26 percent of MSM said their neighbors know about their orientation and another 10 percent stated that they revealed their sexual orientation to other persons from their circle of friends. Thirty-eight percent of the respondents disclosed their status to medical specialists. Twenty-two percent of MSM respondents said that nobody from their family and circle of friends knows about their sexual orientation.

Despite a desire to come out to friends and family, many LGBT people in Kyrgyzstan remain closeted because they fear the response of others.

Coming out in the south, in cities such as Osh and Jalal Abad, is considered to be akin to social suicide. Given the prevalence of socially conservative and homophobic attitudes in the south, the disclosure of homosexual orientation is seen as extremely stigmatizing and possibly dangerous.

One MSM from Osh said, “Even if a small piece of information—a tiny rumor—came out, I simply would need to leave this city [and] my family.”

Another participant in the MSM focus group in Osh said, “I’m already 30 and still have not told anybody about my sexual orientation. If I try to tell my parents then I simply would not have any other choice but to hang myself. Here one needs to think not only about himself, but also about his family. We have such a mentality. I do not know what my family would think of me. I probably will take this secret to the grave....”

Another man from the Osh group said, “I’m particularly afraid for my wife. She is Muslim and prays; she will not understand that her husband is ‘blue.’”²²

In general, 20 percent of MSM reported that they had difficulties with the people to whom they disclosed their orientation. Of those who reported such problems, 4 percent reported quarrels with or separation from their wife; 10 percent reported quarrels with their parents; and 2 percent said employers opted out of contracts with them earlier than originally scheduled.

Many of the WSW and transgender men interviewed for this report had gone through the coming out process, at least revealing their orientation or gender identity to friends. Only one interviewee said that no one from her circle knew about her sexual orientation.²³

²¹ These issues are discussed further below in the section on mental health needs.

²² “Blue” is a Russian slang term meaning gay.

²³ It should be noted, however, that the interview pool consisted of a small sample group and that the interviewees were identified by Labrys to be participants in the research. Their affiliation with Labrys may

Twenty-eight percent of WSW and transgender men said that their work colleagues or schoolmates knew about their sexual orientation or gender identity; of those, 77 percent reported that the information was met with tolerance.

About 60 percent of WSW and transgender men interviewed said they preferred to hide their orientation or gender identity from relatives. Almost 3 percent said their partner reacted violently when they disclosed their orientation. As noted elsewhere, many WSW and transgender men also said that they suffered physical violence at the hands of their parents when their sexual orientation or gender identity was revealed; 4.8 percent reported violence by their mother and 14.3 percent reported violence by their father. Participants in the WSW focus group said that parents often view their daughter's homosexuality or bisexuality as a misfortune, and expressed concerns about coming out to family members.

One participant said, "I haven't told my parents yet, they do not know anything. I am not afraid to tell them, I just do not want to traumatize them...."

Transgender people face the greatest obstacles to coming out to family and friends and are, as a consequence, among the most closeted members of the LGBT community.

Family Violence

"[My father] told me he will beat me every day until I commit suicide."
--Transgender man in Bishkek

Domestic violence is common throughout Kyrgyzstan. LGBT people appear particularly vulnerable to family violence when their sexual orientation or gender expression is revealed. Family members often condemn and ostracize LGBT people for having "brought shame" on the family and use physical violence against them. Violations of the physical integrity of LGBT people harm their health and well-being.

As noted above, WSW and transgender men reported that relatives, more often than others, react negatively to information about their gender identity or sexual orientation and were more likely to use violence against them. Sixteen percent of MSM reported suffering physical violence in the home.

One man reported to researchers that because he is homosexual his family stoned him and his brother cut his neck with a knife. The man sought medical treatment and was saved by doctors. He fled the hospital prior to recovering fully, however, because he feared his brother would show up and kill him. He later fled the city and did not file a complaint with authorities against his family.

mean that they were more likely to have come out than the average lesbian or bisexual woman in Kyrgyz society.

The focus group with transgender people revealed that family members often reacted to their gender expression with violence.

One transgender man reported that when his father discovered his gender expression and took it to mean that he was lesbian, his father beat him repeatedly for two days: “He told me he will beat me every day until I commit suicide.” The violence forced the young man to flee his home.

Another transgender person reported, “My father and brother want to murder me.”

Hate Crimes

Street violence against LGBT people is common in Kyrgyzstan. Such incidents include violent hate crimes, that is, violent attacks on LGBT people because of their sexual orientation, gender identity or perceived orientation or gender expression. As noted above, of the 78 percent of MSM who said they suffered persecution, 16 percent were the victims of violent attack due to their orientation. Another 14 percent reported being the victims of forced sex, and 10 percent said they had suffered some type of sexual violence. Twenty-two percent of MSM surveyed for this report named “the street” as the place where they most often encounter discrimination and brutal treatment.²⁴

Some lesbian and bisexual women and transgender men report that they also have been physically attacked on the street by people who are confused by their gender expression or who perceive them as being gay men. One source reported an incident in which a lesbian couple was beaten and one of the women was raped by a group of men in an apparent hate crime. A staff member at Labrys said that the group is aware of six cases in recent years in which women were raped by men because of their orientation. Further details regarding hate crimes against WSW were not available for this report; however, as discussed elsewhere, 25.9 percent of WSW and transgender men interviewed were victims of forced sex.²⁵

The level of transphobia in Kyrgyz society is high and being a transgender person in Kyrgyzstan can be dangerous. All participants in the transgender focus group reported that they have directly experienced acts of verbal and physical violence on the street. According to Labrys, transgender women working as sex workers are often beaten by clients when the clients discover the sex worker is a biological man

Members of the transgender community expressed sharp distrust and fear of police. Distrust of police, lack of access to justice, and fear of further victimization contribute to low rates of reporting acts of violence and discrimination based on gender identity.

²⁴ As noted above, family violence is the second most common form of violence suffered by MSM surveyed for this report; some 16 percent reported family violence.

²⁵ For the purposes of this report, it was not possible to establish how many of these crimes were committed against the victims because of their sexual orientation or gender identity.

One transgender focus group participant provided the following comment on the futility of complaining to police about street violence, “It might make it worse. Anyway, it couldn’t make it better. The police mentality is worse than that of drunk people on the streets. They think we are gay, and they especially hate gay people.”

Police Abuse

“They were detained by policemen who jeered at them, threatened them and forced them to perform oral sex.”

-- LGBT NGO representative in Bishkek

The police are perceived by LGBT people as violent and discriminatory. Police do not constitute a resource LGBT people can turn to for safety and justice, but are instead often the abusers of LGBT rights.

Ten percent of MSM interviewed said they had experienced some kind of pressure by police related to their sexual orientation. In particular, police are aware of the locations of informal LGBT meeting places, often referred to as *pleshki*,²⁶ and harass and extort those who gather there.

The representative of one LGBT NGO reported a recent case of police harassment and sexual abuse of gay men who had gathered at a *pleshka* in Bishkek. He said, “They were detained by policemen who jeered at them, threatened them and forced them to perform oral sex.” He said the men did not report the crime to any authorities because “they were sure that nobody would help them.”

