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**“ Even if they spit at you,
don’t be surprised ”**

**Health Care Discrimination Against Uganda’s
Sexual And Gender Minorities**

“Even if they spit at you, don’t be surprised”

Health Care Discrimination for Uganda’s Sexual and Gender Minorities

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I. Health Care and Homophobia

In 2014, in response to the Anti-Homosexuality Act, the former Uganda Minister of Health, Ruhakana Rugunda said, "All people whether they are [having a] sexual orientation as gays—or otherwise—are at complete liberty to get full treatment and to give full disclosure to their doctors and nurses," and claimed "health workers will live up to their ethics of keeping confidentiality of their patients."¹ The reality has been starkly different. Unfortunately, the current Minister of Health, Jane Aceng, appointed in June 2016, after chairing the "Scientific Committee on Homosexuality" commissioned by President Museveni, which claimed homosexuality to be a product of "nurture,"²³ has; not surprisingly, failed to adequately advocate for sexual and gender minorities' rights in the Ministry of Health. While Uganda's sexual and gender minorities continue to experience widespread human rights violations when seeking health care services, including infringements on their right to care, right to privacy, and freedom of expression, the Ministry of Health in addition to political and cultural leaders continue to deny that any abuses take place altogether. For Stanley, a 26-year-old transgender woman living in Kampala, denying that abuses take place is to deny her existence. Stanley told Sexual Minorities Uganda:

¹ BBC, "Uganda says health care is for all despite anti-gay law" 26 February 2014, Accessed: <http://www.bbc.com/news/world-africa-26349166>.

² See: "Scientific Evidence on Homosexuality," Ministry of Health, 23 February 2014. In particular, on page 10 it states, "Does nurture alone cause homosexuality? YES, in the event that there is a viable nature, nurture has the potential to model it into a diversity of behaviors."

³ While some claim that the Scientific Committee on Homosexuality and their findings have been "misinterpreted" by President Museveni, it is important to call into question the entire premise of the study and committee. The scientists commissioned to write the report on "homosexuality" were appointed by the Ugandan government during the height of the anti-homosexuality movement, including "scientists" whom are openly homo/transphobic. The report should be understood as a political tool used to pass and sign the anti-homosexuality act into law.

The village where I used to stay, Nansana (a large suburb of Kampala City), they knew me as a transgender person and they refused to give me treatment just because I am a man that behaves like a woman. It was a Christian clinic, called Bukirwa Clinic. I was sick with fever, headache, and stomachache. I had money to buy medication. But because I grew up from that village they knew me as a gay man or a transgender woman so they refused to give me treatment.

The clinic was nearby home, and they used to give me names like “man-woman” (*mukazi-musujja*). When the doctor saw me she shouted, “Isn’t this the gay man who they call boy-girl?” And the other fellow doctors said, “Yes, he’s the one!” They said, “We will call police here, we don’t want these kinds of people here.”

I was so scared, I didn’t say anything. I was really, really, really sick. I didn’t get to see a doctor. I just left them and I never returned back to that clinic.⁴

The Ministry of Health along with Uganda’s lawmakers and health service providers, have the mandate of ensuring all Ugandan’s have access to health care and that health service providers do not infringe on the rights of any client. Stanley’s story is not isolated. Sexual and gender minorities living across Uganda are more likely to be discriminated at health care clinics than their heterosexual counterparts and as a result are more likely to experience higher rates of disease such as HIV—which for MSM is at a staggering 13.7%, double that of the national average. Discrimination on grounds of sexual and gender identity is so normalized that documentation is nearly nonexistent. Stanley said:

“I know many people in the LGBT community who experience this. So many. It is hard for people to talk about. Even one friend of mine was beaten outside of the clinic—just for going to the doctor with makeup on. But he is in Kenya now. He went to Kenya as a refugee. And no one has his number now. But he had to flee.”⁵

⁴ Sexual Minorities Uganda interview with Stanley (not real name), Kampala, Uganda, 10 August 2017.

⁵ Sexual Minorities Uganda interview with Stanley (not real name), Kampala, Uganda, 10 August 2017.

While research and documentation on LGBTI abuses in Uganda is extremely difficult and underfunded, this report seeks to provide background on the state of health rights for LGBTI persons living in Uganda, evidence of governmental neglect, and voice to testimonies of abuse. In doing so, we provide evidence for the urgent need to bring justice to human rights abuses against sexual and gender minorities' right to health care.

Background

In 2016 Sexual Minorities Uganda published a report documenting 264 cases of human rights abuses towards sexual and gender minorities by both state and non-state actors.⁶ Among those cases documented were five cases of discrimination when LGBTI persons were seeking health care services. While this may seem low, it perhaps best represents the normalization of such discrimination. Sexual Minorities Uganda has found LGBTI-identifying persons rarely even attempt to seek assistance from LGBTI-organizations in Uganda for such abuse or discrimination unless it involves physical harm to the point of requiring immediate medical assistance. Cases of physical assault, arrest, eviction, and employment discrimination, are more likely to be documented because of the immediate response needed and less frequent occurrence within the span of one persons' life.

Recognizing that health-related discrimination was widespread but rarely documented, Sexual Minorities Uganda found it necessary to focus specific attention on health care related discrimination in Uganda based on sexual orientation and gender identity. This report will provide an analysis on the state of LGBTI health rights in Uganda, in terms of inclusion in both government and non-governmental health programming, document evidence of discrimination and human rights abuses from members of the LGBTI community, and call for urgent action from both the government of Uganda and civil society.

⁶ "And That's How I Survived Being Killed: Testimonies of Abuse from Uganda's Sexual and Gender Minorities," Sexual Minorities Uganda, April 2016.

While there is growing funding and attention on research and documentation on HIV prevalence among LGBTI persons (especially MSM) in Uganda and Sub-Saharan Africa, there is less attention on general access to non-discriminatory health care services for all those identifying with non-heteronormative identities. The report seeks to redress the lack of empirical research on health care discrimination for Uganda's sexual and gender minorities, and to specifically answer the following questions:

1. What is the state of health human rights for LGBTI persons in Uganda?
2. Is the Ministry of Health (in terms of outreach, documentation, and programming) actually inclusive of sexual and gender minorities in Uganda?
3. What is the lived experience of LGBTI persons accessing general health care services in the country? What type of discrimination and stigma exists?
4. To address these concerns, what recommendations does SMUG have to partners, civil society, government, and the international community?

Methodology

This report is based on in-depth interviews conducted by Sexual Minorities Uganda's Research Fellow from 2015 to 2017 in Uganda, in addition to historical, anthropological, media, and legal research.

