Triangle Project submission on National Health Insurance White Paper December 2015[1]

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Contact person
Matthew Clayton
Research, Advocacy and Policy Manager, Triangle Project
matthew@triangle.org.za
081 257 6693

[1] Compiled by Emma Jones-Phillipson and Matthew Clayton

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Introduction

Triangle Project is an LGBTI human rights organisaiton based in Cape Town and having a footprint in other parts of the Western Cape. We provide direct health and psycho-social services for LGBTI people as well as conduct research, advocacy and empowerment of LGBTI people in the Western Cape. We make this submission to highlight what we feel the gaps in the NHI White Paper are as they specifically relate to LGBTI people living in South Africa.

This submision is furthermore endorsed by the following organisations and individuals:

- SHE, Social, Health and Empowerment Feminist Collective of Transgender Women of Africa
- Free Gender
- Durban LGBTI Community and Health Centre
- GALA, Gay and Lesbian Memory in Action
- OUT LGBT Wellbeing
- GLN, Gay and Lesbian Network

Glossary of terms

LGBTI*
Lesbian, Gay, Bisexual, Transgender, Intersex (*or part thereof)

SOGI
Sexual Orientation and Gender Identity

GENDER
The social attitudes, behaviour and roles given to men and women. Gender is different from sex because sex refers to biological differences between males and females

GENDER IDENTITY
An individual's ability to identify along a spectrum of gender that may or may not align to their biological sex

CISGENDER
When an individual's gender identity aligns with their biological sex as assigned at birth

TRANSGENDER
When an individual's gender identity differs from their biological sex as assigned at birth

GNC
Gender Non-Conforming – When an individual's gender identity does not conform to the conventional binary of male and female

SEX
Biologically female or male, as assigned at birth based upon dominant genital characteristics

INTERSEX
A variety of conditions where a person's anatomy does not fit the typical definition of male and female

CISCENTRIC
The prevalence of assumptions of cisgender as the "normal" or dominant gender categorisation, usually associated with discrimination or exclusion of transgender categorisations

TRANSPHOBIA
Discrimination, fear, dislike of individuals on the basis of their gender identity not being cisgender

SEXUAL ORIENTATION
An individual's attraction for people of a particular gender(s)

LESBIAN
A woman who is attracted to other women

GAY
Someone who is attracted to people of the same gender. Although also used by lesbian woman, it is often used to describe men who are attracted to other men

BISEXUAL
Someone who is attracted to people of their own gender or people of the opposite gender

HETEROSEXUAL/STRAIGHT
Someone who is attracted to people of the opposite gender

HETERONORMATIVE
The prevalence of assumptions of heterosexual as the "normal" or dominant sexual orientation, usually associated with discrimination or exclusion of other orientations (Lesbian, Gay, Bisexual)

HOMOPHOBIA
Discrimination, fear, dislike of individuals on the basis of their sexual orientation not being heterosexual

GENDER AFFIRMING SURGERY
Surgical intervention to "affirm" the gender of a Transgender or Intersex person to align their genitals or other gender markers like breasts with their gender identity. I.e. Vaginoplasty, mastectomy, breast reconstruction etc.

Acronyms

GP General Practitioner
NCD Non-Communicable Diseases
NDP National Development Plan
NHI National Health Insurance
NSP National Strategic Plan on HIV, STIs and TB
SOGI Sexual Orientation and Gender Identity
MSM Men who have sex with men
WSW Women who have sex with women

Context and Background

LGBTI People and the Healthcare System

LGBTI people experience many of the same problems as other people in South Africa when it comes to accessing services from the current public health service. They are subject to the same issues of stock-outs, lack of resources, long travelling distances and an often ineffective and unpleasant experience. Similarly, whilst some of these issues are “solved” for those able to afford private healthcare, many LGBTI people continue to face burdens and obstacles even in private healthcare, as their issues can often stem from ignorance, conservatism or even discrimination. While it is important to view LGBTI people as forming part of the larger group of South Africans reliant on the healthcare system, it is also important to remember that LGBTI people, by virtue of their sexual orientation and gender identity will interact with the healthcare system differently to those in the population who are cisgender, heterosexual and able-bodied. It is worth emphasising the variety and diversity of treatment and healthcare needs required by the LGBTI population which may or may not be related to their gender identity of sexual orientation.

This submission will discuss the numerous issues that the document and proposed NHI system possess that would present various gaps, challenges and obstacles to the LGBT community, as well as the issues inherent in the existing system that the draft fails to address. For noting, the nouns “gay”, “lesbian”, “homosexual”, “LGBT”, “men who have sex with men”, and “women who have sex with women” do not feature at all in the 97-page document, despite references to vulnerable populations and several of these groups being identified as such by the Department of Health and others in previous policy statements like the NSP.

Creating a Truly Universal Healthcare System

The NHI contains the laudable goal of creating a universal healthcare system where all can access services, regardless of their race, socio-economic status or their ability to pay for the service.[2] The achievement of this goal will mark one of the most important steps to combating the legacy of apartheid and colonialism and will play a vital role in building a more united and caring society. However, if we seek to build a healthcare system that truly is open to all, then attention must be paid to the different ways that people are positioned in South African society, in addition to important determinants like race, gender, geography and socio-economic status. For many people who are LGBTI, the ability to access quality and affirming healthcare remains out of their reach with staff and resources unable to cater for the needs of people who fall outside of the cisgender and heterosexual norms.

Creating universal access means that we must understand that the healthcare system for LGBTI people is impacted both by how they interact with it (inclusive and sensitive staff who understand their needs) and what they seek from it (access to barrier methods for more than sex between a man and a woman / gender affirming treatment, including surgery etc.)

Concerns and Issues with the White Paper

Unresolved Issues in the Current Health System

As mentioned above, the NHI White Paper fails to acknowledge the identities, vulnerabilities or diverse and specific needs of LGBTI people, despite several of these identities being recognised by other health policies.

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[2]Department of Health, “National Health Insurance for South Africa: Towards Universal Health Coverage,” Para. 44.