One LGBT activist in Osh reported that police conduct raids on well-known meeting places for MSM. During the raids, police intimidate, extort and violently attack MSM. He said that at two *pleshki* in Osh, police had stolen cellular telephones and money from men who gathered there. He said that some of the men “were taken away and subjected to sexual violence” by police.

The MSM focus group in Osh also reported the case of a bisexual man who was blackmailed by police who perceived him as being gay. Focus group participants recalled, “He waited there [near the *pleshka*] for his girlfriend. Policemen started intimidating him, saying that they will do anything they want to him in the temporary detention cell. Then they started blackmailing him...All the men detained that day were forced to write explanatory notes, in which they were supposed to mention that they were gays and gathered at the *pleshka*.”

The police have harassed and threatened clients from Labrys. During a 2006 incident, officers demanded entry to the office, kicked at the door, and threatened to beat and rape the people inside. The situation was eventually diffused when senior staff from Labrys arrived along with lawyers from Adilet and Tais Plus and other NGO representatives.

²⁶ Pleshki is the plural form for *pleshka*, a slang term used to refer to a cruising spot for LGBT people.

At the time of this report, no additional data was available regarding police abuse and harassment of WSW and transgender people.

ACCESS TO HEALTH CARE: OBSTACLES AND OPPORTUNITIES

The Cost of Health Care

During the course of research for this report, the absence of affordable health care was cited as the leading constraint on LGBT people maintaining their health.

The health care system in Kyrgyzstan is comprised of public and private health sectors. State facilities, including polyclinics, officially provide most types of health care free of charge or at low cost, however, low living standards among medical professionals and other factors have led to a system of unofficial fees (or bribes) that are levied for visits and procedures at clinics. Medical screening, such as tests and x-rays, carries a fee in both state and private facilities. There is a system of mandatory medical insurance for employed people and students that covers a portion of a person's medical costs. Those without insurance must cover their own medical costs in full.

Private medical centers have become a popular alternative to the state polyclinics, where medical services are considered to be of low quality. As a rule, a visit to a private doctor costs between 150 to 250 som (about U.S. \$4 to \$6). Realistically, only upper-middle income people are able to afford the services offered by these private medical centers. A large number of people do not have sufficient money to access private medical services and are compelled to turn to state polyclinics, consult a pharmacist, or practice self-treatment.

Forty-two percent of MSM surveyed said they referred to state medical facilities; 32 percent visited private clinics; and 4 percent went to family doctors. As many as 14 percent of MSM said they opted for self-treatment to address their health needs; while 8 percent consulted a pharmacy and 4 percent said they went untreated.

Twenty-five percent of MSM say that money is the most important factor affecting access to medical care. One man said, "Money solves everything, even correct treatment is prescribed for money." Thirty-four percent of MSM interviewed said that lack of money had constrained them from seeking medical care at some point in their life.

Thirty-two percent of WSW and transgender men reported a monthly income of 4,000 som (about U.S. \$100) or less.²⁷ According to Labrys, this means that, although many in the LBT community would prefer to visit a private clinic in order to avoid disclosing information about their sex lives and risking breaches of confidentiality by medical personnel, only a few women and transgender men can afford to see a private doctor.

²⁷ This data was taken from surveys conducted by Labrys with 85 LBT respondents.

Access to LGBT-Friendly Medical Care

LGBT-friendly medical services are available in Bishkek at the Nauchmedlight medical center and City AIDS Center. In Osh, individual health care professionals have expressed a willingness to treat LGBT patients. Outside of major cities, however, few, if any, LGBT-friendly health care services are available.

LGBT people who are referred by an NGO such as Labrys, Oasis, Tais Plus, or Avalon can receive examination and treatment for STIs free of charge at the Nauchmedlight medical center and City AIDS Center. Members of the LGBT community who are not in contact with one of the LGBT NGOs and who, therefore, do not have access to such referrals to friendly medical services, cannot access these services free of charge.

The Nauchmedlight medical center has been offering examination and treatment for STIs to MSM since 1998. The director of the clinic told interviewers that the majority of patients disclose their sexual orientation to doctors at the clinic, since it is important for proper treatment, and that patient confidentiality is preserved through the use of a code system. The center began offering gynecological services to lesbians and bisexual women in 2006. In a given year, about 200 MSM take advantage of the clinic's services. According to senior staff, "very few" women come to the clinic.

One reason for the underutilization of the Nauchmedlight clinic by WSW and transgender men is that the facility also provides health care services to sex workers. Researchers for this report found that bias against sex workers by members of the LBT community and fears that sharing a clinic with sex workers would put them at risk for certain diseases has led many in the LBT community to avoid these clinics, even though people referred by Labrys are entitled to free gynecological services. WSW focus group participants said there is little demand for the services provided by the clinic because sex workers also visit this gynecologist and WSW are concerned that they could become infected with diseases from sharing the consulting room. All WSW focus group participants said that they preferred to receive gynecological services at a private clinic. According to Labrys, many WSW also do not see the need to visit gynecologists because they think of WSW sex as safe sex.

In addition to the specific issues related to the Nauchmedlight clinic, another explanation for underutilization of LGBT-friendly clinics by women is that these health care services focus primarily on male health issues. This situation leaves LGBT members other than gay and bisexual men underserved by the friendly health clinics. It also reinforces the invisibility of lesbian and bisexual women and transgender people, and reproduces the sense of exclusion and second-class citizenship in the LGBT-friendly health sector that many LBT people feel in the mainstream health care system.

MSM expressed greater willingness than WSW to visit LGBT-friendly clinics. However, LGBT-friendly health services remain underutilized by men also, because many MSM do not know about the clinics, do not have access to a clinic in their area, or lack knowledge

about their health needs, including the need for regular examination and attention to special health concerns.

Sixty-six percent of MSM surveyed stated that they would like to use the services of LGBT-friendly clinics. Forty-two percent of MSM surveyed were aware of at least one of the specialized clinics that provide medical services to the LGBT community. Thirty percent (71.4 percent of those who knew about friendly clinics) reported that they had visited one of those institutions at some point, but that they do not use their services on a regular basis. Six percent of MSM respondents (28.6 percent of those who knew about the clinics) stated that they regularly used these clinics' services. Those who knew about the clinics' services but never used them (10 percent of the respondents, or 23.8 percent of those who knew about clinics), said that they did not need the clinics' services.

Research data for this report did not include detailed information regarding transgender people's use of LGBT-friendly clinics.

Discrimination Against LGBT People in the Health Care System

"I am embarrassed and ashamed! That's why I don't go to the hospital, because there I have to show my ID."

--Transgender man in Bishkek

The mainstream health care system in Kyrgyzstan reflects the prejudices prevalent in society in general and contributes to the further marginalization of LGBT people.