For this report 25 people were interviewed within the LGBTI community who identified as having experienced discrimination when accessing health services in Uganda. SMUG also conducted additional interviews with activists, researchers, and journalists from June-August 2017, as well as in-depth interviews with Ugandan government officials in the Ministry of Health, for both background research and for specific attribution in the report.

All those interviewed agreed to have their stories documented after gaining informed consent. Because interviewees from the LGBTI community, can face both legal repercussions and extreme social stigma for speaking out, we have used pseudonyms to protect their identities and ensure their safety. Interviewees did not receive compensation for participating in this study.

All interviews were conducted in English. While most interviews were also audio recorded for accuracy, two interviews were not recorded due to participant's concerns about their security in which case only written notes were taken.

Efforts were made to verify all testimonies of abuse documented in this report. However, verifying materials (i.e. police record and photographs) cannot be published publicly because of security concerns. Similarly, abuse documented in this report often happened when sexual and gender minorities were alone (and most vulnerable) making verification difficult. In most cases abuses were not reported to police when they occurred out of fear, therefore police records were not documented. However, verification interviews were conducted when friends or family were present when abuses took place and willing to be interviewed. In no case were friends or family interviewed willing to be published in this report.

Due to a lack of funding, all cases of discrimination included in this report are from Kampala, Uganda. While this sample does not represent the entire country, it does provide a starting point for addressing common themes in health-related discrimination towards sexual and gender minorities across Uganda.

The research collected in this report is a part of the ongoing service, outreach, and research by Sexual Minorities Uganda. This report identifies interviewees by the terms that clients used to identify themselves. This includes "gay," "bisexual," "lesbian," "homosexual," "transgender," "trans," and "*kuchu*," the latter being a localized term in Uganda to describe all sexual and gender minorities. Derogatory terms also appear in this report, which are used to exemplify the verbal abuse that sexual and gender minorities receive in Uganda. A more detailed glossary of the terms used in this report is available in the appendix to this report.

II. Disproportionately Effected, Continuously Underserved

*"Expect judgment, expect discrimination if you go to any hospital in Uganda if you look fem."*⁷

– Peter, gay man living in Kampala

A Missing Key Population

Among the 39 million people⁸ living throughout Uganda, it is estimated over 390,000 are sexual and gender minorities, each with specific health care needs failing to be adequately addressed by the Ugandan government.⁹ The state of Uganda has the responsibility to respect, protect and fulfill the right to health for all. The government of Uganda is bound by both the Constitution of Uganda and international human rights treaties which protect sexual and gender minorities' right to health, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child (CRC) and the African Charter on Human and Peoples' Rights (ACHPR).¹⁰

⁷ Sexual Minorities Uganda interview with Peter (not real name), Kampala, Uganda, 28 June 2017.

⁸ *The World Factbook* 2017. Washington, DC: Central Intelligence Agency, 2017.

⁹ Comparable to countries where homosexuality is not criminalized, sexual and gender minorities in Uganda make up at least 10% of the population of Uganda. This figure comes from the evidence-based claim that 10% of general populations are LGBT identifying. For more see: Agardh, Anette; Ross, Michael; Östergren, Per-Olof; Larsson, Markus, "Health Risks in Same-Sex Attracted Ugandan University Students: Evidence from Two Cross-Sectional Studies," PLoS One, San Francisco, March 2016.

¹⁰ See: "Introduction to the Right to Health in Uganda," Initiative for Social and Economic Rights. Accessed: https://www.iser-uganda.org/images/downloads/A16_10_04_ISER_Booklet_design_layout.pdf.

Just as gender is understood to be a factor to addressing specific health services, sexuality—sexual orientation(s) and non-cisgender identities¹¹—affect availability, accessibility, acceptability, and quality of access to health care services for sexual and gender minorities. This is especially true in the context of Uganda where homosexuality not only remains criminalized but is also highly stigmatized by political, cultural, religious leaders, and as this report details, even health care workers.

According to the Uganda “National HIV and AIDS Response” (for 2015-2016 until 2019-2020) men who have sex with men (MSM) are identified as a key population because of the group’s HIV prevalence rate of 13.7% (as cited by the Crane survey). Yet research like the “Crane Survey,” is often targeted by state actors and shut-down, making it difficult to report accurate numbers. Similarly, because of the social and political climate in Uganda, there has been a history of disruption of access to health services, including harassment by police at health facilities. Perhaps the most notable case occurred when the Ugandan Police Force raided the Walter Reed Project, a project funded by USAID, which offered services to all Ugandans with a specific focus on LGBTI individuals.¹² Consequently, the US Embassy decided to shut down the project, and 30 of the clinic’s HIV-positive clients, were evicted from their homes and were left (at least temporarily) without access to anti-retroviral medication. While on paper, reports such as the “National HIV and AIDS Response” published by the Uganda AIDS Commission, represent sexual and gender minorities (albeit scarcely) by using the biomedical term “MSM,” in practice, sexual and gender minorities issues are rarely included in health services trainings and outreach—and continue to live in a climate of hostility.

This “key population” is not small. A 2016 study of 3,000 Ugandan University students found that the prevalence of same-sex sexuality is high.

¹¹ “Cis” refers to people with gender identities assigned at birth which align with their sex. Please see “Glossary” for more information.

¹² Aljazeera, “Uganda police raid project that assists gays,” 4 April 2014. Accessed: <http://www.aljazeera.com/news/africa/2014/04/uganda-police-raid-project-assists-gays-201444162531775804.html>

Approximately one in three students reported having been “in love with someone of the same sex,” while nearly one in five reported being “attracted to someone of the same sex” and one in ten reported having “a sexual relationship with someone of the same sex.” In addition, the study found that 6-8 percent of men had been “sexually active with someone of the same gender.” The lead author of the study, Anette Agardh, an Associate Professor in Global Health at Lund University said, “The real figures could actually be even higher. Although the survey was anonymous, the intense propaganda against homosexuality in Uganda may have intimidated some from providing honest answers.”¹³

While the total expenditure on health in Uganda is already low, at \$27 per capita per annum, the Government of Uganda has continued to regularly increase its budget allocation to the health sector.¹⁴ However, the government continues to break with the 2001 Abuja Declaration, which requires Uganda to allocate 15% of its budget to health care. Unfortunately, no government funding is directly allocated in the health sector budget for reaching sexual and gender minorities as a key population.¹⁵ Funding for LGBTI-specific programming which does exist is almost exclusively from non-governmental organizations (NGOs). Just as ignoring any key population does, this puts the general population of Uganda at a higher risk for general health concerns when compared to the rest of the world, and especially at risk for epidemic

¹³ McCormick, Joseph, “Turns out there are as many gays in Uganda as in countries where it is not illegal,” Pink news. Retrieved on August 1, 2017 from: <http://www.pinknews.co.uk/2016/03/18/turns-out-there-are-as-many-gays-in-uganda-as-in-countries-where-it-is-not-illegal/>

¹⁴ World Health Organization, “Analytical summary - Health financing system,” 2017. Accessed: http://www.aho.afro.who.int/profiles_information/index.php/Uganda:Analytical_summary_-_Health_financing_system.

