

BREAKING FREE: SEXUAL DIVERSITY



AND CHANGE
IN EMERGING NATIONS

Edited by Robert Mizzi



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BREAKING FREE

**SEXUAL DIVERSITY AND CHANGE
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1st Edition

Robert Mizzi
Editor



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INTRODUCTION

INTRODUCING SEXUAL/GENDER IDENTITY THEMES IN CHALLENGING CONTEXTS

Robert Mizzi

Creating change. The very brevity of these two simple words elicits many reactions, emotions, and a barrage of questions. Change from what? Why is change needed? What kind of change are we looking at? Who is involved in creating change? And, who is not? If pursuing change is a form of collective resistance, there also is an underlying element to acknowledge: change requires communication, hard work, dedication, and a vision.

This edited book is about change, and how it plays out in the lives of sexual/gender minorities¹ living in developing nations. By *change*, I mean, and often what the authors in this book are eluding to, are the intentions, behaviours, decisions and actions that sexual/gender minorities employ to improve their lives while living under ardent living conditions as it relates to their sexual/gender difference. Examples of creating change could include creating a website to share

¹ The term ‘sexual/gender minority’ is used as a catchall that refers to persons who engage in same-sex behaviour, and/or identify as a sexual (homosexual, bisexual for example) or gender minority (transgender, intersex, for example). I choose not to employ the terms ‘lesbian’, ‘gay’ or ‘queer’ for this project, unless otherwise stipulated from the source, as these are Western-oriented categorical definitions that might not accurately apply to living as a sexual/gender minority in both Western and non-Western spaces.

information, setting up a peer support group, or launching a media campaign to raise public awareness of issues facing sexual/gender minorities. In this book, readers can expect to learn about how positive and helpful changes are being made to improve livelihoods. It is a book for individuals who wish to learn more about international sexual/gender minority issues, community activists and educators who are looking for inspiration in diversifying their programs, and policy-makers and grant providers who seek to further understand how development assistance can be helpful towards improving the lives of sexual/gender minorities in developing countries.

Additionally, this book is also about the complications, controversies, and conflicts that embody change, while, concurrently, this collection works to create rich moments for dialogue and learning. This book seeks to reveal and critically discuss the political and practical ways of producing and sharing knowledge and skills to improve the daily lives of sexual/gender minorities. Given the rampant social disease of structural (legal and institutional), physical, sexual, and verbal forms of prejudice and discrimination that are found in many parts of the world, creating change can be a messy situation. Even in my native country of Canada, despite its progressive laws and institutions regarding sexual/gender minorities, hate-based violence continues to position heterosexuality as the powerful and power-filled exclusive way of living. However, this book is not about Canada, as there is much literature existing on this topic; in contrast, it is about same-sex love found in the more challenging places on the planet, and how this form of love seeks acceptance. Through this book, I hope, opportunities for learning about what is (not) working in certain regions could open up, promote existing dialogue on international and local working relationship in the development process, and examine the various livelihoods and daily inspirations of being a sexual/gender minority rights activist and educator in a developing country.

This introduction begins with a brief review of the literature, and discusses the general historical and cultural context in which change

for sexual/gender minorities in developing countries shapes itself in, as well as, provides a brief summary of book chapters. Essentially, this introduction sets the stage in which the authors use to explain their experiences, reflections, and ideas.

Reviewing the Literature: A Brief Overview

This book springs from several useful texts that exist in scholarly research and community programs. Notably, Adam, Duyvendak and Krouwel's (Eds.) book, *The Global Emergence of Gay and Lesbian Politics: National Imprints of a Worldwide Movement* (1999) provides an historic account of gay and lesbian movements in various countries around the world. Adam, Duyvendak and Krouwel's book thematically implies sexual/gender minority activists need to continually reflect on their histories before they can move forward, in an effort to re-view and re-interpret the insurrectional movements that took place. Further, Adam, Duyvendak and Krouwel's book provides a background to some of the contemporary literature that explain the realities of sexual/gender minorities in challenging nations, such as Baird's book, *The No-Nonsense Guide To Sexual Diversity, 2nd edition* (2007) and Amnesty International's report, *Crimes Of Hate, Conspiracy Of Silence: Torture And Ill-Treatment based on Sexual Identity* (2001). Both sources provide a provocative account as to the legal, social, historical and cultural entanglements that make living as a sexual/gender minority a daily struggle, with vivid narratives about abuse and torture, and a "call to arms" to assist with the global fight for justice. Texts, such as these mentioned above, are useful for taking an intellectual and compassionate exploration of various countries to learn about crimes of hate, and to suggest some of the roots of homophobia. While the literature in the area of human rights for sexual/gender minority largely speaks to violations and social injustices committed against sexual minorities in developing countries, very little describes the brave initiatives of reaching out to a one's own communi-

ty to dispel harmful stereotypes and extreme prejudice felt towards sexual/gender minorities.

Finding the Vocabulary

Instigating social change based on identity politics can create peculiar situations, especially for groups that struggle to find unity in the vocabulary that describes who they are and what they do. Additionally, Gosine (2004) asserts,

Universal models of sexuality misrepresent the realities of peoples' sexual experiences, and deny the fluidity of identity. This is a discovery that queer scholars and activists in the West appear to have only recently acknowledged, as gay and lesbian organizations moved increasingly to include people who [sic] identified as neither. But non-Western cultures have long proposed other ways of expressing and articulating sexuality and sexual identity – including their own vocabularies – that both recognize the fluidity of these concepts, and also make room for all kinds of different arrangements (p. 20).

For sexual/gender minorities living in developing countries, keeping up with their own vocabularies has proven to be a difficult task. For example, in predominantly Western countries², **LGBT**, or “gay and lesbian” (in its abbreviated form), can refer to the lives of lesbians, gay men, bisexuals and transgendered people. These terms are, however, rapidly encroaching into the developing world, alongside other Western-oriented modes of identification and expression, such as the rainbow flag, pink triangle, and the controversial -- and sometimes dangerous -- annual pride parade (Roberts, 1995). Some sexual/gender minorities are now adopting the terms “gay and lesbian” as a way to describe themselves and to assert a non-heterosexual identity/politic

² By *Western Countries* I mean largely rich countries, such as North America, Western Europe, Australia and New Zealand.

(Gosine, 2005; Hunt & Scagliotti, 2003). Despite, as Gosine (2005) points out,

Words like “gay” and “lesbian” may be recent introductions to local vocabularies across the South, but there are many names used to describe non-heterosexual acts. More importantly, while “gay” and “lesbian” may imply identification of a prescribed social arrangement, those arrangements may not be so strictly defined elsewhere (p. 60).

There is also a movement with certain circles to reclaim abusive language, such as the turbulent history of the word **queer** in the English-speaking West to represent the sexual diversity inherent to sexual/gender difference, as well as include sexual/gender minority issues within emerging fields of research and scholarship. Queer Peace International, being a Canadian-based organization, uses this term as a catch-all, but in practice, recognizes that being sexually/gendered different could mean simply engaging in same-sex encounters, without an “identity” at all.

Finally, **MSM**, or men who have sex with men, and the less explored, **WSW**, or women who have sex with women, have entered the cultural lexicon in modern day largely as a result of AIDS service organizations who are tackling the HIV/AIDS pandemic, primarily, in the West, and has subsequently been adopted by international aid institutions, such as the World Bank, in developing nations. Is the emergence of the MSM and WSW acronyms useful towards “identifying who do not identify” or do they simply perpetuate race, class, and gender divisions and establish social hierarchies based on a Western-engineered way of addressing the issue? Gosine (2006) explains, “In its current, dominant applications in the field, ‘MSM’ appears to be informed by colonial-imperialist notions of sexuality and ‘race’, and may work to reify sexual identities and marginalize women” (p. 8). Finding appropriate and helpful vocabulary -- combined with the much-needed progress in women’s rights; needs of the poor, the sick, and the hungry; and attention to environmental destruction -- posi-

tions urgent needs against each other for the limited resources available. This situation necessitates those platforms be compelling, comprehensive yet brief, and catchy.

International/Local Dynamic

Throughout the following chapters, there exists a distinct choreography between the role of the international and local actors. That half of the authors originate from the West is no accident. There are two reasons that suggest an explanation. First, as Bruce Amoroto suggests in the short Queer Peace International documentary, “International LGBT Views on LGBT Rights” (2006), “the main thing that happens to LGBT [people] or citizens who come from poor countries is that they are *poor*”. Often, to obtain money to generate change, means approaching sympathetic Western people and organizations for support due to the lack of local resources and interest in investing in sexual/gender minority issues. For example, Urgent Action Fund recently published a report of findings and recommendations that focuses on LGBT organizing in East Africa. The report is based on a conference, which was financially supported from the Ford Foundation and Hivos, between East African LGBT activists and interested international donors (Urgent Action Fund, 2005). Initiatives, such as the one described above, involves the Western ally through giving human, financial and time resources to support the potential projects. Moreover, by involving themselves in the change processes in developing nations, Westerners have access to information that could further stimulate transnational support.

In addition, creating a book is a typically Western-based approach that may be considered contradictory to traditional spoken storytelling. To be able to contribute to a book means being able to write in English, and culturally translate experiences for a largely Western, or Western-trained, audience. For many people who do not speak English and cannot write down their experiences, describing their own local

change initiatives can be a difficult and unfamiliar process. Therefore, while this book provides several glimpses into the ever-shaping realities for sexual/gender minorities living in developing countries, readers need to be aware that there are many more creative ways of creating change from which we can learn.

Working with, rather than changing, existing power structures suggests a helpful step towards moving forward (Smith, 2006). As I mentioned earlier, *change* carries complicated connotations, and on some level, individuals who are working cross-culturally need to realize how these complications play out in working relationships, and creates implications on desired goals. The development work of Timothy Wright, for example, demonstrates how working on the premise of a shared sexual orientation or ideology, for example, does not dismiss other cultural characteristics such as gender, race, geography, language, age, status, ability, or class that also shape a person's identity, behaviour and communication style (Wright, 2000).

The following chapters describe the various approaches that are taking place around the world to create positive changes. As the book continues, it becomes increasingly evident how sexual health policy and programming becomes a core source for support towards creating change. While support, of any kind, could be helpful towards setting up projects and workshops, currently there exists a risk of associating "disease and dysfunction" to the lives of sexual/gender minorities. Correa & Jolly (2006) explain, "Development interventions have always dealt with sexuality, albeit in an unconscious and usually negative way, in relation to population control, disease and violence" (p. 6). When trying to organize through community education platforms such as media campaigns, community workshops, or in-service training for volunteers, the negotiation for cultural space to safely discuss relevant issues must re-shape social consciousness out of the pathology mindset, and shift thinking into a space of mutual respect and acceptance. This journey is not an easy one.

Summary

With this all of the above in mind, creating meaningful changes continues on different levels. In this book, weaving personal narrative, research analysis and policy critique together hopefully generates a critical understanding of the relevant issues. The groundbreaking discussion begins in Chapter One, which focuses on women who have sex with women and lesbian development work in Central Asia, with a comparison to work being conducted in Canada and the United States. Anne Brisson, Nabila El-Bassel, and Jalila Aybar provide an urgent analysis of HIV infections among the WSW community, current research, and strategies for prevention. WSW is an area that is sorely under-documented and largely ignored within the field of HIV and harm reduction – ostensibly because of the low-risk of *sexually-transmitted infection* between women (Gosine, 2004; see also Brisson, El-Bassel and Aybar chapter); however WSW are being infected, and little is being done to tackle this challenge. Brisson, El-Bassel & Aybar's chapter poignantly describes the significant barriers more in depth, describes some recent efforts in Tajikistan and Kyrgyzstan, and suggests recommendations for further work. Chapter two continues along the population health theme and provides an example of a grassroots approach to gender minority issues in Ghana. Travis Sherer's narrative may ring a familiar tune with organizations that work closely with international volunteers, and uniquely chronicles one approach to negotiating between foreign and local cultures, which often becomes a determining factor when setting the stage for change. Chapter three concludes the series on population health approaches by highlighting a sexual health project in Lebanon. Chapter author Rasha Moumneh explains how same-gender love in the Middle East remains highly controversial especially since homosexuality is still outlawed under the Lebanese penal code and capitalistic interventions which mirror initiatives taking place in the West are extracting “gay and lesbian” identities out of the closet (see Moumneh chapter). Despite these

challenges, Moumneh explains how development processes that focus on sexual/gender minority organizing confront culture-based homophobia in Lebanon. From Lebanon, we travel to Cuba where Marc Colbourne discusses how change for sexual/gender minorities living in Cuba requires reflecting into the past and working within the cultural makeup of the nation in order to make the change processes sustainable and meaningful. Marc describes a sexual health centre that sexual/gender minorities can access to find a space to begin organizing their activities, network with each other, and stay in touch with domestic developments. Afterward, Darren Vella describes how sexual/gender minority “outreach” can take different levels in local initiatives and multi-national initiatives, using his home country of Malta and his experience with the International Gay, Lesbian, Bisexual and Transgender Student and Youth Organization. Sexual/gender minority youth can be a significant energizing source of vitality for many forms of sexual/gender minority organizing, and Vella’s work illustrates how this can manifest itself within youth and cross-generational circles. The ultimate piece, Chapter Six, is a call for additional collaborative education, training and research through Peter Dankmeijer’s consultative work in Brazil and India, and the establishment of the Dutch organization, Global Alliance for LGBT Education (GALE). Conducting collaborative and respectful qualitative and quantitative research strengthens knowledge about how change can manifest itself, and in what meaningful ways.

Every author volunteered to write her/his chapter, and most engage in their change work unpaid. Besides, the works of these contributors, there have also been some extra assistance to putting this project into place. I encourage the reader to visit the authors’ biographies, and read who else was involved. Like similar resources published through other non-profit organizations, such as Urgent Action Fund (2005) and Amnesty International (2001), Queer Peace International published this resource because English-speaking readers across the globe can have access to the document readily, and continues to upholds its

organizational mandate to provide assistance through grassroots initiatives.

With that being said, if readers feel inspired from what they read in this book, Queer Peace International is a volunteer-run organization that always welcomes involvement, such as volunteering with the organization, establishing an organizational partnership on a project, or donating funds to continue our work. In addition, while this resource is currently offered only in English, there is an underlying call for support to publish this resource in other languages. While this book clearly does not represent all the creative and brave work being done in all communities, I hope this it will launch similar initiatives, or projects based on the ideas shared in this book, in order to continue the discussion about what is taking place to create change and to ultimately break free.

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CHAPTER ONE

WOMEN WHO HAVE SEX WITH WOMEN (WSW): STRATEGIES FOR HIV PREVENTION IN INTERNATIONAL SETTINGS

Anne Brisson, Nabila El-Bassel, and Jalila Aybar

In this chapter, we review the current research on HIV risk among women who have sex with women (WSW), and present strategies to develop and implement HIV prevention with WSW in international settings. The first section of the paper provides information about HIV prevalence rates and woman-to-woman HIV transmission. The second section reviews HIV risk factors among WSW and identifies sub-groups with increased vulnerability. The third section of the chapter discusses implications for HIV prevention, including strategies to overcome barriers to implementing prevention programs in the field.

HIV Prevalence Rates and Transmission among WSW

HIV Prevalence Rates among WSW

There is limited data reporting HIV prevalence rates among lesbian and WSW. The Centers for Disease Control (CDC) reports that in the United States, through December 2004, 246,461 women in the United

States were HIV infected and of this group, 3% (N=7,381) reported having sex with women (CDC, June 2005). The majority of the cases reported having other risk factors, including having sex with men, injecting drugs, and less often, risks through contaminated blood products. Of the 7,381 cases, 534 (7%) reported only having sex with women, but 91% of them had other risk factors, mostly injecting drugs. The CDC further reports that in a study of more than one million female blood donors, none of the donors who only had sex with women had HIV. The risk of woman-to-woman transmission may be under-reported, however, as information on whether a woman had sex with another women is missing on more than 60% of the 246,461 cases being investigated (CDC, June 2005).