LGBT people experience both direct and indirect discrimination in their interactions with health care professionals.²⁸ Under the claim of neutrality (that they "treat everyone the same"), medical professionals treat every patient as heterosexual and deny the existence of LGBT people, rendering them invisible in the health care system.

Doctors interviewed for this report expressed intolerance for LGBT people. Some condemned homosexuality, referring to it as either "absurd," "condemned by Islam," or "abnormal."

In Jalal Abad, health care workers were explicit about their unwillingness to treat LGBT patients. Medical personnel told researchers that LGBT people were "not our patients." Each medical specialist the researchers spoke with responded the same way—by referring researchers to other specialists. For example, a urologist in Jalal Abad said, "Such patients do not come to me; probably they go to the andrologist." When researchers visited a local andrologist, that doctor sent them to the psychologist. The dermatologist/venerologist also said that LGBT people were not his patients, claiming, "They do not have such problems." He suggested researchers talk to an andrologist and other specialists. In response to researchers' questions about the treatment LGBT people

²⁸ Indirect discrimination refers to situations in which an otherwise neutral provision or practice puts a person with a particular characteristic, such as sexual orientation, at a disadvantage.

receive in the health care system, all health care workers in Jalal Abad asked researchers whether they had visited the psychiatric clinic.

Despite the persistence of prejudicial attitudes, direct discrimination against LGBT patients was not widely reported. In the opinion of many in the LGBT community, hostility and ignorance on the part of medical personnel toward LGBT people has decreased in recent years and there have been few cases of discrimination because of sexual orientation. Some respondents to the SFK/SHARP and Labrys surveys think that doctors have been able to guess their sexual orientation and subsequently treated them properly. Participants in the study perceived homophobia on the part of doctors as having declined in recent years due to increased information about homosexuals.

It is noteworthy that not a single MSM interviewed for this report said that he had been verbally insulted when visiting a health care facility. However, two respondents said that they had experienced situations in which health care professionals deliberately provided them with unequal and worse medical care because of their sexual orientation. Both of these interviewees also reported that they had not sought medical care again during the past year.

Of the MSM who came out to medical specialists, 47.4 percent reported that the specialist responded with a calm reaction. Another 21 percent of MSM interviewed said medical personnel responded with tolerance when they came out to them.

Generally, participants in the WSW focus group reported that doctors have become more tolerant toward lesbians and bisexual women than they were in the past. Focus group participants did, however, recall the story of one woman who went for an examination for an STI in the late 1990s and was sent to the room designated for sex workers when she revealed her sexual orientation to the doctor.

Transgender people face the greatest obstacles to receiving health care services. They report that transphobia on the part of medical personnel constitutes a significant barrier to their access to health care. Their ability to access health care is further constrained by the high cost of medical treatment and limited access to insurance policies.

Transgender people experience negative attitudes and discrimination on the part of health care providers and fear rejection by those in the health care system. Transgender people are particularly vulnerable to insult and rejection or invalidation of their gender expression. As one publication regarding health concerns of the LGBT community put it:

Unlike gays, lesbians, or bisexuals, for whom the key defining identity is sexual orientation, for most transgenders the key issue is having their true inner gender identity affirmed. Therefore, to refer to a male-to-female transgender/transsexual by her male name or with a masculine pronoun—when she is living as a woman—is more than a discourtesy: it constitutes an

affront to one's deepest sense of self and the role she wishes to play in the world.²⁹

A number of participants in the transgender focus group said that doctors make derogatory comments about their appearance.

One transgender man recounted his negative interactions with health care providers: "Doctors usually say: 'You look small. You're not a boy. You have to be strong and large.'"

Another transgender man said, "I always feel that they will not understand. They always ask: 'Why are you looking like this?' According to the documents I am a girl. If I go to a private clinic it doesn't matter to them. In the state clinic, they don't even try to understand."

Fear that they will be insulted or interrogated by medical personnel can cause transgender people to feel anxiety and pressure to conform to doctors' gender stereotypes. One transgender man said, "I am constantly afraid to hear from doctors: 'You are not a boy because you do not look like a boy.'... Sometimes we have to follow their stereotypes. I should always look rougher than I am in reality."

While gays, lesbians, and bisexuals can receive some medical services without revealing their sexual orientation, the requirement of medical facilities that patients show identification in order to receive treatment means that transgender patients are forced to come out to medical personnel. As one transgender person put it: "[I have problems] as soon as the doctor sees that my appearance does not correspond to the sex indicated on my ID."

One transgender man said he avoids seeking medical treatment because of the issues that come up at intake: "I am embarrassed and ashamed! That's why I don't go to the hospital, because there I have to show my ID...."

Transgender people seeking to undergo medical transition (hormone therapy and sex reassignment surgeries) face particular difficulties in their attempts to receive treatment. According to the participants of the survey, doctors are not ready to work with this group and often try to "put them off."

One interviewee from the transgender focus group said, "If prescribing hormones is necessary for treatment [not related to medical transition for a transsexual], then it is normal. But if you request hormones for the transgender needs—you get refusal. Doctors are terrified. They constantly refuse.... [They say] 'We don't know the dosage. Come next time.'"

²⁹ *Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community*, 2nd ed. (Massachusetts Department of Public Health/ The Medical Foundation).

Transgender men from Labrys reported a specific case when doctors had refused to provide one transgender man with the prescription, hormones, and medical supervision he needed as part of his medical transition. Doctors justified the refusal by explaining they did not know the proper dosage or treatment.

According to the men, “Doctors still cannot define the dosage of hormones for [name withheld]. We visited all the hospitals. All of them refused to receive him. They sent us to Almaty [the capital of Kazakhstan]....There is a problem with special needs. Our doctors do not have the experience.”

When their rights as patients are violated, few LGBT people know where to turn. Only 12 percent of MSM respondents to the SFK/SHARP survey stated that they are aware of an institution to which one can complain regarding the quality of medical services provided and problems with access to health care; 6 percent named the Ministry of Health of the Kyrgyz Republic and 2 percent cited the office of the public prosecutor of Bishkek city as the agency to which one could appeal for help.³⁰

Fear of Discrimination Puts Health of LGBT People at Risk

Reports that the number of incidents of discrimination by health care workers against LGBT people have decreased may be partially due to decreased homophobia on the part of medical professionals. Decreases, however, may also be explained by the tendency of LGBT people to avoid seeking treatment and the subsequent low levels of interaction between LGBT people and health care workers. Anxiety about the possibility of being discriminated against by medical personnel discourages LGBT people from seeking necessary health care or delays their application for treatment. In particular, many LGBT people fear that medical personnel will treat them as if they are mentally ill because of their gender identity or sexual orientation. Such fear of discrimination represents a serious factor impeding LGBT access to health care and putting people at risk.

Eight percent of MSM surveyed said that they refused to visit a doctor due to fear of disclosing their sexual orientation. According to Labrys, many WSW and transgender men say that even if they had a problem they would not go to a gynecologist because they would feel pressured to reveal their gender identity or sexual orientation. Interviews with WSW revealed that many so-called butch, or masculine appearing, lesbians avoid visiting the gynecologist for routine examination because they fear they will be discriminated against by health care workers. Some transgender people said they avoid seeking medical services as well as treatment by psychologists because they fear they will be laughed at or violently attacked.

