

**To the House of Commons Standing Committee on Health**

Subject: Health of members of Canada's LGBTQ2 community

**CROSS-CUTTING ISSUES**

As an umbrella group for over 35 LGBT organizations and associations in Quebec, the Conseil québécois LGBT (CQ-LGBT) has concluded that relations and interactions between LGBTQ+ persons and the health care sector are still challenging and even worrying. Health care personnel (doctors, nurses, social workers, receptionists, etc.) are not well equipped to address the needs of LGBTQ+ persons. Whether these individuals are seeking general or specialized care, health personnel often do not understand the issues they face. This lack of knowledge undermines LGBTQ+ individuals' trust in the health system, which makes them feel as though they are playing Russian roulette or trying to find their way through a maze when seeking access to appropriate health resources or services (Enquête Franceinfo, 2018).

These outcomes are apparent in Quebec, which has to date been a leader in this area. Employees of the Quebec Department of Health and Social Services (MSSS) take a training course addressing these problems that was developed by the Institut National de Santé Publique du Québec (INSPQ) in the 1990s and revamped in 2017. The health care sector and LGBTQ+ individuals are nonetheless still at odds, owing to the long history of the health care field pathologizing homosexuality and trans identities. As a result, these approaches, which were long dominant in health care, continue to harm LGBTQ+ persons and may endanger their health rather than improve it.

Since this breach of trust dates back many years, research has shown that LGBT persons do in fact consult health professionals less often and make less use of the health care system than their heterosexual and cisgender peers (*Context for LGBT health status in the United States*, 2011). Moreover, in these interactions, patients' sexual orientation and gender identity are often ignored, which results in less appropriate, or even inadequate, treatment (Davis, 2000, SOGC Clinical Practice Guidelines). In sum, the research shows that the overall health (physical, mental,

etc.) of LGBTQ+ persons is poorer than that of heterosexual and cisgender persons (Bauer et al., 2015; Beaulieu-Prévost and Chamberland, 2011).

In addition, where there is a combination of sources of vulnerability, the situation is often even more alarming, as it is for racialized LGBTQ+ persons, for example (Almeida, 2017; Maynard, 2017). The blind spots these individuals face are a significant obstacle to the delivery of inclusive and universal health care.

Furthermore, a more specific examination of certain parts of the community, such as trans persons, reveals that access to health care is even more unequal. As shown by the testimony on Quebec bills 35 (2014) and 103 (2016), and the consultations for the renewal of Quebec's Action Plan against Homophobia and Transphobia (2016), Quebec's trans population is typically forced to use the private system to obtain health services. For example, since 2009 Quebec's health insurance board (RAMQ) has paid for some surgeries needed by persons with gender dysphoria, but has not covered the psychological and psychosocial evaluations required to be approved for these surgeries. As a result, trans persons have to pay up to \$1,000 to obtain the necessary reports. In a society that upholds the principle of universal health care, how can this burden on the trans population be justified? Health care services should include full and enlightened support for trans persons living in Quebec, yet they are systematically refused follow-up care from integrated health and social services centres (CISSSs) and integrated university health and social services centres (CIUSSSs), which claim to lack an "expert" on the transition process.

Besides the services that directly relate to gender dysphoria, major problems relating to the more general health care needs of trans persons in Quebec still exist. An important Canadian study found that about 30% of transgender persons who require emergency medical care are unable to receive it.<sup>1</sup> Indeed, on countless occasions, trans persons have been denied care at local

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<sup>1</sup> Bauer GR, Scheim AI, Deutsch MB, Massarella C. "Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results from a Respondent-Driven Sampling Survey." *Annals of Emergency Medicine* 2014; 63(6): 713–720.

community service centres (CLSCs) and hospitals, even for general needs that are not related to their transition process.

To summarize, automatically assuming that patients are heterosexual and cisgender harms the health of LGBTQ+ persons. The CREMIS social research centre (2015) has recommended that the training needs of health care staff be better identified so that the various agencies can provide an inclusive and welcoming environment. This recommendation would help rebuild and strengthen the bond of trust between LGBTQ+ patients and health care personnel, which would foster improved access to care and smoother interactions with the various appropriate resources, which become more accessible as a result (Enquête FranceInfo, 2018).

**More broadly, the CQ-LGBT is proposing a number of innovative and effective ways of addressing these issues.**

First, to address the widespread problems with the relationship between health care personnel and LGBTQ+ persons, the CQ-LGBT suggests the following:

- informing and raising awareness in the health care community about the specific issues that LGBTQ+ individuals experience;
- curbing heteronormativity and cisnormativity in staff approaches and interactions to foster inclusion and improve the health of LGBTQ+ persons;
- helping LGBTQ+ individuals who have experienced or are experiencing challenges in their dealings with the health care sector realize that they are not alone and that they can demand universal and inclusive treatment;
- sharing and connecting expertise from the community sector and LGBTQ+ health care organizations; and
- developing guidelines for LGBTQ+ persons, and especially trans persons, that are suitable for all health care institutions.

More specifically, as regards trans persons' access to health care services, the CQ-LGBT proposes the following:

- creating an advisory committee consisting of experts who already work on behalf of trans individuals in the health care sector, representatives of LGBT and trans organizations and MSSS officials; and
- establishing a departmental guideline that prescribes a “service corridor” for trans persons in all of Quebec’s regional health centres. The advisory committee would be mandated to help establish this corridor, which could then be replicated across Quebec and Canada.

### INTERSEX ISSUES

Intersex persons—individuals whose sex characteristics are different from what is usually considered to be “male” or “female,” including their gonads, chromosomes, hormones or external sex characteristics—in Canada face many issues that directly concern their human rights. They are still subject to forced, irreversible and unnecessary surgeries and other medical interventions in Quebec hospitals (Wilcox et al., 2015). The justifications given for these procedures include the need for a sex assignment for a child’s well-being and the fear of a “medical complication” related to intersexuality. Regardless, these treatments aim to “normalize” a child’s sex based on outdated criteria using procedures that are now considered sexual violence (Ehrenrich and Barr, 2005; Tosh, 2013).

Owing to their sex, intersex persons are the only individuals who must submit themselves to such medical interventions. They are victims of discrimination, because their rights and freedoms are not protected to the same extent as those of non-intersex persons. The history of the issues surrounding intersex persons is long and difficult and more often troubling than reassuring. However, major advances have been made in recent years in various countries, including Malta—where these surgeries are illegal—and Australia—where its senate reported that the surgeries are human rights violations. The United Nations is also addressing the issue and has launched a global campaign to encourage parents to leave their children’s bodies intact. A UN special rapporteur found that forced medical treatments of intersex children are cruel and inhumane (Amnesty International, 2017; Mendez, 2013).

In Canada, these practices continue. However, it remains difficult to know how many of the interventions are taking place because of variations in these medical practices. Given the seriousness of the problem, which exists across the country, federal health authorities should investigate the issue and address the problem. There is an urgent need for the House of Commons Standing Committee on Health to study this issue in order to stop forced medical procedures on Canadian children.