HIV Transmission from Woman-to-Woman

There have been no scientifically rigorous studies on woman-to-woman HIV transmission (Kennedy et al, 1995) although it is known that HIV virus in vaginal secretions and menstrual blood is potentially infectious. The virus can be transmitted from one woman to another through mucous membranes in the mouth and vagina (CDC, 2005). Risk of woman-to-woman transmission includes sharing sex toys without condoms and other acts that might cause trauma to the vagina, such as digital penetration without gloves or finger cots, or from cuts with sharp nails (Mays et al, 1996).

The risk of woman-to-woman transmission of HIV is low but a few cases have been reported. In a case study reported by Kwakwa and colleagues (2003), an HIV positive woman transmitted HIV to her female partner. The HIV positive partner was bisexual and while she used condoms when having sex with men did not use protection with her female partner. The female partners engaged in oral sex and shared sex toys but reportedly did not have sexual activity during menstruation. The HIV negative partner reportedly was monogamous

with her partner and had previously tested negative for HIV. When the second partner tested positive for HIV, the genotype for the two women were very similar, indicating that the virus passed from one woman to the other. The doctors suggested that the HIV virus was transmitted from one woman to the other through shared sex toys (Kwakwa et al, 2003).

HIV Risk Factors among WSW

The two main routes of transmission of HIV for WSW in the United States are unprotected sex with men and sharing drug injecting equipment. A smaller number of WSW has been infected through in vitro fertilization from an HIV+ sperm donor.

Increased HIV Vulnerability for WSW who have sex with Men

Women who identify as lesbian or WSW often have sex with men, and increasing evidence supports the theory that compared to heterosexual women, WSW who also have sex with men are at increased risk for HIV (Lemp et al, 1995, Koh et al, 2005, Scheer et al 2002). The increased risk is related to the WSW choice of male sexual partners and sexual behavior. In a study conducted in California, 81% of the women who self-identified as lesbian or bisexual reported having sex with men in the previous three years, and of these women, 39% of the women reported having unprotected vaginal sex and 11% had unprotected anal sex (Lemp et al, 1995). In a study conducted in 16 small cities throughout the United States, 40% of the lesbian and bisexual women reported having sex with a gay/bisexual man, and 20% reported having sex with a known IDU (Norman et al, 1996).

Another study conducted in Northern California reported that women who had sex with both men and women reported higher rates of sex with bisexual men, multiple sex partners, trading sex for drugs

or money, anal sex, and sex with injection drug users, compared with women who self-identified as bisexual or heterosexual (Scheer et al, 2002). The researchers in this study concluded that women who had both men and women partners were more at risk for HIV than if they only had male or female partners.

Increased Vulnerability for WSW who are Injecting Drug Users

Research has shown that WSW and who inject drugs are at higher risk for HIV than women who inject drugs but do not report having sex with women (non-WSW). A trend started to emerge in the US in the late 1980's that of all women who injected drugs, the WSW had higher rates of HIV. An estimated 20-30% of all women IDU were WSW and this group was two to five times more likely to be HIV positive than non-WSW IDU (Ehrhardt et al, 1995; Young et al, 2000). Friedman and colleagues investigated this phenomenon (Friedman et al, 2003) and found that compared to non-WSW women IDU, the WSW IDU were more likely to share syringes and exchange sex for drugs or money, were younger, more likely to have been previously homeless or institutionalized, and more likely to seroconvert to HIV (Young et al, 1992; Friedman et al, 2003). The researchers concluded that the social and economic conditions of the WSW IDU contributed to their drug and sexual risk networks and behavior. The researchers also urged future preventive interventions should take into account the contextual issues in the lives of the women and to integrate sexual identity and same-sex behavior into HIV prevention and research efforts.

Increased HIV risk for WSW IDU has also been reported among IDU in Canada. Hankins and colleagues (2002) compared HIV risk between 1,731 WSW IDU and heterosexual (non-WSW) women IDU in Quebec, Canada. Their findings reported that WSW and heterosexual women IDU had similar sexual risk behaviors but that the WSW IDU had riskier injection practices. The authors recommended prevention

programs for WSW IDU that tailored to their HIV risk behaviors, specifically risky injection practices.

Implications for HIV Prevention with WSW

While the field of HIV prevention science has emerged and had many successes, there has been limited progress aimed at women who have sex with women despite the growing body of research that shows that WSW are at risk for contracting HIV through heterosexual contact and injecting drug use. Barriers to develop and test preventive interventions for WSW are likely due to misperception that the lesbian and WSW women do not have sex with men. It is also possible that it is not widely known that WSW IDU, at least in the United States, are at increased risk of HIV infection compared to non-WSW. There is no clear evidence about what types of preventive interventions work best with lesbian and WSW and there are no evidence based evaluations of existing programs (Gorna et al, 1996). In the absence of having evidence-based research about what types of programs work best, programs can be developed and adapted from existing sources and from lessons learned implementing HIV prevention with injecting drug users and other marginalized groups.

Strategies for HIV Prevention with WSW

Prevention programs targeting WSW need to include information and skills relevant to the HIV risk behaviors of the WSW. This includes woman-to-woman HIV transmission risk, including sharing of sex toys and transmitting HIV through menstrual blood and the pathways of the virus through vaginal and oral mucous membranes (CDC, 2005; GMHC, 2005; UCSF Fact Sheet, 1997). Skill building targeted to WSW will include how to use protective devices during oral and penetrative sex (condoms on sex toys, dental dams, finger cots, plastic wrap,

gloves) and technical training on how to use them properly. Increasing awareness about the risks associated with sexual and drug networks is also needed, including that WSW may be at higher risk of contracting HIV than non-WSW due to their choice of male sexual partners and drug partners.

HIV Prevention Strategies from the Field

Developing and implementing HIV preventive interventions with WSW in international settings presents additional challenges. The information presented in this section is from an HIV prevention program that is being implemented with WSW in Tajikistan, but the issues and steps are likely to be applicable in other settings. Before the prevention program was developed, the US-Tajikistan research team conducted qualitative interviews with lesbian and WSW, and other stakeholders to better understand the context and HIV risk among the WSW (Brisson et al, 2005). A collaborative strategic plan was developed and initial funding was secured.

As the lesbian and gay populations are largely underground and experience stigma and discrimination, it was decided to initially start the HIV prevention efforts through an existing harm reduction organization. Another strategy was to reach out to regional organizations, including an established lesbian NGO in neighboring Kyrgyzstan. While these are different countries, geographically they are close, share a same language, and are familiar with the challenges around sexuality in their cultures and it was felt this link could help support the new program.

Through the qualitative research, specific program goals were developed. One of the common themes that emerged was a sense of isolation and lack of support. The WSW were interested in developing a peer-support and education network, and also, they hoped to have better access to health care and mental health care providers with

whom they could disclose their sexual identify and behavior. In the current environment, the WSW were afraid that the health care and mental health care providers would not understand or would tell other people that they were lesbian/WSW.

Based on the findings of the qualitative research, it was decided to first focus on developing a peer support network and to train a small group of 'friendly' health care providers. Additional training would be conducted with NGO and other staff who are interested in working with the lesbian, gay, bisexual and transgendered (LGBT) community. Funding permitted, developing and testing HIV prevention interventions would happen in the future. The qualitative research also revealed a high level of trauma in the lives of the women, both lifetime and current. Some of the women were also married and were not able to disclose their sexual preference to their family. It is the hope that continued funding will allow for additional program and research activities to develop and implement HIV prevention with the WSW community, but as an initial start, by the end of 2006 a peer-support and provider and NGO staff training will be implemented.

Conclusion

Women who have sex with women (WSW) are at risk for HIV but limited prevention programs are targeted to this population. As this chapter reported, WSW and lesbian women are at risk for HIV through heterosexual contact with men and also through injecting drug use. Targeted programs are warranted and it is also recommended to include the topics of sexual identity and same sex behavior into existing HIV prevention programs. It is important to get the topic of WSW and HIV on the agenda, otherwise funding will not be available for international programs.

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CHAPTER TWO

CLOSING THE GAP IN AFRICA

Travis Sherer

The Health Equity Project's mission to serve marginalized populations did not grow from a well-prepared, analytical mandate. Instead, it was born from my experiences in West Africa with several other colleagues and happened quite accidentally. I had ventured to Ghana to volunteer at an HIV/AIDS clinic and learn more about the plight of marginalized people in developing countries. I chose the clinic where I was to work at in part because they did not turn people away due to an inability to pay, and they openly accepted and treated prostitutes, gays and lesbians, and those who were turned away elsewhere.

Initially, we planned to simply contribute to existing health services in any way we could. But two people made us realize that even in a country where health services for the poor existed and medicines were readily available; many were still unable to access quality health care regardless of their income or status.

I met Kofi³, an openly gay drag performer, through Christopher, a fellow openly gay traveler from Germany. Christopher insisted that I experience the large, albeit almost completely underground, gay scene in Ghana. So one evening after working at the clinic, I was excited to

³To protect confidentiality, all names have been changed.

attend a private party at an expatriate's house complete with hundreds of gay men and lesbians, drag shows, and dancing. Kofi was that night's featured drag performer. Since I was one of the few white men in the crowd, I stood out like a sore thumb and quickly found myself to be something of a novelty. Kofi came up to me and introduced himself, saying that Christopher could not make it but he was left with instructions to take good care of me that night. I went into a small bedroom, which doubled as Kofi's dressing room, and we chatted for about an hour before his performance.

I was immediately struck by Kofi's sense of confidence with his sexuality and his overt effeminate mannerisms. How, I wondered, did he function in everyday life in Ghana, being so open and quite "obviously" gay?

Once I got up the nerve to ask him this, he began to tell me just how difficult life was. He must be careful where he went, and who he went with. He stuck to close friends, and only went to restaurants where he knew the staff. In other areas, he did his best to "butch it up" as best he could. He demonstrated for me and we both laughed at how funny it looked. But after the laughs ended, he began to recount numerous health problems he experienced as an openly gay man in Ghana.

He had had a few sexually transmitted diseases (STDs) and other minor health problems, but had difficulty finding a health care provider who would treat him. It did not take long for even the most naïve to quickly realize that Kofi was gay. Most providers were only interested in inquiring about his sexual history and lecturing him on his morals. Usually this lecture would constitute his entire medical treatment where he was often sent away not with medications, but a lecture and little knowledge of what to do next.

He and others in the LGBT community were often forced to ask friends for medicines, the acquisition of condoms, lubricants, or other assistance. Eventually Kofi just stopped going to clinics altogether. As I checked around with other gays and lesbians, they recounted similar

stories. Finding health care was a particular problem if your mannerisms or age (men and women are expected to get married young) gave you away as gay, or if your illness (such as an STD) raised questions about your personal life.

From that night on, Kofi and I became good friends. We spent the next few months together as he introduced me to many people in the LGBT community. A few weeks before I was to leave Ghana, Kofi began to cancel our appointments saying that he was feeling ill. I thought nothing of it at the time. Working at the clinic I was quickly becoming accustomed to people in gravely ill situations. Any health problems Kofi was having seemed to pale in comparison and probably just constituted one of many bouts with malaria or some food that did not agree with his stomach. Soon after, we said our goodbyes and promised to stay in touch.

Shortly after I returned to the United States, I received a call from one his friends. Kofi had died. They did not know what he died from, as he was unable to get health care. To be fair, it did not seem that he even tried until he was in excruciating pain. But the shock of his death led me to many unanswered questions.

Was it just a matter of money? I openly asked about the wealthy man from London he met. Why didn't he help him pay? Why didn't he connect Kofi with an international NGO with more open-minded workers? No, it wasn't a matter of just money, I was told. In fact, Kofi's friend did send him money. Early in his illness, Kofi went to the clinic and was once again looked down upon and shunned. He stopped going back and simply got worse and worse. To this day, no one knows exactly what he died of.

But as I told my friends in New York how frustrating this was, I began to realize that Kofi was just one of many gays and lesbians that go through the same thing. As I discussed his story with my colleagues, we began to realize that even in an area rife with aid organizations and accessible clinics, many people are afraid to go or are turned away. These can include gays and lesbians, prostitutes, unmarried or divorced

women, the mentally ill, and countless others who are shunned from clinicians, staffers, and greater society.

There were many other people we encountered who planted the seed in us that socially marginalized people need someone to particularly reach out to them. One such person was Ama. I became attached to her while she stayed at the clinic's hospice unit. Although she was not gay, my experience with her later served to underscore the health needs of LGBT populations and others who are ostracized in their communities.

The last time I saw her, she was waiting for her mother to come pick her up so she could get her medicines from the government hospital where they are dispensed-about an hour's trip one-way from the clinic and about a five hour trip from her home village.

The Ghanaian government does not allow people to get HIV medicines without a family member accompanying them, even if they have the money. The government claims that they need to know that the medicines will be used correctly and that the patient will have outside support. Wanting to control this "verification" process meant that no local clinics, such as the one I worked at, were allowed to dispense anti-retrovirals. In theory, the government's good intentions are not entirely misplaced. It is true that the medicines are complicated and they can have strong side effects. For those who I witnessed on death's door and were able to get the medicines without a family member, they clung to them as a precious gift from above. I was not surprised to see them taking their medicines every day and on time, like clockwork-completely on their own and without any family assistance. In fact, in my observations, family members who promised support would usually vanish shortly after getting the medicines.

These experiences reminded me of reading about the work of Dr. Paul Farmer, who has written extensively on this subject. I, too, found that most people with HIV/AIDS in developing countries are so grateful to have a chance at life it is almost unimaginable that they would let anything stop them from taking their medicines. In practice,

many felt that the government was using this as an excuse to control funds and medical donations from Western countries, skimming some of the bounty off the top for themselves. Moreover, for most marginalized people and others like Ama, finding a supportive family member can be difficult if not impossible.

With this in my mind, it was difficult to watch Ama wait day after day for her mother to arrive and escort her to the government pharmacy. But her mother never showed. The clinic's physician tried to take accompany her and vouch that she was acting as Ama's guardian, but the government-run pharmacy would not relent. So while the clinic staff tried in vain to get the Ama's mother to come, she languished on her bed in the clinic's hospice unit. When I returned to the clinic the next day, I saw her bed was empty. I paused and hoped perhaps she was now at home with her mom. But one of the other patients, Esi, looked over from her bed a few feet away and casually reported that Ama had died. No sooner had Esi reported this than she casually returned to her world and took a bite into her apple, facing her own battle for medicines and against death.

In more developed countries such as the United States, death comes only after a bitter struggle. In Ghana, death seemed to come quickly and without much resistance. Basic necessities that we take for granted, such as support networks, transportation, access to medical care, and a next meal are major struggles for many in Africa.

Ama's experience sparked many questions for me. Why didn't her mother come? What could have prevented her from getting her daughter and escorting her to the pharmacy? And for that matter, why was the burden placed entirely on the mother? Why were not any other family members expected to come if the mother could not? Why was the government willing to let her die over this issue, even when an HIV/AIDS clinic was willing to vouch as her support system while taking the meds and getting back to good health?

The answers to these questions come with complicated responses. Medicines come at a premium and governments must ensure that

those who receive them will be supported—which usually means family. Unfortunately for the marginalized, they face familial rejection with no one to turn to. For example, employers fire workers with AIDS, communities reject those who are gay or lesbian, and housing is refused to those who work in less savory occupations such as prostitution. International NGOs are often forced to work those whose stories make for good headlines back home. Individual stories of ostracism don't fare well against attention grabbing news reports of widespread famine or war. Someone had to respond to these gaps in coverage and address those populations who others cannot or will not.

To us, addressing the needs of those who are in the most need and most rejected by others were fundamental concepts of providing charitably based health care. They are not complicated, nor do they contain subtle nuances that I, as an outsider, just would not understand. Although it is important to recognize that as relatively wealthy foreigners, there are issues that we cannot fully comprehend no matter how hard we try. But are they so difficult to overcome that it meant someone's life?

