



REPORT ON RIGHT TO HEALTH FOR LGBTI+ REFUGEES AND DISCRIMINATION

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REPORT ON RIGHT TO HEALTH FOR LGBTI+ REFUGEES AND DISCRIMINATION

PREPARED BY

Aylin Kırıkçı/ Legal Advisor
Ercan Aydın/ Social Worker
Selçuk Çelik/ Psychologist
Süleyman Sayar
Müzeyyen Araç

TRANSLATED BY

Salah Ahmed (Arabic)
Sogol Ghaeli (Farsi)
Gökçe Katkıcı (English)
Serhad Zinar (Kurdish)

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Abbreviations:

PCC: Primary Care Clinic

UN: United Nations

CEDAW: Convention on the Elimination of Discrimination against Women

CIMER: Presidency Communication Centre

GHI: General Health Insurance

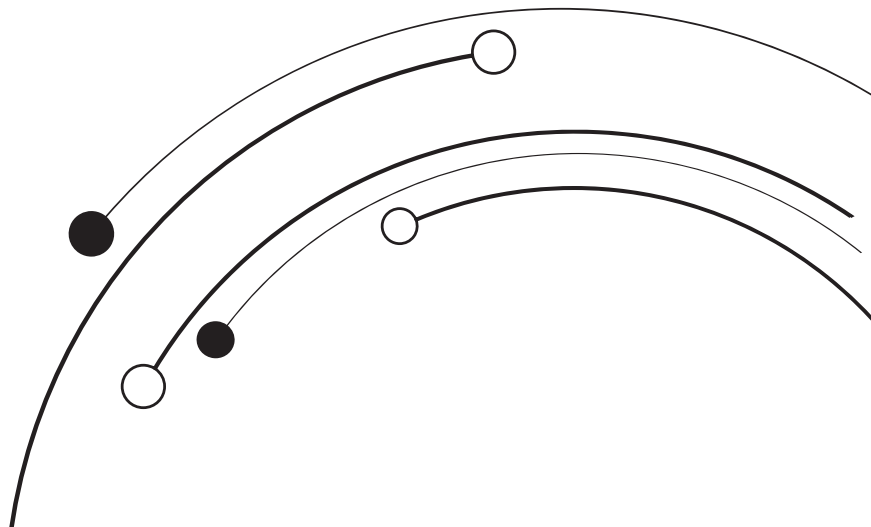
SSI: Social Security Institution

MSF: Médecins Sans Frontières

RoT: Republic of Turkey

UNHCR: United Nations High Commissioner for Refugees

FIPL: Foreigners and International Protection Law



INTRODUCTION TO

THE REPORT ON METHODOLOGY AND

ETHICS

The **“Report on Right to Health for LGBTI+ Refugees”** aims to determine the current conditions concerning access to healthcare services among LGBTI+ migrants and refugees, as well as their experiences of rights violations and discrimination.

Turkey is a party to the “International Covenant on Economic, Social, and Cultural Rights”, which prescribes that **“[t]he States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”**, thereby safeguarding migrants and refugees in terms of their right to health in their countries of residence. Refugees encounter barriers in their exercise of and access to right to health in most of the states parties to this covenant, as is the case for Turkey.

The legal basis for right to health among refugees living in Turkey is subparagraph (a) of the third paragraph of Article 89 entitled **“access to aids and services”** of the **“Foreigners and International Protection Law”** dated 04/04/2013 and No. 6458, which was amended with the Law published on the Official Gazette dated 24/12/2019 and No.30988. Before the legal amendment of 2019, applicants for and holders of International Protection status used to have access to right to health as they were registered with the general health insurance without any time limitation. However, the new arrangement narrowed down the scope of right to health, offering such coverage for only 1 year starting from the initial application. This practice leaves refugees face-to-face with the language barrier and discrimination, etc., in access to healthcare services, while the narrower legal basis denies their right to health.

The COVID-19 pandemic added further difficulties to access to right to health among refugees.

Turkey is home to 4 million individuals in need of International Protection. There are approximately 3.6 million Syrian applicants for and holders of International Protection^[1]. No statement has been released by public authorities as to the number of individuals with access to free healthcare services.

The COVID-19 pandemic made its most significant mark on the vulnerable groups in Turkey, as it did everywhere else in the world. HEVI LGBTI+ Association held the **“IDAHOBIT-5”** gathering to allow for exchanges of experience and knowledge among migrants and refugees on access to right to health^[2].

LGBTI+ migrants and refugees have been isolated more and suffered further insecurity during the pandemic. This period was also marked by an incremental increase in their difficulties owing to legislative amendments on access to and exercise of right to health.

HEVI LGBTI+ built on the relevant experiences compiled from LGBTI+ migrants and refugees in the **“Report on Right to Health for LGBTI+ Refugees”** based on its online event **“Programme on Right to Health for LGBTI+ Refugees”**. This two-day online event offered presentations which were delivered by health envoys in the mother tongues of LGBTI+ refugees, i.e., Farsi and Arabic.

The knowledge and experience shared during the online event were recorded with participants' consent. All audio recordings thus produced were destroyed after transcription. The personal data belonging to all participants except for field experts were kept confidential and sanitised for use.

The report comprised transcribed and edited voice recordings on the current knowledge of refugees' right to health, the rights of refugees in healthcare, and rights violations affecting LGBTI+ refugees as shared during the events **“Right to Health for Refugees”** and **“Rights of LGBTI+”**

Refugees in Healthcare and Discrimination”. All information provided in the report was secured by HEVI LGBTI+ Association with a digital security consent form sent to the participants before each event.

The event benefited from the contributions of medical doctors, health envoys (interpreters), social workers, a psychologist from the health commission under HEVI LGBTI+, the lawyer retained by HEVI LGBTI+, and activists from the refugee commission under HEVI LGBTI+, as well as LGBTI+ refugees.

This report, focusing on the experiences of LGBTI+ refugees living in a variety of cities under different statuses, revolves around the information gathered from personal experience through qualitative observation. Based on the primary source of personal experience, the report offers presentations on refugee health and rights, complaints mechanisms, and trans gender-affirming process specifically in the context of the pandemic. The report brings to the agenda the rights violations affecting transgender refugees in the gender-affirming process and their access to healthcare.

[1]<https://www.unhcr.org/tr/wp-content/uploads/sites/14/2021/03/UNHCR-Turkey-Operational-Update-January-2021-TRKf.pdf>

[2]<https://m.bianet.org/bianet/lgbti/224608-multeci-lgbti-lar-pandemi-yi-anlatiyor-korkarim-pandemi-bitecek-ama-ayrimcilik-surecek>


MIGRANTS' RIGHT TO HEALTH AND AVAILABLE SERVICES IN TURKEY

Dr. F. Deniz Mardin:

Thank you very much for the invitation. I am a public health doctor. Following our “Health Envoys” training in 2019, some specialists started to deliver presentations on the right to health and access to right to health. I would like to touch upon this training briefly. This training was organised jointly by Médecins Sans Frontières (MSF) and Ardiç Association for Solidarity. Our friends from various associations took part in the training and reached a level that allowed them to deliver the same training on health themselves. We believe that it is better to inform the target audience on health and healthcare in their respective mother tongues and that this is, in fact, a right. Today’s presentation will be delivered by a health envoy. I would like to give the floor to them.