¹⁵ World Health Organization, “Uganda: WHO Statistical Profile,” 2014. Accessed: <http://www.who.int/gho/countries/uga.pdf?ua=1>.

diseases such as HIV.¹⁶ Ugandans are vulnerable to illness because accessing health care services is often both costly and difficult. Often government health facilities are overcrowded and riddled with corruption.¹⁷ For sexual and gender minorities this vulnerability is only heightened by prejudice, discriminatory treatment, inflexibility, and even refusal of essential care. These barriers result in LGBTI Ugandans being susceptible to even poorer health than their heterosexual peers.¹⁸

Gender identity and sexual orientation lead to health disparities. When compared with heterosexual and cisgender socioeconomically matched peers, individuals who identify as LGBTI are more likely to face barriers accessing appropriate health care. On virtually all measures of health risks such as: poor mental health, substance use, violence, and risky sexual behavior, those who reported LGBTI-orientation or same-sex activity had far greater odds of at least one of the aforementioned health risks.¹⁹ After experiencing social exclusion, discrimination and prejudice impacts the mental health of LGBT persons—and especially LGBT-youth—which creates disparities in mental health care compared to heterosexual peers. Studies from Europe and the United States have shown that people who identify as LGBTI have significantly higher rates of depression, suicide, and anxiety disorders than their heterosexual peers.²⁰ Further, studies have found that sexual and gender minorities also had higher

¹⁶ Wilson, P.A., Meyer, I.H., Antebi, N., Boone, M.R., Cook, S.H., & Cherenack, E. (in review). Profiles of Resilience and Psychosocial Outcomes among Young Black Gay and Bisexual Men.

¹⁷ White, Janet, "Improving Access to Health care in Uganda," Pfizer Global Health Fellows Program, 2012.

¹⁸ Ebong Lucill, "One Step Forward and so Many Back: Access to Health Care for LGBTI Ugandans," HIVOS, 2014.

¹⁹ Russell, S. T., and Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual Review of Clinical Psychology*, 12, 465-487. <http://doi.org/10.1146/annurev-clinpsy-021815-093153>.

²⁰ Ibid.

odds of unmet sexual health counseling needs.²¹ Similarly, Cange et al found that stigma and homophobia negatively affected the mental health of MSM in Cameroon concluding that, “alienation among MSM also represents a common obstacle to the uptake of MSM-oriented HIV/AIDS services.”²² While in South Africa, Alex Müller has found that not only are sexual orientation and gender identity important categories of analysis for health equity, but that “discriminatory and prejudicial attitudes by healthcare providers, combined with a lack of competency and knowledge are key reasons for these disparities in South Africa.”²³ There is reason to believe from testimonies documented in this report that these findings would be similar—if not worse—in Uganda.

While there has been great progress by LGBTI activists in gaining recognition and protection for Uganda’s sexual and gender minorities, the country is still recovering from the legacy of an Anti-Homosexuality law. The government must acknowledge abuses ensue, and in some cases, have been heightened from the continued *politicization* of LGBTI identities by political leaders throughout the country.²⁴ If the Ugandan government is serious about human rights and health for all, there must be clear, accessible health care for all—including sexual and gender minorities.

As this report introduced, LGBTI people are disproportionately affected by health concerns and continuously underserved by health service providers. In

²¹ Ibid.

²² Cange, C.W., LeBreton, M., Billong S.D., Saylors E. K., Tamoufe C.U., Papworth A.E., Yomb F.Y., and Baral S., 2015, “Influence of Sigma and homophobia on mental health and on the uptake of HIV/sexually transmissible infection services for Cameroonian men who have sex with men,” *Sexual Health*, 12: 315-321.

²³ Müller A., 2017, “Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa,” *BMC International Health and Human Rights* (2017) 17:16.

²⁴ Sexual Minorities Uganda, 2016, “*And That’s How I Survived Being Killed*”: Testimonies from Uganda’s Sexual and Gender Minorities, Sexual and Gender Minorities, Kampala, Uganda.

brief, health care professionals lack knowledge of LGBTI specific health care needs and generally hold negative attitudes towards LGBTI people. Because of this LGBTI people may delay, avoid, or not seek health services altogether because of their personal experiences of past discrimination and persecution. Further, LGBTI people are reluctant to disclose their sexual orientation which may affect their care. Access to health care for LGBTI persons is also affected by LGBTI persons' education, income level, geographic location, knowledge, and cultural beliefs. While LGBTI people are disproportionately affected by HIV, there are also a number of other health issues largely ignored by health service providers, which disproportionately affect LGBTI persons including mental health and substance abuse.

Barriers to Access:

The availability, accessibility, acceptability, and quality of health care for LGBTI persons is affected by three key components; (1) non-inclusive policies and programming, (2) the knowledge and attitudes of health service providers, and of course (3) all forms of discrimination against LGBTI persons at health care facilities, which are detailed in the following chapter.

Non-Inclusive Policies and Programming

The Ministry of Health is responsible for policy review and development, supervision of health sector activities, formulation and dialogue with health development partners, strategic planning, setting standards and quality assurance, resource mobilization, advising other Ministries, departments and agencies on health-related matters, and ensuring quality, health equity, and fairness in contribution towards the cost of health care.²⁵ LGBTI persons are notably left out of this mandate. However, the Ministry of Health states, "Our Mission is to provide the highest possible level of health services to all people

²⁵ Ministry of Health Website, Accessed 28, July 2017 from <http://health.go.ug/about-us/about-ministry-health>

in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels.”²⁶

In response to the Anti-Homosexuality Act of 2014, which heightened criminalization of homosexuality in Uganda, the Ministry of Health issued guidelines for sexual minorities at all health facilities. While the Ministry of Health was right to issue guidelines, it has not gone far enough in making sure those guidelines are actually followed. Anthony Mbonye, the Director of General Health Services at the Ministry of Health, and signatory on the 2014 guidelines for non-discrimination, continues to claim that discrimination against LGBTI persons is not widespread, and when it does occur it should be “expected.” He told Sexual Minorities Uganda:

If we issue a guideline, and we tell all health workers not to discriminate, haven't we done our part? What else would you want us to do? To go and preach? If there is any case [of discrimination]—there is only one or two—but that is expected.²⁷

This unfortunate sentiment aligns directly with what one gay man told us after seeking health services in Uganda, “expect judgment, expect discrimination if you go to any hospital in Uganda if you look fem.”²⁸ While the Director of Health Services has the mandate to ensure that health service providers in the country are providing access to all without discrimination, Anthony Mbonye told Sexual Minorities Uganda:

It is very possible, if you tell people that you are gay or lesbian, that they may resent you. Even if they spit at you, you shouldn't be shocked. It's a new thing and you shouldn't be shocked. Even if a gay person came here (to the interview), and we said move away, move away, you shouldn't be shocked, because given our culture and our religion we are dominantly Christian. You should expect it. If you

²⁶ Ministry of Health Website, Accessed 28, July 2017 from <http://health.go.ug/about-us/about-ministry-health>

²⁷ Interview with Anthony Mbonye in Kampala, Uganda on 21 August, 2017.