When I found myself having dinner with the director of the clinic, I could not resist asking him more about Ama. My frustration was beginning to show, and much of my anger was admittedly aimed at him. How could he allow a meager five dollars and the absence of her mother to result in the loss of her life? He paused, looked down, and then began tell me Ama's story.

She arrived at the clinic's doorstep three months ago, weak and frail. An unknown man brought her and left, only indicating that her name was Ama and that she was from a town in the Volta region. He left as quickly as he came, and Ama was promptly admitted into the clinic as an in-patient. Although Ghana is in the midst of implementing universal health care coverage for routine care, it does not cover HIV/AIDS medicines at full cost, even for the most destitute. In other countries, government assistance is even worse or non-existent at all. The clinic, however, has a policy of the first seven days at no charge, to

give families an opportunity to have some breathing room. The problem is that those seven days usually turn into more days, weeks, and months.

Ama was nursed back to a state of reasonably stable health, but was still in no condition to be discharged. She desperately needed to initiate anti-retroviral treatment, the medicines that fight HIV. But in order to receive them, she had to have two things: five US dollars for the first month's supply, and a family member who would vouch for her support system until she was nursed back to good health (a process of many months). She had neither.

Ama gave the staff her mother's contact information, and the clinic tried diligently to reach her, ignoring the seven-day limit on unpaid stays. Finally, after a month or so went by, and with Ama's condition deteriorating, the medical doctor in charge decided to make the arduous trek to find her mother. When she got there she found the same man who had dropped Ama off at the clinic two months prior. He said that he was a friend of Ama's mother but didn't know where she was. By bringing Ama to the clinic he was just trying to do a favor for her mother, but he really didn't know her and could do no more. Dejected, the doctor headed home.

Still trying in vain to reach anyone in Ama's family, a stroke of luck finally came when clinic staff managed to locate her brother. Not only were they able to locate him, but also he seemed genuinely concerned about her condition. He said that he knew she was ill, but had no idea how bad off she was. He agreed to come immediately to the clinic to see her. Sure enough, the next day he showed up and rushed to Ama's bedside. She could not speak much at this point, but at least there was some connection to a family member. Could he be her support that the government required in order to release the medications? Could he afford to help with the bills that were beginning to pile up? Hope was finally beginning to pay off.

Her brother's caring attitude made a dramatic turn after his series of conversations with his sister. Returning from her bedside, he

explained that the man who had dropped off Ama was no friend of their mother's: he was Ama's boyfriend. What is more, this man had his own successful textile business and drove around town in a flashy new Mercedes-Benz with a reputation for womanizing. His deceit with the clinic and refusal to help Ama enraged her brother. He became obsessed with tracking down this man and making him take responsibility for her situation. Unfortunately, this newfound obsession came at the expense of helping his sister. While he left to track down her boyfriend and make him pay, Ama's condition continued to deteriorate.

After learning of Ama's loyalty to her boyfriend even in the face of his well-known promiscuity, it was clear that he was the source of her HIV infection. This suspicion was confirmed by his own admission after allowing her to wither away, even though he had more than enough money to pay for her medicines. The clinic waited a few more days, and was finally left with no choice - they had to discharge her to the government hospital. If she died in the clinic, they would be saddled with funeral, mortuary, burial, and other death-related expenses. They simply could not afford such a scenario. After three months in the clinic's care, they discharged her to Korle-Bu, Ghana's only teaching hospital. There she lasted less than twenty-four hours, dying on a cot in one of the hospital's dark, hot, and humid corridors.

The more people like Ama we encountered languishing at the clinic, the more we realized that many of them belonged to communities that face extreme discrimination and exclusion. Resultantly, people like Ama fall through the cracks of aid organizations, local clinics, or impoverished governments despite trying to make small changes. Restrictive regulations often exclude people in marginalized communities, and judgmental health providers refuse treatment or discourage them from seeking medical care.

Kofi and Ama were not unique. In fact, the more time we spent helping gays, lesbians, prostitutes, and others who suffered extreme discrimination in a health care setting, the larger their numbers

seemed to be. One isolated case would lead to another, and soon we found ourselves at parties, LGBT hangouts, and prostitution centers surrounded by people eager to share their experiences. Not only did it seem that health care discrimination was a de facto standard by providers who did not “agree” with their lifestyle, but also most other organizations were busy helping more mainstream populations.

Their stories moved us, and soon we found ourselves taking on these individuals as our own personal projects. We spent numerous hours searching for doctors, surgeons, and other providers who were willing just to see them. For example, Esi needed a surgeon for a routine operation but no one was willing to operate on a patient with HIV. Eddy was a fifteen-year-old boy who had late-stage cancer and HIV, but his condition was so bad that no one was willing to take him on. His mother had recently died and his father abandoned him, leaving Eddy no one else to turn to but us.

It soon became a full-time job finding health care providers for all kinds of people who became unwillingly isolated from their communities. After our own funds ran low, we turned to friends and family back home for financial assistance. They responded overwhelmingly. But eventually we realized that we could not continue to constantly harassing them for money. We needed a full-fledged organization. There are obviously a plethora of aid organizations and many are staffed with caring and judgment-free volunteers. But we felt that an organization whose specific mandate was to focus entirely on assisting the most marginalized people access health care was needed. The Health Equity Project was founded to specifically target these populations that others were not willing or able to address.

First steps

Our first program involved locating non-discriminatory health care providers that we could refer patients to while we covered all expenses. We made many phone calls and went door- to- door from clinic- to-

clinic in Ghana's capital city, Accra. We asked the same questions over and over. If the Health Equity Project was willing to cover all costs, would you agree to treat a gay or lesbian person? A prostitute? Someone with HIV who needs an operation? What about the mentally ill? An unmarried adult woman?

Not surprisingly, most said no. But occasionally we found a few, mostly specialists who had spent time in the United States or Europe, who were willing and accepting. But they would need to be paid. The clinic where we worked was willing to provide primary care services as well as act as the central point of care. We were ready to fulfill our mandate, albeit on a very small scale. Nonetheless, it was our first real project and we were excited.

Agreements were soon in place, and we began to distribute small cards to people at LGBT gathering places. The rainbow flag is known by many throughout the world as a symbol of LGBT pride, but in Ghana it seemed that few people outside of the gay community knew what it meant. But with a close knit gay community eager for communication with the outside world, they were well aware of the symbol. The cards made no reference to sexual orientation, but included a small rainbow flag printed in the lower right corner. We saved up our money gathered almost entirely from ourselves, immediate family, and supportive friends, and expected the floodgates to open as we did not want to turn anyone away due to a lack of funds. Referrals did slowly trickle in, but certainly not anywhere near the pace we hoped or expected. Things were off to a slow start, but we forged ahead taking on cases on an individual basis.

Shortly after our launch, the BBC called and did an interview with us about the project, and local Ghanaian papers and radio stations ran stories on the project. Local activists used the project as an opportunity to advance LGBT rights and we soon found the project garnering lots of attention. Today the program operates on a "one at a time" approach, something that took us awhile to realize. Instead of reaching out to large groups at a time, such as holding weekly meetings or

setting up small groups, we take on clients based on an individual assessment of their needs and our ability to help. We do not set up large centers for mass health care screenings and treatments and send them on away afterward. We get to know our clients individually and attempt to offer more comprehensive assistance that goes beyond health care.

Just over one year old, the project is still young but well underway. As our first real program, it taught us many lessons. First, we struggled with finding the right amount of foreign versus local involvement. We wanted to be sensitive to the needs of locals and empower them to run the project. We certainly did not claim to know all the places that gays and lesbians, prostitutes, and the socially marginalized congregate and we felt that local Ghanaians would encourage others to feel confident using the program. But we found that many gays and lesbians felt *more* comfortable with foreigners. Many spoke more openly with someone they knew was from the outside that had no potential ulterior motive.

Moreover, it was much easier for us, as outsiders, to ask health providers controversial questions without fear of reprisal. Many Ghanaians were understandably unwilling to ask such questions. Although the trend in aid organizations has moved towards less foreign involvement in an effort to increase local empowerment, we recognize that in dealing with sensitive topics such as sexuality it may be necessary to find a balance between local and foreign participation. When possible, we recruit and support local peers to coordinate the program on the ground in their communities. Many beneficiaries of assistance choose to give back by getting involved and helping others as a peer support worker.

In addition, handling payments proved to be a challenge. How did we ensure that monies allocated were spent on health-related activities? Simply paying for health care was not as simple as it initially seemed. Many patients that we gave money to ended up spending it elsewhere. Eventually we set up a system to send the money directly to

providers, bypassing any cash payments to patients entirely. But this meant another layer of administration was needed. As an all-volunteer organization, none of us work full-time for the organization. In addition, many of our donors wanted to verify that their money went directly for health services. As such, we had to backtrack somewhat in order to set up a system to send funds to providers, get receipts for medicines and office visits, and ensure appropriate use of funds. We soon realized that our vision of taking direct action needed some level of administration and organization to it that we had to absorb ourselves or fundraise for separately. In addition, no matter how discretely we worded the flyers or made the program, our target groups shied away from the program for fear of being labeled gay or openly ostracized for exchanging sex for money.

As such, we have retooled the program to not identify specifically as LGBT. Instead, we folded it into another program that aimed to provide HIV testing and health care for prostitutes in Ghana and labeled it the Sexual Minority Health Program. However, prostitution is not much more socially acceptable than homosexuality and we quickly realized how important it is to address the health needs of marginalized populations in a confidential manner. As such, we no longer openly advertise the program on the ground as for any particular group. Instead, we accept clients through direct referral and word-of-mouth who face extreme discrimination of *any* kind.

In doing so, we reached out to various communities that face rejection by the larger society while enabling others, such as gays and lesbians, to identify as participating in a broader program that would reduce their likelihood of seeking health care through a program identified as targeting one group. This also allowed us to focus on our overarching mandate of focusing on anyone who has suffered any kind of discrimination and who was in need of health care.

As a young organization barely two years old, we are still working on a small scale and making mistakes as we go. But by staying small we are able to keep costs down while maintaining focus on our mandate of

reaching out to marginalized populations of all kinds, not just gays and lesbians. Moreover, in doing so we are able to address errors and realities on the ground quickly and learn from them. Finally, we recognize that our organization's work does not fall within the funding guidelines of traditional government funders or organizations and we must rely more heavily than others on supportive individuals and their donations.

Joseph, one of our initial program clients, provided another valuable lesson to us. He was ill with a fairly routine case of malaria. Treating malaria would cost about seven dollars in medicines and another five-ten dollars for the office visit. To most of us in the U.S., this is not an insurmountable hurdle. However, Joseph had lost his job at his local church and was kicked out of his home as a result of his sexual orientation. With no job and no place to live, Joseph's problems were much larger than getting over malaria. Once we made a commitment to him, it became obvious that we could not just let him out on the street again where he would probably have to turn to prostitution to survive.

We paid for his school fees for one year at a cost of about five hundred dollars and helped him secure a job at the school after that period. Joseph's story, and others like his, taught us to focus less on large scale aid projects that make for good news stories on CNN and instead focus on the unique life circumstances of each client, one person at a time.

With limited funding, however, this approach can be much more costly. In Joseph's case, we spent well over five hundred but could have gotten by with just treating his malaria at a cost of two-seven dollars. However, we strongly felt that this is the right approach for us and makes a larger impact over the long run. In the future, we hope to set up a small scholarship or internship program to help others like Joseph build a sustainable future that frees them from returning to us repeatedly for help while also enabling them to help others.

Many gay men and lesbians in developing countries such as Ghana face a myriad of problems. Health care is just one of them. In New York, for example, there are a number of vertical programs from various agencies that address many problems LGBT populations face. But in Ghana, LGBT organizations are few and far between. As Joseph's story illustrates, we learned that our desire to help a client get back to health might also mean helping them get on their feet. This took additional funds, resources, and administrative effort on our part. These were all things we had not initially contemplated when setting up a health care referral system for sexual minorities. Moreover, we did not anticipate the impact that our program would have on social issues beyond health care. Ghanaian LGBT activists capitalized on the news coverage our program received and began to press for other rights not directly related to health. Although we were forced to limit our involvement to encouragement in many cases, we offered support when we could.

In other countries, such as Uganda, we send lubricants and condoms to commercial sex workers and LGBT groups who could not otherwise gain access to them. A recent condom shortage in Uganda was compounded by the restriction of grants from the U.S. government for programs that do not encourage abstinence only behaviors. We are working on alleviating this situation by stepping up our efforts to secure discounted condoms and lubricants to groups in Uganda who are able to distribute them to those who need them.

In addition, we are working to provide an outlet for gay activists to get their message out to a wider audience. The political situation in Uganda is vastly different than that of Ghana. Uganda is well known for repressive action towards gays and lesbians and it was obvious that we could not operate as openly there as we did in Ghana. Nor could we encourage locals to work with us, as it would have jeopardized their own safety. This reinforced what we already knew-Africa is certainly not just one continent with the same set of rules and customs. Therefore it is important to take into account these differences and resist the

temptation to refer to all people in Africa as having similar experiences. Indeed, the situation varies vastly from country to country and region to region. But just as vast differences can be found within countries themselves. For example, a large capital city often offers much more freedom than a distant rural village within the same country. Operating from a larger capital city allows us much more shielding from public view than working in a small village. In the future, we will be looking to address helping those in villages in a manner that provides needed assistance without the addition of prying eyes.

As an organization that is less than two-years old, we still have much to learn ourselves. Many of our mistakes have offered painful lessons for us. But even amongst these challenges, we are proud to have made a small difference even in our short history. We have learned to take our grassroots approach to heart, often offering services and assistance on an individual basis rather than a large-scale basis. Many of our past clients have become volunteers and serve others in need in their communities. We successfully supported a small group of women with HIV who lost their jobs and were abandoned by their families as a result of their illness.

But in our attempt to assist these women, we learned that they were highly skilled women who were resistant to the idea of a direct handout. A creative solution was needed. They offered to craft small jewelry that we sell for them in the United States. The sales give them a chance to meet regularly for support and provide a regular income to pay for their health care and living expenses. Just as important, it allows these women to live with dignity and create new lives. Many groups, such as LGBT and sex work activists, have used our work as a tool to advocate for their own basic rights in their home countries. We have expanded our efforts to include others who suffer from extraordinary discrimination when others have turned them away regardless of the nature. While we have nowhere near the client load as many other

organizations, helping one person at a time has meant as much to us, and we believe to our clients, as helping thousands at a time.

CHAPTER THREE

SEXUALITY AND THE POLITICS OF DEVELOPMENT IN LEBANON

Rasha Moumneh

This chapter is a contribution to the ongoing conversation of what it means to be a sexual minority in the Arab world and what the implications are for a more progressive and engaged type of development work. Through an investigation of the gendered constructions of queer sexualities in the Arab context, I will attempt to tease out the intricate interconnections between sexuality, gender, and the politics of development in a context where these three axes intersect on highly politicized terrain. In this vein, the work of Lebanese Non-Governmental Organization (NGO) Helem, currently the only Lesbian, Gay, Bisexual, Transgendered (LGBT) rights organization operating openly in an Arab country, offers an example of how the concerns of sexual minorities can be mainstreamed into broader health initiatives in a society largely considered to be unfriendly and impenetrable to people with non-conforming sexualities and their concerns.