Problems affecting refugees in general and LGBTI+ refugees specifically in access to healthcare services

- Language barrier, lack of interpreting services
- Corporate bureaucracy
- Complicated healthcare system and hospital layouts
- Attitudes of healthcare professionals and their LGBTI+phobia, discrimination, and racism
- Lack of training and knowledge on LGBTI+ matters among healthcare professionals in relevant institutions
- Irregularities in pregnancy and infant vaccination follow-up

- 
- Failure (or inability) to follow up patients with chronic diseases
 - Problems encountered by patients in access to treatment
 - High fees demanded from refugee women for pre- and post-natal services
 - Actions of demanding payment before treatment, failing to start treatment, or delaying treatment in ERs
 - Difficulties in securing healthcare appointments during the pandemic
 - HIV-phobia and stigmatisation facing refugees living with HIV
 - Denial of service at PCCs (with unregistered patients being denied service in primary healthcare)

Migrants in Turkey need to have applied for International Protection (Application for Asylum) or for Temporary Protection to be able to access the right to health and relevant healthcare services. In addition, a person may go to a healthcare institution only if they reside in their mandatory city of residence and have activated their General Health Insurance.

LGBTI+ refugees registered with GHI or SSI may access free treatment services from Primary Care Clinics, Migrant Health Centres, and ERs at hospitals.

On the other hand, refugees without SSI registration may use free treatment services at primary care clinics and must pay for healthcare services available at hospitals. As for emergency healthcare services, the patient first receives the treatment and then is requested to pay for it.

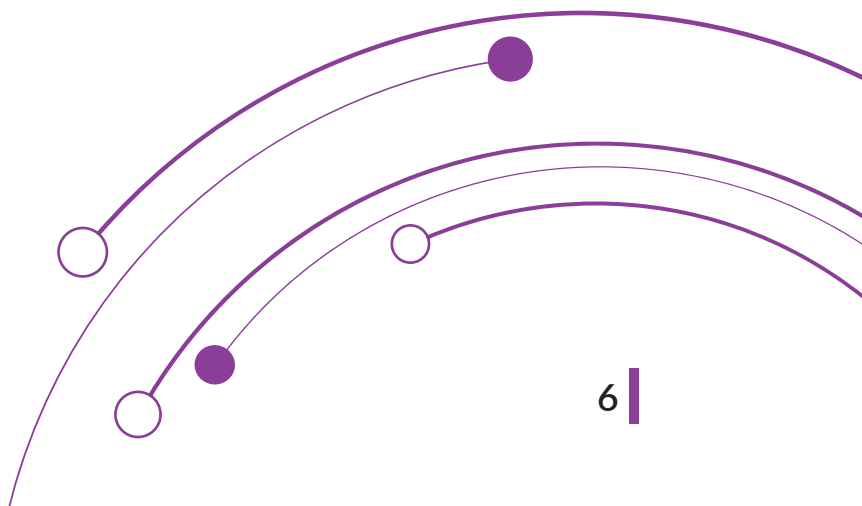
TO SUMMARISE:

- Refugees may access free treatment services at primary healthcare clinics, namely Community Health Centres, Primary Care Clinics, Migrant Health Centres, Reproductive Health Centres, and Tuberculosis Health Centres.*

- *Primary Care Clinics offer examination, vaccination, wound-dressing, injection, and prenatal follow-up services, as well as support on birth control methods.*
- *Moreover, Extended Migrant Health Centres additionally provide examination by specialists in internal diseases, paediatrics, and gynaecology, as well as oral and dental health polyclinics. Beside such services, these institutions may also offer simple laboratory testing and medical imaging services.*
- *Reproductive Health Polyclinics offer Family Planning, Birth Control Pills, Condoms, RIAs/Coils, and 1-Month Contraceptive Injections/Mesigyna free of charge.*
- *Tuberculosis Association (VSD) offers free-of-charge chest x-rays and PPD testing for refugees and migrants regardless of their health insurance registration. The he institution offers treatment free of charge for persons diagnosed with tuberculosis.*

Public hospitals in Turkey are designated as Secondary Care Services. Refugees and migrants are entitled to access ERs of all public hospitals free of charge as long as they have social security coverage. If, however, a person is not registered for such coverage, their initial intervention will be free of charge, but the person will be demanded to pay certain fees following the intervention. Moreover, a person presenting at the polyclinics of public hospitals as secondary care institutions will be demanded to pay a contribution following any healthcare services they have used regardless of their coverage status. Everyone wishing to use such polyclinic services must secure an appointment before going to the hospital.

University and Training and Research Hospitals in Turkey are designated as Tertiary Healthcare Services. At this level, refugees and migrants can access free-of-charge ER or polyclinic services regardless of their health insurance coverage.



LEGAL BASIS FOR MIGRANTS'

RIGHT TO HEALTH

Constitution - Article 56: Everyone has the right to live in a healthy and balanced environment. The State shall regulate central planning and functioning of the health services to ensure that everyone leads a healthy life physically and mentally and provide cooperation by saving and increasing productivity in human and material resources.

FIPL - Article 69/6: Applicants shall undergo medical screening for the purposes of public health.

FIPL - Article 89/3-a: Premium payment – Directorate General of Migration Management; Persons under International Protection shall be able to access GHI services for a period of 1 year following their arrival in the country. Once the first year has passed, the GHI coverage shall only apply to those in need of special care. The applicants shall be requested to pay either the whole sum or a part of their premiums depending on their economic means. Foreigners whose applications have been rejected shall be removed from the GHI coverage. If a foreigner is identified to have lodged an application merely to secure medical treatment, their health insurance coverage shall be terminated.

FIPL - Article 90/2: Save for the right of access education and right of primary health care, restriction to enjoy other rights may be imposed on those on those whose International Protection claim has been refused.

FIPL Implementing Regulation - Article 91/6: Restrictions may be imposed for foreigners, who do not go to the province where they would reside or who leave these provinces in defiance of the rules stipulated by the governorates, regarding their rights, except the right to education and right to primary healthcare.

FIPL Implementing Regulation - Article 106: Identification of the persons

in need among the applicants and International Protection status holders and the access of these persons to social assistance and services shall be determined by the governorates in consideration of the following criteria: a) Means of accommodation; b) Situation of regular income; c) Number of dependent family members; ç) Movable and immovable properties in Turkey or in his/her country; d) Whether the person receives assistance from relatives in Turkey or in his/her country; e) Whether the person receives assistance from public institutions and organizations or other foundations, associations, and private organizations; f) Whether the person has health insurance; g) Whether the person has a disability or a disease; ğ) Other factors which to be determined by the administration.

FIPL Implementing Regulation - Article 107: Applicants or International Protection status holders, who are not covered under any medical insurance and do not have financial means, shall be subject to the provisions of the Law on Social Insurance and General Health Insurance.