²⁸ Interview with Peter (not real name) gay man living in Kampala, June 28, 2017.

said it in New York, or London, or Amsterdam nobody would care. But here in Uganda people would spit at you—but don't be surprised.²⁹

If the Director of Health Services of the Ministry of Health believes that if LGBTI people disclose their identity, one should not be surprised if they are spat on, it is clear that the right to health for LGBTI persons is being infringed upon. However, Anthony Mbonye along with two colleagues from the Ministry of Health (who went off the record with Sexual Minorities Uganda) denied LGBTI persons experience any discrimination. Anthony Mbonye said:

They [LGBTI persons] are not being persecuted. How many have you heard being persecuted because they are 'homosexuals?' How many people have been taken to court, and taken to prison because they are homosexual? When has it happened? The Ministry of Health is not a law enforcing agent. For us we have issued our guidelines. We have key populations as our priority and that is our strategy. So you want us to go and advocate for the law to change? Why? That is our law. It ends there. We can't. Of course they [LGBTI persons] should be free to do what they want, but you must know our culture. Under our law, homosexuality is a crime.³⁰

Knowledge and Attitudes of Health Care Providers

The knowledge, attitudes, and beliefs held by health service providers are a barrier to health care for sexual and gender minorities in Uganda. While LGBTI persons have reported being refused treatment, or experiencing verbal abuse and disrespectful behavior from health care providers, this will continue as long as medical students and health care providers are trained in environments which cultivate homophobia. Not only do medical students continue to use outdated course books which classify homosexuality as a "disease," students and professionals are being trained by instructors who present scientific information on gender, sexuality, and sex—especially those

²⁹ Interview with Anthony Mbonye in Kampala, Uganda on 21 August, 2017.

³⁰ Interview with Anthony Mbonye in Kampala, Uganda on 21 August, 2017.

relating to intersex and transgender identities—in both a stigmatizing manner and a scientifically inaccurate method.³¹ Susan Odoki, a medical student at Makerere University Medical School in Kampala, told Sexual Minorities Uganda that her professors continue to present topics related to homosexuality through a religious framework and with anti-LGBTI sentiment. When reflecting on a recent lecture she attended, she said:

One of the main lecturers stood up and said, ‘if you have higher Estrogen levels and you are a man, then you are homosexual.’ There was a slide of several men with breasts on the screen, and he said they were all ‘homo.’³²

For Susan, the environment is also hostile to her identity as a woman who identifies as lesbian. She told us:

For me, personally, I like to dress masculine, some of my fellow students ask me ‘are you gay?’ or ‘are you trans?’ and if I came ‘out’ it would be really hard, I would lose many friends, and I would be an outcast. If I was ‘out’ it would also be hard because people would be fearing to access medical care from me, the husbands and wives would tell them [their partners] don't go to me, but then on the other hand I would be able to treat more of the LGBTI.³³

Such stigma towards sexual and gender minorities in a health care training environment, perpetuated by educators, will only produce doctors and health service providers who are less able to treat patients properly, thereby making all Ugandan citizens more vulnerable. As Susan told Sexual Minorities Uganda:

³¹ See: Ebong, Lucill, “One Step Forward and So Many Back: Access to Health for LGBTI Ugandans” in *Boldly Queer*, p. 76.

³² Interview with Susan (not real name) Medical Student at Makerere University in Kampala, Uganda, 1 August 2017.

³³ Ibid.

According to the reactions that I have seen in class, most [medical students] will be homophobic. They are always relating it to the religious bit, not the medical side. Even when we were discussing the endocrine, and someone brought up homosexuality, I was receiving some 'side-eye'.³⁴

Because most health care workers are not trained on sexual and gender minorities' specific health care needs. Many activists have created sensitizing campaigns to educate health service providers and establish focal points of LGBTI-friendly persons at clinics across the country. Regularly, although dependent on funding, local LGBTI organizations including, Spectrum Uganda, Ice Breakers Uganda (IBU), Sexual Minorities Uganda (SMUG), and Rainbow Health Foundation Mbarara (RHFM) engage in health sensitizing campaigns often in conjunction with HIV support organizations such as The AIDS Support Organization (TASO) or the AIDS Information Center (AIC). The results are overwhelmingly successful. Health workers leave with lower levels of homophobia than when they arrive. However, the process is not always easy. Issac Mugisha, an activist working at Spectrum Uganda said during the workshops activists like himself answer questions health workers have about being LGBTI with the goal of debunking myths—such as the myth that homosexuals wear “pampers.” One health worker even asked Issac to “prove it,” and requested that he pull up his shirt. Issac said:

We don't blame them when they ask you an offensive question. They are just uneducated. 'So you're a gay man standing there—are you wearing pampers?' They will ask you that! But we just explain to them. They really want to know.³⁵

Often the sensitizing campaigns are safe spaces where LGBTI activists and health workers can open up to one another. Ilakut Mac, a transgender activist said he uses humor to make serious points, as he did at a sensitizing event at Makerere University, when he addressed health workers by saying:

³⁴ Ibid.

³⁵ Interview with Issac Mugisha in Kampala, Uganda September, 2015.

If I come to you and tell you that I am Mac. Do not then go to the lab technician and say "Eh, you go and have a test." Just immediately I show you my back. You're like, "Eh, there is a gay person here!"³⁶

Through these campaigns, LGBTI organizations are able to identify focal persons who can respond to LGBTI persons without discriminatory practices. However, this is not without its own set of frustrations. Bob Bwana, an activist working at Ice Breakers Uganda said:

We have a focal person at clinics where they are partners and have been sensitized. But sometimes that focal person is not there. People are turned away. They tell us, "The people in charge of you guys is not there." So we have been calling for conversations about how to sensitize more than one person in a health center—so that even when that one person is not there, we can still have non-discriminatory health services.