The Context

Much attention has been given lately to the Arab world due to the political upheaval and the violence that is currently spreading through the region. Unfortunately, in the current global atmosphere, human

rights have fallen prey to both colonialist-interventionist as well as regressive nationalist agendas. One needs to only recall the disingenuous use of women's liberation and the promise of greater freedom and human rights for minorities as a justification for President Bush's condemnable wars in Afghanistan and Iraq. In a similar vein, Arab regimes have also politicized human rights to the detriment of two of the most marginalized groups: sexual minorities and women. Arrests and imprisonment of homosexual men have started becoming more frequent in the Middle East, often justified on the grounds of maintaining public morality and fighting a scourge that is largely seen as part of a hegemonic Western cultural imperialism bent on destroying traditional Arab values. This is no small claim, and neither is it surprising, given the current reactionary global discourse on the 'clash of civilizations'. This fallback on cultural authenticity obscures the politics behind these concentrated efforts to highlight the alleged morality of the state at the expense of its citizenry, which is most often to distract an increasingly disenfranchised and frustrated public from the real issues that underscore the failure of the state in guaranteeing citizens their basic rights (Long, 2004). It is relatively easy to score points on highly emotive issues and be seen to be guarding the public interest when those issues are couched in the language of cultural identity against a real or imagined enemy that is perceived to be (or perhaps purposely presented as) adamant on destroying it.

This reading offers a more nuanced understanding of how discourse on sexuality is framed in the Arab world, one that does not fall prey to simplistic notions of 'cultural backwardness' that crudely pit the 'enlightened West' against the 'barbaric Muslims' and that takes exception with the teleological view of modernity that assumes that Western conceptions of progress form the only viable, reasonable, and indeed, possible path to follow. The challenge that therefore exists in the face of any work on development that is sensitive to issues of sexual diversity is the latter's immediate and ready politicization, and any

truly contextually responsive developmental interventions must necessarily navigate through these tensions in an informed manner.

Shifting Definitions

In order to effectively engage with the thorny issues of sexuality, one must be aware of the particularities of local constructions of sexuality and their day-to-day manifestations. In the Arab world, sexuality is intimately bound up with gendered norms and behaviors, and expressions of sexuality and sexual behavior are generally understood through the dual prism of male virility and female chastity⁴. In this traditional configuration according to Joseph Massad (2002), it is the passive homosexual, coded female, who is vilified, while the active partner, conversely coded male, remains secure in his masculinity and maintains the normative gendered order and thus escapes vilification. It is not the gender of the person one engages in sexual activity with that is the defining factor of one's sexuality, but rather the gendered role one assumes during the sexual act. Even the language used to speak about sexual acts in colloquial Lebanese is highly gendered, often playing on notions of sexualized family honor and shame and demeaning those who are perceived to take on a sexually passive role, be they women or men. For men who view sexuality through this prism, it is generally familial ties and the obligation to marry and procreate that informs their identities rather than a precedence of sexual identity (Phillips, 2000, Massad, 2002). Within this framework, women are expected to remain chaste, and any expression of active sexuality outside the strict norms of heterosexual marriage is overtly or covertly condemned and punished (Mernissi, 1985). Thus, any engagement with sexuality must necessarily contain an active engagement with gender.

⁴ Jehane Mullin, 2006, unpublished concept paper on women's vulnerability to HIV/AIDS in the Middle East.

Having said that, it is important to note that globalization has brought with it a process of transformation whereby a variety of non-heterosexual sexual behaviors are increasingly becoming homogenized under the rubric of “gay” or “lesbian”. Far from being a passive process in which western identities are imposed onto local practices, these transformations become infused with local histories, contexts, and understandings (Phillips, 2000). In Lebanon as elsewhere, these new identities often contain signifiers of class, modernity, and bourgeois status, creating tensions between gay-identified individuals and those who do not internalize these new identities (although the line between the two is often hazy and they interact with each other in complex ways that is beyond the scope of this article) and between homosexuals and society at large.

These newly acquired identities have created something of a shift from sexualities that are understood in terms of gendered sexual behaviors (passive/female, active/male) to ones that define themselves according to a binary of sexual orientation (homo - hetero), and which entail all the attendant processes of identity formation. Sexuality thus becomes a defining feature of one’s personhood, dependent less on patriarchal gender and kinship patterns and roles and more on the emergence of individual selfhood (Joseph, 2000).

The emergence of gay and lesbian identities was largely facilitated by the appearance of commercialized gay spaces in Beirut. As the city sought to repackage itself as a tourist destination and nightlife hotspot for the region following the economic crisis after the civil war, several gay male-friendly bars and clubs started sprouting on the outskirts of the city, gradually making their way into more central locations. These clubs became the only spaces where gay men (and to a lesser extent, lesbians) could gather in relative safety, despite periodic police raids. As this gay market niche became more firmly established, new spaces of exclusion arose for those who did not have the financial means necessary to frequent these places, namely women and men from lower socio-economic backgrounds. In the gay male community, this helped

the emergence of “sugar-daddy” cultures (many involving rich gay male tourists from the Arab Gulf) and occasional sex work that enabled young men to provide for themselves and live gay nightlife in Beirut.

Paths to Take

Helem is currently the only organization actively working for LGBT rights in an Arab country. Its HIV/AIDS and health program has been one of the most successful of its initiatives. In this section, I will present an overview of Helem’s work in this area in an effort to determine to what extent it has managed to effectively respond to the issues posed above and to point towards existing challenges and identify future directions for effective health work with sexual minorities.

One of the most immediate challenges Helem has faced since its inception has been the possibility of its marginalization within civil society circles. In fact, one of Helem’s strategic mid-term goals was to firmly establish itself as a viable NGO within this arena, no small feat given that the sectarian-religious system in Lebanon permeates every layer of its social fabric, including civil society. Therefore, an important aspect of Helem’s work included identifying platforms for common action with other NGOs in the country, and to this day it remains a challenge to integrate LGBT concerns within other local struggles.

The arena in which Helem has found the most success has been in its health program, specifically HIV/AIDS prevention. In 2003, Helem partnered with Soins Infirmiers et Developpement Communautaire (SIDC) a local NGO working on HIV/AIDS issues on a project funded by the United Nations Population Fund (UNFPA) involving street outreach to vulnerable groups, among them Men who have Sex with Men (MSM). This constituted the first time MSM were explicitly dealt with as a group with its own particular needs. At that point, MSM were categorized according to the Lebanese National AIDS Program (NAP) under the rubric ‘sex workers’, conflating homosexuality and sex work and precluding the possibility of the existence of homosexual sex

outside of monetary transaction. In 2005, after Helem's extensive work with SIDC through which it was able to join the NAP's network of over 45 NGOs, Helem became established enough to be able to pressure NAP with the support of SIDC and their international funders to change their classification system and treat MSM as separate from (though at times overlapping with) sex workers.

Helem is currently involved in two major HIV/AIDS projects. The first, funded and supervised by the International HIV/AIDS alliance with Helem and SIDC as implementing partners, attempts to determine the social, psychological, and health care needs of MSM as well as identify obstacles to proper health care and HIV prevention in order to formulate and action plan for effective intervention. The second is a vulnerable group outreach project funded by UNFPA & the Joint United Nations Programme on HIV/AIDS (UNAIDS), which aims to enhance the awareness of youth and vulnerable groups about HIV/AIDS prevention. This project is executed by SIDC and involves Helem as well as several other NGOs within NAP's network.

The first phase of the International HIV/AIDS alliance project consisted of a series of participatory rapid situational analysis focus groups that brought together MSM from different socio-economic backgrounds and educational levels. The most salient issues that emerged from this study involved difficulties pertaining to family pressures and lack of acceptance, discriminatory social norms, fear of legal persecution⁵, misinformation about HIV/AIDS, and concerns about identity and masculinity. The findings echoed those of many other such international studies on HIV and risk, namely that discrimination almost inevitably leads to increased vulnerability and risk. It is not surprising then that fear was revealed to be a cross-cutting issue that largely overshadowed health concerns. Operating within a rights-based framework, the action plan that emerged from this study is currently in the initial phases of execution and aims primarily at combating with the psychosocial factors

⁵Article 534 of the Lebanese penal code stipulates, "unnatural sexual intercourse is punishable by six months to up to one year imprisonment".

involved in increased risk and vulnerability to HIV and Sexually Transmitted Infections (STI) through awareness raising aimed at families and the police, free psychological counseling services, working with public health professionals to increase awareness of MSM issues, and producing STI and HIV information geared towards MSM.

By contrast, the UNFPA/UNAIDS-funded project involves several local organizations supervised by SIDC, many of which are religious-sectarian or conservative in character. Despite the progressiveness of SIDC, the recommendations that were put forth as a platform for action contained no mention of the social inequalities or discriminatory practices that put certain groups at a higher risk of contracting HIV. This inexcusable tunnel vision is largely a pragmatic, albeit self-defeating, strategy to maintain the integral partnership of the participating NGOs for whom addressing core issues such as the social discrimination that permeates the lives of MSM would be unthinkable. While this endeavor constituted the first attempt to reach out to previously invisible marginalized groups, its strategic plan falls short of delving into the root issues that lead to increased vulnerability, choosing instead to focus solely on improving health services and strengthening the capacity of NGOs that have direct access to these groups. In effect, the prejudices and a lack of holistic understanding still remain intact within the very organizations that are meant to be working directly with these populations. The lack of involvement with the social context and the separation of HIV work from an economically-informed rights-based approach will ultimately render any HIV prevention program ineffective.

Having said that, there remain many inconsistencies in Helem's programs that draw implicit and explicit boundaries of inclusion/exclusion that may have ramifications in terms of access to needed health (and other) services Helem might offer. Firstly, sexual minority women were excluded from both of these projects by the dictates of funding policy, as they generally are the world over when it comes to sexual health, specifically HIV/AIDS programs. Unfortu-

nately, lesbian health remains a severely under-researched, under-addressed, and under-funded area in many parts of the world. Compounding this marginalization is the danger of HIV and sexual health becoming the sole prism through which issues of sexuality and sexual rights are tackled, in large part due to the effectiveness of this particular approach in opening up spaces for engagement and debate that might otherwise have been difficult.

Moreover, it is interesting to note Helem's usage of MSM terminology, a standardized term adopted relatively recently by international development institutions in an effort to strip homosexuality of its culturally variable interpretations and focus instead exclusively on homosexuality-as-behavior, thought to be the only aspect that is of concern to health practitioners. As was noted by Young and Meyer (2005), the term MSM has itself become problematic. In the particular case of Helem, the category of 'MSM' is placed in clear contradistinction to the category of 'gay', which is the organization's primary target demographic. 'MSM' is invoked only insofar as it constitutes a group at risk of contracting HIV. The category 'gay' represents those individuals that form a community (real or imagined), have a "lifestyle", with "rights" to be defended. A gay person therefore has a definable, lived identity, while MSM is a practice removed from any social context. This is a poignant illustration of Young and Mayer's claim that "MSM and WSW [women who have sex with women] often signify not a neutral stance on the question of identity but a decided lack of sexual-minority identity. More important, by implication, MSM and WSW imply absence of community, social networks, and relationships in which same-gender pairing is shared and supported" (2005, p.1145). This division of sexual minority males is drawn most saliently along, and reinforces, national and class boundaries: the actual gay male membership of Helem is overwhelmingly middle class, while the MSM who act as subjects of study and intervention are most often poor sex workers from local bathhouses, usually predominantly non-Lebanese

Arabs (mostly Syrians and, more recently, Iraqis)⁶. It is in the understanding of socio-sexual dynamics and the intersecting axes of class, gender, and sexuality that HIV prevention strategies must be based and which Helem has yet to fully engage in. The focus group sessions conducted with male sex workers by the International HIV/AIDS Alliance and Helem revealed that the overriding concerns of these men were socio-economic. In fact, their economic disenfranchisement and their consequent inability to negotiate safer sex with clients rendered them even more vulnerable, an issue which is not addressed in any HIV/AIDS prevention projects. Approaching HIV prevention as simply a matter of awareness and access to condoms obscures the systemic inequalities that compound vulnerability and precariousness, and ultimately fails in addressing the core problem.

Lessons Learned

It is no small feat that Helem has come to work with a government institution like NAP in a country in which same-sex sexual behavior is criminalized, a development indicative of tacit governmental legitimacy. At this point, it is worth examining the reasons this came to be as well as the ramifications and limitations of this particular partnership.

Firstly, it is as a direct result of UNFPA's involvement and support of NAP and NGOs working on HIV/AIDS that MSM came to be recognized as a group to be addressed in HIV prevention programs, and it was through UNFPA that Helem and SIDC (and later NAP) started their partnership. What is interesting here is the lack of resistance on the part of NAP and its member organizations to include MSM in their programming and to work openly with a self-proclaimed LGBT organization on this issue. This can be traced largely to the effect that the

⁶ It is important here to note the tense relationship between the Lebanese and the Syrians, increasingly characterized by racism towards the latter. See Whitaker, B. (2001, March 19). Syrians fall victim to racism in Lebanon. The Guardian. Retrieved from <http://www.guardian.co.uk/Archive/Article/0,4273,4154753,00.html>.

global AIDS epidemic coupled with the ensuing international consensus about the crisis have had in forcing a reluctant health policy sector to recognize minority (male) sexualities through implications for the transmission of HIV. As uncomfortable as it may sound, the AIDS epidemic has in certain ways offered sexual minority groups in developing⁷ countries leverage in the basic fight for recognition. While perhaps a double-edged sword, it has been through finding a social function for sexual identity (curbing the spread of HIV) that has led to the acknowledgment of minority sexualities, particularly MSM. This can be seen in other Arab countries, most notably Morocco, where certain HIV/AIDS organizations are able to offer support to sexual minority men which in another context would have been much more difficult.

Like other LGBT organizations in so-called developing countries, Helem has taken advantage of the recognized importance of combating HIV to serve as an entry point for public debate and discussion of LGBT issues through approaching it as an issue for the ‘common good’ of society, as it were. As mentioned before, this approach has its downsides. On the one hand, it has opened up a space for the frank consideration of sexuality in public health initiatives, and through that can possibly lead to wider discussions about the social conditions that are necessary in order to implement effective interventions and programs. This has served Helem well in more ways than one. Early in 2006, a member of Beirut’s municipality council, claiming that it is spreading debauchery, compromising public morality, and endangering youth, filed a complaint against Helem. An investigation was subsequently launched consisting largely of meeting with NGOs that have worked with Helem primarily in its HIV programme, and the charges later dropped for lack of evidence. Without these strong local ties that have conferred legitimacy to Helem, it surely would have

⁷ I use the term “developing countries”, mainstreamed by international development discourse, despite it being problematic in its promotion of the idea that the road towards “development” must necessarily entail industrialized capitalism.

found itself in a very vulnerable position. Presenting itself as a local NGO firmly rooted in its context and working alongside other local NGOs and public institutions also challenges the widespread discourse that gays and lesbians are Western and do not exist in the Arab world and provides a buffer against accusations that Helem is a Western conspirator against Arab traditions. In a global atmosphere that is increasingly becoming dangerously defensive against any real or imagined encroachment of the (sexual, non-normative, or political) Other, it is crucial to actively affirm locality, highlight unknown queer traditions and histories, forge strong partnerships with local organizations and actors, and adopt a measure of caution when working with international bodies so as to circumvent any politicized backlash, all of which may serve to further open up spaces for effective collaborative development work.

On the flip side, the picture presented above is not as rosy as it may first appear, since as noted before, there remains a manifest reluctance to engage fully in issues of sexuality beyond mere recognition for fear of raising tensions and jeopardizing any other work that is currently being done (or simply because of entrenched prejudices). It is here that the importance of combining advocacy with development work becomes crucial. Having thus laid the groundwork, it is left up to Helem to take the issue a step further and work on creating an environment that ameliorates the discriminatory conditions in which sexual minorities live. In this regard, Helem has decided to use the very same strategy that allowed it access into the public sphere to form the basis of an evidence-based advocacy claim for the annulment of article 534 of the Lebanese penal code, namely creating a social function for sexual minorities within local development discourse as a mechanism to curb the spread of HIV/AIDS (Phillips, 2000). Using the information on discrimination and vulnerability gathered through its various health and HIV projects in addition to compiling reports and conducting interviews with local health NGOs are necessary in order to build this claim with empirical evidence.