HIV/AIDS and the Burden of Disease

The White Paper discusses South Africa's disease burden, but unfortunately, without some important context.[3] Despite HIV, AIDS and TB being mentioned several times throughout the document, there is no mention of the way that different groups in South Africa are impacted by HIV, AIDS and TB and how the health system needs to respond to these groups. The document's discussion of HIV and AIDS, given its prevalence, is remarkably scarce, as it is only included in passing or in reference to the advances made in the provision of ARVs and other such management. The White Paper's lack of detail on HIV and AIDS – and especially their effect on vulnerable groups – contrasts the quite comprehensive and progressive National Strategic Plan on HIV, STIs and TB (NSP). It is unclear why the NHI White Paper does not speak to the overarching plan to combat what could be South Africa's leading single health concern, and at times may even contradict the recommendations made in the NSP particularly regarding vulnerable groups. The NHI document never recognises this document or any of its contents. In fact, the NHI document barely refers to the HIV and AIDs epidemic at all, only citing it occasionally as part of communicable diseases, one of the "quadruple burden of disease" in SA. They note that HIV, AIDS and TB have significantly contributed to the increase in the death rate since 1994 and include HIV and AIDS and Tuberculosis services as part of their health services. However, how this issue should be ameliorated is shamefully underemphasised.[4]

The document fails to include the short, or long-term goals of the NSP as part of their broader goals strategy. As mentioned prior, they also fail to acknowledge the key populations identified in the NSP (see below), and refer only to their own vulnerable populations (women, children, the elderly, people with disabilities). Not only are the identified groups not mentioned in the section which discusses burden of disease, they are also not specifically included elsewhere in the document – this is especially notable for migrants who will not receive coverage through the NHI unless they have been granted the correct status by the Department of Home Affairs i.e. permanent resident or refugee status. Asylum seekers will only be able to access emergency healthcare under certain circumstances.

The NSP includes the following key populations for:

HIV services:

- young women between the ages of 15 and 24 years;
- people living close to national roads and in informal settlements;
- young people not attending school;
- people with the lowest socio-economic status;
- uncircumcised men;
- people with disabilities;
- **sex workers and their clients;**
- **people who abuse alcohol and illegal substances;**
- **men who have sex with men; and**
- **transgender persons**

TB services:

- people who live in the same homes as confirmed TB cases;
- healthcare workers;
- mine workers;
- correctional services staff and inmates;

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[3] Ibid., Para. 97.

[4] Ibid., Section 5.3 Para. 131.

- **children and adults living with HIV;**
- diabetics and people who are malnourished;
- **people who abuse substances, including tobacco, drugs and alcohol;**
- **mobile, migrant and refugee populations; and**
- people living and working in poorly ventilated and overcrowded environments (including informal settlements)[5][6].

Furthermore, the NSP includes sociological interventions aimed at treating disease, recognising that conditions like HIV, AIDS, STIs and TB are not contracted and spread in a medical, biological vacuum something the NHI seems to assume. The NHI document has next to no acknowledgment for treating the psychological or sociological challenges of disease and identity, something NSP comprehensively addresses when discussing HIV and TB policy mainstreaming, and reducing stigma and discrimination.[7] Furthermore the NSP suggests the implementation of “a comprehensive national social and behavioural change communication strategy with a focus on key populations. This must be aimed at increasing people’s use of services, as well as promoting constructive values, attitudes, norms and behaviour. Social and cultural norms (particularly around gender) and behaviour that puts people at risk of HIV and TB must be challenged.[8] Remembering that the key populations identified here include transgender persons and men who have sex with men, as well as other populations which LGBT persons may be predisposed to (refugees, sex workers, people who abuse substances and so forth).

Additionally, the NSP addresses the need to “integrate sexual and reproductive health services into primary health care and ensure that these services are also available to key populations”. The NHI responds by including only reproductive health in its package of health services (although they do claim the list provided is not necessarily conclusive).[9]

It is incredibly concerning to note just how little attention is devoted to the treatment and management of HIV and AIDS given how large of an issue it continues to be.

The fact that no mention of men who have sex with men is made in the document is a concern for a plan which has to guide a complete overhaul of the healthcare system which has the largest programme of ARV distribution and one of the highest number of HIV positive people in the world. The failure to include MSM is dangerous from health perspective (with the NSP estimating that 9% of all new HIV infections in South Africa occur between MSM.[10]

Recommendations:

- The NHI’s discussion of burden of disease must contain a contextual understanding of the way different diseases have different impacts across vulnerable groups;

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[5] Republic of South Africa and SANAC, “National Strategic Plan on HIV, STIs and TB 2012 - 2016 Summary,” 9.

[6] Emphasis added to highlight the fact that LGBTI identities can correspond with secondary risk factors like substance abuse, engaging in sex work, migrants etc.

[7] Ibid., 17.

[8] Ibid., 19.

[9] Department of Health, “National Health Insurance for South Africa: Towards Universal Health Coverage,” Section 5.3 Para 131; Republic of South Africa and SANAC, “National Strategic Plan on HIV, STIs and TB 2012 - 2016 Summary,” 19.

[10] Ibid., Para. 26, No. 13.

- The NHI's discussion of HIV/AIDS and other diseases and the vulnerable target populations thereof, should be brought in line with previous policies like the National Strategic Plan on HIV, STIs and TB, among others;
- This must include the vulnerabilities of groups like MSM, transgender people, sex workers, migrants and refugees, and those who abuse alcohol and illegal substances, not only to increased risk of HIV contraction and other secondary risk factors, but increased risk of poor service at health facilities;
- In order to tackle this problem, it should be stated not just as the failure of service for the individuals involved which it so clearly is, but also as the public health risk it posses to all South Africans;
- In this way, the NHI needs to clearly articulate:
    - It's understanding of the disease burden across different groups;
    - The problems this group has in accessing healthcare in general and sexual and reproductive healthcare in particular;
    - The concrete steps the NHI plans to take to ensure that MSM and other vulnerable groups receive equitable status in accordance with their risk to HIV contraction an lower levels of health-seeking behaviour.
- The NHI's discussion of violence as a driver of disease must have an understanding of the different groups and their various vulnerabilities to violence with a specific focus on LGBTI people and other intersecting vulnerabilities such as race, class, national origin, disability and gender.

Sensitivity of Healthcare Workers and Related Staff

The document makes no reference to any necessity to upgrade or introduce sensitivity training (of any sort) that appears wholly necessary, especially given the recurrence of homophobic and transphobic treatment by medical practitioners that is described in Gender DynamiX 2012 report[11] as well as independent research conducted by Triangle Project. Furthermore, no mention is made of updated training around sexual healthcare and treatment pertaining to gay, lesbian, bisexual, transgender or gender non-conforming persons and their specific needs and wants.

For most people, their primary interaction with the healthcare system is through the frontline workers at hospitals, clinics and dispensaries – the doctors, nurses, orderlies, porters and admin staff that operate and manage the healthcare system. It is thus crucial that this "face of healthcare" is accommodating, inclusive and sensitive to all patients, particularly in circumstances where people may have no other alterative to seek treatment, due to financial or geographical obstacles. Unfortunately, many LGBTI people continue to have negative experiences with accessing healthcare because bigoted or ignorant healthcare workers make the experience unpleasant or humiliating. There is ample evidence to suggest that much more needs to be done to train and sensitise nurses, doctors and other staff at healthcare facilities, with over 90% of respondents to a small survey conducted by Triangle Project agreeing the staff need more training on LGBTI issues. An analysis of this survey (annexed to this submission) groups the issues respondents had with the health system into the broad categories of Access vs. Accessibility, and Sensitivity of Healthcare workers and staff, with the following sub-categories of complaints/concerns being identified:

Poor/inappropriate treatment/mistreatment
Fear of judgment

[11] Stevens, "Transgender Access to Sexual Health Services in South Africa: Findings from a Key Informant Survey."