While activists like Bob Bwana should be commended for meeting this gap in health service, it should not fall on LGBTI activists to ensure non-discrimination or sensitization. Although most health clinics in Uganda are not safe spaces for LGBTI persons, there are at least two openly LGBTI friendly clinics in Uganda. This includes the Most At Risk Populations Initiative (MARPI) in Kampala (at Mulago National Referral Hospital) and Ice Breakers Uganda in Kampala which has a small health clinic capable of treating basic health concerns, and testing for sexually transmitted infections.

The LGBTI friendly clinics often operate through a system of peer-educators who help communicate to the community that these options exist. As the Peer Educator Coordinator at MARPI, Chris Ludson, said his work is, "Basically to help fellow LGBTI members receive services and do referrals. MARPI is a safe space for the entire LGBTI community." Working as a Peer Educator Coordinator, Chris has seen many cases come through MARPI from friends and members of the LGBTI community. When recalling recent cases he told us,

³⁶ From field notes at a health sensitizing event, Makerere University, Kampala, Uganda September, 2015 by Austin Bryan.

“Those people [LGBTI persons] who have not heard about MARPI, have been denied services, they have been beaten when seeking services, and they have been chased away from home.” For one case in particular this is especially true. Chris said:

Prince³⁷ contacted me since I am a peer leader. He was from Bwaise, a slum area around Kampala. He was attacked because he was a transgender person and he was denied services at the clinic. As he went to seek medication, one health service provider called other people to come and “see this person.” He was denied services, attacked, and the police came. After the attack, Prince left Uganda to become a refugee in Kenya.³⁸

³⁷ Name of client has been changed to ensure anonymity.

³⁸ Interview with Chris Ludson, Peer Educator at Most At Risk Populations Initiative (MARPI), Kampala, Uganda, 5 August 2017.

III. “They just stare at me”: Testimonies of Discrimination

Eight years since the first introduction of the Anti-Homosexuality Bill into the Parliament of Uganda (2009), and only three years since the annulment of the 2014 Act which called on Ugandans to report “known homosexuals,” state-sponsored homophobia has had a lasting impact on Uganda’s health sector. Confused by vague language in the Ugandan Penal Code, which criminalizes “carnal knowledge against the order of nature”,³⁹ misinformed health workers and clients, continue to perpetuate human rights abuses against LGBTI persons. This is only furthered by rhetoric from state-actors who either shamelessly call for abuses against LGBTI persons or more covertly discriminate by dismissing human rights abuses when they are documented. This is triangulated by Uganda’s health system, which is generally underdeveloped, making availability, accessibility, acceptability, and quality of access even more difficult for LGBTI persons. While health rights abuses are intersectional, and increased documentation is needed across identities and social issues, there is particular need to document abuses as they relate to LGBTI persons. In this chapter, we identified common themes which emerged in testimonies of abuse by the 25 LGBTI community members and activists in Uganda interviewed for this report.

Refusal of Health Services

LGBTI peer-educators in Uganda have found there is a trend of health workers denying service to LGBTI-identifying persons when seeking services. This discrimination happens most frequently for LGBTI persons who express an outward identity or gender expression which conflicts with conventional

³⁹ Uganda’s Penal Code states: Section 145: Any person who (a) has carnal knowledge of any person against the order of nature; (b) has carnal knowledge of an animal; (c) permits a male person to have carnal knowledge of him or her against the order of nature, is guilty of a felony and is liable to imprisonment for life. Section 146 Any person who attempts to commit any of the offences specified in the last preceding section is guilty of a felony and is liable to imprisonment for seven years.

understandings of gender in Uganda. Often this means transgender women, transgender men, gender nonconforming persons, 'butch' lesbians, and 'fem'-gay men most frequently experience refusal of services. Although this discrimination is illegal in Uganda, peer-educators have found members of the LGBTI community experience this regularly if seeking services at a clinic which has not been sensitized by LGBTI activists. As Bob Bwana, a LGBTI-peer educator at Ice Breakers Uganda told us:

There have been beneficiaries who have been turned away, because of who they are. Some of them are told: "this is not a clinic for such people," "the drugs are not there," "the doctor is not there," or "we don't deal with you people."⁴⁰

Brant, who like Bob Bwana also works as an LGBTI activist at Ice Breakers Uganda said that Ice Breakers Uganda Clinic was opened in 2012, with services for LGBTI persons free of charge, to address this type of discrimination. He said:

I remember a transgender woman in 2011 coming to me and saying that they went to a hospital.⁴¹ When she reached to the reception, one of the receptionists reacted badly when she said that she was there to seek services. The trans-woman had a beard and the clothes she was wearing were tight. The receptionist called in the doctor, and the clinicians, and even the people who clean the hospital, to actually come and see what was happening. Then this woman became a sort of "attraction," when she just came to get a service—she was in pain. She actually ended up not getting that services and had to walk away without any treatment. She lost moral for getting services, so I had to escort her to another clinic so that she could get services.⁴²

Similarly, when LGBTI persons seek services, and then begin to experience verbal or physical harassment they are unable to complete their treatment and

⁴⁰ Interview with Bob Bwana, Kampala, Uganda, 8 August 2017.

⁴¹ Name of hospital withheld to ensure anonymity.

⁴² Sexual Minorities Uganda interview with Brant, Kampala, Uganda, 9 August 2017.

actually receive the care they require. This was the case for Bwire, a gay man living in Kampala who told us when he sought treatment, and had already paid for the care, that he was denied services and forced to leave the health clinic. He said:

I was given very rude treatment and asked why I 'look like a girl.' It was so humiliating so I had to leave before the treatment I had gone for.⁴³

Adora, another gay man living in Kampala agreed. He said of his experience:

Reaching that center, I started the process – and reaching the counseling room I found a lady seated there and she asked for my history and I told them how I love and sleep with guys and the lady looked at me and she said, 'we don't offer services to such people [homosexuals].'"⁴⁴

Samuel, a gay man who now seeks services exclusively at Ice Breakers Uganda said that many health workers he has come across continue to believe that it is "illegal" to provide health services to LGBTI persons. He told Sexual Minorities Uganda:

They [health care workers] tend to think that straight people deserve a different type of health service and treatment. Some [at government hospitals] are saying, "I would treat it, but then it is against the law. This is a government institution which is supposed to prescribe to the laws of the country."⁴⁵

Several LGBTI persons interviewed, including Samuel, stated that at the national referral hospital, in order to receive care quickly and without question, you must bribe doctors and nurses. Samuel said:

⁴³ Sexual Minorities Uganda interview with Bwire (not his real name), Uganda, 1 March, 2014.

⁴⁴ Sexual Minorities Uganda interview with Adora (not his real name), Uganda, 5 March, 2015.

⁴⁵ Sexual Minorities Uganda interview with Samuel (not his real name), Uganda, 15 August 2017.