Another danger of framing sexuality within the paradigm of risk and disease is that it completely marginalizes sexual minority women and it risks boxing in sexuality solely under the rubric of health. International development discourse and action has failed in these two regards. There remains a tendency in development to deal with sexuality outside the paradigm of gender, and with gender outside the paradigm of sexuality, something that is particularly shortsighted given the mutually constitutive nature of each especially in highly patriarchal-patrilinial societies such as Lebanon. In fact, it is the patriarchal nature of the family and kinship structure in the Arab context that defines specific practices and limitations on sexuality and how these shape social and legal practices, thus, directly affecting the vulnerability of women to HIV/AIDS in the Arab world. To illustrate, the social pressures placed on men and women to marry have particular implications for women married to MSM who are often placed in a position where they are unable to negotiate safer sexual practices. These contextual considerations, currently completely marginalized, are necessary if we are to take a holistic and effective approach to sexuality-related health work.

Concluding Remarks

In Lebanon, and indeed in the entire region, Helem can still be considered somewhat of an experiment on how to do sexual minority work in an Arab country, keeping in mind the fact that this may not automatically translate to neighboring countries which do not allow for the relative freedom of expression and association that Lebanon (more accurately, Beirut) enjoys. Despite the gains that have been made in integrating MSM concerns into broader health and HIV initiatives on the national scale, the challenge remains in how such work can be made not only sustainable, but also effective, more inclusive, and able to engage strategically with the different socio-economic and socio-political exigencies of the context. In order to do this, certain givens

must necessarily be problematized. The issue is often less about the taboos surrounding homosexuality per se, as the case of Helem illustrates, and more to do with pragmatic political and economic concerns. As the current global “culture of human rights” heavily privileges the political and the civil over the social and the economic, it elevates the idea of the modern, liberal, bounded individual above all other considerations, such as those of social fabric, local knowledges and understanding, and structural inequalities. The very question of how work with sexual minorities can be done in “developing countries” needs to be radically reframed to engage with these very issues. In order for any sort of development intervention to be truly successful and sustainable, they need to be dealt with in a holistic manner in a truly participatory and collaborative way with local actors. Politics can no longer be shied away from under the guise of a myth of neutrality.

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CHAPTER FOUR

CUBA: SILENT CLOSET OR COLLECTIVE COMMUNITY?

Marc Colbourne

Cuba, perhaps more than any other country in Latin America, is a contradiction. The independent nation has attracted much interest from the international community and has been the focus of much analysis. This is largely due to the tiny island's ability to withstand the tremendous political pressure of the United States and the enduring legacy of the Cuban Revolution⁸ despite the collapse of the Soviet Union. Yet, even a quick scan of the wealth of literature about Cuba provides evidence of the varying viewpoints on almost every aspect of the Cuban "reality" – positions that often directly contradict each other. The experience of gay and bisexual men in Cuba presents no less of a challenge for analysis.

The impetus for this chapter came as a result of my personal frustration with the contradictions I had been reading and hearing about

⁸ The Cuban Revolution occurred in 1959 when Fidel Castro (former President of Cuba) and his supporters successfully ousted General Batista's regime. Since that time, the term 'Revolution' has come to represent the many social and economic programs informed by collective, socialist ideals and implemented by the Cuban government. The Revolution is a 'living', dynamic set of ideals that is continually being shaped by Cuba's government and people. A larger discussion of the Revolution is outside the scope of this chapter but it must be acknowledged that the vast majority of Cubans (including gay men) embrace the Revolution, and their relation to its philosophies largely shapes their experiences.

the experience of Cuban gay men. The common perception of a queer⁹ community heavily repressed under a stifling regime – forced into silent “closets” and living under threat of persecution – did not hold true for me. Neither did the utopia presented by many pro-revolutionary queer activists who avowed that homophobia did not exist on the island; their interpretation is that all Cubans lived under a socialist structure which virtually guaranteed freedom from oppression whether it be on the basis of race, gender or sexual orientation. For me, a gay Canadian who had the distinct privilege of living in Cuba for almost three years, the truth lies somewhere in-between these inconsistent, if not oppositional, viewpoints.

As Robert Mizzi states in the introduction to this book, it is essential for queer communities to explore regularly their own histories to effectively shape their futures. This chapter adheres to this belief by providing a brief overview of three significant events in the history of the queer community in Cuba; the Military Units for the Aid of Production (UMAP), the Mariel Boat Lift, and Cuba’s unique and controversial response to the AIDS crisis. These pivotal events provide the foundation for many of the contradictory arguments about the situation being confronted by the Cuban queer community. The challenges that Cuba’s distinct political, social and cultural system present for a North American analysis of the experience of the queer community will then be explored. Finally, this chapter will acknowledge the important community-building work being carried out by one Cuban institution – the National Centre for Sex Education (CENESEX).

As much of this chapter is a direct reflection of my personal experience as a gay foreigner living in Cuba, I believe it vital to explain in greater detail my personal “positioning” vis-à-vis this topic. First, I am not a Cuban, nor did I grow up under the Revolution; as such, I have

⁹ I use the word “queer” in its sense as a single widely accepted contemporary term to describe lesbian, gay male, bisexual and transgendered people and all which relates to them, their lives, and experiences.

not experienced the many challenges and benefits that this brings. I have, however, had the opportunity to live for an extended period of time in Cuba – much of that time as a “temporary citizen¹⁰” and tried to integrate into Cuban society the best an “outsider” could. This privileged position meant that I participated actively in community events, lived on a *libreta* (food ration book), and had access to Cuba’s unparalleled social institutions including universal health care, education and social services, which are considered as indisputable gifts of the Revolution. In addition, I lived in a rural area of Cuba and, like most rural Cubans, only spent infrequent, brief periods of time in the capital of Havana. I am certain that my experience would have been shaped differently if this were not the case. Finally, I was in a monogamous, same-sex relationship with a Cuban man for the duration of my time on the island. I was part of a small queer community and, at the same time, felt myself to be an important contributing member of the larger Cuban community through the various organizations of which I was a part and the community work I undertook.

Cuba, not unlike all countries, has a history of homophobic treatment of gay men. Unfortunately, although the government has remedied these and, in many cases, issued formal apologies, many anti-Revolutionary groups and individuals outside of Cuba refuse to acknowledge the tremendous progress made in this area. Instead, they choose to focus on these occurrences (and sometimes misinterpret them) to strengthen their assertion that the queer community in Cuba continues to live under a daily fear of government persecution.

More than any other event in Cuba’s history, anti-Revolutionary groups to advance their beliefs use the implementation of the Military Units for the Aid of Production (UMAP) in 1965. Referred to as “work camps” by many critics of the Cuban political system, UMAP was the

¹⁰ “Temporary citizen” is an immigration status in Cuba afforded to individuals who will be living on the island for extended periods of times (i.e. students, foreign workers, etc). It provides the individual with many of the same rights and privileges as a Cuban citizen.

government of Cuba's effort to "rehabilitate" individuals who were seen as lacking the strength of will to contribute to the goals of the Revolution while, at the same time, increasing the country's sugar production for export. The 2000 movie, *Before Night Falls*, based on the life of exiled Cuban writer Reinaldo Arenas, provided one perspective on the existence of the UMAP and contributed greatly to the criticism of Cuba's treatment of gay men. It must be acknowledged, however, that this film has been heavily critiqued as well for its one-sided approach to the subject matter.

Gay men were not the only group affected by UMAP. Jehovah Witnesses, individuals seen to be "lazy" or lacking the will to work, and individuals who were in direct opposition to the ideas of the Revolution were also sent to the sugar cane fields. In fact, the majority of those affected by the program were heterosexual (Lumsden, 1996). The Cuban government dissolved the camps within two years due to both internal and external political pressures. This extremely dark period in Cuba's history with relation to gay men deserves an honest reflection, and it should not be used as evidence of Cuba's *current* attitudes towards the queer community. In fact, according to Hechavarria and Hatch (2001), most "Cubans consider the UMAP project a serious error and a breech of the principle of Socialist equality" (p. 17).

In 1980, gay men in Cuba again experienced the expression of homophobia as the result of a government-implemented policy. Known as the Mariel Boat Lift, this mass emigration of Cubans to the United States occurred after a large number of citizens stormed the Peruvian embassy in Havana in an attempt to gain asylum. This protest was largely the result of frustration over Cuba's difficult economic situation, and not an attempt to negotiate human rights. The Cuban government responded by allowing those interested in leaving the island to do so. This policy, however, was not applied to all and specifically identified individuals with a mental health history, convicts, and homosexuals as those which the government permitted to leave. This exodus was carried out within a political context in which the US

government was welcoming Cuban Immigrants with open arms in an attempt to further undermine the Cuban government. Hechavarria and Hatch (2001) acknowledge the irony of the US government that “[T]he US, which was busy flushing out and jailing its homosexuals during the McCarthy Period, welcomed Cuban gays as part of its overall campaign to destabilize the island (p. 15).

It is thought that almost 125, 000 Cubans took advantage of this opportunity to leave the island, including many heterosexual men posing as gay men. Many gay men left in anticipation of receiving the same material privileges as their American peers. Instead they encountered homophobia prevalent at the time in the United States and, in many cases, were ostracized from the anti-Revolutionary Cuban community in Miami on the basis of their sexual orientation. For gay men who chose not to leave Cuba, this policy linked homosexuality to deviant behavior and served to contribute to a feeling of being “second-class” within Cuban society.

Cuba’s unique response to the emerging AIDS crisis is another source of much critique and controversy surrounding the island’s treatment of gay men. In the initial stages of the epidemic, the Cuban government, through its unrivalled public health structures, instituted an elaborate system of sanitariums to house individuals infected with HIV. Once individuals tested positive for the HIV antibodies, they were immediately obligated to undergo a period of quarantine in designated facilities throughout the country. While there, patients received education about living with HIV/AIDS and received medical attention and appropriate medication. While an initial stay was obligatory, individuals could choose to return to their families and communities after a prescribed period of education. Many critics, including some who are generally supportive of Cuba and its political/social structures, have strongly voiced their outrage at this seemingly archaic policy and practice (Lumsden, 1996).

In 1993, the Cuban Health Authorities (MINSAP) reviewed the policy, and, from that date, it was no longer obligatory for HIV-positive

individuals to be quarantined. Patients could now choose between the services provided through the sanitarium system or avail themselves of community-based public health clinics. Interestingly, however, many individuals continue to decide to live in such a facility on a permanent basis. For instance, Raudel, a 41-year old gay man, has lived in a sanitarium for 12 years. “The nurses treat me well, and I can be with other people who are HIV-positive. There is no stigma: they are like me” (as cited in Zipperman, 2005).

The ability of Cuba’s well-developed health care system to respond to the AIDS epidemic quickly and efficiently has allowed the island to create tremendous success in limiting the transmission of the virus. The Centre for the Prevention of HIV/AIDS was founded in 1998 in partnership with Doctors Without Borders (Holland) and is now funded, in part, by the Global Fund Against AIDS, Tuberculosis and Malaria. The government of Cuba has been providing free medical attention and treatment including locally-produced generic anti-retrovirals since 2001. In addition, comprehensive education programs have been launched in all areas of the country. The quarantine program, while appearing extreme, has been an important part of Cuba’s coordinated response to the virus. Furthermore, it must be pointed out that many Cubans, including gay men, do not view the program as radical or homophobic. Lumsden (1996) states,

[I]n Cuba it was not perceived as either unusual or discriminatory. The program seems to have been supported from the outset by the majority of the Cuban population, including a majority of homosexuals, whose experience of Cuba’s health system has led them to place enormous trust in the country’s medical policies. In fact, the quarantine measures were quite consistent with Cuba’s radical response to other epidemics such as dengue and African swine fever (p. 163).

Different Lenses/Different Realities

The change processes implemented by marginalized communities throughout the world generally reflect their own cultural, social, and

political spheres in concert with their values and desires. The forward movement experienced by the Cuban queer community is no different.

Cuba's unique political, social and cultural systems present many challenges for analysis by those located outside of these spheres. Examining the daily reality for the Cuban queer community using a North American-based cultural lens can lead to misinterpreting how progress is defined and has resulted in public misinformation about the issues faced by Cuban gay men. In fact, the majority of the queer community in Cuba does not yearn for the same indicators of equality that we have struggled for in North America, nor do they interpret their realities in the same way North Americans have chosen.

Since the Cuban Revolution in 1959, emphasis has been placed on the power and strength of the Cuban identity as part of a collectivist culture. Individual priorities are secondary in favour of promoting the well-being of one's family, community and nation. Through this approach, Cuba has achieved tremendous gains in the universal provision of such basic human rights as access to housing, food, health care, and education. Keeping with this desire to achieve collective success, many members of the queer community do not place a significant importance on individual achievement as "individualist" cultures, such as individuals from Canada or the United States. Lumsden (1996) illustrates this distinction through a discussion on "coming out" in the Cuban context.

[E]ven though some gays in Cuba have adopted terms such as 'coming out of the closet', it is not clear that these terms have the same meaning and political significance they do in North America. 'Coming out' in North America designates a process of assertive self-identification as a gay person that is undertaken in the context of a homophobic, individualistic, and fragmented capitalistic society. [In Cuba,] many gays would see coming out as an unnecessary and divisive action threatening an individual's multifarious ties to his family and community as a whole. A minority of homosexuals might go further and view coming out as a self-preoccupied distraction from the fundamen-

tal struggles to secure national sovereignty and overcome underdevelopment (p. 131).

My partner and I were “out” in our local community during my time in Cuba. By this, I mean that the community was aware of our relationship and, for the most part, treated us in a respectful manner that was similar to everyone. “Coming out”, or speaking openly about our sexual orientation, is noticeably not common practice among gay male Cubans. The exact nature of our relationship was just *understood* and *accepted* in the local neighbourhood. Within my Canadian context and my experience of fighting for equal rights, “coming out” was seen as an important political action. For my partner, it was viewed as an unnecessary, redundant statement of the obvious that would distract from the philosophical notions of the collectivist culture. The same rings true for expression of homophobia. In my experience, while homophobia was very much present in everyday language, it was not used to threaten, control or abuse as in most other places worldwide.

Cultural differences cannot be denied or underestimated when attempting to understand the experiences of the Cuban queer community as they grapple with implementing change. In fact, approaching the analysis as a cross-cultural exchange will lead one to a greater understanding and appreciation of the different mechanisms of change in which Cuban gay men place their confidence. Although much of the homophobia experienced in the past by the Cuban queer community has been the result of government policies, it is this same government that the island’s gay men are looking to for the introduction and implementation of positive change.

CENESEX: An Example of Change

In North America, much progress has come about due to the highly coordinated efforts of civil society, as represented by non-governmental organizations (NGOs). This is not the case in Cuba.

Rather, it is seen as the responsibility of the government to ensure that the needs and desires of its citizens are met. This is not to say, however, that other government institutions do not influence policy makers. The National Center for Sexual Education (Centro Nacional de Educación Sexual- CENESEX) is an important example of an organization that seeks to address the needs of Cuban queer community.

CENESEX emerged in 1989 from the National Working Group on Sexual Education (*Grupo Nacional de Trabajo de Educación Sexual*, or GNTES) that was formed in 1972. CENESEX has several mandates that include research and the collection of knowledge, the dissemination of sexual health education throughout the country, and the delivery of sexual health services. Partnering with such organizations as the Federation of Cuban Women, the Ministry of Public Health, the Ministry of Education, the Ministry of Culture, and the Cuban Institute of Radio and Television, CENESEX is also responsible for delivering education about and for the queer community in Cuba.

CENESEX maintains a comprehensive website on the topic of “sexual diversity” which provides information to individuals interested in learning more about issues related to sexual orientation and homophobia. This site has also become an important point of connection for the queer community, especially youth, who can use the message board to connect with others in their own community. CENESEX is also one of the main organizers, along with the Federation of Cuban Women, for the National Cuban Day to Combat Homophobia, which is generally held in May. The theme of this day for 2008 is “Diversity is the Norm”. Finally, CENESEX has also been working with policy makers to ensure the rights and desires of the queer community are protected in Cuban law. As result of local initiatives such as these, CENESEX has become a trusted source of information and connection for many within the island’s queer community and continues to evolve to meet the country’s changing needs. There is a definite sense of progress within the queer community in Cuba today, and this feeling is omnipresent as it is

widely discussed at social gatherings of people of diverse backgrounds throughout the country.

