HISTORICAL EVOLUTION OF PUBLIC POLICIES FOR LESBIANS, GAYS,
BISEXUALS, TRANVESTITES AND TRANSEXUALS IN THE STATE OF PARAÍBA

EVOLUCIÓN HISTÓRICA DE LAS POLÍTICAS PÚBLICAS PARA LÉSBICAS, GAYS, BISEXUALES,
TRAVESTIS E TRANSEXUAIS NO ESTADO DA PARAÍBA

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ABSTRACT

Objective: to describe the historical evolution of LGBT public policies in the State of Paraíba, Brazil. Method: a qualitative approach, documentary study, carried out with Projects of Laws, Laws, Ordonnance and Decrees focused on the LGBT group, through the universe of 20 documents established in chronological order of occurrence and discussed together with national policies. Results: In Brazil, social movements in support of specific groups and sexual liberties began in 1970, followed by other major milestones. Movements and achievements occurred in the national scope until sensitizing the power public of Paraíba, where João Pessoa (PB), Brazil was the first municipality of the Northeast and the second of the country to embrace such a conduct. Conclusion: LGBT citizenship does not consist of a privilege granted, but acquired through much struggle of social movements directly influencing the health of this population. Descriptors: Public Policies; Homosexuality; Transsexuality; Comprehensive Health Care.

RESUMEN

Objetivo: describir la evolución histórica de las políticas públicas LGBT en el Estado de Paraíba, Brasil. Método: estudio documental, de abordaje cualitativa, realizado con Proyectos de Leis, Leis, Portarias e Decretos voltados al grupo LGBT, mediante el universo de 20 documentos establecidos en orden cronológico de ocurrencia y discutidos juntamente con las políticas nacionales. Resultados: en Brasil, movimientos sociales en apoyo a grupos específicos y de libertades sexuales iniciaron en 1970, seguidos por otros grandes marcos. Movimientos y conquistas ocurrirían en el ámbito nacional hasta sensibilizar al poder público de Paraíba, donde João Pessoa (PB), Brasil fue el primer municipio del Nordeste y el segundo del país a abrazar tales cualidades con una defensora. Conclusión: la ciudadanía LGBT no consiste en un privilegio concedido, pero adquirido por medio de mucha luta de los movimientos sociales influenciando directamente la salud de esa población. Descriptores: Políticas Públicas; Homosexualidad; Transsexualidad; Asistencia Integral a la Salud.

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INTRODUCTION

In this text, documents related to the implementation and consolidation of public policies in the State of Paraíba are gathered. The National Policy of Special Attention to Lesbian, Gay, Bisexual, Transvestite and Transgender (PNAE LGBT) had its origin with the Ministry of Health (MH), in partnership with social movements, pointing out guidelines of AIDS combat, including, in its actions, the availability of Legal advice, action on strengthening services, communication campaigns and actions for the visibility of this population.1

This partnership presents more than two decades of theoretical accumulation, which had repercussions on health promotion actions, which, consequently, led to the expansion of public policies beyond the fight against AIDS.2

With regard to the demands of the LGBT movement, the National Human Rights Program (NHRP) was the first frame of reference, which, dealt with five actions that included sexual orientation as a dimension of the guarantee of the right to freedom, opinion and expression and another ten related to guaranteeing the right to equality of gays, lesbians, bisexuals, transvestites and transsexuals.3

After the NHRP (2002), there is a concern of the public power with health issues, above all, regarding the construction of policies that involve the integral health care elaborated through the program of the federal government - Brazil without Homophobia, which Establishes guidelines for combating violence and discrimination, as well as promoting homosexual citizenship.4

It should also be pointed out that the LGBT population, due to its heteronormative distinction, is subject to the restriction of basic human rights, which can lead to a situation of vulnerability.2 In addition, sexual identity and gender identity are representations of a complex process of discrimination and exclusion, which can, lead to vulnerability factors, such as violations of the right to health, dignity, discrimination, autonomy and free development.1