Fear of discrimination/repercussions
Fear of being “outed” in community/discriminated against/violence
Experiences of rudeness/judgment/discrimination etc. by staff or other patients
Experiences of refusal of service/unequal treatment
Experiences of misunderstanding/inappropriate treatments/ignorance of SOGI (Sexual Orientation and Gender Identity)
Lack of LGBTI resources, knowledge or materials
Specialised treatment/services not available
Unrelated/irrelevant medical commentary or questions

From this brief survey, the level of detail we received specifically relating to poor experiences with healthcare workers is overwhelming. It is clear from this data alone that LGBTI people still face real barriers to accessing healthcare, over and above existing (and acknowledged) barriers like socio-economic status, geography and race. The survey commentary, attached as Appendix 1 goes into further detail about the particular issues faced by LGBTI healthcare-seekers. Some issues to highlight however include that many LGBTI people are discouraged or deterred from accessing local services due to fear of reprisal, discrimination, judgment or being “outed” to their communities. Often these fears are based upon their lived experiences with healthcare workers (both in primary treatment as well as with administrative staff). Although NHI seeks to promote accessibility through increased availability (through the contracting of private health services and facilities), it does not address the issue that availability may not be the only obstacle to those seeking healthcare. Discrimination, stigmatisation and other contributing factors arising from unequal treatment of persons based upon their identity can create non-structural barriers to care that LGBT persons routinely experience in pursuit of general health and care related to their identity.[12] In other words, the physical proximity of healthcare facilities does not change the metaphysical impediments to accessing that healthcare.

The NHI as well as its supporting documents such as *Operations Phakisa’s guide to the Ideal Clinic* repeatedly mention the importance of well trained staff to ensuring good quality services.[13] Despite the attention being paid to the value of polite and knowledgeable staff, there is almost no discussion about the training and up-skilling of staff for this purpose. Where there is discussion, it does not discuss that for certain groups (like LGBTI people), rude and ignorant staff are a special problem as well as a barrier to treatment and good health-seeking behavior. In fact, at no point in the document is any mention made of how doctors, nurses and other support staff will be trained, sensitized and held to account in order to protect the rights of LGBTI people under the NHI. It is our opinion that when LGBTI people are not specifically included in discussions of training and sensitization, this amounts to them being excluded, especially given how other policies and legislation have already made the progressive step of recognizing the specific health needs of these identities.

Where LGBTI people are not facing stigma and poor treatment because of their sexual orientation or gender identity, they still find doctors, nurses and other staff who are not knowledgeable

[12] Wilson et al., “Transgender Issues in South Africa, with Particular Reference to the Groote Schuur Hospital Transgender Unit”; Stevens, “Transgender Access to Sexual Health Services in South Africa: Findings from a Key Informant Survey.”
[13] See, among others Department of Health, “National Health Insurance for South Africa: Towards Universal Health Coverage,” Para. 37, 75. 107(h), 155, 216.

enough to provide correct advice and treatment for LGBTI people. This may lead to incorrect advice – such as advising a woman who has sex with women that she is at no risk of HIV contraction – or awkward and prying questions not related to treatment but instead focusing on the patient’s gender identity or sexual orientation. In some cases, this is an issue of sensitisation – it would be rude to ask cisgender patients about their genitals without context and it is therefore also not appropriate when the patient is trans – but many others speak to the real lack of skills many professionals have when it comes to dealing with LGBTI people.

When it comes to LGBTI people there is an obvious “hierarchy of knowledge” where, for various social, medical or other reasons, healthcare workers seem to have more information and resources for men who have sex with men (MSM) than they have for women who have sex with women (WSW) and where transgender patients fall last on the prioritisation of information or resources. There is a distinct lack of knowledge among healthcare workers to providing for the pyscho-social, medical and other needs of transgender patients. There seem to be an unspoken onus on trans* individuals themselves to guide their providers in terms of providing care, especially with regard to hormone replacement therapy. This is not merely a problem related to issues around medical transition – although there are many issues to be discussed – but also around general health provision for transgender individuals. For instance, transgender women[14], regardless of whether or not they have medically transitioned still have a prostate and thus require a regular prostate exam once they have reached a certain age. Although some treatments require particular attention or service, most merely require sensitivity and inclusion of all patients (not only those prescribing to the gender binary) in already mainstreamed procedures – breast exams, prostate exams, pap smear etc.

Without proper training and sensistisation, LGBTI people – and transgender individuals in particular – face barriers to healthcare which makes their experiences difficult and unpleasant and can also lead to dangerous neglect of health seeking in order to avoid this poor experience.

Recommendations:

The NHI White Paper, Operation Phakisa’s Guide to the Ideal Clinic and all other documents relating to service outcomes of the health sector should contain at least the following:

- A discussion of the way that people’s different positions in society - such as their sexual orientation or gender identity – can form additional barriers to accessing healthcare;
- A commitment to providing services to all people, with a specific acknowledgement of the challenges of vulnerable groups like LGBTI people;
- An acknowledgement that, where people like LGBTI people face specific barriers to accessing healthcare, over and above other factors, that specific corrective measures need to be made to accommodate this group and provide equitable service;
- A commitment to providing sensitization to all staff who interact with the public which will provide them with information and best practice when dealing with LGBTI people and other groups;
- A commitment to ongoing training of healthcare staff which aims to ensure that healthcare staff are able to give accurate, affirming and non-judgmental treatment and advice to all people who use health facilities, including LGBTI people;
- Along with the commitment immediately above, a specific commitment and inclusion of training related to transgender people which must include affirming and accurate information related to medical transition but also related to specific health needs of this community;

[14] A person whose biological sex at birth was male but whose gender identity is female

- Guidelines under the auspices of the Ideal Clinic Model which would include the creation of a gender-neutral bathroom where possible and/or directives to enable transgender and other gender non-conforming people to use the bathroom that matches their gender identity;
- A commitment to review training modules at tertiary educational facilities for all healthcare workers with an aim to incorporate, as soon as possible, meaningful inclusion of people outside of the cisgender and heterosexual norm. This training should equip medical, administrative and support staff to understand the needs of people along a wide spectrum of gender identity and sexual orientation.

Other Areas of Concern

Service coverage

Paragraph 131 details service coverage under the NHI and our submission wishes to highlight four areas.