Social Security and General Health Insurance Law No. 5510 - Article 64: Subparagraph (c) of the Article states that “[c]hronic illnesses of foreign country citizens which were present before the date they have been deemed to be universal health insurance holders or dependants of universal health insurance holders shall not be financed by the institution”. This Article causes problems in the coverage of treatment expenses for individuals who have been suffering from chronic illnesses before their arrival in the country.

Temporary Protection Regulation - Article 31: Free of charge translation services shall be provided in case communication with the foreigner cannot be secured at the desired level in the absence of an interpreter.

Circulars on Emergency Healthcare Services: Circulars issued in 2008 and 2010 stipulates that “[p]atients shall be admitted and be provided with the necessary medical intervention unconditionally and without delay regardless of their health insurance coverage or economic means”.

Legislation Issued during COVID-19 Pandemic: The Communiqué Amending the Implementing Regulation for Social Security Institution and the Presidency Decree dated 13/04/2020 and No. 2399 guarantees access to COVID-19 treatment regardless of their social security coverage.

POINTS OF EMPHASIS

1

Applicants for or holders of the International Protection status and those under temporary protection may not be denied service in cases of emergency at hospitals or any other healthcare institution, regardless of whether or not the same is situated in their city of residence, pursuant to the Emergency Healthcare Circular.

2

Unregistered migrants presenting at any healthcare centre may not be considered as subjects of the Health Tourism Circular since they are not tourists. If an institution tries to apply this circular for any migrant, the patient should demand to see the personnel in charge of financial affairs and patients' rights desk!

3

No migrant may be denied service on grounds of an interpretation of the cases "that are considered a risk to public health", as referred to in Article 69 of the Foreigners and International Protection Law (FIPL) and Article 20 of the Temporary Protection Regulation, to cover infectious diseases. Such treatment will violate human rights.

Note: The information provided in this part is compiled in the light of the presentations delivered by Nurullah Canşı, Aysin (Fatemeh) Denghan and the information imparted by Dr. F. Deniz Mardin, all of whom were involved in the health envoys programme implemented jointly by Ardiç Association for Solidarity, and Médecins Sans Frontières.

QUESTIONS AND

ANSWERS-EXPERIENCES

I am also a refugee. As I my first year is over, I am out of coverage. But I am still able to visit my primary care practitioner. I only have to pay for the medicine, if prescribed. But does this apply to everyone? Is this a matter of initiative?

- Well, the primary care practitioner is actually doing what they are supposed to do. In Turkey, In Turkey, the services of Primary Care Clinics and Migrant Health Centres are free of charge as they are primary healthcare institutions. These institutions do not charge any fee. You can visit these centres regardless of whether or not you have health insurance coverage. One of the first questions asked was, "If my application for International Protection has been refused, will I be able to access healthcare services?". Actually, it is possible in this case to access basic healthcare services. Basic healthcare services are those that are available at Primary Care Clinics and Migrant Health Centres. These include both polyclinic services and preventive healthcare services. These services are free of charge, as you mentioned. The only problem here comes out in the following case: Let's say I am registered with a primary care clinic in Istanbul, Turkey. When I visit a PCC in another city, the person in charge there may say, "I have other registered patients to see today. I do not have the time to see you". They have the right to say that. But if I go to the doctor I am registered with, I can have an examination whether or not I have health insurance coverage. ●●●●●●

I have Irritable Bowel Syndrome and I am on prescription medication to be refilled regularly every month, but I do not have health coverage. I cannot see any doctor, as I do not have health coverage. How can I get help with this?

- If a person does not have health insurance, but needs prescription medication refilled regularly, they may access social assistance with support from associations. They may apply for social assistance by indicating their chronic illness and their need for regular medication. In addition, they may visit a hospital, but they will have to cover all costs themselves. ●●●●●●

“Above all, there is a rule requiring that a person visiting a hospital for an emergency does not face a payment barrier before any medical intervention. In any case contrary to this rule, the patient should call the Complaints Hotline (ALO 184) to open a ticket.”

We have been informed that a patient visiting the ER should be provided with the medical intervention first before being charged for it. Yalova Public Hospital is the only hospital in Yalova. If a patient visits the ER and the ER does not admit them, would they be entitled to start a complaint?

- If a patient in this situation needs immediate attention, there is a “Patients’ Rights” unit in every hospital. Unfortunately, however, this unit is rarely informed well on the rights of migrants and so, it would be best to bring with you the circulars which you know and are available to you both to inform them and to claim your rights. This means you are asserting your own rights. Above all, there is a rule in place requiring that a person visiting a hospital for an emergency is not prevented from accessing the service without first paying a fee. In the contrary case, the person should call (ALO 184) Complaints Hotline to open a ticket. As a healthcare professional, I myself call the hotline to open a ticket in these situations. We have achieved our goal with this method a number of times.

“The language barrier is, at times, an obstacle to a physician’s work.”

Community clinics in Kayseri no longer admit foreigners. They refer them to Migrant Health Centres. They send incoming foreigners directly to Migrant Health Centres also referring to their shortage of interpreters and the problems they experience in the process. Are they entitled to do so?

- We know that this is a problem in various provinces. In legal terms, yes, they can do so, because a physician may make their registered patients a priority over any other person not registered with their primary care clinic and not admit any guest patients. In fact, the physician is entitled to admit or refuse guest patients. A primary care physician is responsible for caring

for and following up the people registered with their primary care clinic. So, they can say, “I had too many patients that day”. They sometimes refer migrants registered with them to Migrant Health Centres. The language barrier is, at times, also a barrier to a physician’s work. ●●●●●●

In which provinces are there Migrant Health Centres and where can we find their addresses?

- The details of some Provincial Migrant Health Centres are shared on the websites of Provincial Directorates of Health. It is unfortunately impossible to access their actual addresses. A list was published, but we see some changes to these available lists and “Sihhat-2 Project” is about to start. The number of these centres will increase significantly with this project. The list may not have been updated as necessary and so, it is best to check before visiting a centre. ●●●●●●

How commonly available are the services of Extended Migrant Health Centres and approximately how many of these centres are there?

- Unfortunately, a clear number is not given on the Website, but we know that their number will increase along with “Sihhat-2 Project”. More information on Extended Migrant Health Centres is available at Provincial Migrant Health Centres. You can check the map provided on the Website of “Sihhat-2 Project”. There are 9 known centres in Istanbul, but we are sure that the actual number is higher than that. ●●●●●●

“We did not know whether migrants and refugees in Turkey would be vaccinated against COVID-19 until recently. We found out with the latest official correspondence that they were included in the vaccination programme.”

What is the current state of COVID-19 vaccination for migrants and refugees in Turkey?