Others [doctors] do it for the money. They will treat you, yes, but because that is their source of income, not because they actually feel that you are a fellow human and deserve to have adequate health service.⁴⁶

Similarly, Edith, a transgender woman living in Kampala said that she has had to bribe nurses to even allow her to see other LGBTI friends who are in the hospital seeking care. She told us, “If we don’t give them money, they send us away. They don’t want us in there if we look gay in their eyes.”⁴⁷

Stigmatizing and ‘Outing’

Perhaps the most frequent violation to sexual and gender minorities when seeking health services is infringement on their right to privacy. This takes many forms, but often occurs through stigmatization and ‘outing’ of LGBTI persons by health workers to the clinic, to peer clients, or to the community. Although it is not required for Ugandans to disclose their sexual orientation when seeking health care services, doing so is essentially a non-option for LGBTI clients, although sexual orientation or gender identity is integral to receiving adequate services and treatment. For example, sexual and gender minorities who seek HIV testing as a couple are often unable to do so without discrimination. This was true for Kamya, a gay man living in Kampala, who went to get an HIV test with his partner. Kamya told us:

I went to a health facility to get an HIV test and during that time I was seeing someone, so we went together—in fact he suggested it—we had made up our minds to test together, and to get our results together. It was a private clinic. My partner was ‘visible’ as LGBT—because of what he was wearing—so we got so many looks. We ignored them. When we finally got in front of this counselor, and said we want to do the test together, she just said “Why? Why? Why not one by one?” We said, “No, this is what we want.”⁴⁸

⁴⁶ Ibid.

⁴⁷ Interview with Edith (not real name) in Kampala, Uganda, 9 June 2015.

⁴⁸ Interview with Kamya (not real name and age withheld) in Kampala, Uganda, 9 August 2017.

Kamya found that the counselor they were assigned was not comfortable with two men being counseled together.

She said, "Why do you guys insist?" and we said "No, we are together." "Together as in how?" she asked so harshly. We said, "We want to know each other's results. Whatever result we get by each other we will stick by each other." So she was like, "So you mean you guys are homos?" and from that point on her attitude changed. She stood up, stepped out, went to the corridor of the clinic and came back with two people [who were health service providers] one of them was flipping through files and just staring at us. I got the impression that when she stepped out she called these others to come and see "this speciesism" of sorts. Then another two [health workers] came. My friend said, "This is getting dangerous. Let's just go right now." So we just walked out. She [the counselor] didn't even try to stop us.

Because of this, Kamya and his partner were never able to get the results to their HIV test.

There were all these people walking in walking out this is a counseling room for Christ sake! We expected no one to get in there. She was treating us like specimens –like "come and see these people. I think these people are homo."

Because of the counselor outing Kamya and his partner at the HIV clinic, they also experienced discrimination and verbal harassment from peer clients. Kamya said:

Some guy was in the corner of the lobby and said "those are the guys that bring us disease." It was traumatizing. Because LGBT people being blamed for spreading the disease –as if we are the source. They were so uncaring of the damage that they were doing. For example, what if we carried on without knowing my status? Or if my partner was continuing on sleeping with other people no knowing his status?⁴⁹

⁴⁹ Interview with Kamya (not real name) in Kampala, Uganda, 9 August 2017.

Unfortunately, because Kamya and his partner were denied services at the first clinic, they had to seek services at another HIV clinic.

We tried again. We went to a public hospital, and we didn't know about MARPI at that time. This time we said, if it is discriminatory, let's just go one by one [not couples counseling]. I was afraid they would say I was HIV positive even when I was not because of the discrimination. It was clear they were not fine with having LGBT people coming in to test. We did the testing and unfortunately it turned out that my partner was positive, but the impact from the first clinic actually had a very bad impact on us because my partner didn't take it well—that the results were positive. I was okay with it and I was willing to stick by him, but he was like “no, you need someone who is negative.” I think that the experience at the first clinic made him think that he somehow deserved it because he is gay.⁵⁰

As we have learned from HIV positive clients in Uganda, stigma will only perpetuate the disease and make people less willing to seek treatment or testing. Kamya and his partner are just one of many LGBTI people who experience stigma when seeking health services. A gay man and a transgender woman living in Kampala, Agaba and Peace, recalled similar experiences when seeking services from a doctor at the National referral hospital in Kampala. Peace said the doctor she saw also outed her to the other health service providers, and when she was forced to leave the hospital she found that people were staring, pointing, and shouting at her. Peace said, “the whole of the medical unit—is turning looking, [saying] ‘now this gay one!’”⁵¹ Similarly, Agaba said when he sought services there was a similar level of discrimination:

“When I went for health services the health workers looked at me in a very disgusted way and I heard them whisper that I looked like a ‘homo.’ It was a very degrading and humiliating experience.”⁵²

⁵⁰ Ibid.

⁵¹ Interview with Peace (not real name) 23, Kampala, Uganda 1 March 2014.

⁵² Interview with Agaba (not real name), 26, Kampala, Uganda, 1 March 2014.

Stigma and 'outing' manifests itself differently for different LGBTI identities. Akello a transgender man, living in Kampala said:

You know some examinations require you to undress. So if someone has done *binding* and all that, and the doctors are not comfortable with you there are major problems. Then because the health workers do not know that it is a Trans man, they keep referring to us as a "madam" or saying "*nnyabo*" (woman in Luganda). Then this health person does not understand and does not want to understand that I am actually a Trans person that they are dealing with and serving.⁵³

Qwin Mbabazi, a lesbian activist working in Kampala, Uganda agreed with Akello. She said:

Even there are times where I have been admitted to the hospital and then my friends who are 'butch'-lesbians come into the hospital to visit me, and you will begin to see the nurses pointing at them and clearly whispering about them in a negative way. I feel like 'butch'-lesbians face more discrimination than 'fem'-lesbians. When they walk in you will see the glances from others. My friends who are 'butch' have always told me they don't ever like going to public hospitals because they will be discriminated against, and pointed at. And when it comes to trans-men it can actually be worse.⁵⁴

In addition to stigmatizing LGBTI persons, health care workers have also been found to try and use the opportunity to "convert" LGBTI persons into heterosexuality. One activist from Ice Breakers Uganda, who wished to stay anonymous, said:

⁵³ Interview with Akello (not real name) 25, Kampala, Uganda 31 August 2017.

⁵⁴ Interview with Qwin Mbabazi Fiona, 31 August 2017, Kampala, Uganda.