Transgender and Gender-Non-Conforming Healthcare

The White Paper is decidedly vague when describing the services it would cover, which leads to uncertainty as to whether NHI would cover treatment applicable and sought by transgender people such as gender affirming surgery or hormone therapy (as well as other treatments such as counselling, laser hair removal and so forth). The Diagnostic and Statistical Manual of Mental Disorders (DSM) most recent edition (DSM-5) has classified that "people whose gender at birth is contrary to the one they identify with will be diagnosed with gender dysphoria". This language is a notable change from the previous diagnosis as "gender identity *disorder"* considering the stigmatising effects of psychiatric diagnostic terms. They additionally stress that "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition". Although arguments can be made for the removal of gender dysphoria as a psychiatric diagnosis, this would ultimately also jeopardise access to care for treatment that includes "counselling, cross-sex hormones, gender reassignment surgery, and social and legal transition".[15] Given the challenges and obstacles that transgender and gender non-conforming people already encounter in accessing healthcare, further restrictions would be tragic.[16]

Considering the document's assurance that NHI would emphasise preventative rather than curative medicine, there should be a commitment to treating primary existing conditions before they develop secondary ailments. Furthermore, considering the existing barriers to transition-related services as well as contributing social barriers, those seeking treatment may resort to potentially harmful non-conventional treatments.[17] Finally, given the social and personal pressures, discrimination, and stigmatisation of living as transgender in a society that is well documented to frequently engage in acts of transphobia and physical violence, there is a distinct possibility (even probability) to develop secondary conditions such as anxiety, depression, substance abuse and other risk behaviour.

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[15] American Psychiatric Association, "Gender Dysphoria."

[16] See Stevens, "Transgender Access to Sexual Health Services in South Africa: Findings from a Key Informant Survey."

[17] Wilson et al., "Transgender Issues in South Africa, with Particular Reference to the Groote Schuur Hospital Transgender Unit."

Furthermore, as mentioned above trans* people are often at the mercy of healthcare practitioners who are misinformed, ignorant or underprepared for treating gender diverse patients. As mentioned above, compared to MSM or even WSW health, trans* health is low on the hierarchy of practitioner knowledge and available resources. This is further emphasised by the added risk factors related to HIV infection, sex work, substance abuse, mental illness or other risky behaviour that transgender patients may be predisposed to. A S.H.E. report on transgender women found that they suffer major obstacles to accessing healthcare (including trans* related treatment like hormones) through discrimination, discouragement and fear of reprisal. Furthermore, they suggest that this group has a higher need or demand for healthcare services owing to disproportionately high instances of physical, psychological and emotional violence as well as secondary conditions and risk behaviours like sex work, substance abuse, mental illness, or unprotected sex.[18]

These gaps exist because of the lack of attention given to sensitisation and training in the document, but also because the current wording does not make it clear exactly how the NHI suite of services will accommodate the medical and psycho-social needs of transgender people who decide to undergo transition. The current services related to medical transition in South Africa are supplied at only two state facilities (Steve Biko Academic Hospital in the City of Tshwane and Groote Schuur Academic Hospital in the City of Cape Town). This lack of capacity leads to extremely long waiting times for procedures, with estimates as high as 20 years[19]. Finally, electronic filing systems at hospital automatically “assign” gender to the patient’s file as per their ID number. This proves problematic to transgender people, especially given the low uptake for legally changing one’s sex owing to numerous obstacles to this process.

As in other parts of our submission, our contention is that without specific inclusion, LGBTI people – and especially transgender people – will simply not be assumed to be included. We therefore recommend the following:

Recommendations:

- That clear reference be made to transgender people in the NHI document as a group distinct from other vulnerable groups as well as lesbians, gays, bisexuals and intersex people;
- That the section dealing with the services the NHI will cover, includes examples of what that category of coverage will entail and specifically which category would cover the medical and psycho-social needs of transgender people who choose to medically transition;
- Electronic filing systems should be more sensitive and inclusive as to the desired names and gender identity of patients as part of creating an enabling health environment for transgender people.

Mental Health and Psychosocial Services

“Mental health” is mentioned twice in the entire 97 page NHI White Paper document. LGBTI people tend already have issues of mental health associated with discrimination; stigmatisation; anxiety; depression; substance abuse and even implicit and explicit social, legal and medical exclusion. The current public health system has practically no specialisation in treating or

[18] Chakuwamba and van der Merwe, “Research Report for Transilience Project on Violence against Transgender Women 2014,” 7.

[19] Bateman, “Transgender Patients Sidelined by Attitudes and Labelling.,” 91–93.

addressing the issues encountered by LGBTI people, which is exacerbated by the universal lack of access to mental health services in the public sector.

The White Paper's vision for a South Africa where people can access quality health services regardless of their socio-economic status is a bold and necessary plan for a country which still suffers from the inequality that Apartheid caused. Triangle Project is in particular pleased with the intention that quality psychological care will hopefully no longer be a luxury for the few.

As in other parts of our submission we wish here to stress the contemporary context and the way that LGBTI people are currently positioned. International studies have consistently identified higher-than-average levels of mental illnesses including anxiety and depression among LGBTI people. The hypothesis is that LGBTI people are exposed to the drivers of mental illnesses like depression more frequently than other groups, drives their higher-than-average incidence. In this way it is important to stress (as done elsewhere in this submission) that the evidence suggests that LGBTI people have more need for psycho-social services than is average in the population. At the same time, they are able to access these services less frequently than the average population because they fear discrimination based on their sexual orientation or gender identity or because there is a real lack of skilled counselors familiar with affirming techniques for LGBTI patients.

Recommendations:

- The NHI must include context on the way psychiatric and other mental health services are required and used by different people with specific mention of LGBTI people;
- Included in this understanding of use should be the higher-than-average need for such services and the disproportionate lack of qualified and sensitized staff to meet these needs;
- In light of the untransformed nature of private psychiatric services in particular, the NHI should make mention of how it plans to work with stakeholders to ensure that mental health services are being provided by a reasonably representative group of practitioners and where patients do not have to struggle across language and potentially class barriers.

Treatment for Addiction and Substance Abuse

Despite mentions of the importance relating to the "social determinants of health" in the white paper, there is only one mention of substance abuse in the entire document. In light of the concerns raised by, amongst others, the Department of Social Development, around the high levels of substance abuse in South Africa, we feel that the NHI should devote more attention to providing treatment for addiction as part of the plan's holistic approach to health and wellbeing.

As mentioned above, it is vital to understand the intersecting natures of vulnerability and this is true for addiction too, where other social determinants are drivers of substance abuse. As an LGBTI human rights organisation, we are concerned by the inter-linked effects between violence and discrimination against LGBTI people and substance abuse. Substance abuse has obvious health threats, but the NHI does not clearly articulate these threats, while also not discussing that substance abuse and addiction have clear links to high-risk behavior for ill-health. Gender DynamiX and others have shown links to the higher-than-average rates of mental illnesses experienced by LGBTI people (and trans and gender-non-confirming youth in particular) to higher levels of substance abuse than the general population, both as a coping mechanism related to anxiety and other illnesses as well as related to other potentially dangerous situations[20].

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[20] Muller, "Sexual and Reproductive Health for Transgender and Gender Non-Conforming People."