- We did not know whether migrants and refugees in Turkey would be vaccinated against COVID-19 until recently. We found out with the latest official correspondence that they were included in the vaccination programmes. We, as TTB (Turkish Medical Association), did send our written questions to the Ministry. It is difficult to say something certain

for Turkey, but I can say that according to the information we have, we know that refugee and migrant healthcare workers in health centres in the quota for healthcare workers have been vaccinated; the vaccination programme is on track in smaller cities; and there are refugee and migrant healthcare workers in larger cities, currently unvaccinated. Other than that, migrants and refugees have been included in the respective age groups. But, there are no data available as to how many people have been vaccinated so far. ●●●●●●

A migrant or a refugee with private health coverage has haemorrhoids and is bleeding constantly. They need an intervention, a surgical procedure. Will they need to pay a fee in this situation?

- If they are actively bleeding and the bleeding has become a risk for them, they will need to undergo emergency surgery. But if the case is not an emergency or, in other words, the bleeding is not severe enough to pose a health risk, the patient will need to undergo certain procedures in a polyclinic including testing. In both cases, they will need to pay certain fees unless they have health coverage. ●●●●●●

I can say with what I have heard here that everything depends on the initiative of institutions that offer healthcare services. Do I have the right idea? A health centre will be the one deciding whether a case is an emergency or not. For example, I may have toothache – this is not an emergency. But it is an emergency if I have a broken arm. Do I have the right idea?

- We can say that the decision belongs to the healthcare worker. There are, of course, certain criteria behind that decision – a categorisation of life-threatening risks. For example, a dental condition is rather painful, but is not life-threatening. So, you can go to an ER, but this is a condition where you should normally visit a polyclinic the day after. But if you are having a heart attack, this is not the case. Or, if you have a brain haemorrhage, this is not the case. Or, if you have a broken bone, which will lead to internal bleeding, this is not the case. So, there are certain levels to emergencies such as “code red” or “code amber” for healthcare services. For example, an epileptic fit is not life-threatening, but you may have a brain haemorrhage if you have hit your head as a result of an epileptic fit. A physician should know the conditions and see this as a possibility, consequently keeping you under observation. There is an element of predicting the future like considering that a bleeding is not present but might happen. ●●●●●●

“The international conventions ratified by Turkey, among which we can name CEDAW, establish that access to healthcare services must be guaranteed to postnatal women.”

It was stated that one can access general health coverage in cases of emergency. However, there is a pregnant client whose application for International Protection was refused. This woman cannot access general health coverage. What should be done in this case?

- One of the problems encountered here stems from the opinion that prenatal care is not an emergency. This is how it is considered in the legislation, as well. They see it as a natural phenomenon, a natural situation and therefore, not as a health condition. In general, there are problems experienced in free access to services also with respect to the activation of health coverage. I can add one more point here. Unfortunately, individuals with health coverage may be asked to pay all fees in full, to pay heavy fees as if they were without such coverage, unless they live in their respective province of registration, because, as I said, prenatal care is not considered an emergency. The need for emergency intervention is confirmed only under certain conditions. Among these conditions is any event that jeopardises the mother's life or a condition jeopardising the infant's life. As prenatal care is not considered an emergency apart from these conditions, an expecting mother is unfortunately denied her request for coverage activation in general. Finally, the international conventions ratified by Turkey, among which we can name CEDAW, establish that access to healthcare services must be guaranteed to postnatal women. Turkey is a signatory to CEDAW. However, there are unfortunately still some problems. If, in such a case, an effort of advocacy is to be put forward, such advocacy may be based on this convention.

- A pregnancy is not considered grounds for SSI registration. A woman can access emergency interventions and it is only the routine checks that are not available. In case of a birth, a woman may be admitted to the ER if she is fully in labour. Some hospitals may create difficulties, but a woman in labour must be admitted. Of course, she will be asked to pay for the services later. In general, hospitals do not raise any payment-related difficulties at the time of the intervention. However, they, at times, force the patient to sign official notes for payment. In extreme

cases, this procedure even leads to the hospital keeping the infant until payment arrangements. But none of these acts are legal. Individuals are able to overcome such obstacles with complaints either to the Ministry of Health or to the Provincial Directorate of Health or through advocacy. All in all, a woman in labour should not hesitate to go to a hospital in order to prevent more severe health complications. ●●●●●●

“A pregnancy is not considered grounds for SSI registration.”

It was said at the Migration Management office that health coverage might be activated after refusal. Could you please elaborate on this?

- Here, I would like to ask a question. When we talk about an application being denied or refused, are we referring to the refusal of your application for International Protection? Or is it the refusal of your request for an extension on your health coverage after living in Turkey for 1 year?
- I would like to get more information about the procedure for a person whose application for International Protection has been refused.
- We talked about the right to health as one of our fundamental rights. We always focus on emergency interventions. The laws say that a patient in an emergency cannot be denied service. In fact, they also say that you should be able to have your examinations done at hospitals even if your application for protection has been refused. There will surely be a fee to be paid for emergency services, but an applicant will not be considered under “health tourism”.
- The law says, “Basic services shall be provided”. However, the law does not specify the details and the decision-makers are not health workers. As a result, we see differences in practice among provinces. Basic services should cover primary care (especially preventive services), as well as infant vaccination, prenatal follow-up, and emergency services. However, we do see differences among provinces. We also know that once their health coverage has been terminated, refugees are denied even emergency services in various provinces. On one hand you have the right and on the other, you have the practice. Unfortunately, we see differences in practices from province to province or from hospital to hospital.
- My other friends are correct in what they have said on the matter.

There is a gap and an uncertainty in practice because of the law. The legal provisions on healthcare and education services are based on the rights guaranteed by Turkey in international conventions in general. But in practice, these matters are considered to be covered in emergency healthcare services, because the state is obliged to protect any person faced with a condition that jeopardises their right to life. As a result, hospitals must admit any person in an emergency whether or not they have presented with an ID.

- If a person has been refused in their application for International Protection, they are normally entitled to appeal against this decision. Following this appeal, the Provincial Migration Management office may activate health coverage entirely in their own discretion if the person has a health report in place, as said before, because under normal conditions, your Temporary Protection ID is taken away from you after a refusal. Then, you appeal against it. You apply for a new ID along with the official documentation concerning your appeal. Once you have been issued this ID, you submit your health report. After this submission, they opt to activate health coverage for some and not to do so for others. This is entirely a question of initiative. For example, I live in Yalova and this is how it goes here. Once health coverage has been activated, a person may access their rights under the coverage until a decision has been made concerning their application for International Protection. I would like to add one point here: The rights under health coverage remain in place for a period of one year under normal conditions. If an application has been refused, the temporary ID provided is valid for two months and the health coverage is activated for two months, as well. If a decision has not been made yet, you are entitled both to renew your ID and to extend your access to health coverage once again. Everything I have mentioned here is, of course, a matter of discretion. ●●●●●●

We also receive a lot of applications from refugees living with HIV with respect to their access to medication. What is the route we need to follow for these cases? Infection polyclinics only admit COVID-19 patients. What should be done in this situation?