In one case reported by Labrys, a lesbian woman who was raped avoided seeking medical care, despite experiencing acute pain for many months, because she did not want to discuss the rape and did not want to be touched by medical personnel.³¹

³⁰ Data about WSW and transgender people’s awareness of such agencies was not available for this report.

³¹ The woman was eventually taken to the hospital by emergency medical personnel after she fainted one day. She was informed she would need an operation, but refused treatment and fled the hospital.

Even when fear of discrimination does not keep LGBT people away from the doctor completely, it may cause LGBT people to postpone seeking out necessary medical care, which can lead to serious risks.

Breaches of Confidentiality

Lack of respect for patient confidentiality, and the perception thereof, contributes to LGBT people's underutilization of medical services. Many LGBT people told SFK/SHARP researchers they mistrust health care workers and fear doctors will violate the confidentiality of information regarding their sexual orientation.

One man in Osh told interviewers, "A doctor is a human being as are we all. And they do not guarantee us 100 percent anonymity. They could exchange rumors between themselves, and this [information] could leak to a family member."

Transgender people often experience flagrant violations of their confidentiality rights. They reported that it is common for medical staff at clinics to use derogatory words to publicly label them in crowded waiting rooms. Medical information related to the status of transgender people is also routinely improperly divulged by medical staff with impunity. Such traumatic experiences cause transgender people to delay seeking treatment, sometimes even in the case of acute medical situations.

As contrasted with state and private clinics, medical services specifically targeting gay and bisexual men have a reputation for respecting patient confidentiality. For instance, 50 percent of MSM said that they were sure the results of their hepatitis tests had been kept confidential and only 6 percent stated that they were not sure confidentiality would be respected. In addition, only 8 percent of MSM were concerned that their medical chart at an LGBT-friendly clinic would get into the hands of a third-party and cited this as their reason for refusing to seek medical care.

LGBT People Lack Knowledge About Their Health Needs

Many in the LGBT community do not seek out medical care because they lack knowledge about their specific health needs. A large number of LGBT people are also unaware of the need for routine medical examinations to maintain good health and ensure early detection of medical problems.

The majority of LGBT people consult medical specialists only when a health problem becomes apparent and acute. There is a notable lack of practice of LGBT people seeking routine examination connected to sexual health.

During the six months prior to being interviewed for this report, one out of four respondents in the WSW focus group had gone to a gynecologist. Many women expressed the conviction that there is no need to consult a gynecologist as long they are

menstruating. Younger WSW in particular have no tradition of regular visits to the gynecologist for check-ups. Women over 30 were more likely to report that they go to the gynecologist for routine examination.

One 35-year-old focus group participant said, “I love myself and my body too much to allow disease to develop. So I regularly undergo examinations from all specialists, and nothing can prevent me from doing this.”

MSM reported higher rates of treatment. Thirty percent of those interviewed had referred to medical specialists for treatment of various health problems during the 12 months prior to our survey. Only 6 percent of MSM surveyed said they feel they do not need any treatment or examination.

Research for this report did not involve gathering data about transgender people’s attitudes regarding LGBT health care needs not associated with transition. Researchers found, however, that those people undergoing hormone therapy without medical supervision appeared somewhat aware of the medical risks involved, but were not fully aware of the need for qualified psychological counseling during their transition.

Health Care Professionals Lack Knowledge About LGBT Health Needs

“LGBT are people who probably had defects during their upbringing.”
--Psychiatrist in southern Kyrgyzstan

Health care professionals have not successfully communicated to members of the LGBT community the need for routine examinations, including check-ups related to sexual health. The majority of health care workers are unaware of the special health needs of the LGBT community and lack the knowledge, skills, and experience to properly treat LGBT people.

Medical professionals in Kyrgyzstan do not receive adequate training on issues related to LGBT people. Interviews with the deputy dean of the public health care faculty of the Kyrgyz State Medical Academy (KSMA), as well as with other employees of KSMA and the medical college of Bishkek city, revealed that there is no accurate, scientific, up-to-date information about homosexuality and transgenderism in the curricula of those institutions. These topics are touched upon in sections entitled “Legal Expertise” and “Psychiatry,” but only “very superficially,” according to the KSMA officials. Homosexuality is mentioned, however, in certain lessons dedicated to HIV/AIDS prevention. In Osh, according to the head of the Obstetrics and Gynecology Department, during the past several years the topic of female homosexuality was mentioned in the course Female Sexology and Sexual Pathology, but the topic has since been cut from the program due to a reduction of hours for this course.

None of the doctors interviewed for this report recalled receiving any information about LGBT people during their training. Almost all doctors interviewed, particularly those in the south, expressed the view that LGBT patients do not have any specific health needs.

Doctors interviewed for this report acknowledged that they do not have experience working with LGBT people. Interviews revealed there is also a serious lack of understanding among medical professionals about the nature of homosexuality and who LGBT people are.

One doctor interviewed understood homosexuals to be hermaphrodites. He said, “Such people need to be physically corrected (through sex reassignment surgery).”

A psychiatrist from a city in the south expressed her opinion that, “LGBT are people who probably had defects during their upbringing.” Another psychiatrist told interviewers that women with mental disorders were confined for a long time with people of the same sex in the psychiatric clinic and that “...in accordance with the circumstances these women became lesbians.”

However, there were also doctors who recognized the need to be better educated on LGBT issues and appeared open to helping LGBT patients. One psychotherapist told interviewers, “It would not be bad to obtain more information about LGBT.” Another psychiatrist noted, “If we do not help these people, then who will?”

Poor Communication

The lack of knowledge among doctors and patients regarding LGBT patients’ health needs, combined with LGBT people’s fear of discrimination or disclosure of their status, has contributed to poor doctor-patient communication. In particular, poor communication about sexuality, sexual orientation, and gender identity represents a major health risk for LGBT people, contributing to patients’ underutilization of health services as well as misdiagnosis and inadequate treatment by doctors.

The majority of LGBT people surveyed for this report stated that they preferred not to disclose their sexual orientation or gender identity to medical personnel, arguing “They don’t need to know.” When LGBT people withhold personal information that could be used by medical workers to provide appropriate care and treatment and determine any increased risk for certain diseases, they impair medical professionals’ ability to help them with their health care needs.

WSW surveyed stated they prefer not to disclose their sexual orientation to doctors or specialists whose practice is not connected to reproductive health. Many WSW also regard it as unnecessary to disclose their sexual orientation to their gynecologist. Again, there is a general opinion among WSW that, when it comes to orientation, a doctor “does not need to know.”

Almost all participants in the MSM focus group in Osh expressed the belief that it is unnecessary to inform a doctor about their sexual orientation in order to receive appropriate medical treatment. None of the participants of this focus group had ever

revealed their orientation to a health care worker, even in cases when correct treatment depended on the health care worker having this information.