Previous research by Triangle Project highlighted the lack of coherence in existing government policy relating to addiction and substance abuse which at times acknowledges that LGBTI people face many of the known driving factors of substance abuse but fail to mention them as a specifically vulnerable group. Further, there is no mention of inclusivity in treatment of addiction and substance abuse, which many times mean that LGBTI people are more likely than other groups to have problems with addiction and less likely than other to be able to find affirming and inclusive treatment from the state and other bodies.[21]

Recommendations:

Triangle Project believes that an important part of addressing substance abuse in South Africa involves shifting our understanding to treat addiction as the disease it is. We therefore think that the Department of Health – and hence the NHI – should be playing a leading role in treatment for addiction for those who need it.

- The NHI should pay more attention to addiction and substance abuse as illnesses themselves, but also because of the way substance abuse has direct health consequences as well as indirect health consequences, such as risk taking behavior;
- The NHI’s approach to addiction and substance abuse must take into account the way that different groups are more vulnerable as well as less likely to receive affirming and knowledgeable service.

Reproductive Healthcare

The current formulation of reproductive healthcare is an exclusionary one focusing on a ciscentric and heteronormative understanding of the needs of people in South Africa. By merely using the term “reproductive healthcare” the NHI can potentially exclude those people who need services related to broader sexual health.

Recommendations:

- The term “reproductive healthcare” is replaced by “sexual and reproductive healthcare” or similar;
- That context is given which specifically includes the sexual health care needs to LGBTI people and other people who are neither cisgender nor heterosexual;
- Included in this commitment is the availability of barrier methods and other supplies for safer sex which cater for non-heterosexual sexual intercourse.

Sexual Violence

The NHI document makes absolutely no mention of treatment of victims of sexual violence, where that treatment may be acute (physical injury arising from the violence itself) or chronic (ongoing physical or psychological injuries or trauma). The NHI document recognises violence as a significant contributor to the burden of disease, citing interpersonal violence as one of the leading causes of Years of Life Lost. However, little is made of the treatment of such violence nor the sociological conditions that contribute to it. In fact, violence of any kind is only addressed in one paragraph in the entire document.[22] Notably, although NHI would cover emergency treatment regardless of whether the treatment facility is “closest to where you live”, it is unclear whether this would cover treatment for acts of sexual violence. In fact, the language associated with being able to access care “closest to where you live” is decidedly vague about whether one could *only* access care “closest to where you live”. In light of the documented high numbers of LGBTI people

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[21] Triangle Project Policy Brief 2016/04-01 *Substance Abuse Amongst LGBTI Youth*

[22] Department of Health, “National Health Insurance for South Africa: Towards Universal Health Coverage,” Section 3.2 Para. 101.

who experience various forms of violence, this information should be used to inform how the NHI intends to deliver services to LGBTI people as well as other vulnerable groups.

Conclusion

Our submission has focused on several different areas that we think require attention in order for LGBTI people to be able to enjoy the benefits outlined in the NHI whitepaper. In summary our position is the following:

(i) that without specific and contextual inclusion in the plans of government, LGBTI people will continue to receive inadequate service; and,

(ii) that in order to fully understand what the needs of all South Africans are we must make that assessment with intersectionality at the front of our mind. This means that we understand the various and overlapping factors which affect what services a person may need and, most importantly, what barriers may be placed before them in accessing those services.

Unless both of these points underpin the NHI as a system, it will never truly provide healthcare in South Africa which is equitable or universal.

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APPENDIXES

APPENDIX 1 - Survey Commentary[23]

The information contained herewith originates from a survey that Triangle Project created (see Appendix 2) that was distributed through the Triangle Project Facebook page and email databases using Google Forms[24], and through the Triangle Project Safe Spaces in hard copies.

Although a small sample and hardly representative, the data received from this survey, both quantitatively and qualitatively, portrays key weaknesses in the existing healthcare system as well as the system proposed in the NHI White Paper. Triangle Project attaches these conclusions to support our concerns with the policy as it currently stands. Specifically, two issues arise from the data – first the challenges of Access vs. Accessibility, and second, the issues of sensitisation of healthcare workers to LGBTI people and patients. It is worth noting that the answers contained below do not exclusively apply to public or private health care. 23% of respondents indicated they only used Public Healthcare, 32% indicated they only used Private Healthcare and 46% indicated they used a combination of both.

We have earlier raised criticisms of the lack of the "human element" in the NHI White Paper, neglecting the holistic treatment of patients and ignoring the nuanced contextual realities that govern day-to-day interactions. The NHI White Paper, in regarding patients as nameless "clients" and healthcare practitioners as "service providers", disregards the discretion, attitudes and preferences of patients and practitioners that shape healthcare treatment. Although other policies like the NSP recognise the nuances of treatment, community and discretion, the NHI views a very human system with objective and clinical (ironically) severity.

Access vs. Accessibility

The first issue that the NHI White Paper overlooks is the conflating of Access with Accessibility, specifically regarding the strict use of referral networks where the first point of contact is primary health care, closest to where a patient lives. One example where this is already an issue is where transgender and intersex people have to travel to seek related treatment, since only two facilities currently offer these services publically (Groote Schuur Academic Hospital in Cape Town and Steve Biko Academic Hospital in Pretoria). With this in mind, several survey questions related to respondents feelings about accessing healthcare in their local communities.

The first question asked whether respondents had ever been discouraged from visiting a clinic or hospital because of their gender identity or sexual orientation and for those that reported that they were discouraged, it was often because they had had bad experiences in the past which deterred them from seeking treatment:

Fear of judgement

"I feel alienated, and I never get any help anyways"

"I would not feel comfortable talking about my family or health. To be seen as straight and have to keep outing myself. To keep correcting my partner's gender. To get the next of kin correct. Too exhausting and stigmatizing"

"The nurses make fun of us at the clinics. They ask us why we sleep with men and during the consultations they call other nurses to see and make fun of us"

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[23] Information sourced from responses to Triangle Project NHI White Paper Public Consultation Survey distributed by hardcopy and through Google Forms.

[24] https://docs.google.com/forms/d/1-rcLF2t8f50_w8kuoj85h8sAL5KYbXlY4fhmklj8Hr8/viewform

Poor/inappropriate treatment/mistreatment

“Most clinics do not offer trans specific healthcare. And they can be a violent experience. E.g. a trsnswoman who has medically transitioned through hrt cannot easily access prostrate healthcare”

“I have Asperger's Syndrome, and doctors tend to pathologize the gender identities of trans patients with Asperger's, as well as gaslight their experiences due to their neurodivergency”

“I was the victim of regular misgendering and by staff and experienced sexual harassment from members of the public while I received treatment at Steve Biko Academic Hospital. Poor treatment by the psychiatry department finally pushed me to look for new doctors to treat me”

The next question asked whether respondents felt safe/comfortable accessing the clinic or hospital in their local community where staff and other patients might know them. These were some of the responses of those who indicated that they didn’t feel safe or comfortable.