For instance, there is more public discussion and debate on the topic of homosexuality. This is evident not only on Cuban television and radio but also in the conversations that can be overheard in the public spaces, such as the central squares in towns and villages. A major factor in this positive movement has been the increased visibility of the issue and access to education, which is primarily provided by the National Center for Sexual Education. The Cuban queer community is looking forward to continued progress while respecting the historical and cultural makeup of Cuba.

Cuba has a vibrant, dynamic queer community that is receiving increased positive attention from the non-queer population and the government institutions striving to serve the needs of all Cubans. While its history has certainly been impacted by instances of negative treatment of gay men, this is a situation that is not unique to Cuba. Within the highly politicized discourse, and seemingly extremely polarized views with little agreement that surrounds Cuba, this history is often used to support commentary on the present-day reality of the queer community. While this history needs to serve to inform and influence the continued movement of the queer community in Cuba, it is not viewed by the majority of the island's gay population as a barrier to growth and change. In fact, the queer community is looking to the same government, and institutions such as CENESEX, for the design and implementation of policies that validate their experiences as a valued and contributing part of the larger Cuban community. Far too often, this understanding is lost as the situation of queer Cubans is analyzed through a North American cultural-political lens. My personal experience in Cuba has shown me a resilient queer community that has been realizing much success in defining their own reality outside of the North American interpretation of what "change" looks like, and within the collective culture of the living Revolution. Perhaps

this ongoing reality – as experienced by the queer community itself – is the foundation of the true process of change in Cuba.

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CHAPTER FIVE

OUTREACH: A LOOK INTO LOCAL AND INTERNATIONAL PERSPECTIVES IN LGBT MOVEMENTS

Darren Vella

“Outreach”, the mere word evokes the idea of trying to grasp something that is beyond your own limits. Many around the world engage in this process in diverse fields, such as working with homeless people about ways to “get off the streets”, or HIV/AIDS prevention efforts to gay/bisexual men. My experiences in the field of outreach in different areas, such as London (United Kingdom) and Valletta (Malta) have taught me that outreach is not a straightforward process as one might presume. Outreach in its multitude of forms and methods is effective in ways that sometimes are not so evident and straightforward as it does not operate in a clear fashion, and is largely dependent on the “cultural” makeup of the target group. My experience has taught me that there is most of the time an incongruency in knowledge surrounding outreach work. In this chapter I aim to re-visit the work I have done with two different organisations in Europe, namely through a critical lens in order to extract some of the main practicalities, sensitivities and themes within this kind of work that might be useful in other contexts. These organizations are MGRM (Malta Gay Rights Movement, in Malta) and IGLYO (International Lesbian, Gay, Bisexual, Transgender Youth and Student Organization,

a pan-European international organization. IGLYO was created in 1984 as a reaction to the need for better co-operation and coordination among regional, local or national LGBT youth and student organizations. Currently, the IGLYO network is an important LGBT youth meeting point in the European region, which consists of member organizations in almost every European country, and some member countries outside of Europe. IGLYO is currently registered in Amsterdam, the Netherlands.

MGRM has a direct contact with the process of conducting outreach, while the other has a wider structural approach towards approaching outreach to LGBT people. I introduce both organizations and the outreach work they do, and the results that emerge. I then will explore how these organizations are effective in the outreach they engage in, and how the different target groups' outreach takes shape. I will conclude by posing several critical questions to further the dialogue I have initiated about outreach work from my own experiences.

LGBT Organizing and Outreach in Malta

A discussion on outreach in a country like Malta would not be complete without background on the social and cultural context within which this works occurs. Malta is a small island nation in the middle of the Mediterranean Sea. It is an island that has a population of around three hundred and fifty thousand people. The island is typically Mediterranean in culture with Roman Catholicism being as the predominant religion, which 95 % of the population people follows. Since 1998 there has been a Democratic Christian government in power, which often intertwines religious doctrine in a complicated church-state relationship. There is a strong faith base in Malta, and Christian values form much of the code of ethics to which most subscribe. Despite working within such a socio-political space, MGRM has been functioning for the past five years. It is an organization that was created to represent and address the needs of LGBT people within Malta.

Notably, MGRM in the past year has engaged in multiple projects and areas of work where it tries to constantly conduct outreach to its diverse membership. MGRM cannot operate within an advocacy role to include gender identity and sexual orientation issues due to government statutes. Rather, it also provides tremendous support to the LGBT community it represents in the form of social services such as organizing key events such as gay pride march, as an integral part of its annual diversity week celebrations.

The community-building work is diverse, which makes the outreach complex. MGRM continues to operate a supportive help-line with trained peer counselors, and organize private and safe social events for members as a way of circumventing the oppression that many LGBT people in Malta still experience on a day-to-day basis. This outreach is continually promoted via different mediums of communication, such as advertisements on the Internet, posting information in newspapers and through supportive “ally” agencies such as *Appogg*, the leading social services charity that exists in Malta. Recently, the community’s utilization of these support services slowed down. This does not indicate that the need to provide support is not present. Rather, there are significant cultural barriers in taking the necessary steps towards moving beyond self-blame to seeking support in Malta’s LGBT community. MGRM’s outreach work goes beyond the “club scene” in which many LGBT people take part, and is successful at connecting to LGBT people who are not involved in the mainstream “gay” activities. For example, “Pink Sundays” are effective in reaching out to those who would feel isolated by the same community of which they feel that they are “not part.” “Pink Sundays” has been going on for over four years now and have proven a positive and life-affirming experience for those who participate. Groups, such as “Pink Sundays” are an important resource to help minorities not to fall victim of stigma of internalized homophobia and self-loathing, and rather, work towards building a sense of camaraderie and mutual support.

Like most civil rights groups, there is sometimes much criticism that MGRM cannot produce much change given the limited lack of resources, and operating within such a harshly oppressive socio-political system. MGRM has repeatedly addressed these concerns through outreach. However, the challenge is to effectively re-negotiate what “outreach” means to the participants, and how it differs from the organizational definition under which MGRM operates. For example, MGRM has been effective in its outreach to particular minorities of the LGBT community, yet, at the same time, continually struggles to reach others. While inclusivity might be a core value in which MGRM unconditionally believes, it has to also be realized that the realities of life for LGBT people makes the outreach cumbersome. From my experience it seems that the same “mainstream” gay community are still within a stage of not understanding the importance the role of an organization like MGRM and the impact this apathy has within maintaining organization strength within building a civil society. As I discussed earlier, “outreach” becomes a complicated definition, and reaching out to politicians, for example, as a form of political outreach, could be seen as a cultural abandonment of addressing LGBT needs. The “cause-and-effect” relationship, such as obtaining political allies to advocate for a change in Maltese law to further support sexual difference, is mis-read by members of the LGBT community.

While MGRM has limited resources, its simple acts of outreach ground its aim to care, nurture and develop a Maltese LGBT identity in Malta. The simple act of handing out free condoms at parties has shown to this same community that the organization is very much present and is trying to reach out in many meaningful and simple ways. For Malta, a country that espouse heterosexual-only sex education, this unexpected act has been seen by many as the bridge of how MGRM transgresses between its constituted role of being a rights-based organization and enters a realm of addressing healthy sexuality and personal development.

Whilst reaching out to its constituents is one of the primary roles for any grassroots organization, another element should include outreach to the non-LGBT community. This foundational work begins to set a strategic path enabling Maltese LGBT people to safely “come out” for generations to come.

In my experience with IGLYO, I see a trend within most LGBT organizations in the outreach work with non-LGBT communities. MGRM has very much engaged in this process to work with different sectors of society to prove to their heterosexual (“straight”) counterparts that LGBT people exist and deserve respectful treatment in the work place, classroom, clinic and everywhere else. MGRM targets outreach work to non-LGBT organizations by strategically selecting influential organizations to form a partnership so that they are able to contribute to the change-making processes. Through this process, LGBT challenges in Malta can be a part of the crucial discussions with political and religious leaders. Although tiresome at times, outreach to relevant agencies proves to be successful in the long term. This is one that has been effectively done by MGRM, as it has developed different tools to engage in this process.

In Malta there is a strong presence of Roman Catholicism, and most of the time the debate about LGBT people from the non-LGBT community takes on discussions of morality. MGRM has decided to engage in these tense debates. Christian “morality” doctrines have been interwoven into the Maltese cultural fabric. Such morality is stifling the development of the people with whom we work, and we need to address this in any way that we can. MGRM believes that if it does not participate in the discussion around the “homo/hetero” divide then the lingering prejudices that members of the non-LGBT community will continue. Of course, such type of outreach does not go without risk. Openly discussing homophobia in our conservative small-island culture means that MGRM members have become publicly associated with the organization, and this reputation is difficult to change. It is important to realize

beforehand the personal consequences and challenges that accompany public discussions pursuing some kind of political change.

There lies a “disconnect” within the nature of outreach work within MGRM. Within the social context of Malta, there seems to be an overwhelming attitude of apathy that many LGBT (youth in particular) experience. Such a disposition is understandable, given the disempowering effects of the church and state. However it still affects the work being done. On the other hand, the recruitment of volunteers, for example, can be a very “re-connecting” process. Through its recruitment procedures, MGRM tries to convey that change is achievable within one’s own ability to be part of that process. Each person has a role to play and can make a contribution, and that change is undoubtedly a slow process. Many tend not to realize that, once you effectively assemble a group of people together who are interested to help out, there needs to be a level of work, respect and responsibility that the organization has towards these volunteers. The outreach is not exclusively to just recruit a number of new people but, rather, it is to retain these very people. Group development and team-building, essentially, play an important role once this core group is identified.

To summarize, outreach can take on many forms, and although it can be met with resistance, the long-term effects can be still very transformative for everyone involved, and for the larger LGBT community, as a whole. For instance, speaking with community members about the various forms of outreach maintains an open line of communication, creating networking and social events to build “community”, inviting members to meetings and be a part of the wide national debates around sexual and gender difference, addressing the diversity with community in outreach programs, looking at outreach from the perspective that work is needs to take place within national population (including religious and/or political groups that have a significant influence), and, finally, being available to the LGBT community and use the language (however complicated it may seem) that interprets the intentions and actions of the outreach.

MGRM's grassroots combination of activism and outreach functions in the context of Malta. Yet one must realize that, in the world of LGBT outreach, there are still many forms that can take shape. In the next segment of this chapter I hope to draw a clear picture of another form of outreach that broadens this discussion from a singular-nation perspective to a multi-national look at how outreach takes shape. I currently hold the position of advisor to the current executive board of IGLYO - The International Lesbian Gay Bisexual Transgender Youth and Student Organization.

International Activism and Outreach in IGLYO

There are many levels in which activism and outreach work takes place. Outreach as briefly seen in the previous section in this chapter is not only the active experience of assistance that is given to an individual or a group of people, but. Outreach from a broader, multi-national, perspective also might be seen as a far off reality from the day-to-day outreach that is part of grassroots organizations such as MGRM. However, differentiated outreach works to produce the same results of the same guiding principles located in grassroots outreach. There is a more structured amount of outreach, or otherwise called lobbying, within the area of sustainable policy development that helps to create and shift opportunities that could encourage wider reform.

IGLYO's work is reflective of this different approach of engagement. An exploration of this level of outreach shall be introduced by a brief history towards the reason why an international organization such as IGLYO was created, and how IGLYO's outreach takes shape in order to fulfill its aims and objectives.

In 1984, the Dutch Gay Youth Platform (LHJO) hosted the first International Gay Youth Congress and Festival in Amsterdam, Holland. The participants regarded the event as such a great success that they decided to arrange a follow-up conference the next year in Dublin hosted by the National Gay Federation of Ireland.

At the Dublin conference, plans were made to establish a facility to collect and distribute information about lesbian, gay, bisexual, and transgendered young people and their groups. Norway's LGBT youth group volunteered to organize the International Gay Youth Information Pool (IGYIP), as well as host the Third Congress. At the end of the conference in Oslo, it was decided to establish IGLYO as a permanent organization for lesbian, gay bisexual and transgendered youth.

From that point on, IGLYO has in fact been involved in its own gradual development together with the progression of LGBT Youth Politics throughout Europe. Unfortunately, Europe became the central point of focus due to the funding resources available. Since cross-national membership lies at the very foundation of IGLYO, its uniqueness lies within the established connections to the institutions and bodies with which it does outreach and within organizations that create its membership.

IGLYO does not work directly with individuals but moreso functions as an institutional "homebase" of youth-driven LGBT organizations that do outreach to LGBT youth within their respective home countries. Member organizations provide the political lobbying power that IGLYO needs when engaging with European Union-based institutions, since IGLYO is a multi-faceted player in the field of LGBT Youth Activism. Reflecting its expanding and ever-changing development, IGLYO stands as a network organization that carries outreach to not only its existing member organizations but also actively seeks new partnership to contribute through its organizational growth, both of which are crucial to IGLYO's mandate.

IGLYO identifies and recruits new members in different ways. IGLYO does not have members in certain countries; therefore it actively searches for possible LGBT organizations that might exist in those countries. The outreach process happens, in this scenario, electronically and through the means of interpersonal introductions. Outcomes vary, but IGLYO uses this method to learn about the different social, political impacts that occur in these areas. This process of

outreach is an interesting one since there is a not active exchange that occurs in “reality”, but this mostly occurs in a “virtual space”. Using technology to facilitate introductions and develop partnerships is a core element of this form of outreach, as opposed to the person-to-person contact that grassroots organizations utilize.

IGLYO constantly engages with its members in active consultative dialogue to solicit feedback about IGLYO’s initiatives, meet the needs of member organizations, and help steer IGLYO in the right direction. Active communications procedures are also part and parcel of such outreach. For example, E-newsletters are a method that IGLYO has learned to use to manage the information to its member organizations. This helps in solidifying the many initiatives that are currently going on. Through this work, I have realized how much of a gap there is in the knowledge of what is going on in the LGBT field. These information exchange tools are a method from which member organizations can benefit. So far, the feedback on this way of networking has been very positive.

Members know that IGLYO has direct contact with significant European Union institutions such as the European Commission and other larger LGBT organizations such as the International Lesbian and Gay Association (ILGA) - Europe. This process of continual outreach that IGLYO engages in can be used as a political leverage by member organizations when needed. Since some member organizations face clearly discriminatory situations in their countries, IGLYO can help improve their experiences, especially if European Union institutions commit the discrimination.

Europe has the ability to support IGLYO’s outreach through clear-cut institutions and bodies that function in the area of anti-discrimination. This structure helps IGLYO and its (again, its) members lobby effectively for inclusion of LGBT youth in distinctive policy initiatives. For example, IGLYO works closely with the European Youth Forum (EYF) and the Council of Europe. IGLYO regularly engages in dialogue with the EYF to develop further an understanding of the

issues that LGBT youth constantly face. The EYF as an institution is one that continually lobbies for youth issues around Europe and which has a tremendous political lobbying power within the structures that write the policies that are implemented within EU member states. IGLYO, as a youth organization, relies on the EYF not only to influence EU institutions, but also to do outreach to the other members organizations that are EYF members for potential collaboration. Essentially, outreach, in this regard, is also about effectively creating the links needed to sustain partnerships to further develop inclusion.

It is evident that IGLYO, through its work, outreach is not seen as one that is done very obviously. As outreach often seems like a process with a clear function or flow, the type of work that IGLYO engages in is not so transparent. For example, IGLYO must write feedback papers to EYF consultations on various issues facing youth. To represent the diverse needs, issues and attitudes of LGBT youth in Europe complicates IGLYO's outreach work. Despite, the ambiguous nature of institutional-based outreach is sometimes what makes IGLYO's work so effective. It is this ambiguity itself that helps us realize the many systems and perspectives that exist in human rights activism, and how, when working on such issues, one needs to be aware of such structures effectively to build a successful outreach program.