One participant in the MSM focus group recalled: “Once I developed an allergy; everything inside got swollen and I got a rash. I went to a polyclinic, where a doctor examined me and said, ‘Open your mouth.’ She examined my throat and asked, ‘Did you eat anything that could scratch your throat from inside, or anything spicy?’ It so happened that the night before I had a night of love and was giving a blow job. That caused the allergy. However, I did not tell her about that, but explained that it was because of food. She prescribed me anti-allergy pills.”

In general, 26 percent of the MSM interviewed said that they would feel uncomfortable informing their doctor of their sexual orientation; 6 percent stated that they believe their doctor would not be able to react to this information in an unbiased manner; 8 percent think that the doctor does not need to know unless it is his/her sphere; and 1 respondent (2 percent) said he would be embarrassed afterwards. However, 46 percent of the respondents were confident that, were they to reveal their orientation to their doctor, they would feel comfortable going to that doctor for treatment afterwards. Sixty-six percent of MSM said that they would disclose their sexual orientation to receive proper treatment if it was necessary.

Seventy percent of the MSM surveyed for this report stated that they are able to discuss health problems (excluding the issue of sexual orientation) openly with their doctor. Ten percent of the respondents said they were embarrassed talking about their health problems with their doctor.

The majority of transgender people who participated in this study said they made an effort to hide their gender expression from doctors.³² The majority also stated that they would not inform a doctor about their gender identity, even if the doctor needed that information to correctly prescribe treatment.

MEETING THE HEALTH NEEDS OF LGBT PEOPLE

LGBT people share the same medical needs as heterosexuals. They also have some special health needs. As noted above, members of the LGBT community and medical professionals in Kyrgyzstan are largely unaware of the special health needs of LGBT people.

A non-exhaustive list of health conditions and diseases that are of particular relevance to the LGBT community includes:

- HIV/AIDS and STIs (particularly among MSM)

³² All of these respondents were female-to-male transgender. They reported that they felt it was necessary to visit the doctor as their birth-assigned sex (i.e. expressing themselves as female) and to hide from doctors their gender expression (male).

- Human papillomavirus and other STIs and gynecological infections (among WSW and FTM)
- Increased risk of breast cancer (among WSW and FTM who do not give birth)³³
- Increased risk of anal cancer (among MSM)³⁴
- Need for regulation of hormone therapy and monitoring of complications related to sex reassignment surgeries (among transsexuals)
- Need for non-biased diagnosis of gender dysphoria for transsexuals
- High rates of anxiety and depression, including suicidal thoughts and behavior
- High rates of substance abuse

HIV/AIDS and STIs

There are a number of programs in Kyrgyzstan that offer testing for HIV/AIDS and STIs. At the Republican AIDS Center, City AIDS Center, and Nauchmedlight medical center, all based in Bishkek, LGBT people can receive anonymous testing and pre-testing and psychological and social counseling with specially trained medical personnel.

There are high rates of testing of MSM for HIV/AIDS and STIs conducted within the framework of the Patrol Epidemic Surveillance (PES). Sixty percent of MSM interviewed stated that they had been tested for HIV. According to one official from the City AIDS Center, the PES failed to determine rates of HIV infection among MSM because MSM do not reveal their sexual orientation or sexual practices as part of the PES program. As of June 2007, there were 1,193 people in Kyrgyzstan officially registered as HIV positive and 97 people living with AIDS.³⁵

Sixty-six percent of MSM said that they had been examined for STIs.³⁶ Among those who had been examined, 36.4 percent went to a state clinic, 27.3 percent went to a private clinic, and 33 percent were examined at an LGBT-friendly clinic.

Men who have sex with men reported infrequent use of condoms to prevent infection. Eighty percent of MSM interviewed reported that during the previous six months they had engaged in anal sexual intercourse. Only 16 percent of respondents (that is, 20 percent of those who had anal intercourse during the previous six months) said they always used condoms during anal intercourse. Twenty-eight percent of the respondents (35 percent of those who had anal sex within the six months previous) said that they used condoms “from time to time.” Eight percent of the respondents (10 percent of those who engaged in anal sex) said they used condoms only with occasional partners. Twenty-two percent of the respondents (27.5 percent of those who engaged in anal sex) stated that they usually do not use condoms. The remainder of respondents declined to answer this question.

³³ Women who have never given birth are at increased risk for breast cancer.

³⁴ Men who have sex with men are more likely than heterosexual men to develop anal cancer, which can be caused by the human papillomavirus.

³⁵ Available at: www.aids.gov.kg

³⁶ Twenty percent said they had not been tested; the remainder declined to answer this question.

In interviews with MSM, 20 percent reported that they had had sexual contact with sex workers. As noted elsewhere, of the 78 percent of men who reported persecution, 14 percent said they had been the victims of forced sex, and 10 percent said they had suffered some type of sexual violence.³⁷

Twenty percent of WSW and transgender men surveyed reported having sex with a man during the previous six months; of this number, 50 percent said they had used condoms. For those who had sexual contact with a man while under the influence of alcohol, the rates of condom use were reduced. Among WSW and transgender men, 25.9 percent reported that they had been the victim of forced sexual contact in their lifetimes; of these, 66.7 percent specified that the violence had been perpetrated by a man.

Although 82 percent of respondents recognize that there is a risk of STI during sexual contact between women, only 9.3 percent of WSW and transgender men said they always use some type of protection during penetrating sexual contact with female partners; 46.3 percent say they never use protection. Only 19 percent of those who ever used some means of protection used a dental dam or a condom. To avoid STIs, the majority of respondents stated they observe basic norms of hygiene (76.2 percent said they wash their hands).

Hepatitis

Thirty percent of MSM survey respondents had been examined for hepatitis A; 36 percent for hepatitis B; and 40 percent for hepatitis C. The high rates of examination among those interviewed for this study are probably due to the fact that many respondents participated in health promotion services offered by LGBT NGOs such as Oasis and Avalon. MSM are also examined for hepatitis under the framework of the PES.

Cancer

Only 10 percent of MSM had been examined for tumors. Fifty percent of those who had never been examined said they did not seek testing because they did not have any cancer symptoms or “did not have the need.” One respondent said he had not undergone examination due to lack of funds. Two respondents said they did not know where to go for the examination.

Research for this report did not include data on rates of examination for breast cancer and other forms of cancer among women and transgender men.

Medical Transition for Transsexuals

The most acute immediate health issue for transgender people in Kyrgyzstan is the need for medical supervision of hormone treatment undertaken by those pursuing medical

³⁷ In addition to being at risk of STIs, victims of forced sexual contact also may suffer other negative medical and psychological consequences.

transition (transsexuals). There is currently no doctor in Kyrgyzstan willing to prescribe hormones to transgender people and supervise their treatment. Doctors view their participation in the medical transition of transgender people to be “too risky.”