Judgement/discrimination etc. by staff or other patients

“feeling like they are staring at me they might be looking at me in a judgemental way”

“I dislike doctors and hospitals in general… I remember how the nurses spoke quite frankly about my sexuality to each other. It's not that I "mind" that people know, but more that it seemed to be almost a marker for who I was, as opposed to me being a regular patient who was sick”

“They are very judgemental”

“It's a heteronormative, moralizing space. Always the staff making moral judgement about others who are different”

“Judgemental”

Fear of discrimination/repercussions

“Its dangerous for transgender people to be exposed to others. I feel a lot safer having fewer people know”

“There are always still some homophobes out there & as a lesbian you are more at risk”

“Not all trans* friendly and could place me at risk regarding job security”

“I rather go somewhere (else). They have no confidentiality and discuss about us in the community”

“If someone knows/finds out I could be victimised”

Misunderstanding/inappropriate treatments/ignorance of SOGI(Sexual Orientation and Gender Identity)

“people do not understand [what] trans is”

“Because I am a gay guy and they don't know much about gays”

“Even though I've not had a negative experience thus far, I still find myself concerned that I'll encounter issues due to name/gender not matching my appearance”

For many of those who indicated they always felt safe/comfortable disclosing their SOGI, many were being treated in Private Healthcare or at LGBTI specific facilities like Health4Men or merely felt as though they “didn’t care what people thought” – this number is unfortunately in the minority however.

Another question asked whether they had ever needed to travel outside of their community to seek treatment/get medicine. For those who indicated that they had (or even always did), these are some of the reasons given:

Specialised treatment/services not available nearby

"Only Baragwanath has specialist assistance"
"I needed specialist help with fertility issues and also hearing issues"
"Good gynaecologists are hard to find" – Bisexual woman
"I live in Pretoria and the LGBTQI clinics here do not provide second or third line ARV treatment. Epically failing in their mandate. Thus I have to travel to Yeoville, Johannesburg to get ARV medication"
"In my area there are no resources available for transgender individuals. I travel three hours to see doctors/surgeons in Johannesburg for any and all trans-related care"

Fear of being "outed" in community/discriminated against/violence
"Because they make fun of us"
"Because I don't feel comfortable in my community because I might be discriminated (against) by staff"
"I rather go somewhere where no one knows me. I don't want to be the joke of the town because of those nurses"
"Because service is better and treated with respect"
"I feel safer in private facilities outside of the township where money talks"
"Because some nurses tend to ask personal and private matter when they heard that you are bisexual whereas you went for a fever treatment"
"Sometimes it's not an issue of violent stares, it can even translate to denial of healthcare services because health practitioners do not understand "what" u are"
"Pick one person who you know is safe and then go to them"

These responses show that, in addition to not being able to access the treatment they need, many LGBTI people are deterred from accessing their local clinics or hospitals for fear of discrimination, violence or being "outed" to their communities and the repercussions that may follow. Many have had poor experiences with healthcare in the past and it is completely contrary to the values ensconced in the NHI White Paper that individuals would refrain from seeking treatment locally (or even at all) because of their expectations or experiences of poor treatment.

Sensitivity of Healthcare Workers and Staff
The second issue identified by Triangle Project and reinforced by survey responses is the issue of the sensitivity of healthcare workers and staff to LGBTI people and their issues, as well as their knowledge of treatment or services that do not conform to cisgender or heterosexual presumptions. The NHI White Paper makes no mention of any LGBTI identities as target populations, nor does it acknowledge issues of discrimination or abuse, despite mentioning the vulnerability of other identity groups and efforts to combat gender, class and race discrimination. In addition to the unsolicited answers to the above questions that related to discriminatory, rude, inappropriate, discouraging, violent and insensitive behaviour from healthcare facilities and their employees, several questions in the survey also addressed these issues, either explicitly or by default.

The first asked whether respondents most recent clinic or hospital visit had been good or bad and asked to follow up as to why. Several of those who responded "Bad" claimed insensitive or misinformed staff members as reasons why:
"Judgemental staff"
"staff treated us in an inappropriate way"
"I was being judged by the nurse asking me these questions about my sexuality"
"They told me they don't help transgender people, I should go see a private doctor"

"Misgendering"
"They do not treat us with respect we are stigmatised and discriminated (against) because of our sexuality instead of getting the medical attention we need"

That is not to say that all respondents experiences in healthcare were negative, for many their experience was good, but as before this was largely attributed to being able to access private healthcare or LGBTI specialised facilities or to have a trustworthy LGBTI or LGBTI-friendly doctor/nurse etc. One respondent captured it well when they said:
"I think it's because I was at a private clinic and normally the more they charge you, the better customer service they deliver"

Furthermore, when asked what improvements could be made, several respondents commented on misinformed or inappropriate staff, or the lack of gender diverse or sexually diverse information and resources:
Discrimination/need for sensitisation
"They must at least treat us equally and give help to the community people"
"Sexual health conversations need to not be so heteronormative. I'm concerned, in particular, by safe sex often being promoted as sex between a male and female. Talking about lesbian sex seems to make my doctor uncomfortable. It is thereby a conversation that doesn't happen as often as I would like"
"Be more friendly to gay people and have gay doctors"
"They must accept us in the community"
"Fewer invasive questions. Less judgemental attitude"
"By giving the staff and nurses training or workshops about how to work with LGBTI people"
"More training on handling Trans people"
"Sensitivity training and more lgbtqia + representation in clinics"
"Sensitization workshops for all healthcare professionals"
"Train/sensitise all Public health institution employees about LGBTI and health"
"Probably train more of the staff to know to treat people with different sexual orientations"
"Public Clinics nurses need to be trained in issues around LGBTI and how to work around LGBTI, not special treatment but understanding"
"More education regarding GNC"
"Greater knowledge of transgender needs in general. Still feel like I need to know enough to "check up" on my doctors"

Lack of LGBTI resources, knowledge or materials
"They could produce lesbian condoms"
"Provide lesbians condoms"
"Health4men is undermined by Dept of health hospital ignore paperwork from Health4men. More resources should be made available to them to function as a full functional primary clinic for gay men"
"provide lubes, condoms and LGBTI friendly poster messaging"

It is important to note here that these responses recommending sensitisation or commenting on discrimination appear in the survey BEFORE later questions explicitly asking about these. These answers are unprompted. Thus, the prevalence of respondents raising issues of discrimination or sensitivity is noteworthy,

The next group of questions explicitly asked respondents about their experiences in healthcare. Respondents were first asked whether a healthcare worker (doctor, nurse, receptionist, cleaning staff etc.) had ever discriminated against them, been rude to them, or refused them service because or their sexual orientation or gender identity. For those that had, their follow-ups included the following:

Rudeness/discrimination
"Nurses/ sisters being rude"
"Called me confused and unnatural"
"I'm on antidepressants. I was experiencing low libido as a consequence and was told that this didn't matter because I'm a woman and not in a relationship"
"Just rude; continuing the examination in silence after learning about my sexual orientation. I've never been refused service, even if sometimes staff members are clearly uncomfortable"
"Not directly, but looks made and looked exchanged by staff"

Refused service/unequal treatment
"A doctor told me King Edward Hospital doesn't help transgender patients with transitioning"
"Telling me my partner cannot accompany me, as she is not family when I have been admitted" – Lesbian woman

Misinformed health workers
"Lack of awareness around issues"
"Admin staff at Joburg general when trying to book into the female urology ward for my hysto were very rude. I was male presenting already and they passed my documents around and called around the hospital when everything had already been cleared by the doctor and nursing staff"
"Not willing to acknowledge my name and would use my dead name"

The next question asked whether respondents had ever encountered issues with getting treatment or help because healthcare workers didn't understand their sexual orientation or gender identity. Responses included:
"I was asked many times by the same staff member if I was sure I wasn't pregnant after I told them it was impossible as I was married to a woman and my wife was my only sexual partner"
"Even the history taking is heteronormative"
"They always ask if I'm pregnant" – Lesbian woman
"I had a headache and was feeling nausea and a nurse wanted to test me for pregnancy" – Gay man
"Assuming people are heterosexual...not clear on what are the LGBTI specific health care issues"
"There is an unthinking and dogged insistence that one has to use the wrong facilities, and be referred as A or B by some nursing staff" - Transwoman

Another question asked whether they had ever been asked inappropriate, rude or mocking questions because of their sexual orientation of gender identity. They were prompted with the example of being asked about your sex life when you have flu. Responses included:
Inappropriate/prying questions or comments
"Had a nurse comment on how much pubic hair I have though (her reaction was disapproving). I didn't like it. Being pants-less made it hard to respond to her. Being a patient is always such a vulnerable experience, made worse by heightened conservatism in medical staff" – Queer woman
"[Asked] How do I have sex with another women and how will I have children if I sleep with other women?"

"People usually ask uncomfortable and personal questions when they find out I'm different than the norm. The looks and comments hurt"
"They would ask why I decided to become the person I am"
"They ask why I sleep with other men but I am a man"
"I was asked by a nurse how do I have sex with another man"

Unrelated/irrelevant medical commentary or questions
"I once had a bladder infection and one doctor constantly brought up how "unusual" it is for people with penises to get bladder infections. He kept bringing it up so much that the senior doctor had to shut him up" – Transwoman
"Being asked about my sexual history during a pre-natal exam was novel, to be bitter about it"
"I went there to treat STIs but was asked 'Why do you have STIs when you sleep with other women?'"
"I had a scope done on my gall bladder which evidently crystallised and I was asked by the Dr whether I was a cocaine user assuming all gay people are drug users"
"I've been asked about my sex life when going for a vitamin B injection"
"When consulting a GP for flu- was asked why I wasn't on contraception and when I replied that I did not need it (because I am lesbian), was told "oh dear but you are so pretty, surely you can get a man""

The finally question related to sensitivity of healthcare workers is perhaps the most telling. Respondents were asked whether they though healthcare workers need more training to be more sensitive to sexual orientation and gender identity. Overwhelmingly (>90%) responded in favour of extra training, EVEN IF they had never experienced any issues with discriminatory, rude, inappropriate, discouraging, violent and insensitive behaviour or had never had a bad experience.

Discrimination/rudeness to self or others
"Not much sympathy and information in public sector. I'm a nurse myself"
"I haven't experienced discrimination directly because I haven't felt the need to tell health staff…However I know countless stories from others who are subject to terrible discrimination so yes sensitization is critical"
"Though I personally have been very lucky in my own experience since starting transition, having always encountered helpful and knowledgeable healthcare workers, I have also worked at a hospital in the past and have seen staff treat other LGBT individuals in discriminatory or offensive ways. There are many healthcare workers that are educated on the topic, but there are still just as many who could benefit from being educated"
"It might not be a problem for me as a cis white woman but I know it is for others"
"Many healthcare workers are conservative and unaccepting like the societies they come from. Many don't understand trans issues and may even be unwilling to help from what I have seen and heard"
"I haven't had a lot of issues, but in healthcare I work on strictly need-to-know. If my being trans isn't relevant to the issue, I don't talk about it. But this is possible only because I pass well"
"While not having experienced this myself others have told me of discriminatory or uncomfortable situations"
"Training will help make them more understanding and minimise any risk of discriminating the patient (or be seen to be discriminating). It helps create a safer space for us"
"Many conservative and traditional types of people need a crash course on the 21st century."
"Because I think people have experienced problems in certain hospital/clinic situations"
"I know people in public healthcare have bad experiences"

"I have been lucky this far but everyone is not"
"In most community clinics you find that more of the staff are discriminating and do not understand gay people"
"We are people too who need health care, not freak shows. Can we have the same level of respect as others?"
"I'm a professional nurse working with key populations, and what I see everyday in health services is awful. It directly reduces health. And then personally I don't see sensitized healthcare for women or wsw"

Lack of knowledge
"Because I don't think they know much about gay people"
"A lot of clinic workers will refuse to change the "M or F" on your card, even if it makes you uncomfortable. This problem I've noted is always excused as "its on your ID, change your ID" Its really not that hard. Groote Schuur changes it without a 2nd thought. This is a small problem which indicates a larger problem in the mindsets of the clinic workers"
"They don't know how to treat you, have the language to deal with u, aren't aware of Lgbti specific health issues"
"If we are not ridiculed in state hospitals, we are dismissed"
"Its not the norm and their religion and personal opinion affects their conduct"
"the confusion between Gay & Trans"
"They are usually ignorant of the issues"
"I have found that even though a health care professional is kind and non discriminatory their knowledge on LGBT specific health care is very very low and sometimes based on assumption. So I think whether in public or private health care all professionals need training based on the fact that they took an oath to help all people not just some people"
"The majority of healthcare workers either lack understand of, or ignorant about sexual orientation"
"Often it's like I'm the only not straight person they've ever met. Conversations about my sexual practice, for example, make my doctor and others in that position seem uncomfortable. Their discomfort prevents me being able to ask the questions I'd like to know the answers to"
"Most people just don't get transgender people"
"A lack of understanding has been experienced at the general public healthcare facilities. Discussing condom use and sexual health related issues are awkward thus the reason why I stick to Health4Men"
"There is still so much suspicion and misconceptions. The general public seems to be very cruel because of so called "cultural" and religious issues"
"They need to be educated about lesbians and gays"
"Because some of them do not know about sexual orientation"

General support
"I think it's fair to say all of us should constantly be training to be more sensitive to sexual/gender orientations/identities"
"Society in general needs training. But seeing as healthcare professionals manage lives, not only should they be trained, but this module should be part of their syllabus"
"Nursing curriculum from the start. Teach critical thinking on social issues and social identity. Teach compassion and to have insight rather than reproducing own moral thoughts. You don't have to agree to understand someone. You cannot care for, empower or assist patient to take health steps if you don't understand their situation!"

