

SUBMISSION TO

THE PREMIER'S ECONOMIC AND SOCIAL RECOVERY ADVISORY COMMITTEE

ON THE IMPACT OF THE COVID-19 PANEMIC ON LGBTIQ+ TASMANIANS

Jointly submitted by
Working It Out Inc
Equality Tasmania Inc
PFLAG Tasmania (Parents and Friends of Lesbians and Gays)

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Executive summary

Three studies have shown the negative impacts of the COVID-19 pandemic on LGBTIQ+ Australians. One study is specifically of Tasmanian LGBTIQ+ people, one is of transgender Australians, and one is of LGBTIQ+ Australians generally. The studies have been attached and below we include summaries of their key findings and recommendations. We have also attached "Vulnerability Amplified", an international study of the impact of the pandemic on LGBTIQ+ people by OutRight.

The studies show LGBTIQ+ people have experienced problems related to social isolation, mental health pressures, access to health care, employment, income, and discrimination in emergency and health services. Existing inequities facing LGBTIQ+ people have been exacerbated. The studies also show most LGBTIQ+ people are seeking support from LGBTIQ+ support organisations, increasing demands on these organisations. However, these services are already chronically underfunded and don't have the capacity to meet sustained demand.

Tasmanian LGBTIQ+ community organisations have attempted to meet

these needs. For example, Working It Out has added additional support hours, run groups more frequently and developed an entirely new volunteer program (Working It Out Together) to meet demand. WIO has done this by diverting existing resources. However, this is not sustainable given that the pandemic and its impact are ongoing and indefinite. There has also been extra demand for support from non-funded organisations such as PFLAG Tasmania, Connect4Life, Transgender Tasmania, Bi Tasmania and Equality Tasmania. PFLAG runs a community engagement and mental health program that is LGBTIQ+ inclusive and which has seen a substantial increase in requests for support.

Funding recommendations

We recommend an increase in government funding for LGBTIQ+ support services, particularly Working It Out, so these services meet growing demand due to the pandemic.

We recommend funding for other LGBTIQ+ community organisations, where appropriate, so they can boost their capacity to provide support for LGBTIQ+ community members accessing their services.

We also recommend increased funding for professional development for health, mental health and emergency workers so they can better respond to the needs of LGBTIQ+ people.

Policy and communications recommendations

We recommend the acknowledgement in Tasmanian Government communications of the pandemic-related issues facing the LGBTIQ+ community.

We also recommend policy development in the area of health emergency response, and other emergency responses, to ensure the needs of the LGBTIQ+ community are recognised and addressed during future emergencies.

“Supporting the Tasmanian LGBTIQ Community During COVID-19”, University of Tasmania

This study was the first of its kind released in Australia. It was conducted by Dr Ruby Grant from the School of Social Sciences, University of Tasmania, and Briohny Walker, School of Humanities, University of Tasmania. A copy is attached.

Findings

The most common issues of concern for LGBTIQ Tasmanians surveyed were:

- 1) Family/Friends contracting COVID-19
- 2) Giving COVID-19 to someone else
- 3) Not being able to visit family/friends
- 4) Mental health concerns
- 5) Loneliness in isolation

Other concerns specific to LGBTIQ identities included: concerns for more vulnerable LGBTIQ community members, concerns about facing homophobia/transphobia when accessing healthcare, fear of being targeted by police for alleged violations of social distancing with same-gender partners, and a lack of clarity around social distancing guidelines for people with multiple partners.

Recommendations from the study

1. LGBTIQ organisations and community groups require ongoing funding to provide vital support to the community. Additional resourcing will likely be required to support LGBTIQ services that may face unprecedented demand during and post-COVID-19.
2. Additional LGBTIQ-specific mental health services/supports needed in the wider community.
3. The specific impacts of COVID-19 on LGBTIQ people should be factored in to ongoing LGBTIQ-inclusive practice training for a range of professionals to increase awareness.
4. The specific impacts of COVID-19 on LGBTIQ people need to be factored in to public health emergency planning for future comparable events. For example, how pandemics may impact people of diverse sexes, genders, and sexualities, including same-gender partners and families, and those with non-traditional relationship structures must be accounted for and recognised in public health communications and directives.

“Inequality Magnified”, Equality Australia

Equality Australia has submitted the results of its national study to the Senate inquiry into COVID. We have attached that submission.

Key finding

The Australian response to COVID-19 has, for the most part, been blind to discrimination against LGBTIQ+ people, and the disparities we already face. COVID-19 has therefore been allowed to magnify existing inequalities, particularly in employment, mental health, access to inclusive services, and in finding welcoming and safe spaces. When an LGBTIQ+ status is coupled with others, such as disability, Indigeneity, age and temporary or migrant status, the negative impacts of COVID-19 and its associated restrictions considerably multiply.

Specific findings

From over 2,600 survey responses, Equality Australia found that COVID-19 has magnified existing inequalities for LGBTIQ+ people, particularly in employment, mental health, access to inclusive services, and in finding welcoming and safe spaces. For example:

Almost 1 in 3 LGBTIQ+ people have lost income since COVID-19 restrictions, with almost 1 in 5 losing more than half or all their income. Unemployment, particularly among trans and gender diverse people, is high at around 12.7% (among all LGBTIQ+ people) and 20% (among TGD people).

LGBTIQ+ people are particularly concerned about the risk of infection, the impact of COVID-19 on society, inequality, and governments failing to do the right thing, while they are personally struggling with financial issues, and disconnection and loneliness.