The disqualification of care provided to this population often comes from the prejudices of health professionals themselves, who, may be unaware of the various sexual practices of some people in the population. With the intention of guaranteeing the right to health of the LGBT population, it is recommended that homo-affectivity be recognized as one of the legitimate possibilities of living of affections and not only, with a simplistic and functionalist view, to characterize it as a pathology.5-6

Nationally, there is still a shortage in terms of scientific knowledge about the real health needs of the LGBT community, and should be rethought and prioritized, with emphasis on the adequacy of health policies aimed at this population.7

The right to health becomes, a constant concern for the LGBT population, however, despite the slow evolution of the specific policies for the population in focus shows a qualitative leap in terms of public health services that aim to meet the demands of this population.8

From the national movements and mobilizations, Paraíba, has been placing itself in the national scene as an important State of the Brazilian Northeast to care, in an equal way, for the LGBT population. In this sense, it is questioned: how did the historical evolution in the public policy process focused on the care of the LGBT population occur in the State of Paraíba? In order to do so, it aims to describe the historical evolution of LGBT public policies in the State of Paraíba, Brazil.

METHOD

A study carried out through documentary research, of which the main characteristic is the analysis of authentic documents that portray contemporary and historical aspects of different classes and groups, so that the research is carried out using data present in reports, offices, discourse, informational documents filed in public offices, bills and minutes.9

The documentary analysis becomes an important tool, since it allows the identification and appreciation of documents with a specific scope. However, for this to happen, it is necessary to use a parallel and simultaneous source, composed of an informational arsenal, to complement the data collected and make it possible to compile the information contained in the documents. In addition, these documents are written records, which accommodate data that provides a better understanding of events and relationships.10

In this way, this study was based on the qualitative and systematic approach of Projects of Laws, Laws, Ordinances and Decrees that report data on the development of public health policies directed to the LGBT group and, thus, assisted in the historiography study. For a better understanding of the
The procedure by which governments manifest their purposes in programs and actions, is understood, as the elaboration of public policies, aiming to produce desired changes or results in the short, medium and long term.11

In 1970, in Brazil, diverse social movements emerged to support specific groups and sexual liberties. In the same decade, the Somos Group emerged, which was characterized as the precursor of the homosexual struggle in Brazil. At first, this group was composed exclusively of men, however, today, the movement aggregates lesbian, gay, bisexual, transvestites and transsexuals, listing, homosexuality, as a political theme.12

In the 1980s, with the emergence of the HIV / AIDS epidemic, the Brazilian government began to support mobilizations of the homosexual population in order to prevent the disease. This initiative resulted in a wide sanitary effect in view of the extent of the cases in this group.12

The first expressive achievement of the Brazilian LGBT movement occurred in 1985 and results from the decision of the Federal Medical Council, failed to conceptualize homosexuality as a pathology. The World Health Organization came in to have this same perception on May 17, 1990, a date that has come to be considered internationally as the World Day to Combat Homophobia.13 In that same decade, the cause of transsexuals was now included in the movements.12

In 2001, the National Council for Combating Discrimination (CNCD) was created, linked to the Ministry of Justice. Since then, the actions of LGBT activism groups in Brazil have also started to demand public policies aimed at promoting their citizenship and human rights.14

In November 2004, “Brazil without Homophobia” (BWH) was launched, linked to the “Human Rights Program, Rights of All”, with the objective of extinguishing discrimination against homosexuals, with the Human Rights Secretariat of the Presidency of the Republic as being responsible for their articulation, implantation and evaluation. The BWH was structured in three fundamental principles: in the inclusion of the perspective of non-discrimination based on sexual orientation and promotion of LGBT human rights; in the production of knowledge in order to contribute to the elaboration, implementation and evaluation of public policies aimed at combating violence and discrimination based on sexual orientation and reaffirmation that the fight against homophobia and the promotion of LGBT human rights are a commitment not only of the State, but of all Brazilian society.15

In that same year (2004), the Ministry of Health created the LGBT population, health technical committee with the objective of elaborating a specific policy for the UHS.12 In 2005, in response to BWH proposals, 15 Reference Centers on Rights Human Rights and Homosexual Citizenship in 2006, plus 30 centers, with the aim of providing legal, psychological and social assistance to the LGBT population.14