- What you mentioned first is rather a big issue. As the treatment for both HIV and Hepatitis-C is rather costly, the health insurance covers these conditions only if you did not suffer from either condition before your arrival in the country and have been diagnosed during your time in the country. However, if you did have such a health condition before your

arrival in Turkey, your case will not be covered and with that, you have to pay for everything that is necessary for your access to treatment, for the process including all testing. A person with tuberculosis must receive free inpatient treatment regardless of whether or not they are registered with the institution or they have health coverage. We had a client at the association I am working at. They both had tuberculosis and were living with HIV. We were able to secure their treatment for tuberculosis as an inpatient and free of charge. But we couldn't do anything for their treatment for HIV. We are of a recent increase in the number of diagnosed cases. We are aware that the Ministry of Health has started to hold meetings on this specific subject. In the last few years, there has been a significant increase in the number of cases among both migrants and refugees. However, SSI sometimes raises difficulties in payment. If the situation requires legal aid, the person involved should definitely apply for legal aid. This is important to protect their rights. In addition, the same condition applies to cancer patients. There are differences in practice depending on whether a patient was diagnosed before or after their arrival in Turkey. The Ministry has a law in place giving rise to such discrepancies and this ties our hands. ●●●●●●

How can a person prove that they have been infected before or after their arrival in the country? For example, a person might not have been infected before their arrival and has been infected during their time in the country. SSI may argue that this person was already infected at the time of their arrival in the country. What can we do in this situation?

- A recent test result will prove to be a great ADVANTAGE. In medical terms, living with HIV means that your blood levels will start to drop. If there has been a drop in your blood levels, this finding will strengthen your hand as this is a part of an incremental, slow-moving process. It is rather difficult to prove but it is important in these cases to consult with associations to receive legal aid and to put forward an effort for advocacy. ●●●●●

There are certain vaccines available to prevent some sexually transmitted diseases. For example, some persons are vaccinated against Hepatitis-B. I, for one, was able to be vaccinated free of charge as I am in an at-risk group due to my transgender identity. But, a person would normally pay for this vaccination. Are transgender refugee women a part of this at-risk group?

- As the Hepatitis-B vaccine is known as an “adult vaccine”, it should be accessible to all under normal conditions. This vaccine is available in primary care. As any intervention accessible in primary care is free of charge, the vaccine should also be accessible. So, yes, refugees can also be vaccinated against Hepatitis-B free of charge. ●●●●●●



PERSONAL EXPERIENCE:

I recommend everyone to have the Hepatitis-B vaccine free of charge at primary care clinics. The Hepatitis-A vaccine is administered to every child free of charge as a mandatory measure. There is no vaccine against Hepatitis-C; there is only medication for this condition and unfortunately very expensive medication for that matter.

(Trigger Warning: Sexual Violence): In a case of rape, there is no crisis desk for rape and in the relevant procedure, the applicant, i.e., the person who has been subject to sexual violence, if their gender declaration is also female, undergoes certain processes to terminate a possible unwanted pregnancy following the incident of sexual violence. They also undergo treatment for PrEP and PEP to counteract a possible infection. Do these apply for refugee women, as well? In addition, is the procedure the same for a refugee man with the assigned gender of male, i.e., a non-cis woman, if they have been exposed to sexual violence and goes to a hospital?

- The same procedure will surely apply for refugees. Specifically, sexual abuse and rape are also matters for the judiciary. Any procedures that follow such incidents are free of charge and the relevant services should be provided without giving rise to any fees. Of course, considering the current practices, a lot of hospitals unfortunately lack a sufficient level of knowledge on this subject. For the purposes of the first response, there will not be any discrimination between women and men in either contraception or prevention of infectious diseases, because these incidents are judicial cases. Unfortunately, we sometimes hear that hospitals first ask the applicants to “go to the courthouse” before their first response. Regrettably, they do not know that they have to perform

the first medical response. However, considering the matter from a rights-based perspective, refugee women and men have the same rights without any discrimination. ●●●●●●

A person that is to start their gender affirmation process must have health coverage in Turkey. Specifically, the monthly psychiatric sessions that are necessary require some form of health coverage such as SSI or Green Card or individual or family coverage. Otherwise, you must pay for the psychiatric treatment process of 6 to 12 months yourself. What is the procedure for people that are not from Turkey? Also, citizens of Turkey are able to access some gender affirmation surgeries (e.g., breast augmentation for transgender women and mastectomy for transgender men). Is there a different procedure in place for transgender refugees? Or is the procedure applicable to them the same as that for the citizens of the Republic of Turkey?

- If a refugee has an ID number starting with “99” and is residing in their province of residence permit registration, the conditions for their access to services are normally almost the same as those that apply to the citizens of RoT. However, there may be differences arising from relevant problems in practice. ●●●●●●

PERSONAL EXPERIENCES

ON THE GENDER AFFIRMATION PROCESS

The gender affirmation process refers to the transition of a transgender individual in all areas in life including legal, social, and political aspects. Certain changes made by a transgender individual in parallel with their identity may be considered a part of the gender affirmation process. The gender affirmation process covers certain steps taken by an individual to use a different name or a different pronoun than that originally assigned to them; to wear different clothes in line with their gender identity; to change their legal name and gender; to be out on hormone therapy; and to undergo certain surgeries in the gender affirmation process. An individual may or may not wish to take all of these steps or only one or some of them.

Every refugee living in Turkey is entitled to undergo the gender affirmation process just like every citizen living in the Republic of Turkey. A refugee wishing to exercise this right needs to have a legal residence permit in Turkey. They need to be under Temporary Protection or International Protection. In the absence of these requirements, a person may initiate the process with an official document attesting to their legal right to remain in Turkey. There is also an age requirement here; a person in this situation needs to have turned 18. In addition, they should not be married. So, they need to be either single or divorced.

An individual may initiate the trans gender-affirming process officially by starting a court case for a trans gender affirmation permit. Once an application has been lodged for this permit, the individual will be referred to a hospital where a "Gender Identity Council" is operational. The psychiatric follow-up starts once the individual goes to this hospital. The psychiatric follow-up normally takes 6 months to 2 years. After this process, the individual will be referred to endocrinology department for their hormone therapy.

Following the follow-up and evaluation, the individual is provided with an official health report, which is then taken to the court. The court reviews the report and issues a decision to grant or deny the gender affirmation permit.

Now, I would like to tell you about the difficulties awaiting refugees through these stages. Initially, an individual will need to deal with the language barrier while trying to go to a courthouse and start legal action. If there is no interpreter available, the process goes on for even longer and further difficulties come up. Secondly, an individual that has completed the initial process will be referred to a training and research hospital in a larger province, which gives rise to

travel and accommodation expenses and such expenses are not covered by the state in any way. Once the process has started, there are additional problems arising from the language barrier and lack of available interpreters during the psychiatric follow-up of 6 months to 2 years. Then, when it comes to hormone therapy, the hormones you need in the process are unfortunately not covered by the state. Let's say you have completed all of these stages, you may find yourself face to face with ill-treatment from inexperienced court staff in the courthouse and regrettably, most courts refrain from issuing a positive decision in these cases. And this all goes on with their initiatives and we are not able to start any claim for your rights in this process.

