

Open letter from public health clinicians, researchers, and academics regarding Uganda's Anti-Homosexuality Bill

To His Excellency Yoweri Kaguta Museveni, President of the Republic of Uganda:

We, the undersigned, are writing out of grave concern regarding the likely implications of Uganda's Anti Homosexuality Bill ("the Bill") should it be passed into law. We are clinicians, researchers and academics working in the field of public health. Many of us have extensive experience providing physical and mental health services and doing public health-focused research in sub-Saharan Africa.

We note that Ugandan experts, including Uganda's Human Rights Commission and the Uganda Law Society, have studied this Bill and found that it violates obligations under Uganda's Constitution to protect and uphold fundamental freedoms of its people. This Bill also contradicts scientific evidence regarding lesbian, gay, bisexual and transgender people. In your letter sent on December 28 to the Rt. Hon. Speaker of Parliament, Rebecca Kadaga, you have expressed an interest in deliberating over evidence and science regarding sexual orientation and arriving at a "scientifically correct position" on the Bill.¹ The purpose of this open letter is to focus on areas of particular concern to us as public health experts, beyond our fundamental support for the human rights and human dignity of all Ugandans: 1) the overwhelming evidence about homosexuality and the myths perpetuated by the Bill and 2) the likely public health implications of this Bill, should it become law in Uganda.

1. Myths and Facts About Homosexuality

Your December 28 letter questions: a) whether homosexuality is an abnormality and b) whether homosexuality is a condition of which a person can be "cured" or "rescued."²

Evidence from independent technical normative agencies and respected medical and sociological professional bodies around the world could not be more clear in response to both questions: Homosexuality is not a pathology, an abnormality, a mental disorder, or an illness—it is a variant of sexual behavior found in people around the world. Lesbian, gay, bisexual, and transgender people are normal. According to Uganda's national diagnostics and statistical manual of mental disorders (DSM), homosexuality is not classified as a mental disorder. Neither is homosexuality a condition from which a person can be "converted." Despite claims to the contrary, there is no rigorous and peer reviewed scientific evidence that a person who is lesbian, gay, bisexual or transgendered can be "cured."³

The Bill's claim to protect children and families in Uganda appears to be derived from the harmful myth that lesbian, gay, bisexual and transgender people pose a graver risk to children and families than people of other sexual orientations. There is no such evidence—lesbian, gay, bisexual and transgender people pose no greater risk to children than heterosexuals. In fact, sexual and physical violence experienced all too routinely by children and adolescents in Uganda would be unaddressed by this Bill. Implementation of this Bill would likely deplete the already limited resources invested in Uganda into robust investigations and prosecutions of cases of violence against children. Rather, the limited funds would be wasted on hunts by police for consenting adults suspected or accused of being lesbian, gay, bisexual or transgender.

2. Undermining public health and human rights

This Bill would further exacerbate the marginalization, discrimination and exclusion of people known to or suspected of being homosexual. Research shows that laws and policies that increase stigma and discrimination among groups of people mean those people are less able to access health services because of fear of arrest, intimidation, violence, and discrimination. For example, men who have sex with men in Uganda report higher HIV prevalence and higher rates of

¹ The Daily Monitor, "Museveni blocks anti-homosexuality bill," Yasiin Mugerwa. 17 January 2014. <http://www.monitor.co.ug/News/National/Museveni-blocks-Anti-Homosexuality-Bill/-/688334/2148760/-/151by8fz/-/index.html>

² Letter from President Museveni to Rt. Hon. Speaker Kadaga, 28 December 2013. Available at: <http://www.scribd.com/doc/200400880/President-Museveni-s-Letter-on-Anti-Homosexuality-Bill>

³ Cf. Pan American Health Organisation (PAHO). " 'Cures' For an Illness that Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable." 15 May 2012, available at http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703 and Psychological Society of South Africa, "Sexual and Gender Diversity Position Statement," 7 June 2013.

syphilis and other sexually transmitted infections than the general population.⁴ HIV prevalence among men who have sex with men in Kampala is 13%, more than three times the average prevalence among heterosexual men in Kampala (4.1%) and about twice as high as the national average of 7.3%. After years of success in the fight against HIV, Uganda's incidence has been rising since 2005—contrary to the trends of virtually all other countries with high HIV burden in sub-Saharan Africa.⁵ We are gravely concerned that passage of this Bill will exacerbate that negative trend.