Another great achievement of the LGBT population happened in 2006, through the representation of the National Health Council (NHC), allowing the movement to act in the processes of democratic participation in UHS.12

The 1st National Conference of Gays, Lesbians, Bisexuals, Transvestites and Transsexuals was held in June 2008, with the objective of implementing public policies and promoting citizenship and LBGT human rights and suggesting strategies to strengthen the BWH Program.14 As a result of this First Conference, the National Plan for Citizenship and LGBT Human Rights, was drawn up to ensure the rights and full exercise of citizenship of this population.16

The Ministry of Health, through Ordinance No. 1707, of August 18, 2008, implemented the transexualization process within the scope of the UHS, in qualified referral services.17

From this, a new Administrative Rule, August
no. 19, 2008, which defines the National Guidelines for the Transexualization Process in the Unified Health System (UHS), to be implemented in all units of Medicine n° 1,652 / 2002, which authorizes neovolpovulloplasty transgenitalization surgery as treatment of transexual cases.

The aforementioned Ordinance arises from the need to identify and structure the services, as well as the process of accreditation / habilitation of the services that will provide assistance to the individuals that have indication for the Transexualizing Process. The Ordinance (457/2008) also points out the need for establish criteria for indication of procedures for transformation of the male to female phenotype and to support UHS managers in the regulation, evaluation and control of specialized care regarding the Transexual Process.

In this period, a paradox exists because the health service included all processes of sexual adjustment, but the State did not recognize the right of these people in their new gender identities, since there was not yet a law that regulated the change of name and sex of transgender individuals, each of whom shall have recourse to the Judiciary individually in order to acquire such right. Only in 2009, by Administrative Rule no. 1820, UHS users are entitled to the social name, independent of the civil registry.

In Paraíba, the Secretariat of State for Human Development (SEDH), through Portaria n.° 41 of September 11, 2009, determined that all units that make up SEDH should register the social name of transvestites and transsexuals in their registration, forms, medical records and other documents. When the civil name is required, it must be enclosed in parentheses shortly after the social name.

In João Pessoa, Ordinance n° 384, of February 26, 2010, establishes, in its municipal scope, the right for transvestites and transsexuals to the use and treatment of the social name, mainly, in the sectors of education, health and social assistance.

The municipality of João Pessoa was the first in the Northeast and the second in the country to be fully adept to social identification. The objective was to reduce prejudice and discrimination among this population, as well as to reiterate State Law no. 7.309, sanctioned by the then governor of the State of Paraíba, on January 10, 2003, which prohibits any type of discrimination against the citizen based on their sexual orientation.

On May 25th, 2011, the then governor of Paraíba state, in decree No. 32.159, which deals with the nominal treatment and inclusion and use of the social name for transvestites and transsexuals in the state registries related to public services provided in the scope of the State Executive Branch and provides related measures.

The decree (No.32.159 / 2011) considers that the dignity of the human person is a fundamental principle of the Democratic State of Law, ensuring full respect for people regardless of their gender identity or sexual orientation. It should be emphasized that it is the responsibility of the public authorities to strive to establish a just society and to promote the good of all, without prejudice of origin, race, gender, color, age or any other form of discrimination.

In this scenario of achievements, Portaria n° 350, of April 2, 2012, was also presented and instituted by the then secretary of State of the Penitentiary Administration of Paraíba, assuring the right to the victim, sentenced or provisional, to an intimate visit, with periodicity of at least once a week and with duration, schedules and procedures defined by the competent authority. This ordinance grants those people, deprived of their liberty access to heterosexual and homosexual relationships, provided that such persons are legally married or in a stable or heterosexual union. If there is still no judicial evidence, they must indicate, in writing the full name of the companion and the information necessary for the correct identification and registration in the penitentiary system.

Also in 2012, Portaria 567 and 568 were instituted, which deal with the creation of the State Health Committee for the implementation of the National Policy on Integral Health of the LGBT Population, due to the reduced systematization of theoretical and practical knowledge about the subject in the country, which has repercussions on the need to implement studies and the permanent education of health workers in the values of respect for human rights and promotion of citizenship, as well as the importance of listening to the social segments involved.