Even at clinics where we have sensitized we still have doctors and health workers trying to convert LGBTI people. We have registered 3 complaints from a specific clinic in the past 4 months—and this is a well-known counselor who is really good at her job but keeps trying to convert people. The clients are saying they don't want to go back there that they want to go somewhere else. Others are stopping to pick their drugs from there and instead going to another partner.⁵⁵

For LGBTI people who must depend on their families to finance the health care, there have been incidences of requests to doctors to use medical practices to convert people to heterosexuality. Bob Bwana, an LGBTI activist at Ice Breakers Uganda said:

I had a case where this boy was taken to the hospital and the mom said “as you're treating my son for that problem try to counsel him to leave— to change that bad habit—because I think that's where he got the disease from.” He had anal warts and some people believe that anything to do with the anal area is to do with homosexuality. Unfortunately, it seems that health care providers feel very empowered to convert people and try [to] change them from being LGBTI.”

Threats, Violent Attacks, and Forced Anal Examinations

While less frequent; violent attacks, threats, and forced anal examinations on LGBTI persons are still widespread in Uganda. Threats are usually made by health care workers or peer clients to call state actors to “arrest” LGBTI persons when they enter the clinic and seek services. This was the case for Stanley whose story was documented on the first page of this report.⁵⁶ Violent attacks, usually in the form of mobs, against LGBTI persons who display a “visible” identity of non-conformity, have been reported outside and inside health clinics when LGBTI persons have sought services. Sexual Minorities Uganda spoke with 8 peer-educators who found that cases they have responded to

⁵⁵ Interview with Anonymous activist at IBU, (age withheld), 5 August 2017.

⁵⁶ See page 1 for an excerpt from the Sexual Minorities Uganda interview with Stanley (not real name), Kampala, Uganda, 10 August 2017.

reported experiencing violent attacks. Chris Ludson, a peer educator at MARPI said:

Those people who have not heard about MARPI, have been denied services, they have been beaten when seeking services, they have been chased away from home.⁵⁷

Similarly, health workers still carry out forced anal examinations when the Uganda police forces individuals who have been arrested for “homosexuality”, “sodomy”, or “carnal knowledge against the order of nature” to be examined. Although it has been disproved that anal examinations in any way can “prove” homosexuality, Uganda along with at least 7 other countries which criminalize homosexuality, still uses forced anal examinations against LGBTI persons. In 2016, Human Rights Watch published a report documenting forced anal examinations against those persecuted for being LGBTI. One of the many stories documented in the report was from Chloe, a 19-year-old transgender woman, who after being arrested in Kampala for “homosexuality” was, interrogated, beaten, and taken with her partner, Eric, to Muyenga Dispensary and forced to have anal examinations.⁵⁸ Chloe told Human Rights Watch:

I was too embarrassed, I felt too bad. I was standing up and [the doctor] told me to take off my clothes and to bend over. It was very painful when he put that thing inside me but I had no choice ... I was crying, I was deep in tears, but I had no choice, the police were saying ‘Why are you crying, you have no choice! You deserve death!’

[The doctor] didn’t tell me the results when he finished. I only found out later. My results said ‘negative.’

⁵⁷ Sexual Minorities Uganda interview with Chris Ludson, Peer Educator at Most At Risk Populations Initiative (MARPI), Kampala, Uganda, 5 August 2017.

⁵⁸ Human Rights Watch, “Dignity Debased: Forced Anal Examinations in Homosexuality Prosecutions,” 2016.

After they tested me, they took me out of the room and then did the same exam to Eric in the room. They did not check my penis, just the anus, but for Eric, he told me they checked the penis. Because the police said he was my husband so he had been fucking me.⁵⁹

Post-Discrimination Effects

After experiencing discrimination while seeking health services, or after hearing second-hand accounts of discrimination towards LGBTI persons, many sexual and gender minorities avoid going to hospitals or health clinics altogether. Three members of the LGBTI community interviewed by Sexual Minorities Uganda, who requested to keep their identities anonymous (for fear of their safety), talked about the effects discrimination which they have experienced at clinics has had on their own experiences:

"I felt so bad being discriminated. I am just like any other person, who should be able to get health services like any other person. I will never return to any clinic that is not MARPI or IBU."⁶⁰

I just went and bought some drugs at a nearby pharmacy. I didn't get to see a doctor. It could have been something really bad. I had to just inspect myself, and buy the medication I thought would work. Thank God it did.⁶¹

The effect was still there. Every time I needed a test I still feel scared. It was traumatizing. It gave me a very bad feeling. It made me feel like if we go

⁵⁹ Human Rights Watch interview with Chloe (not real name), Kampala, Uganda 5 February, 2016. Published in "Dignity Debased: Forced Anal Examinations in Homosexuality Prosecutions," 2016.

⁶⁰ Sexual Minorities Uganda interview with 22-year-old transgender woman living in Kampala, Uganda, 9 August 2017.

⁶¹ Sexual Minorities Uganda interview with 28-year-old gay man living in Kampala, Uganda, 6 August 2017.

somewhere like that they will even give us wrong results or something. Or they will not even give us the right information or something.⁶²

Brant an activist at Ice Breakers Uganda Clinic has found that the effects of this post-discrimination can be deadly.

We have been losing people over minor diseases because of discrimination at the hospitals. Where someone has HIV but then they don't know that they have HIV. The LGBT people I see are saying, for example, "I can't go to that hospital because it has my Auntie working there, and then they will know I am gay. If they get to know that it is one of their sons, that they will kill me." So then they don't go to treatment. Then by the time they reach out to us, at IBU, it is too late. This happens all the time with STIs, where people will get herpes for example and then never get treatment because of the discrimination. They tell me, "No I can't go there because when my friend [who is gay] went there, she got treated so badly."⁶³

Ice Breakers Uganda clinic which provides many services to LGBTI persons, is not a hospital, and therefore has limitations in the services they can provide. Brant told us:

Our clients are afraid of going to general hospitals. Icebreakers is not a general hospital, we don't do scans, we can't do surgeries, we don't do most things. But we find that completing a referral that we make is a big challenge. For example, if we refer someone to see a certain health center, where we have only been able to sensitize one person at the clinic, and then when that person is not there, or they were transferred, you find that the person is not getting the service that you referred them to because they are LGBTI.⁶⁴

⁶² Sexual Minorities Uganda interview with 37-year-old gay man living in Kampala, Uganda, 10 August 2017.

⁶³ Sexual Minorities Uganda interview with Brant Luswata, Clinic Manager at Ice Breakers Uganda (IBU), Kampala, Uganda, 9 August 2017.

⁶⁴ Ibid.

One of Ice Breakers Uganda's biggest challenges is getting clients to complete their referrals. From 2012-2017, only 20% of referrals have been completed, meaning that 80% of clients are not going to referral appointments, which activists like Brant think is due largely to the discrimination they receive when seeking services at general health care facilities in Uganda. Brant said:

When I say I am going to refer a client to another place outside of Icebreakers clinic. You see the face changing. They try to convince you that they will go, but often when you follow it up, they did not go. When you call they say, "Yeah for me, Brant, I got scared to go. So you find yourself having to escort people to clinics which is not sustainable."⁶⁵

⁶⁵ Ibid.