All people need essential health services, not the criminalization and discrimination this Bill would foment. Furthermore, driving lesbian, gay, bisexual and transgender communities away from services endangers not only them but also the Ugandan population at large—approximately 75% of men who have sex with men participating in a recent serosurvey report having sex with women as well as men.⁶ Discrimination undermines their health as well as the public health of the population of Uganda as a whole.

Ironically, the Bill's clause prohibiting the "promotion of homosexuality" as well as "aiding and abetting homosexuality" would criminalize urgently needed service delivery for lesbian, gay, bisexual and transgender people. The Government of Uganda recently announced plans to implement government funded clinics designed to reach men who have sex with men and sex workers.⁷ This Bill, if passed into law, would sabotage such efforts by criminalizing them. This will have a disastrous impact on the response of the nation as a whole to HIV as well as other public health priorities. This clause would also put international and national health service providers funded by international donors at risk of criminal prosecution if they discuss homosexuality in the course of their work.

The Bill conflicts with a health worker's basic ethical obligation not to discriminate in the provision of medical services and would create a culture of fear of arrest and imprisonment among service providers. While a clause in earlier versions of the Bill that anyone suspected of being homosexual be reported to police might have been removed from the Bill that Parliament passed, the clause prohibiting promotion, aiding and abetting homosexuality would still force health workers to discriminate. Contrary to recent claims that health workers in Uganda do not engage in discrimination when providing services, Ugandans seeking health services in the public and private sectors frequently report being questioned by health workers about their sexual activities and marital status—creating for LGBT populations a legitimate fear of retaliation and discrimination if they are honest about their sexual orientation. This climate of fear would be markedly increased should the Bill become law.

Scientific research also shows a powerful association between homophobic abuse and violence and increased vulnerability to HIV. This is not due to an intrinsic condition of homosexuality, but a harmful effect of homophobia. For example, men who have sex with men in Kampala who have experienced verbal or physical homophobic abuse are five times more likely to be HIV positive than men who have sex with men who have not experienced such abuse,⁸ indicating a strong association between stigma and intolerance and HIV infection risk. Hatred and stigma drives vulnerable and isolated communities such as men who have sex with men further from essential preventative and curative health services.

We believe this Bill should not be passed into law—it blatantly defies highly corroborated scientific evidence and it would have a harmful impact on public health, human rights, and the freedom of all people to enjoy freedom from discrimination in Uganda. We implore that you veto this Bill in all forms. We note that Ugandan politicians and policymakers will meet February 6 in Kyankwanzi, Uganda where this issue will be discussed amongst the National Resistance Movement Caucus. Representatives of our group of signatories request the opportunity to join you in Kyankwanzi to share scientific evidence face-to-face, given the intense interest this topic has generated, apparent misinformation among decision makers, and the Bill's serious consequences for Ugandans should it be passed into law.

Signed,

⁴ Hladik W, Barker J, Ssenkusu JM, Opio A, Tappero JW, et al. (2012) HIV Infection among Men Who Have Sex with Men in Kampala, Uganda—A Respondent Driven Sampling Survey. PLoS ONE 7(5): e38143. doi:10.1371/journal.pone.0038143

⁵ WHO: Global HIV/AIDS Response, Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report, 2011. p. 12-17.

⁶ *Supra* note 4.

⁷ "Outrage, scepticism at Uganda U-turn on LGBTI clinics," 9 Dec 2013. Available at: <http://www.irinnews.org/report/99289/outrage-scepticism-at-uganda-u-turn-on-lgbti-clinics>

⁸ *Supra* note 4.

[list in formation]

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International AIDS Society (IAS), Geneva, Switzerland
Southern African HIV Clinicians Society
HIV Medicine Association (HIVMA)
Infectious Diseases Society of America, Center for Global Health Policy
The United Kingdom Council for Psychotherapy
The Civil Society Coalition on Human Rights and Constitutional Law, Uganda
The Desmond Tutu HIV Centre, University of Cape Town, South Africa
The Desmond Tutu HIV Foundation, Cape Town, South Africa
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