In response to these problems, we are able to get legal aid from various associations – such as HEVI – and from activist lawyers and lawyers working with associations. In fact, some associations offer support to cover the necessary hormones.

Let's say everything has gone well so far and we have the decision and we have undergone the necessary affirmation surgeries. These surgeries unfortunately cost a lot. As far as I know for transgender women, the cost is close to 15.000 TRY at public hospitals and goes up to 40.000 to 60.000 TRY in private hospitals. This cost, however, does not cover the breast surgery. You will need to pay extra for the breast surgery. After these surgeries, the individual will need to start legal action to change their gender in the civil registry due to their gender affirmation surgery and resulting reassignment. Once the court issues a decision for approval, the registry will be changed to reflect the desired gender phrase and name.

One of the most common questions we receive is about when to start hormone therapy. I would like to say here that an individual should not start hormone therapy without medical follow-up. Hormone therapy is one of the most important stages in gender affirmation process. It should be noted that there might be variations in the manner and dosage of administration in hormone therapy depending on the body type involved. These differences mean that a person should not start hormone therapy without support from an endocrinology specialist. What is more, please do not pay any mind to people saying “Hormones are better and cheaper in Iran” as an example while getting the support you need. There is also a common misconception; people think that the more hormone they use, the earlier their affirmation process will start, but this is not the case. The right way to use hormones is with medical guidance and regular administration.

Finally, there is a piece of information I would like to give you: The United Nations High Commissioner for Refugees offers financial aid of 750 TRY to transgender and intersex refugees.

QUESTIONS AND

ANSWERS-EXPERIENCES

What is the current status of transsexual rights in Turkey? What kind of support is available for the gender affirmation process from associations in Turkey?

- With respect to transgender rights in Turkey, the legal trans gender-affirming process is not prohibited under Article 40 of the Civil Code. It is supported as long as certain requirements have been met – there is no discrimination between refugees or migrants and the citizens of the Republic of Turkey. However, this support is surely not all-encompassing; there are certain problems in practice. Transgender individuals are not safe; even considering the Articles governing gender affirmation process, the requirements specified represent a number of rights violations. In Turkey, transgender individuals are faced with similar experiences regardless of their status as refugees, migrants, or citizens. We can point out to the most important problem they encounter as their disadvantaged position in terms of access to right to health and to the judiciary and this position creates myriad obstacles in their access to rights. On the other hand, the transgender movement in Turkey is quite strong. There is transgender activism, transgender solidarity in place. In this respect, being in contact with these individuals, organisations, or activists is empowering for both access to the relevant rights and widespread dissemination of certain victories and legal precedents. One study conducted in 2017 or 2018 reports Turkey as ranking the first in the number of transgender-hate murders in Europe. Nevertheless, Turkey is promoted as a safe country for transgender individuals in various countries in Europe. And individuals applying for asylum in Europe after transiting through Turkey are told in some countries in Europe that Turkey is a safe country for transgender individuals. There is financial aid of 750 TRY available from the UN for transgender and intersex individuals and if the trans gender-affirming process starts this year, the health report required for the permit will be issued in due time and the individual may start their examinations free of charge. There is also the possibility for an individual that has completed their initial year to cover their travel expenses and examination fees through certain associations on a one-time basis. This means that the individual will have received their report and be able to activate their health coverage. ●●●●●

I would like to start hormone therapy as a transgender individual. Are hormones considered in the scope of the free-of-charge medication available in emergency services? For example, will I be able to get my hormones from an ER?

- Well, an Emergency Room will not offer such a service in these cases, because an Emergency Room will be able to cover emergencies only. ●●●●●●

How can we access the hormones?

- Hormones are actually accessible through interdisciplinary follow-up – a follow-up process by an endocrinologist (a physician specialised in hormones) combined with physicians from different specialisations. ●●●●●●

I am Syrian and I have a refugee ID. I want to start hormone therapy as soon as possible. Where should I start and in which provinces will it be easier for me to start? In Hatay or in Isparta?

- A refugee wishing to start hormone therapy should do so in the province their refugee ID has been registered in. Once the necessary legal action has been started at the courthouse governing the province of their ID registration, you will be referred to the hospital designated by the court in their respective decision and the process will start. You should not rush into the hormone therapy. The right way would be to start with hormones after a psychological-psychiatric process of 5-6 months. A course of hormone therapy without psychiatric follow-up may cause adverse effects in mental and physical terms. In addition, I have been able to observe by experience that once it starts, an extended course of hormone therapy does not work well. So, it will be best if you start hormone therapy with good planning around your surgery. ●●●●●●

Are there requirements in place for an individual to be admitted for the affirmation surgeries or not?

- There are, of course, certain requirements. First of all, a person must have turned 18 and not be married. They must have completed their psychological and psychiatric processes and started and completed their hormone therapy. The person needs the approval of the Council and the approval (permit) of the court. Once all of these steps have been completed, they will be admitted for the surgery. It is not difficult to qualify for the admission, but the process is, at times, challenging and lengthy. ●●●●●●

Would a transgender man need hormone therapy to have mastectomy? Or can they undergo the surgery without prior hormone therapy?

- A transgender man will need to have started their gender affirmation process and their hormone therapy and obtained the necessary permits from the relevant institutions.



PERSONAL EXPERIENCE:

I am a transgender man and I found out as a result of my research on mastectomy that public hospitals would not perform the surgery and instead, refer such cases to private hospitals in larger provinces. The cost of a mastectomy amounts to approximately 13.000 TRY. I have secured a permit for my surgery from the court and completed the pre-operative testing as necessary, but none of my costs are eligible for coverage.

I am a married transgender woman and I have children. I was accepted by the United Nations as a refugee in the country. I wanted to start my trans gender-affirming process, but I was refused due to my marital status. I visited the Provincial Migration Management office, but they were not interested in my case. My application for International Protection was refused. I appealed against it before a court 7 months ago and I am yet to hear about it. I do have my ID and I renewed my ID 2-3 weeks ago, but my ID does not appear to be registered with the public institution. I want to get help from a psychologist, and I want to start hormone therapy. I want to get legal aid for this process. What should I do?

- If you do not have an ID number starting with “99”, you may encounter some difficulties in starting legal action. Some courts demand an ID number starting with “99” to allow a person to start legal action. However, since you have been able to start legal action against the refusal of your application for International Protection, you are legally allowed to remain in Turkey. In addition, you need to start divorce proceedings in order to undergo the trans gender-affirming process. If you apply for a legal permit without divorce proceedings, your application will be refused. You can have a letter of attorney issued for the divorce proceedings. Some notaries-public are able to issue a letter of attorney on the basis of the passport of the applicant. Nevertheless, you may experience some difficulty if you apply to Legal Aid units for the assignment of an attorney free of charge. Certain bar associations do assign an attorney without being presented with an ID number starting with “99”,

while others don't and in fact, I am not able to secure an appointment from my psychiatrist again due to the pandemic. ●●●●●●

“I told them that I had suicidal thoughts.
The response I got was, ‘That’s up to you’”

I live in Turkey. I came here from Lebanon; I am a homosexual. Where I come from, gender identity and religion are crucial. You can change neither your religion nor your gender. Fleeing from my country due to my identity, I came to Turkey and I want to be resettled in a third country. I want to live free; I want to live exactly as I am. I want support to be resettled to another country. I am experiencing psychological problems in Turkey. I called the UN and told them about my case, mentioning the problems I had been experiencing. I told them that I had suicidal thoughts. The response I got was, “That’s up to you”. I want to get help with this; what can I do?