Hence, IGLYO, on its multi-national platform continually tries to engage in dialogue with key stakeholders it deems as a relevant and necessary "allies". It constantly seeks to identify new partnerships, and then work to lobby to address the desired change that is fundamental to LGBT youth.

Conclusion

Outreach is not a clear-cut process, especially for youth-driven organizations where the training is minimal and it largely based on our passion for change. In my years of experience of working in LGBT activism and non-formal education, I have come to experience that the

process of obtaining power and change is not so direct and immediate as one can imagine. Outreach work is notably connected to many institutionalized ways of thinking, and it depends largely on building an LGBT movement within these institutions in order to be successful. Different players determine and give rise to the multiple forms of outreach, which provides rich learning opportunities to further our work. Outreach is a typical form of engagement with members of the public sector by organizations of various kinds, but it is not necessarily seen as the primary area of focus. Outreach, during its planning stages is not seen as something that is sought out to do but rather as a side note to all the other education, research and psycho-social work that is currently being conducted. It is essential to continuously “review and revisit” the views your organization espouses, and their relevance to the constituents it represents. Society is ever-changing and, for emerging organizations, there is a distinct responsibility to ensure change is relevant to everyone involved, in order to continue creating a fair and just LGBT community.

CHAPTER SIX

NEEDS FOR EDUCATION ABOUT LGBT ISSUES BY LESBIAN, GAY, BISEXUAL AND TRANSGENDER ORGANIZATIONS

Peter Dankmeijer

From a worldwide assessment to explore the needs for a Global Association for LGBT (lesbian, gay, bisexual and transgender) Education, it became clear all respondents want to exchange their good practices. However, to be able to focus on educating mainstream organizations about sexual diversity, several challenges need to be faced. LGBT grassroots organizations have a great need for basic capacity building. They do have first-hand experience with discrimination but usually lack the educational expertise to translate such knowledge into effective interventions for mainstream target groups. They are not used to specify their objectives or to monitor effect of educational interventions, which makes it unclear whether they are effective. Creating a transnational learning process by discussing discrimination processes, setting specific objectives and comparing the effect of interventions would be useful. To enable this, local educators will need to transcend their cultural and personal views.

Introduction

In 1998, Amnesty International organized a human rights conference as a side event of the Gay Games in Amsterdam. One of the

workshops focuses on education. A number of speakers and participants from across the world shared information and views on how education about LGBT issues towards the general public was done in their respective countries. While most of the participants expected education about LGBT issues to be very different across cultures, it appeared all activists shared common experiences and could learn from each other. The main recommendation of the workshop was to create a global network for exchange and to raise the quality of the work.

During the years 2003-2005, the author of this article did an assessment to explore the needs for such a network. This article answers the question which needs were found. It will focus on LGBT organizations, because most mainstream organizations did not develop needs in this area yet.

This article starts with a discussion of the concept of 'education' and the goals of the needs assessment. Then it will go into the method of the assessment. The results are presented in two categories: needs for content and needs for strategy. The article ends with some conclusions and recommendations.

Education about LGBT Issues and Goals for an Assessment

The concept of 'education' can be interpreted in a variety of ways. It may be taken as formal education in a public or private institute or as informal education, like learning on the job. It may be interpreted as a top down process, involving an expert teacher and lay students, or as an interactive process in which all participants exchange information and skills. 'Education' may be interpreted as signifying a specific school system, or as an abstract concept for teaching and learning.

In the context of the needs assessment at hand, we wanted to focus on teaching the general public about sexual diversity and discrimination of LGBT people. Teaching students in formal schools could be one way. In Western Europe, gay and lesbian volunteers from grassroots

organizations who offer awareness sessions to high school students is the dominant model. Training teachers is a logical next step, which has been taken in several European Union (EU) countries. This was the perspective that was used when the needs assessment started.

There does not seem to be much research on these specific forms of education about LGBT issues. The few available articles relating to the subject are found in US journals, like *The Journal of Homosexuality* and *The Journal of Gay & Lesbian Issues in Education* and some books. Most of the articles refer to experiences of gay and lesbian teachers (Garber, 1994) and to activities on University Colleges (Sanlo, Rankin & Schoenberg 2002). A few articles focus on evaluation of education sessions in colleges and find some positive effects on attitudes of heterosexual students after awareness panel sessions (Morin, 1974; Green, Dixon & Gold-Neill 1993). At the same time, it becomes clear from the literature, that there is not a single teaching model in the US. The Gay/Straight Alliances (GSA), which are school-based student clubs, is the dominant model of organization in the US. GSA's seem to be unique to the US and do not primarily focus at education of heterosexual peers or teachers.

One European article describes a summary of a pre-test evaluation of a draft manual for teachers about combating homophobia in a multicultural context (Bakker & Vanwesenbeeck 2005). The scientific literature on specific education about LGBT issues in schools seems to be limited.

Much more information can be found on homophobia, both on documenting negative behaviours or attitudes (for example, see the overview in Herek, 1998) and on theorizing the concept of 'homophobia' (for example, Adam, 1998). Some of this literature offers pointers towards determinants that might be important factors in effective education. Such as finding that interpersonal contact between heterosexuals and homosexuals may lead to more nuanced or positive attitudes (Herek & Glunt, 1993).

There may be two reasons for the lack of information and literature specifically relating to education about LGBT issues. One is the lack of attention for sexual diversity by mainstream schools and training institutes in most countries. The other is probably the lack of access of LGBT grassroots organizations to mainstream organizations.

In the Netherlands, were I live, there may be more opportunities for LGBT organizations to access schools than in other countries. This has given the author opportunity to reflect on specific objectives for education about LGBT issues and about strategies to access schools.

A main objective for education about sexual diversity and discrimination is to diminish discrimination of LGBT people and to increase tolerance towards a variety of lifestyles. To be able to measure effects of education and training curricula, Empowerment Lifestyle Services (consultancy agency of the author) and the Rutgers Nisso Groep (the Dutch Institute for Social Sexuological Research) have explored possible instruments. The available survey batteries, which are properly validated, come from the United States. These question batteries usually focus on documenting negative attitudes about homosexuality. However, in the Netherlands most of these survey questions are not adequate, because they ask for relatively extreme negative attitudes, which are not that prevalent in the general Dutch population. This explains why the Rutgers Nisso Groep constructed a new survey instrument that focuses on two scales: social distance and social support. This means that we specified the goals of education about LGBT issues to (1) diminishing social distance and (2) increasing social support towards people who express LGBT feelings of behaviours.

One of the goals of the needs assessment was to explore how educational organizations and LGBT organizations set their objectives, how they intend to reach their educational objectives and how they monitor effects of their interventions.

There is a variety of reasons why mainstream institutes like schools do not want to give attention to discrimination on the grounds of

sexual orientation and gender expression and why they don't want to offer access to LGBT grassroots organizations. Another goal of the needs assessment was to explore which opportunities they may be, if they are good practices and what we can learn from pitfalls that have been overcome by organizations.

The final and more implicit goals of the needs assessment were to identify people and organizations, which might be interested in becoming a stakeholder of a future network for exchange and collaboration.

Research Method

Since it was clear there is probably a great variety in the ways mainstream and LGBT organizations deal with education, it was going to be difficult to develop an adequate survey questionnaire. It was decided to make the needs assessment a general exploration by doing interviews with respondents who are interested in education and who, preferably, have at least some experience in implementing education about LGBT issues.

To develop an interview format, some trial interviews were done with volunteer LGBT education groups in Europe. For these interviews, a questionnaire, which was developed to study the work of Dutch education volunteer groups, was used.

These interviews were very difficult and tiresome because this questionnaire was not suitable for non-Dutch groups. It was an elaborate questionnaire, tailored to the almost professional way Northwestern education groups' work. For groups with less experience, most questions were difficult to answer, simply because they never considered them. For example, asking which groups are targeted and which objectives are set, is difficult and even demoralizing when the education activity consists of giving students (who ask for this) a tour around the building of the LGBT organization and having a nice conversation afterwards.

After these trial interviews, it was clear that the scope of a proper needs assessment should be broader and the questions very general. The final format consisted of two sets of each four basic questions. One question set was for organizations with experience with education, the other for organizations without any experience.

Organizations *without* education experience were asked these three questions:

1. Resistance - What are the kinds of resistance you experience against LGBT issues?
2. Opportunities - What would be opportunities for education in your country?
3. Change - If change were possible, what would you aim for?

Organizations *with* education experience were asked these three questions:

1. Strategy - How do you work (marketing mix)?
2. Content - What are the main messages of your education?
3. Effect - What kind of effects do you see of your education?

All interviews were closed with a question on network needs: which support would be useful for the respondent or their organization.

In practice, the questions were more starting points for an open discussion than closed research questions. When the respondents had a problem answering a question, an answer was not pressed for. If possible, the issue could be addressed in a different way later in the conversation. When the respondents seemed stimulated by a question, more detailed questions were asked.

It often became clear, language and cultural concepts about discrimination and education were sometimes so different, that it was needed to question whether the respondent understood the questions, or the author understood the answer. The more interviews the author

did, the more he learned to assume a structurally “wondering” attitude, asking for more clarification again and again until he felt sure he got the point.

In Latin America, many respondents did not speak English, and the author did not speak Spanish or Portuguese (although he understands about 70%). In most of these interviews, there was a translator present. However, the translations were usually not literal and often cultural ways of communication and local settings were challenges to a mutual clear understanding. An example of this learning process:

When I asked the question: “What kind of education do you do?”, a Latin American respondent might answer: “We have a broad range of initiatives with many partners”. Then the respondent would go into detail about all the partners and about the general aims of the collaboration. This was told with an obvious pride of the fact that the LGBT organization was able to be an accepted partner in such networks. Since I was curious about the actual interventions, I usually asked on about that. But often, the translator did not really understand what I wanted to know more than what already was said. Later, I found out that often the partnerships the respondents talked about consisted mainly of informal conversations. They were no formal educational interventions. This was difficult to discover, partly because the respondent did not like to admit that, partly because the respondent (and the native translator) saw the informal conversations as interventions in themselves and even as an informal form of education itself. On the process level, the translator could not understand or accept why I asked such ‘offensive’ questions (offensive, because they to him it felt as a depreciation of the good work that was being done).

To prevent misunderstandings, all the interview reports were typed out and the respondents were asked to correct them. The report of interviews with respondents that did not understand English was translated in Spanish or Portuguese. After correction, the interview reports were put on the website in order to make the whole process clear to everyone. Some respondents, however, did not react on this

check at all. When they did not respond to several appeals, these reports were published anyway, but with a note that the text was not checked and the sole responsibility of the author.

Since there was no funding for this needs assessment, the interviews were organized to fit into the free time and financial limits of the author. In 2003 and 2004, interviews were done in Italy, Finland, Sweden, France, the UK and Austria. In late 2004 and early 2005, the author used a sabbatical for interviews in the global South. In this period 14 cities in 9 countries (India, South Africa, Namibia, Australia, Mexico, Colombia, Brazil, Peru and Argentina) were visited and about 45 interviews were conducted. In the spring and summer of 2005, some extra interviews in other parts of the world were done by e-mail, at a conference in Bangkok and in New York. This article is based on the results of about 60 interviews.

The respondents were recruited by way of personal contacts and the snowball method (Vogt, 1999; Atkinson & Flint, 2001). This method entailed making initial contacts in every country with one or two respondents who had extensive networks and who were willing to introduce the author to other respondents. Once on location, the original respondents introduced the author to others, who in turn introduced him to others again. This is called snowballing. The advantage of the method is that it offers easy access to expert respondents. The disadvantage is the risk that contacts remain limited to certain social groups. In this case, many initial contacts were provided by HIVOS, an international development organization that facilitates extensive work on combating AIDS among men who have sex with men. The author had to spend extra attention to reach out to mainstream educators and lesbian and transgender respondents.

In Europe, most of the respondents were voluntary of professional educators or trainers who worked specifically on LGBT issues. Most of these focused on schools. Many respondents in the South were activists from LGBT organizations and AIDS Service Organizations. It was attempted to balance their involvement and promote parity by actively

looking for lesbian and transgender activists and for researchers, family planning and sex education organizations. On occasion there were opportunities to discuss matters with (national and local) government officials and representatives from other sectors, like lawyers and police officers. All respondents had in common they had an interest in education about LGBT issues.

Results: Needs for the Content of Education

In this section, I will focus on the experiences of respondents of LGBT grassroots organizations. General organizations generally know very little about LGBT issues. Many mainstream organizations don't think it necessary to educate about LGBT issues. Even if they are positive about attention to LGBT issues, they often find it hard to define what the content of education could be. In almost all cases where I interviewed respondents of mainstream organizations (universities, high schools, civil servants, sex education organizations, AIDS service organizations), the advice of LGBT grassroots organizations was called for.

My first and most obvious conclusion from the interviews with LGBT respondents was the relative lack of expertise about education strategies. Local LGBT organizations have a lot of experience with the problems they face in daily life. This experience is what they would like to transfer through their education to the general public, accompanied with messages of human rights and tolerance. But for them, it appeared to be difficult to translate this general aim into specific educational objectives.

From the need assessment it became clear most of the respondents were not ready to discuss specific educational objectives. Questions about goals and objectives were answered in a very general way: the most common terms were "to combat homophobia", or "to promote respect to sexual diversity". These goals were taken to be clear. But when the discussion evolved, it became clear such formulations are not

self-evident. Different ideas about what “homosexuality” and “sexual diversity” actually means, determine the implicit goals of education. Furthermore, cultural and political contexts guide the areas where organizations want to do education and some more specific objectives.

In Europe and in North America “sexual orientation identities” are central in combating discrimination of people with non-heterosexual feelings. Assuming an identity and combating the norm of heterosexuality as the dominant system of oppression is central to the struggle in these parts of the world. This is, for example, what happens in panel awareness sessions: gay and lesbian volunteers tell their coming-out story, show they are homosexual and not ashamed of it and engage in a discussion about (heterosexual) norms and values with students. This focus on a self-confident gay or lesbian identity strongly influences the goals of education. The gay volunteers tend to focus on sexual liberation and acceptance of their homosexual identity and the lesbian volunteers tend to focus more on gender rights and criticizing the heterosexual norm. In the educational strategies, the perspective of gay activists is usually more dominant than that of the lesbian activists. One aspect of this dominance is that Western LGB organizations usually speak of “combating homophobia”.

On a global scale it is important to take into account how this concept of homophobia is interpreted in different parts of the world. The concept of homophobia is mainly a Western concept. Western, because the concept presupposes there exists a global identity of homosexuality against which one can have a phobia.

In the perspective of most Latin Americans, it is not very relevant to talk about sexual orientation in the context of identity (Parker, 1999; Cacéres, Pecheny & Terto Junior, 2003). In Latin American culture, two concepts are more important: machismo and sexualities. The role pattern between macho men and feminine women is magnified and played with. Sex is acted out and defines whether one is powerful or submissive. In this context, women are in submission to macho men and people who display non-heterosexual feelings or atypical gender

behaviour are degraded. At the same time, sexuality and erotic play remain an important ways of communication and of defining power and pleasure. Although within the heteronormative context, there is a lot of space for experimentation and pleasure that is not heterosexual or limited to typical gender roles (Parker, 1999). Some respondents call these “fluid sexualities”.

For many Latin American respondents, the aim of education is make people aware of these fluid sexualities and make them more accepted. In their context this can only be done by taking the battle between the sexes into account.

In Asia, most countries have age-old cultures and social arrangements that are not fluid in any way. One of the most important aspects in these societies is the importance of mutual respect, and especially respect to people who are higher in the hierarchy. India, with its caste system, is the most outstanding example of this (Narrain, 2005).