A direct consequence of doctors’ lack of knowledge and experience in this area and refusals to assist transgender people is that those interested in pursuing hormone treatment as part of their medical transition are forced to buy hormones on the “black market” and to estimate the dosage themselves based on publicly available literature. Transgender people are forced to administer hormones on their own without medical supervision.³⁸ The unsupervised injection of hormones carries with it serious health risks and can be fatal.

In addition to putting people’s lives at risk, doctors’ unwillingness to assist transgender people seeking medical transition has fostered a general sense of discouragement and distrust of medical personnel in the transgender community.

One transgender focus group participant suggested doctors’ reluctance was connected with prejudice, “Maybe they are too afraid to take medical responsibilities. They consider us really crazy, bizarre.”

Sex reassignment surgeries are extremely difficult or impossible to access in Kyrgyzstan due to the prohibitive cost, the absence of specialists, and/or the unwillingness of doctors to operate on a healthy body.³⁹ According to Labrys, there are currently seven transgender people who would like access to medical transition and who have turned to Labrys for information.

For transgender people who seek to undergo medical transition, receiving official diagnosis as a transsexual is a crucial step. Psychiatrists charged with issuing such diagnosis have made inappropriate comments to transgender men; for instance, telling one transgender man he was too short to be a man. Doctors also require that transgender people answer questions about their work history and school grades and provide references from former teachers as part of the evaluation. In addition, receiving the transsexual diagnosis from a medical institution on the proper form is the first step toward legally changing the sex designated in passports, yet, staff at the psychiatric hospital do not have this form.

Reproduction

According to one WSW focus group participant, many WSW would like to have children through artificial insemination, but have not yet sought this procedure.

³⁸ At the time of this report, three transgender men in Kyrgyzstan were known to be undergoing hormone treatment without medical supervision.

³⁹ Sex reassignment surgery is not covered by health insurance.

Mental Health Needs

“The psychologist tried to persuade me ‘maybe you are a lesbian?’ Or said, ‘Look at you...you are such a pretty girl...why do you want to be a boy?’”

--Transgender man in Bishkek

The SFK/SHARP survey found LGBT people in Kyrgyzstan experienced high rates of certain anxiety disorders and forms of depression, as well as suicidal thoughts and suicide attempts. Unfortunately, mental health professionals appear to lack the skills and understanding necessary to properly address the mental health needs of LGBT patients.

Generally, psychological services in Kyrgyzstan remain poor and difficult to access, but LGBT people in need of mental health support face particular challenges. Although mental health professionals in Kyrgyzstan have progressed from the days when they almost all viewed homosexuality as a mental disorder, Kyrgyzstan’s mental health care system continues to portray homosexuality as a sexual deviation and transgenderism as an abnormality. According to the deputy director of a provincial mental health center in the south, homosexuality remains a taboo topic, even for psychotherapists. Mental health professionals interviewed for this report referred to homosexuality as “a frustration” or “an inclination.”

Harmful practices of mental health providers concerning LGBT people can result in the deterioration of the mental health status of the target group. In particular, mental health professionals’ apparent over-reliance on antidepressants, tranquilizers, and other drugs to address LGBT people’s depression and anxiety and to “treat” homosexuality represents one troubling trend.

In 30 percent of the cases when MSM sought psychological counseling, they report they did not receive any treatment. Another 30 percent of MSM report receiving psychological counseling. In 20 percent of cases doctors prescribed medicine to patients as their treatment. Medicines commonly prescribed include tranquilizers and antidepressants.

As an alternative to mainstream mental health care, LGBT NGOs such as Labrys, Avalon, and Oasis have LGBT-friendly psychologists who work with their members.

Internalized Homophobia and “Curing” Homosexuality and Transgenderism

Researchers for this report uncovered disturbing evidence of improper treatment of LGBT people by mental health professionals. Attempts by mental health professionals to “cure” homosexuals are not as prevalent as they once were in Kyrgyzstan, but there are still some doctors who continue to improperly treat LGBT people by treating homosexuality as a mental disorder.

Self-hatred, or internalized homophobia, afflicts some members of the LGBT community in Kyrgyzstan and is one of the factors that can drive people to seek to be “cured” of their

sexual orientation. A number of SFK/SHARP focus group participants said they wanted to “get treated for their homosexuality.”

While more than 90 percent of WSW and transgender men interviewed said they did not consider their orientation to be a mental disorder, some 9 percent expressed a desire to change their sexual orientation. Thirty percent of WSW and transgender men interviewed had attempted to change their sexual orientation at one time.

Women over the age of 30 in particular reported they had faced pressure by mental health professionals who attempted to “treat” their homosexuality. In some cases it appears that doctors prescribed antidepressants and tranquilizers with the aim of “curing” the patient of his or her sexual orientation.

One 35-year-old WSW recalled that her doctor had prescribed strong antidepressants as a therapy. She said, “After the antidepressants I ‘fell out’ of life for two years. This is very scary. Simply, I am very strong, I could rehabilitate. If the person is weaker, she may stay indifferent to everything. For those who are really sick this is a good treatment, but for normal people, this is a scary thing.”

In general, it appears that the number of cases when third parties (parents or institutions) referred LGBT people to psychiatrists to be “cured” of homosexuality has reduced considerably in recent years, but the practice does continue. Fifty-four percent of WSW and transgender men said their relatives tried to persuade them to change their sexual orientation.⁴⁰ Of those who came under such pressure, 9.4 percent of WSW and transgender men said their parents forced them to see a psychologist or psychiatrist with the aim of changing their orientation. Another 9.4 percent said their parents had forced them to receive treatment at a psychiatric clinic in an effort to change their orientation. One participant in the WSW focus group said that her parents forced her to receive treatment in a psycho-neurological clinic after she came out to them. In addition, one psychotherapist admitted to interviewers that she had prescribed Sanopax, a neuroleptic/antipsychotic drug, to a girl whose mother brought her to the clinic because she thought the 16-year-old might be a lesbian.

One gay man voluntarily committed himself to a psychiatric clinic for “treatment” for homosexuality. Additional data on attempts by MSM to change their orientation was not available for this report. In interviews with MSM, however, researchers found that 20 percent had seen a psychiatrist about issues related to sexual orientation. 40 percent of those who sought psychiatric help said it had been their own decision; 30 percent were advised by staff members of an LGBT NGO to seek help. One man reported that he had been forced by a military committee to receive psychiatric treatment because of his sexual orientation.

⁴⁰ Among WSW and Transgender men pressured by their relatives, 59.4 percent said that family members tried to persuade them to change their orientation through long conversations and use of reasoning and explanation; and 12.5 percent reported arguments with their parents. Another 12.5 percent of those pressured by family said their parents tried to introduce them to a man.

Some mental health professionals have also attempted to “cure” transgender people of their gender identity.

One transgender focus group participant who is FTM said that a psychotherapist had tried to “treat” him by advising him to live as his birth-assigned sex; telling him, “A girl should always try to be girly.”

Another transgender man said his psychiatrist tried to convince him to put on make-up, wear a dress, and “look like a woman.” Another recalled, “The psychologist tried to persuade me ‘maybe you are a lesbian?’ Or said, ‘Look at you...you are such a pretty girl...why do you want to be a boy?’”