- Regardless of where in the world we are, our LGBTI+ identity brings along a number of problems. In this respect, you are not alone – do not feel alone. You can get into contact with us or with associations for your situation. You may want to be resettled in another country. However, there are a lot of difficulties and rather an extended process in third-country resettlements due to the pandemic. There are individuals who have waited for 7 years. Third-country resettlements used to be handled by the UNHCR. Now, however, these procedures are with the Migration Management office and there is rather a lengthy process involved. Unfortunately, about one year of an extension was added to the third-country resettlement process due to the COVID-19 pandemic. ●●●●●●

I have been in Turkey for 5 years. I have continued with my trans gender-affirming process here during these years. You have also mentioned that you have been here for the same amount of time and are in the same process. Have you secured a court decision yourself?

- Regrettably, the process has come to a halt after training and research hospitals were converted into pandemic hospitals due to the COVID-19 pandemic and in fact, I am not able to secure an appointment from my psychiatrist again due to the pandemic. ●●●●●●



SUGGESTION and APPEAL:

Everyone, notably including our friends involved in advocacy efforts and activism in associations, should endeavour to and force associations to open spaces for the costs of hair removal and waxing, which are an important need for many transgender women in the gender-affirming process. I am a transgender activist working at the Association for Struggle against Gender Violence, where I push and will continue to push to gain this space. Other activists working in associations may also do the same to secure a gain in this area in their respective organisations.

QUESTIONS AND

ANSWERS-EXPERIENCES

“My bag was snatched in Istanbul. I wanted to go to a police station to claim my rights, but I didn’t, because I was scared.”

Is being an LGBTI+ prohibited in Turkey? For example, it is prohibited in Egypt. You can be taken into custody or detained merely for being an LGBTI+. Is it the same case in Turkey or not?

- It is legal in Turkey, but individuals may be faced with stigma or prejudices especially from certain healthcare workers when they try to access healthcare services. But it is, in fact, legal. ●●●●●●

My bag was snatched in Istanbul. I wanted to go to a police station to claim my rights, but I didn’t, because I was scared. In Jordan, my home country, we wouldn’t go to a police station after a similar incident, because we would be faced with discrimination and could not claim our rights merely due to our transgender identity. Is it the same case in Turkey?

- One should never give up on reporting the incident and should claim their rights and report it at all times. Transgender individuals do experience certain difficulties in their access to legal services – that part is correct. However, they can act in solidarity with associations, activists, and organisations to feel empowered and to claim their rights. In Turkey, everyone has a problem of distrust towards the judiciary, but there is no obstacle to a person’s effort to claim their rights merely on grounds of their transgender identity. A person must claim their rights, but there may be difficulties and problems along the way. ●●●●●●

“Refugees mostly refrain from going, they do not report any incidents. Speaking for myself, when I go to report an incident, I somehow turn out to be the guilty one in most cases.”



PERSONAL EXPERIENCE:

I would like to add one thing here. As I am in Turkey, as I am transgender, I am afraid of my every move. For example, I experience a problem and I want to go and report it. The Migration Management notices my report and they identify individuals who most commonly report incidents. Then, an individual like that will encounter problems in their application and asylum dossier. Your dossier will not be terminated most probably, but the relevant procedures will be slowed down or even halted. As a result, refugees mostly refrain from going, they do not report any incidents. Speaking for myself, when I go to report an incident, I somehow turn out to be the guilty one in most cases. For instance, my ex-partner threatened me and used violence against me. I went and reported it. When I went to the police station, I was taken into custody and nobody would believe me. They forwarded me to the court system. There, I explained my case and that was when I was finally released. I experienced similar problems at the university. In fact, I was told, "Don't come to the university. We will graduate you anyway. Whenever you are here, problems follow you". Unfortunately, we are not the cause of these problems; we are merely their victims. They do not see this. For example, I go out and I get verbally abused. I get harassed. I get physically abused and encounter violence. We always stay at home; we do not go out. Transgender refugees continue to suffer from significant problems at this point. Unfortunately, this is the reality.

Att. Aylin:

In Turkey, the investigation and prosecution of an offence and the relevant inquiries under criminal law represent a process that must be carried out independently from the presence or absence of a specific ID with the complainant involved. Therefore, a person that has encountered an incident or been the victim of an offence is legally entitled to report it regardless of their status as a refugee or a citizen of Turkey. They can go to a police station or a prosecutor's office. If needed, they can secure an injunction under the Law No. 6284. However, refugees may be faced with different consequences. If there is a criminal report against a refugee or if a refugee becomes a suspect, the criminal procedures against that person is followed by an additional procedure at the relevant Provincial Migration Management office. They may be taken into administrative detention there, as well. If a refugee without a valid ID has been the victim of an offence, there is a possibility that they may be taken into administrative detention and returned to their country of origin despite their position as a victim. For example, a refugee may have an ID registered with a specific province but has been the victim of an offence in another province. In such cases, the victim may refrain from claiming their rights despite their position as a victim for fear of being returned to their country of origin. Sometimes, even individuals with a valid ID may be taken into detention on grounds that they

disrupt public order. Specifically, in cases of violence, associations assume a role of advocacy in response to administrative detention. In other words, if a person is a refugee and has been taken into administrative detention after reporting an incident merely due to their lack of a valid ID, there is a legal guarantee in place that prevents that person from being returned to their country of origin. They are also entitled to secure an injunction if necessary. So, it would be best for a refugee first to get legal aid and analyse the risks involved when faced with an offence rather than acting in fear, thinking “I am a refugee, and I cannot do anything. They would send me back”. The time periods involved are extremely important especially for the collection of evidence in sexual offences. Reaching out to a legal aid mechanism quickly within the first 24-48 hours is paramount to prevent any loss of evidence and to achieve a good result upon reporting an incident. Advocacy will come into play here; it is very important to make the relevant decision jointly with the subject. ●●●●●●

Some mukhtar’s offices deliberately create difficulties while issuing poverty certificates to refugees. This poverty certificate allows refugees to apply to courts for legal aid. If the court accepts such application, the person involved will be exempt from charges and expenses.

Everyone, notably including our friends involved in advocacy efforts and activism in associations, should endeavour and force associations to open spaces for the costs of hair removal and waxing, which are an important need for many transgender women in the gender-affirming process. ●●●●●

I live in Hatay. I want to start hormone therapy urgently. I may have to go to a courthouse and I have never been to a courthouse. What are the stages I need to go through when I go to a courthouse?