“The NSP has a key populations guide for health care workers (HCW) and it was evident through the design and consultation process with HCW that they need training. Also I have had consultations with HCW in the context of men (gender non conforming and hetero) in relation to service provision and most times what they reflect back in barriers to provide advice and care are two things: not understanding the needs or discrimination based on religious beliefs”
“I'm fairly confident and open but I know a lot of my students (I'm a lecturer) are not, and they can't get good advice on sexual health, for example. Only the confident ones can push the topic, but most young people don't even known what to ask. So, a trained professional can then offer advice without having to pry, in the same way as they do for more conforming people”
“Because it's important to be comfortable and supported while receiving help”
“Because people of all gender identities and sexual orientations deserve comprehensive healthcare and deserve to feel safe and welcomed when accessing such services!”
“It is part of being a professional”
“That's kinda obvious as to why”

Although one response perhaps captures how Triangle Project feels most aptly - “It can't hurt...”
Other questions in the survey asked about the availability of information or resources about same-sex sexual or reproductive health or transgender/gender non-conforming (GNC) health from a hospital or clinic. Responses indicated that this information was very seldom available but rather tended to be only heterosexual or cisgender. Particularly little is available for women who have sex with women (WSW) because facilities like Health4Men are able to provide resources for MSM (men who have sex with men) – “Lesbian health seems to fall close to last on the information/ resources side”. With regards to transgender resources, several respondents reflected that, whilst diverse sexual orientation was somewhat acknowledged, transgender and GNC health was ignored – “Sexuality has gotten a bit of publicity. Gender noncomforming and transexual issues are rare to none”; “I feel that trans gender people are erased at clinics apart from Groote Schuur”. For many respondents, the go to the internet or organisations like Triangle Project for information and resources, this at times being the first time they become aware of their different health needs.

Conclusion

Ultimately, although the NHI acknowledges the realities of a racially divided, patriarchal and class based system of discrimination and inequality, it fails to recognise other systems of privilege and discrimination. South African society (and most society) is a violently heteronormative and ciscentric environment which actively deters and discriminates against LGBTI people. Even under the best circumstances, those seeking healthcare are already vulnerable by virtue of their health requirements, and many LGBTI people face the multiple burdens of illness and injury combined with discouragement, discrimination, misunderstanding and inappropriate prying which heterosexual and cisgender patients are not exposed to. Given a society governed by a constitutional dispensation to combat discrimination, it is disheartening to see how often the health experiences of LGBTI people are tarnished by blatant homophobia, biphobia and transphobia as well as ignorance and misunderstanding by healthcare practitioners and support staff. Whether through deliberate means or merely through the proliferation of dangerous assumptions, binaries and norms, healthcare in South Africa (both public and private) cannot be said to offer the same services, support and accommodation to LGBTI patients as their hetero/cis peers. The NHI White Paper, in failing to acknowledge LGBTI people at all, whether as risk populations or target groups for intervention, actively neglects a vulnerable group who have actively faced discrimination at the hands of the South African healthcare system and will continue to do so if nothing is done. This section has hopefully added credence and anecdotal support to two particular grievances with the White Paper, namely Access vs. Accessibility and the Sensitivity of Healthcare Workers. Other grievances with the White Paper contained in the submission have been dealt with separately.

APPENDIX 2 - NHI White Paper Public Consultation Survey

Age: ______________________

How do you identify? (please circle)
1. Black African 2. White 3. Coloured 4. Indian 5. Other: __________________________

With which gender do you identify?: (please circle)
1. Male 2. Female 3. Transman 4. Transwoman 5. Gender Fluid 6. Prefer not to say

How do you identify?: (please circle)
1. Gay 2. Lesbian 3. Bisexual 4. Straight 5. Queer 6. Prefer not to say

QUESTIONS:

Do you use Public or Private healthcare?
1. Always Public 2. Always Private 3. Sometimes Public, sometimes Private 4. Other: _____________

When last did you visit a clinic or hospital for treatment/to collect medicines etc.? (please circle)
1. In the last week 2. In the last month 3. In the last six months 4. In the last year
5. More than a year 6. I have never visited a clinic or hospital

Was your experience good or bad? (please circle)
1. Good 2. Bad
Why?: ____
____
____

What improvements could be made there?:____
____
____

Are you “out” in your community? (please circle)
1. Yes 2. No 3. Only some people know

Have you ever been discouraged from visiting a clinic or hospital because of your gender identity or sexual orientation? (please circle)
1. Yes 2. No
If Yes, please explain:____
____
____

Do you feel safe/comfortable going to the clinic or hospital in your community where staff and other patients might know you? (please circle)
1. Yes, always 2. Most of the time 3. Only sometimes 4. No, never
Why?: ____
____
____

Have you ever needed to travel outside of your community to seek treatment/get medicine? (please circle)
1. No, never 2. Only sometimes 3. Most of the time 4. Yes, always
Why?: ____
____
____

Would you feel comfortable telling people at your local clinic or hospital about your sexual orientation of gender identity or related health issues? (please circle)
1. Yes, always 2. Most of the time 3. Only sometimes 4. No, never

Why?: ____
____
____

Has a healthcare worker (doctor, nurse, receptionist, cleaning staff etc.) ever discriminated against you, been rude to you, or refused you service because or your sexual orientation or gender identity? (please circle)

1. Yes 2. No

If Yes, please explain:____
____
____

Have you ever encountered issues with getting treatment or help because healthcare workers didn’t understand your sexual orientation or gender identity? (please circle)

1. Yes 2. No

If Yes, please explain:____
____
____

Have you ever been asked inappropriate, rude or mocking questions because of your sexual orientation of gender identity? For example: being asked about your sex life when you have flu? (please circle)

1. Yes 2. No

If Yes, please explain:____
____
____

Do you think healthcare workers need more training to be more sensitive to sexual orientation and gender identity? (please circle)

1. Yes 2. No

If Yes, please explain:____
____
____

If applicable, is it easy for you to get information or resources about same-sex sexual health or reproductive health from a hospital or clinic? (please circle)

1. Yes, always 2. Most of the time 3. Only sometimes 4. No, never

Why?: ____
____
____

If applicable, is it easy for you to get information or resources about transgender or gender-nonconforming health and treatment from a hospital or clinic? (please circle)

1. Yes, always 2. Most of the time 3. Only sometimes 4. No, never

Why?: ____
____
____

Do you have any other comments or suggestions you would like to add?: ___________________________
____
____
____
____
____
____