Mental health professionals’ failure to accept their patients’ gender identity is not in keeping with modern professional standards and is insulting and potentially psychologically damaging. It also may create a barrier to transgender people receiving treatment for genuine mental health problems.

This sentiment was expressed by one participant in the transgender focus group discussion who said, “It would be nice to have a friendly psychologist. When I say that I have depression or insomnia, they start digging deep into my childhood. They connect everything—smoking, alcohol, and depression—with the fact that I am transgender, instead of just helping me to overcome insomnia.”

Severe Depression and Suicide

LGBT people in Kyrgyzstan experience high rates of severe depression, anxiety, and suicidal thoughts. The rate of suicides and attempted suicides by those in the LGBT community are also dramatic. Research for this report found that suicidal thoughts are much more common among LGBT people than those in the general population and that a considerable number of LGBT people have attempted suicide at least once.

86 percent of MSM said they had experienced stress, dispirited mood or depression. Many said they regularly experienced these feelings. About one third of those who reported depression and similar feelings said they were connected with their sexual orientation; about a fourth had sought support from a mental health professional.

38 percent of MSM said they had thought about suicide at least once. More than 50 percent of those who had had suicidal thoughts said they were in some way connected with their sexual orientation. Of those who had suicidal thoughts, 73 percent attempted suicide. Of those who attempted suicide, 70 percent said their suicidal feelings had been related to their sexual orientation. Only 28 percent of those who attempted suicide sought psychiatric counseling.

A number of MSM recalled situations in which men attempted or considered suicide when their sexual orientation was disclosed. One man from a city in the south recalled, “There was a case when one of our guys wanted to commit suicide. He is a spiritual

person (serves in a mosque); both his family and friends had found out that he is gay. When the confidentiality is broken, people try to disappear from this life.”

Another man told interviewers, “When my sister found out that I was gay, I took a lot of sleeping pills.”

A man who had a friend who was forced into an arranged marriage—a common means by which LGBT people attempt to avoid feelings of shame as well as social stigma and exclusion—described how the marriage may have contributed to his friend’s suicide, “His parents forcibly arranged his marriage with a girl even though they knew about his sexual orientation. His ‘friends’ were making jokes about him because they knew that he was gay. They told him to open a window during his first night with his wife so they could sleep with her instead. The next morning he went up to the attic and hanged himself, having left behind a note to his parents.”

Attempted suicide rates were highest among transgender people. The majority of participants in the focus group on transgender issues reported that they had attempted suicide. Focus group participants explained, “We do not see any future for ourselves!”

Data on suicidal thoughts and behavior was not gathered as part of the survey with WSW and transgender men, but the issue was raised in the WSW focus group. All of the participants reported that they experienced stress, dispirited mood and depression. They rarely connected these feelings with their sexual orientation. Two focus group participants said they had thought about suicide. One participant said she had attempted suicide after her parents pressured her regarding her sexual orientation.

Alcohol, Drug, and Tobacco Dependency

Research for this report found high rates of substance abuse, particularly alcohol dependency, in the LGBT community.

One psychotherapist who works with the NGO Sotsium explained, “Alcohol has a sedative effect facilitating communication with other people, and in the majority of cases alcohol helps to get rid of anxiety that usually transforms into fear and depression. Since LGBT people more than anyone else experience anxiety, fear and depression, they use it as an anxiolytic [antianxiety medication].”

Participants in the transgender focus group said the use of alcohol in their community is common. “We drink a lot,” they told interviewers. Some suggested that drinking was one way for FTM transgender people to take on a masculine role, while others cited loneliness and isolation as the reasons they drink.

One transgender man suggested substance abuse was one of the few means of relaxation and recreation available to transgender people. He said, “For us, there is no other way. We can’t go to sport clubs. Because I am transgender, I can’t go to a swimming pool. I always feel lonely. It becomes a habit. That is why I continue smoking and drinking.”

Many in the LGBT community expressed the opinion that alcohol use and smoking were commonly used by LGBT people as a mechanism of escape.

Sixty percent of MSM said they were heavy smokers; 10 percent smoke sometimes; 6 percent had tried smoking but do not smoke currently; and 18 percent said they had never smoked. Twenty-six percent of the respondents think that smoking is a serious problem for them.

Six percent of MSM said they consume alcohol almost every day; 8 percent consume alcohol several times a week; 28 percent consume alcohol less than once a month; and 6 percent never consume alcohol. Only 14 percent of MSM said they think alcohol consumption is a problem for them.

On average, MSM respondents consume 18.2 units of alcohol per week. Twenty percent of the respondents consume less than 5 units of alcohol per week; 8 percent consume from 6 to 10 units; and 14 percent consume more than 10 units—of this group, two respondents indicated consumption of more than 50 units per week.

Only one respondent said his alcohol consumption is connected to the negative attitude of people toward him because of his sexual orientation. Of those who do consume alcohol, 17.7 percent explained that they do it to be accepted by friends; 4.4 percent said they drink because of depression; 8.9 percent connect their drinking with their work in the entertainment field or attendance at parties.

In the south, MSM associated alcohol use with the need to find a sexual partner.

One MSM focus group participant in Osh said, “When I drink alcohol it is easier for me to ‘pick up’ guys.”

Another MSM said, “When you drink you are easier to ‘pick up.’ For example, if a straight guy is sitting across from me (in a cafe), how can I get acquainted with him? I can offer him a drink or a cigarette, though I do not smoke.”

Seventy percent of MSM stated they never used drugs; 24 percent had tried them, but do not use them at the moment; 4 percent use drugs “from time to time;” and the remainder declined to answer this question. Eight percent of MSM had tried injection drugs; and 4 percent said they continue to use injection drugs “rarely.”

Participants in the WSW focus group said that practically “all WSW smoke.” The survey conducted by Labrys found that only 11 percent of WSW and transgender men identified themselves as nonsmokers. Seventy-two percent said they were heavy smokers; 45 percent of these respondents smoked from 10 to 20 cigarettes per day; 30 percent smoked up to 10 cigarettes per day. Seventy percent said they would like to quit smoking. WSW focus group participants said they did not feel their smoking was related to their sexual orientation, but reflective of common practice in society.

Among WSW and transgender men, 92.6 percent said they consume alcoholic beverages; 30 percent consume alcohol several times a week; and 40 percent consume alcohol several times a month. Sixty-two percent of WSW and transgender men who drink said they consume alcoholic beverages with a medium content of alcohol; 24 percent consume strong alcoholic beverages; and 38 percent consume beverages with a low alcohol content.⁴¹ In general, only 16 percent of WSW and transgender men who consume alcohol regard their consumption as a problem. WSW focus group participants said that consumption of alcoholic beverages among LGBT community members is high because it is the only way they have to relieve stress.