Att. Aylin:

In Turkey, individuals lacking in financial means are entitled to ask for an attorney to be assigned free of charge and for exemption from all types of expenses and charges under Legal Aid. There is a legal arrangement in place to provide for this aid. This also covers refugees. However, if you need to start legal action and want an attorney to follow up your case, you can apply to the Legal Aid Service of the bar association in your province of residence. You can go to the bar association in your province of registration with your record of residence and poverty certificate and ask for an attorney to be assigned. The record of residence and poverty certificate are available at mukhtar’s offices. To this end, you need to visit the mukhtar’s office covering your address of registration.

You need to file legal action for a “permit for gender affirmation” in order to start the legal process. If you would like to follow up this case yourself, you don’t have to hire an attorney. You can bring your legal action yourself. Before you can bring such legal action, a petition of claim needs to be prepared. Your dossier should be supported with as many copies of this petition as the number of parties involved plus one. A copy of your ID should be attached to the petition, as well. Since the petition of claim constitutes the most important stage in a court case, it would be best to get legal aid from associations while writing this document. As a rule, when you file legal action, you will be initially requested to pay an advance on charges and costs. If your financial means are not sufficient to cover this payment, your legal action should be brought along with a request for legal aid and this request should be stated in the petition of claim. You can have a poverty certificate issued as I have explained before and you need to add this to the petition of claim, as well. All of these documents are then placed into the case file, which we call “the pink file”.

Let’s say all your documents are in place; where will you go? For instance, in Hatay, you should bring your petition and its annexes to the Distribution Bureau for Civil Courts in Hatay Courthouse. This bureau will enter the documents in your case file into the system. Then, the sum of charges and expenses you will need to pay will be calculated, and you will be given a slip, which you should present to the pay desk to pay the relevant sum. You will receive a receipt from this desk, which you will submit back to the Distribution Bureau. The officer there will take in the receipt and complete your procedure, marking the start of your legal action. You will be given a distribution form with information on the court handling your case and the file number. You can use this information to track your case. You will receive a notification when your hearing date has been set. You or your attorney needs to take part in the hearing; otherwise, your case will be dismissed. The court will also render a decision on your request for legal aid at the time of judgment. If your request has been denied, you will be provided with a deadline to pay the necessary expenses. It is very important that the expenses be paid until this deadline or your case will be dismissed. This is how I can summarise the legal action procedure. ●●●●●●

Closing:

Nobody here is alone; we are all strong with solidarity. We are strong together. If we were able to live here happily and without any problems, there wouldn’t be such a thing as a “third country”. We surely have our problems. We will talk about them and deal with them together.

CONCLUSIONS AND SUGGESTIONS

LGBTI+ refugees that have applied for asylum in Turkey are referred to certain satellite cities for their registration under International Protection and temporary protection. They try to continue with their lives in these cities while waiting for the conclusion of their third-country resettlement. LGBTI+ migrants and refugees experience rather critical problems in accessing their right to health, as well as various issues in their access to the labour market, to safe shelter, and to justice.

The experiences shared by LGBTI+ refugees in the Programme on Right to Health point out to myriad obstacles facing LGBTI+ refugees and migrants in their access to right to health in their provinces of residence. The obstacles affecting LGBTI+ applicants for and holders of International Protection status are observed to aggregate along the axis of complaints concerning legal enforcement, language barrier, and discriminatory attitudes of healthcare workers. On the other hand, the experiences indicate that LGBTI+ individuals without legal residence are almost never able to access healthcare services except for cases of emergency. This observation, as a stark contradiction with the obligations assumed under international conventions, is considered to represent a severe violation of the right to health.

These obstacles in the accessibility of healthcare services to LGBTI+ migrants and refugees are identified to have increased further during the COVID-19 pandemic. Lack of access to masks and disinfectants is among the most commonly voiced problems as regards this process. Certain difficulties are also reported in the diagnosis and treatment of HIV and HPV due to the unavailability of relevant testing. Difficulties in access to hormones and medication required for the treatment of chronic diseases have had a significant impact on the standard of life among LGBTI+ refugees. Refugees in the gender affirmation process are burdened further in psychological terms due to the closure of polyclinics and postponements of surgeries. In the same context, the mental health services offered to LGBTI+ refugees are stated to remain inadequate.

The solutions proposed by HEVI LGBTI+ Association to resolve the problems identified the light of these data are as listed below:

- The legal provisions in place should be reviewed, with the knowledge that the right to health is among the most fundamental human rights, and any provisions that hinder access to right to health among LGBTI+ migrants and refugees should be repealed.
- Migrants and refugees should be allowed to use the relevant services in their mother tongues consistently and regularly and legal provisions should be put in place to eliminate the language barrier.
- Certain practices should be developed to protect the privacy of LGBTI+ migrants and refugees in their access to healthcare services.
- Measures should be taken by the Ministry of Health as necessary to train all healthcare workers employed at healthcare institutions to fight LGBTI+phobia, discrimination, and racism.
- The provisions indicating that a person may be deported in a case “that is considered a risk to public health” in Article 69 of the Foreigners and International Protection Law No. 6458 and Article 20 of the Temporary Protection Regulation should be repealed.
- The one-year limitation imposed on general health insurance with a 2019 amendment to the Foreigners and International Protection Law No. 6458 should be removed and provision should be made for applicants for and holders of International Protection status to access healthcare services without any time limitation and free of charge. (Can it be: “provision should be made for all refugees to access healthcare services without any time limitation and free of charge regardless of their application for or status of protection”?)
- In cases where an application for International Protection has been refused, provision should be made for the general health insurance to remain in place until the relevant decision has been finalised.
- LGBTI+ applicants for and holders of International Protection status should be provided with treatment for their chronic diseases free of charge and without consideration for the pre-existing or recent nature of their respective conditions.

- The general health insurance should cover hormones that are necessary for migrants and refugees in the gender affirmation process and all relevant surgeries should be performed free of charge.
- Refugees living with HIV should be provided with regular access to medication and measures should be taken additionally to prevent HIV-phobia and stigma against them.
- Effective complaints and application mechanisms should be established with individuals trained on discrimination to offer support to LGBTI+ refugees with respect to their problems in access to healthcare services in their mother tongues.
- A further emphasis should be placed on actions to protect the mental wellbeing of LGBTI+ migrants and refugees with consideration for the fact that the great majority of this population have endured negative experiences in their respective countries of origin and in Turkey.
- Sufficient measures should be taken as necessary to allow LGBTI+ migrants and refugees access to healthcare services with due consideration for their vulnerabilities also during the COVID-19 pandemic.
- During the COVID-19 pandemic, anonymous access to testing for HIV and HPV, etc. should be secured and the current difficulties in diagnosis and treatment be eliminated.
- The current uncertainties concerning the vaccination of unregistered LGBTI+ migrants and refugees against COVID-19 should be clarified and they should be included in the National Implementation Strategy for COVID-19 Vaccination and in the respective vaccination groups.
- The aforementioned measures for LGBTI+ migrants and refugees should be implemented in cooperation with the subjects themselves, as well as the civil society.



**REPORT ON RIGHT TO HEALTH FOR LGBTI+
REFUGEES AND DISCRIMINATION**