



45th session of the Human Rights Council

Item 3: Interactive dialogue with the Independent Expert on the enjoyment of all human rights by older persons

21 September, 2020

Statement by the International Lesbian, Gay, Bisexual, Trans and Intersex Association. Joined by the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights, (RFSL)

Delivered by: Sebastián Aguilar Betancurt

Mx President,

I am honored to make this statement on behalf of ILGA and RFSL.

This statement has been prepared in consultation with the Human Rights Foundation of Aotearoa New Zealand and the school of health of the Victoria University of Wellington.

We welcome and support the important work of the Independent Expert on the rights of older persons, and the reports that she is presenting today. However, we are concerned about the absence of references to sexual orientation, gender identity and expression and sex characteristics (SOGIESC). It is of key importance to include older persons in data collection processes, but SOGIESC issues are often overlooked in the collection of data and even more in research about ageing and older persons. This lack of data is a main barrier to developing strategies to improve the human rights of LGBTI older persons.

LGBTI older persons have faced lifelong exposure to stigma, discrimination, and even violence, which leads to worsened health outcomes and leaves them increasingly vulnerable in old age. Fear of unsensitized health care services and harassment from healthcare providers also lead to fear of seeking healthcare. Social isolation and barriers to access to employment opportunities during their lifetime also contribute to an increased share of poverty among LGBTIQ older persons, further prohibiting their access to quality social and medical services.

We welcome the report on New Zealand, but are concerned about the absence of recognition of the social and health needs of LGBTI members of the ageing population. LGBTI persons represent a sizeable number of New Zealand's older population, many of whom have endured significant lifetime disadvantage. For some older persons, these disadvantages are exacerbated as they age, and this underlines the importance of ensuring that their human rights are considered and protected.

One area of particular concern is that of primary care, which is often provided by family members.

Stigma and discrimination in the family, as well as the fact that LGBTI older persons generally lack biological children, and have often been prevented from other means of parenting, renders difficult the access to family care by LGBTI older persons. This, in turn, obliges them to access formal care, which can create additional barriers as health care services are often not responsive to the needs of LGBTI persons.

We would like to kindly ask this mandate holder to amend the report to include recognition of the human rights of LGBTI older persons, and we believe that future reports should also be mindful of the realities of LGBTI older persons.

We would also recommend that States ensure the sensitization of healthcare and social workers with the knowledge and expertise to work with LGBTIQ older persons, and that the health and social needs of LGBTI older persons be prioritized in international human rights frameworks.