Among WSW and transgender men surveyed, 53.7 percent said they never used drugs; 42.6 percent said they had used drugs but do not use them currently; and 2 percent of the respondents said they used drugs “from time to time.” None of the respondents reported ever using injection drugs and WSW interviewed said the use of injection drugs is not accepted in their community.

CONCLUSIONS

The data collected for this report reveals that there is great need for improved access to health care for LGBT people in Kyrgyzstan. It also shows that concrete steps will need to be taken to improve the quality of medical and psychological services for the LGBT community.

Homophobia and transphobia in Kyrgyz society generally, and in the medical system in particular, have negative effects on LGBT health. Discrimination, fear of discrimination, and financial constraints operate as obstacles to LGBT access to health care. Doctors’ and patients’ lack of knowledge about LGBT health needs, including the need for regular medical exams, also puts LGBT health at risk.

Critical health issues facing the LGBT community that are not currently receiving sufficient attention include the high rates of severe depression and substance abuse among LGBT people and the unsupervised administration of hormones by transgender people.

RECOMMENDATIONS

The following recommendations, if accepted and implemented by Kyrgyz institutions and organizations, would do much to protect the equal rights of LGBT people in Kyrgyzstan and to increase LGBT access to health care.

⁴¹ The Labrys needs assessment that surveyed 85 LBT respondents found that 9 percent of WSW and transgender men drink alcohol 3 to 5 times per week, 10 percent usually drink 200-700 ml of vodka per evening, and 28 percent usually drink about one and a half beers per evening. Thirty percent of LBT respondents had tried drugs, most commonly marijuana.

- With support from donors, LGBT NGOs should conduct a series of seminars in coordination with qualified medical experts and distribute written materials to educate the LGBT community about the need for routine medical care (check-ups) and about the special health needs of LGBT people.
- Donors should fund an information session for LGBT community members in Bishkek, to be conducted by an expert on substance abuse among LGBT populations. Materials on the topic should be provided to LGBT groups for distribution to community members.
- Medical clinics should cooperate with Labrys to conduct an awareness campaign for lesbian and bisexual women and transgender men about the standards of hygiene observed in the gynecologist's consulting room in clinics, the absence of risk of contracting an infection from another patient by visiting the same consulting room, and the importance of regular gynecological examination.
- The NGOs Labrys, Avalon and Oasis should coordinate with NGOs such as Ranar and Sotsium, which work with people with substance addiction, to ensure that LGBT people have access to LGBT-friendly support services.
- LGBT NGOs should undertake efforts to build understanding among allies and potential allies that shared advocacy efforts with LGBT communities around common concerns such as women's rights, HIV, harm reduction, and labor rights can increase desired impacts for all partners, and should engage allies on joint initiatives.
- With support from donors, LGBT NGOs should build support among the general public and within the media for LGBT people by promoting accurate information and positive messages to reduce stigmatization and discrimination. Strategies should include producing and disseminating documentaries or case studies highlighting the challenges faced by LGBT people in Kyrgyzstan and providing training to media on reporting about LGBT issues.
- The Ministry of Health and other interested agencies should work together with Labrys, Oasis, Avalon, and the Nauchmedlight medical center to identify a cadre of medical professionals (including psychologists and psychiatrists as well as general practitioners, specialists, and nurses) from each province in Kyrgyzstan to participate in trainings with medical experts on LGBT health needs. These doctors should then be put on a reference list to be made available to members of the LGBT community (through LGBT and health NGOs) so that community members can easily locate and access LGBT-friendly medical services in their area. The Ministry of Health should work together with other government agencies and international donors to organize and fund the trainings and to provide appropriate incentives to encourage medical practitioners' participation in the trainings and placement on the reference list.

- At least one endocrinologist from Kyrgyzstan should be identified and selected by the Ministry of Health in cooperation with Labrys to receive a grant from international donors to travel abroad to receive training in the proper dosage and monitoring of hormones for transgender people undergoing medical transition. That person should then return to Kyrgyzstan to serve as a medical supervisor to transgender people undergoing hormone therapy. Cost of treatment should be covered by the patients with support from grant money administered by Labrys as necessary.
- At least one psychotherapist from Kyrgyzstan should be identified and selected by the Ministry of Health in cooperation with Labrys to receive a grant from international donors to travel abroad to receive training in the proper diagnosis and psychotherapy for transgender people undergoing medical transition. That person should then return to Kyrgyzstan to provide diagnostic and psychotherapy services to transgender people and to serve as a resource person for other institutions that provide psychological support to transgender people or that otherwise work with transgender people undergoing medical transition. The cost of psychological services should be covered by the patients with support from grant money administered by Labrys as necessary.
- The Ministry of Health and other responsible agencies should ensure that medical training institutions include in their curricula information about the specific needs of LGBT people and how medical professionals should appropriately work with this group.
- Medical facility leadership should ensure that information sessions (such as “five minute meetings”), which are regularly held to update doctors and others about new findings and practices, also cover issues related to LGBT health.
- The Ministry of Health, in cooperation with the Office of the Prosecutor General, should issue a directive to hospital chiefs of staff, polyclinic directors and doctors reiterating Kyrgyzstan’s laws regarding the obligation to safeguard patient confidentiality and instructing medical facility leadership to inform staff members that these laws are to be respected with regard to the confidentiality of the sexual orientation and/or gender identity of patients and results of testing they may undergo. Medical facility leadership should also be instructed to take disciplinary action when appropriate to hold staff accountable for misconduct and to report violations of the law to the Office of the Prosecutor General.
- With financial support from the government of Kyrgyzstan, a liaison position should be established within the Ministry of Health. This person would serve as an ombudsman to whom LGBT people and other marginalized groups could appeal regarding obstacles to access to health care or discrimination against them in the health care system. He or she would have the authority to investigate and address misconduct by health care professionals and would, when necessary, report

violations of the right to equal access to health care to the appropriate official in the Office of the Prosecutor General.

- Government agencies responsible for upholding human rights in Kyrgyzstan, including the Office of the Prosecutor General, the Commission on Human Rights under the President of the Republic, and the Office of the Ombudsman, should actively support the rights of LGBT people and should cooperate with NGOs such as Oasis and Labrys.
- The Ministry of Justice and other relevant government agencies should work with Labrys to develop legislation that would ease regulations on changing the gender marker and name designated in passports, and should ensure that the relevant forms are available to people seeking to take this legal action. The procedure of changing one's name and passport gender marker should be available immediately upon receiving diagnosis as transsexual from the psychiatric hospital, without surgery or hormone therapy as prerequisites.
- The Constitution should be amended to include protection of people from discrimination on the basis of sexual orientation and/or gender identity. Such legislative change should be accompanied by the establishment of a concrete mechanism for redress of violations.
- Members of Parliament should support and pass the proposed Patients' Rights Act, which aims to collect, codify, regularize, and augment existing patients' rights provisions scattered in several pieces of legislation.
- Concerned donors, government agencies, and NGOs should work in cooperation with the Organization for Security and Cooperation in Europe's police reform project and other police training programs to create and carry out a training module designed to increase police understanding about, and tolerance for, LGBT people.