V. Conclusion and Recommendations

After presenting the testimonies of health care discrimination, documented in this report, to the Director of General Services at the Ministry of Health, his response was the following:

You see for us we are Africans, you come into an environment and say you are gay, people look at you, even if they spit on you, you should see that as normal.⁶⁶

His remarks gave the title to this report because, unfortunately, they represent the current state of health care rights for Uganda's sexual and gender minorities. Stigma and discrimination are rampant. Yet stigma and discrimination are one of the fundamental causes of disease to spread, with dire health implications—for "key populations" and the general population alike. This institutionalized stigma forces Uganda's sexual and gender minorities to experience higher rates of HIV, mental health concerns, and everything from denial of services to violent attacks. Although the current treatment of sexual and gender minorities in Uganda's public health sector violates sexual and gender minorities' constitutional rights and human rights guaranteed by international human rights declarations; those in power, like the Director of General Services, continue to discriminate.

When the state institutionalizes discrimination, and fails to protect the human rights of all its citizens, it suffers. Therefore, in conclusion of this report, Sexual Minorities Uganda has outlined recommendations to create the urgently-needed change for sexual and gender minorities' right to health across the country. Sexual Minorities Uganda has outlined recommendations for the government of Uganda, the Ministry of Health, donor countries, and members of civil society.

⁶⁶ Interview with Anthony Mbonye in Kampala, Uganda on 21 August, 2017.

To the Government of Uganda:

- Decriminalize homosexuality immediately, and repeal Section 145 of the penal code which criminalizes “carnal knowledge against the order of nature.”
- Stop supporting the cruel and unusual punishment of sexual and gender minorities.
- Ban the use of anal examinations on those accused of same-sex conduct.
- Uganda Police Force should work with Sexual Minorities Uganda to investigate all cases documented in this report.
- The Ugandan Human Rights Commission should work to take cases presented in this report to tribunal.
- The Uganda National HIV/AIDS committee should be inclusive of sexual and gender minorities and inclusive in all health-related programming.
- Investigate all reports of violence against sexual and gender minorities, appropriately punish those responsible publicly, and expressly condemn all such violence.
- Hold perpetrators of rights abuses legally accountable.

To the Ministry of Health:

- Issue an updated ethical guideline on care and discrimination, with specific focus on addressing the continued human rights abuses occurring against LGBTI persons after the annulment of the Anti-Homosexuality Act in the health sector.

- Use this report to reach out to health facilities, government hospitals, government officials, the Uganda Police to inform and sensitize personnel on the rights abuses taking place.
- Approach health programming, with intersectionality, and a commitment to include LGBTI people's needs in such programming.
- Hold those who violate rights of LGBTI persons in the health sector accountable with statements and legal action, condemning violations when they occur.
- Work with LGBTI peer-educators to design sensitizing campaigns with health workers in both public and private clinics across Uganda.
- Work with medical professionals and scholars to ensure that medical textbooks used to educate doctors, nurses, and all health workers, are scientifically up-to-date and do not present "homosexuality", transgender identities, and intersex persons as a physical or mental disorder.

To donor countries, or international non-governmental organizations which provide aid to Uganda:

- Support LGBTI activist work to combat human rights abuses by funding projects and grassroots organizations.
- Assist in investigations, research and documentation of rights abuse cases.
- Help hold perpetrators of human rights abuses accountable by issuing official condemnations when they occur.

- Consider withholding resources from law enforcement agencies, or local NGOs which persistently violate the rights of LGBTI persons.

To Members of Civil Society

- Cite this report and use it as evidence in work for human rights work and advocacy.
- Highlight violations of human rights abuses against sexual and gender minorities in the context of the larger fight for human rights.
- Consider training staff on LGBTI inclusion.

To Members of the LGBTI community:

- Know your rights, be vigilant, and report abuses to the authorities.
- Continue seeking health services when necessary, testing for STIs, going to referral appointments, and checking-up on your physical and mental health.

V. Appendix: Glossary of Terms

"Abasiyazi:" A Luganda word that is often used as a derogatory term, meaning "homosexual."

Biological sex: the biological classification of bodies as male or female, based on such factors as external sex organs, internal sexual and reproductive organs, hormones, or chromosomes.

Cis: (often abbreviated to simply cis) is a term for people whose gender identity matches the sex that they were assigned at birth. Cisgender may also be defined as those who have "a gender identity or perform a gender role society considers appropriate for one's sex. It is the opposite of the term transgender

'Coming Out': Or, 'coming out of the closet,' this is the process of becoming aware of one's queer sexual orientation, identity, accepting it, and telling others about it.

Gay: Most often used to describe only men who are attracted primarily to other men, but may also be used as a synonym for "homosexual."

Gender: the social and cultural codes (as opposed to biological sex) used to distinguish between what a society considers "masculine" or "feminine" conduct.

Gender expression: The external characteristics and behaviors that society define as "masculine" or "feminine" – including such attributes as dress, appearance, mannerisms, speech patterns, and social behavior and interactions.

Gender identity: A person's internal sense of self as male, female, transgender, etc. A person's sex and gender identity may not always be in

sync. A person may identify as male but they have the biological sex of a woman.

Heterosexual: A person primarily attracted to people of the opposite sex.

Homosexual: A person attracted primarily to people of the same sex.

Kuchu: A localized term for LGBTI or queer in Uganda. It is often used as an identifier synonymous with any term reading to sexual and gender minorities.

Lesbian: A woman attracted primarily to other women.

LGBT: An acronym used to stand for lesbian, gay, bisexual, and transgender. It is an inclusive term often used as a synonym for "sexual and gender minorities."

Men who have sex with men (MSM): Men who engage in sexual behavior with other men, but do not necessarily identify as "gay," "homosexual," "bisexual," etc.

Sex: a person's biological status typically referred to as male, female, or intersex. The indicators of one's biological sex include sex chromosomes, gonads, internal reproductive organs, and external genitalia.

Sexual orientation: the sex of the person to whom one has an enduring pattern of physical, sexual or romantic attraction – that is, it describes where one falls on the spectrum of attraction to people of the same or opposite sex, or both.

Transgender: An umbrella term used to describe people whose gender identity, expression, or behavior is different from that typically associated with their assigned sex at birth.

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Sexual Minorities Uganda advocates for the liberation of Uganda's sexual and gender minorities through advocacy, research, and documentation. Sexual Minorities Uganda is a network organization of 18 LGBTI organizations across Uganda. For more information, please visit our website: sexualminoritiesuganda.com.