According to Ordinance 567, the secretary of State for Health of Paraíba appoints, in Ordinance Num. 568, people in under the coordination of the representative of the Operational Management of STD/AIDS and Viral Hepatitis, to constitute the Commission of the State Committee of Integral Health for the LGBT Population.

On July 24, 2013, the Paraíba State Health Department inaugurated the Integral Health
Outpatient Clinic for Transvestites and Transsexuals, known as the TT Outpatient Clinic, which aims to provide specialized services to its users. This outpatient clinic became a reference for the other States because it was the first and only outpatient clinic that began its activities even before the publication of ordinance 2.803. Its services are aimed at the dimensional follow-up of its clients such as Hormone Therapy, follow-up for a future surgical procedure of the transexualizing process that includes the sexual reassignment, mamoplasty, thyroplasty and hysterectomy, besides the phonoaudiological care and the visit of the nutritionist, providing a care that many do not have access, only when they are users of basic health units.27

With the creation of the TT Ambulatory, several other movements appear in defense of this public. One of these events was the I Week of Trans Visibility that occurred in February 2014 with the purpose of promoting lectures, workshops and conversation circles for sharing of experiences with the transsexual public. New achievements were acquired and were legalized by means of resolution nº 11, of December 18, 2014 that establishes the parameters for the inclusion of the denominations and sexual orientation items, gender identity and social name, that is had by the one thorough which the transvestite and transsexual is known through the society, in the bulletins of occurrence issued by the police authorities in Brazil.28

In 2013, Ordinance No. 766 of July 3rd arises with the purpose of establishing the National System for the Promotion of Rights and Coping Against Violence Against Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT), with the purpose of organizing the organization and assisting in the development of policies aimed at promoting citizenship and the rights pertinent to this public. So, these policies are understood as a set of guidelines to be observed by the Public Power and through its affinity with the numerous segments of society.29

An important milestone for this public in Paraíba and that it represents a great achievement that was the establishment by the State Council for the Rights of Lesbian, Gay, Bisexual, Transvestite and Transsexual Rights of Paraíba (CEDLGBT), an initiative of the State Government, through the Secretariat of Women and Human Diversity, on May 21, 2014. It was implemented with the purpose of safeguarding health promotion and guaranteeing the rights of the LGBT population through public policies.30

**CONCLUSION**

Citizenship between lesbians, gays, bisexuals, transvestites and transsexuals does not consist of a privilege granted, but is acquired through much struggle by social movements. Therefore, the State and the state, as public policy-makers, must act in a way to ensure the inclusion of the LGBT population, consolidating and increasing the mechanisms of government for the implementation of inclusive public policies.

It is important to emphasize the need for intercession of public policies to fight and combat homophobia, lesbophobia and transphobia in order to ensure the right to free citizenship and sexual orientation. Unfortunately, the fragmented nature of these initiatives remain, which points to a scenario where there are frequent struggles around the definition of what is a legitimate sexuality still characterized by heterosexual norms. Such a situation would leave people who escape this rule, on the margins of society and, consequently, far from wider public policies.

The transformations that have been taking place in contemporary modern society can favor the maintenance of inequalities and dissimilarities among minority human groups, such as the LGBT community.

What has been observed is the influence of inclusive public policies for overcoming and/or maintaining sexual and gender despotisms. However, it is emphasized that government actions, and programs according to their specificities and interests, can further segregate, by ignoring the specific needs and demands of this population. However, they can give visibility to these same needs demands.3

Despite the achievements to date, we still live in an unequal society, which currently provides new situations that create prejudice and discrimination and consequently, inequalities, among their access to jobs.

To know the history of how the different knowledge and practices of health were consolidated in Brazil and, specifically, in the State of Paraíba, is to bring up issues that were previously dormant and could cause distancing of the LGBT population to health services. Based on the consolidation of these policies, evaluative studies are perhaps the next step towards improving health care based on the care and recognition not only of
the right, but, above all, of sexual diversity and gender identity.

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