Most of these traditional social systems are organized in a heteronormative way. People who display non-heterosexual feelings or atypical gender behaviour can fall into two categories: either they commit themselves to a low rated social class or cast which accepts and defines their behaviour, or they become complete outcasts (Sexualities, Genders and Rights in Asia, 2005). In most Asian countries there are groups of transgender people who have a traditional way of existence, but are still fundamentally part of the lower strata of society (Agrawal, 1997). In Asia, sexuality is traditionally not a taboo, although there are rules and restrictions connected to the social hierarchy (Manderson & Jolly, 1997). Conservative Asian governments that hearken back to the “original culture”, still take over British Colonial negative views on sexuality, including laws forbidding sodomy (Narrain, 2005). Here too, prescribed gender roles are important (Bao, 2003).

Culturally sensitive educational interventions in Asia would benefit more from connecting to the general value of mutual respect than from promoting sexual liberation or sexual identities.

Another important aspect is the position of gender and of transgendered people in LGBT education. In parts of the world where sexual orientation discrimination is the main issue, and where combating hetero-normativity in general does not seem essential, like Europe, people with atypical gender behaviour fall out of the analysis and the movement. As a consequence, gender issues are neglected in education about LGBT issues. It is important to take into account that transgender issues cannot be interpreted as one single identity, but should be viewed as a continuum of feelings and identities.

During the assessment, it became clear respondents in the global South appreciated the initial focus on schools. But their own needs were more focussed on education of other professional groups, which had a more direct impact on the daily lives of LGBT adults, like police officers and health professionals. Thus, the scope of the needs assessment was broadened to encompass any target group the respondents mentioned.

Focusing on the media was especially important in countries where discrimination is rampant and where there is not access to other sectors. Respondents say that correcting negative images of LGBT people in the media is the most important issue in those countries. Since journalists are often misinformed or prejudiced, they need to be trained. However, when journalists are informed and allied, editors of mass media usually censor items that are not extreme enough. In some countries pressure of the government to publish negative messages about LGBT people is paramount (Afrol News, 2006).

A second major priority was to focus on the police forces. In countries with more serious discrimination like India, the police forces are one of the main abusers of LGBT people. Here the issue is stopping this abuse. In countries with less discrimination, the police are more seen as a protector of national and international human rights including sexual rights and the focus of education is more on training officers to provide sensitive services.

The AIDS epidemic has brought the position of health services into view. Stigma of LGBT people prevents them from getting access to medicine and to good health services. In countries where the basic battle for HIV medication is won, respondents had more space to promote better health services for LGBT people. In other cases, the focus was on the political battle for free medication or on securing medication in whatever other possible way. Immediately following the interventions targeted specifically at HIV and AIDS, education towards other health services becomes an issue.

Teaching about LGBT issues in schools, or even promoting a safer working and learning environment for LGBT teachers and students, is not the highest priority in most countries. The access to schools and young people is simply too difficult. Many government authorities, schools and parents still consider teaching about LGBT issues as promoting non-heterosexual behaviour and paedophilia. Still, in some countries in the South, there is limited access to schools. This is usually very integrated in more general sex and AIDS education. This has its positive and negative aspects. Positive is that an integrated approach reaches all students, the risk is that regular teachers and students find it difficult to deal with the specific aspects of LGBT issues and that the subject is treated in such a superficial way that it becomes ineffective.

The few examples of more specific LGBT education when targeting professionals focus in the global South usually more on basic human rights, especially in the context of citizenship. In the Northwestern countries of Europe, specific LGBT education for professionals focuses more on the quality of services.

Although the history, background and focus of LGBT organizations movements vary, we can see a global movement towards more inclusiveness. The exchange of news and experiences through the Internet and conferences stimulate a sense of a global LGBT community, although such a concept is by no means unproblematic. One main area of discussion is how to label this community or these communities.

To most LGBT organizations, it is clear the concepts of “gay and lesbian” are limiting. There are a lot of attempts to more be inclusive, and we will find the acronyms GLBT (gay, lesbian, bisexual, transgender), LGBT (lesbian, gay, bisexual, transgender), TLGB (transgender, lesbian, gay, bisexual), LGBTQI (lesbian, gay, bisexual, transgender, queer, intersex). The order of the letters is never accidental: they signify the priority organizations give to combat discrimination of the most vulnerable groups. Still, the disadvantage of these attempts is that they still categorize.

The concept ‘queer’ is the odd one in the acronyms. For some, the word ‘queer’ signifies a refusal to label oneself, as it were an ‘anti-identity’. Other use ‘queer’ as a new umbrella term for all non-heterosexual identified individuals. Some don’t want to use the word because it sounds radical, and others use it to nuance their own position. One of the most recent additions is ‘genderqueer’, used by people who don’t like to be classified as male, female or transgender because their preference is to keep their gender ambiguous.

In other areas, there is an attempt to even more inclusiveness by using the concept of “sexual minorities”. Some respondents object to this, because it has the disadvantage of putting the community in a victim position and it gives the false impression that heterosexually identified people cannot engage in homosexual encounters. This is especially a problem in parts of the world were large percentages of (at least the male) population engages in homosexual encounters.

The most inclusive concept is “sexual diversity”. It implies recognition of a continuum of feelings and identities and it integrates heterosexual behaviour. However, the disadvantage is that is rather vague since for heterosexuals it may not be immediately clear what the word refers to. Next to that, some gay and lesbian organizations are afraid that a too wide focus on for example general sex education will dilute the effort to combat specific forms of discrimination.

All this is relevant to education as well, because underlying the labelling discussion are presumptions about who LGBT people are, why

they are marginalized and which strategies should be used to create change. Educators who use “gay and lesbian” implicitly focus on creating acceptance of specific identities. Educators who use acronyms do the same, but try to create to inclusiveness. Educators who focus on (sexual) diversity aim to increase tolerance for more variation, either with or without labels. Each choice has consequences for the specific objectives and content of education. But most educators have not yet reached the level where they actively translate their general view on emancipation to their education activities. Concrete education activities are usually done with implicit objectives and matter of hand methods.

One thing all educators have in common is the dominance of heterosexual norms, even when these are mediated through cultures. However, this shared background does not automatically mean LGBT organizations see the need for close collaboration. Raising the quality of education – for example by doing research and comparing effects – was recognized by respondents as a need, but never suggested by themselves. All LGBT organizations are very proud of their achievements, but few respondents mentioned any flaws in their current educational work or a need to enhance their interventions. Instead, most respondents offered to promote their own good practices to be used by others. Often, they stressed the value of locally developed tools and the need to disseminate them. With the benefit of an international overview, this focus seems quite limited. The authors experience with exchange of tools shows tools from one country are seldom taken over by other countries, especially when cultures differ. However, the exchange becomes useful when focussing on the more abstract notion of combatting (hetero) normativity or supporting tolerance of diversity.

For example, challenging the media and training journalists is often done after monitoring negative reports in the press and complaining about a lack of integrity to the relevant authorities. The detailed way to do this will vary from country to country. A culturally sensitive strategy will depend, among other things, on the (in)dependence of the

media, the availability of a Journalist Integrity Committee, the possibility of open confrontation or the need for covert personal contacts, and on whom to contact. But on a more abstract and supranational level, the analysis of how to develop such strategy and discussing the question when this is most effective, becomes more relevant.

One important issue is how to make the leap from confronting mainstream organizations with their inadequate performance towards LGBT people, to establishing a positive partnership with them. For example, the media can use LGBT organizations as sources of news and as a knowledge base.

Another issue is the question of concrete goals and objectives. Goals may seem so obvious on a local level they don't need to be elaborated into specific and measurable objectives. Looking at these issues from a supranational level, it becomes possible to compare different goals and effects. This may prompt local educators to re-evaluate their own objectives and reformulate them in order to be more specific and effective.

Results: Needs for Education Strategy

The lack of educational expertise in LGBT grassroots organizations should be seen in a broader context of their organizational and strategic development. LGBT organizations have their grassroots experience but generally not much experience in education.

Many LGBT organizations in the global South did not make a distinction between educating mainstream organizations on one hand, and educating their own constituency about rights and respect on the other hand. Even general capacity building of their grassroots organization was seen as part of "education".

This was not just confusion about the scope of the word "education". Many respondents refused to make a distinction, claiming the diversification between "internal" education and "external" education and capacity building was a threat to their organization. Without

direct liaisons and empowerment of disenfranchised LGBT people their lobby and education of mainstream groups would be without soul. Without organizational capacity, they could not build these constituencies, obtain access to mainstream organizations or receive funding or manage projects. Without “internal” education, they could not make their own constituency aware of their own rights, respectful of diversity within their own organization or ready to become a lobbyist or trainer of mainstream organizations.

At the same time, many local LGBT organizations were struggling to maintain an existence and to get basic contacts with mainstream organizations. When LGBT organizations were able to establish contacts with mainstream organizations, it was often by collecting evidence about maltreatment of LGBT individuals, filing complaints, establishing a dialogue and obtaining access to do some education or training. But such a confronting strategy often fails somewhere along the process, resulting in halted progress. Usually LGBT organizations need partnerships with mainstream allies to get to the actual education stage. In practice, many successful LGBT organizations collaborate with sex education organizations to provide specific LGBT education in a more general sex education or human rights education context.

Reviewing this, we distinguish a five-step process in the development of LGBT grassroots organizations:

1. Creating a basic LGBT grassroots organization. This often starts as a relatively small group of activists who choose general aims and target groups. “Education” is not yet an issue.
2. Creating a wider constituency. The core group sustaining the organization establishes links with LGBT people from a diversity of backgrounds. One aim is to empower the less self-conscious people to improve their situation; another aim is to change society into a friendlier environment. In order to do, the LGBT organization documents human rights violations and discrimination. Incidentally, discriminating organizations are

challenged, which can be seen as a first attempt to informal education. Usually there will be no expressed educational needs at this stage.

3. Building organizational capacity. The organization establishes a 'collective memory' by educating its own members about its history, achievements and strategy. Thus, it becomes a 'learning organization'. The internal democracy and informal services by volunteers become well organized and reach a minimum level of continuity and quality. The organization can now offer regular informal services like safe spaces, social activities, protest meetings, advocacy and informal education like story telling awareness sessions or balanced dialogues. Educational needs will be focussed at basic capacity building: how to manage a democratic structure and volunteer work.
4. Building the capacity of the organization. The organization starts to develop projects and learns how to access funding, account for spending, to hire and to manage paid staff, to offer formal services like counselling, HIV-prevention and buddy work. Most of the services are still focussed at the own constituency, so education is geared to this. Education needs will be focussed at capacity building on a professional level, like how to generate funds and how to manage projects.
5. Building a professional reputation of the organization. Now that the organization has the experience and space to shift its focus mainly to society as a whole, it becomes a social agent of change. To be able to fulfil this role, the LGBT organizations must establish formal and long-term positive partnerships with mainstream organizations. One aspect of these partnerships is that the LGBT organization can offer services to mainstream organizations, like education and training. In this stage,

the educational needs become increasingly professional. The organization wants to learn how to establish and maintain partnerships, how to balance its specific LGBT perspective with broader perspectives of mainstream organizations and how to be more effective.

This is a generalized process description. In reality, LGBT organizations do not have the benefit of an overview.

Furthermore, individuals make up every organization. There may be organizations which are on the whole in ‘stage 3’, but they may have one or a few activist who get invited for lectures or a training. But without structural support of the organization for such external activities, these remain personal achievements. They get lost when these particular activists leave the organization.

Conclusions

LGBT organizations have their grassroots experience but generally not much experience in education. A lot of learning has to be done in the areas of professional development of LGBT organizations and in forging partnerships with mainstream organizations.

The concept of education is quite fuzzy. Some activists think education is about providing information for empowerment and transformation about LGBT life to their constituency. Others think the general public should be a target group and creating more awareness and tolerance should be the aim. Adult educators may think more systematically about how to create attitudinal and behavioural change in specific sectors.

Most educators do not state concrete objectives for their education about LGBT issues. They seem to think this is not necessary, because general aims like “combating discrimination” are obvious to them. In reality, these are not obvious at all. Not defining objectives or monitoring the effect makes it impossible to enhance educational interven-

tions. For example, it is not clear whether promoting a strong gay or lesbian identity is helpful in combating discrimination, or whether promoting tolerance for diversity is the thing to go for.

Behind the general aims, LGBT activists have implicit goals and objectives that depend on their personal and cultural views. In their view, the “way we do things here” is the only possible way. They usually do not realize there may be other options.

Recommendations

From this rapid needs assessment, a few recommendations can be formulated. First, LGBT organizations in the global South express a great need for capacity building on a range of issues. Support for such capacity building is necessary. At the same time, it is important to recognize the development stage of the organization as a whole and tailor support to systematic further development. Second, when we discuss education about LGBT issues or sexual diversity, it is necessary to define what we exactly are talking about. We need to define who we want to teach about what, how we want to teach and in which context. Major distinctions to be kept into mind are ‘internal’ education (empowerment and capacity building of own constituencies) versus ‘external’ education (combating discrimination in the general public) and formal ways of educations versus informal ways. Third, building a general framework that describes hetero-normativity and related general processes of exclusion can be helpful to provide a context to set clearer and trans-culturally applicable objectives. Such objectives, when the effect of interventions is monitored scientifically, can be important tools to enhance the quality of education. The discussion about a ‘trans-cultural framework’ may as well provide an opportunity to discuss which aspects of education about sexual diversity is truly universal and which is culturally specific. Finally, international collaboration on education about LGBT issues can be useful for inspiration, to avoid pitfalls, for mutual support, and to access expertise and

funds. However, true international collaboration requires the participants to take a mental leap. They have to realize others may be active in different places and circumstances, but that they have solved similar problems. The lessons to be learned are not in the colour or design of an educational brochure, moreover, they are in the analysis and objectives from which it was developed.

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BREAKING FREE: SEXUAL DIVERSITY AND CHANGE IN EMERGING NATIONS

In an age of globalization, amid the rapid spread of Western values, this book offers a succinct but well-documented account of the many types of experience and models of change that sexual minorities contend with, every day, in emerging countries. In its many-layered approach to difference, it reminds us that first-world assumptions and expectations concerning gay rights—and human rights, in general—are not to be taken for granted, anywhere.

—Marina Castañeda, Mexican psychotherapist, author of *La Experiencia Homosexual* (in French: *Comprendre l'homosexualité*), *El Machismo Invisible* and *La Nueva Homosexualidad*.

In this book various authors share their experiences with creating change in very different regional contexts and varying cultural backgrounds.

A welcome collection of stories giving insight in the different challenges that LGBT communities around the world are facing on a daily basis.

Altogether the collection demonstrates a need for increased attention on economic, social and cultural rights in global LGBT politics.

— Wouter Neerings, President, COC Netherlands

It has been widely reported that sexual minorities and transgendered individuals across the developing world experience hardship and social isolation as a result of expressing same-sex desires or gender differences. In some of these countries, identifying as a sexual minority or transgendered person might lead to imprisonment or death.

However, what are often forgotten are the small steps of bravery that are undertaken by individuals in order to change the political, economic and social climates in some of the most challenging places. This book seeks to bring these activities into focus, and closely examine what is actually being done in various parts of the developing world to improve the living situations for sexual minorities and transgendered individuals, and the challenges that they face.

This book presents useful ideas and suggestions based on lived experiences that could be lifted, adapted and applied to differing contexts. Further, much of the book content can be used to encourage policy changes that relate to international and social development. *Breaking free* unpacks how there is little assistance given to sexual minorities and transgendered persons to assist them in their struggles, and what is given is targeted to specific groups, rather than contributing to a broader advancement for all. An overarching inquiry embedded in this text is a critical discussion into the involvement of international allies, and some of the circulating politics that emerge from foreign assistance.

The different authors – from various parts of the globe – consider issues which relate to the definition and cycle of change, what blocks change, and who does (not) benefit from change in various cultural contexts. We believe this book will be useful to international and local professionals in every part of the world.



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