LGBTIQ+ people are overrepresented among the unemployed, having experienced rates of unemployment both pre and post COVID-19 which are higher than the national unemployment rate. Trans and gender diverse people are particularly overrepresented in this regard. LGBTIQ+ people, like many people in Australia, are extremely concerned about the impacts of COVID-19 on their financial situation.

Mental health disparities for LGBTIQ+ people have been exacerbated by COVID-19 and its associated restrictions. These health needs have not been met with an adequate response by the Australian Government.

LGBTIQ+ people with domestic and personal care needs have suffered profound and immediate impacts from their inability to access the care they need, while LGBTIQ+ caregivers have stepped up to provide more unpaid care to their family and friends during COVID-19.

LGBTIQ+ partners are among those who are physically separated from their family and friends by interstate and overseas border restrictions.

Discrimination and prejudice against LGBTIQ+ people has contributed to

and amplified the adverse impacts of COVID-19. For example, stay-at-home restrictions and financial insecurity have been particularly harsh for LGBTIQ+ people who do not live in safe and accepting homes.

LGBTIQ+ people do not always feel confident in accessing the healthcare and support services they need because those services are, or are perceived to be, discriminatory. LGBTIQ+ people, who feel isolated and disconnected, are less able to access the people, LGBTIQ+ communities and organisations that support them.

Recommendations

COVID-19 restrictions and response

COVID-19 restrictions must be subject to ongoing review to ensure they comply with Australia's human rights obligations. Incursions on civil liberties must be strictly necessary and proportionate to the legitimate purpose of responding to the COVID-19 public health crisis. COVID-19 restrictions, while enjoying some support and acceptance from a significant number of LGBTIQ+ people, have also taken a heavy personal toll on many. Ongoing support for the restrictions will depend on them being clear and consistent, justified by public health concerns, and that they do not result in greater inequality or involve people being left behind.

LGBTIQ+ people and organisations must be directly consulted in the Government's formulation of COVID-19 policy responses, especially in areas such as employment, mental health, and community and support services. While government responses have been necessarily reactive and fast-moving to date, as the policy agenda shifts towards medium- and longer-term recovery for society and the economy, LGBTIQ+ people and organisations must be included at the table.

LGBTIQ+ people must be identified and included correctly in COVID-19 research and policy projects.

The Australian Census should include appropriate and voluntary questions on sexual orientation, gender identity and intersex status. Without this data, the ongoing disparities in employment and health facing LGBTIQ+ people are not being properly counted or taken into account in formulating and delivering government policy and programs.

Employment and income

In consultation with the trans and gender diverse community, formulate and implement an employment strategy to address barriers to employment for trans and gender diverse people. The strategy should

include research into barriers to workplace participation for trans and gender diverse people and establish employment programs that support employment for trans and gender diverse people.

The Government must outline its plan for income support beyond September 2020. That plan should include continuing, and expanding eligibility, to existing financial support for those who are unable to work or obtain employment due to COVID-19, and at the very least should provide certainty so that people can make plans regarding their financial circumstances.

Mental health

LGBTIQ+ people must be included as a vulnerable group in the COVID-19 mental health response plan and in suicide prevention initiatives. Additional funding is necessary to support the increased demand for LGBTIQ+ organisations who provide mental health support for LGBTIQ+ people.

Domestic and family violence

In consultation with LGBTIQ+ community organisations, develop a national LGBTIQ+ domestic and family violence strategy that builds on the work being undertaken in Victoria. That strategy needs to, among other things:

- ensure financial security and independence for people seeking to escape violence;
- ensure mainstream service providers are inclusive and welcoming of LGBTIQ+ people and equipped to respond to LGBTIQ+ people who experience domestic and family violence;
- fund specialist family violence services that are operated by LGBTIQ+ community organisations for the LGBTIQ+ community;
- include measures directed at primary prevention and primary drivers of violence, including addressing prejudice towards LGBTIQ+ people that continues to inform the domestic and family violence experienced by some LGBTIQ+ people;
- fund research into LGBTIQ+ family and domestic violence and the effectiveness of responses;
- ensure laws and policies support LGBTIQ+ inclusive service delivery, including removing exemptions in anti-discrimination legislation allowing faith-based service providers to discriminate based on sexual orientation,

gender identity and intersex status.

Access to healthcare

Develop a public health plan encouraging and giving comfort to people to seek the healthcare they need despite COVID-19. The public health plan should include:

- public education to address concerns regarding COVID-19 transmission in healthcare settings;
- putting in place, and communicating, accessible arrangements allowing people to travel overseas and interstate for medical treatment which is not available to them at home, including due to cost;
- in consultation with the trans and gender diverse community, specific communications which speak to the needs and experiences of trans and gender diverse people seeking gender affirming medical treatment.

In consultation with LGBTIQ+ community organisations, develop a specific strategy to tackle discrimination (and the perception of it among LGBTIQ+ people) in healthcare. That strategy should include an easy way for LGBTIQ+ people to identify and access welcoming and affirming healthcare providers, and LGBTIQ+ inclusivity training for all healthcare providers.

Disability and care needs

Ensure that people with disability and their advocates remain involved as key architects in all areas of the COVID-19 response.

Caregivers

Ensure that COVID-19 restrictions, and communications regarding those restrictions, use language which speaks to the diversity of familial and care networks in Australia. New Zealand has adopted terminology such as 'the people in your bubble' which can be clearer to understand and implement when people have significant caring relationships with others who are neither part of their family or household.

Border closures

Implement and communicate a plan on border closures with clear information on accessible reunification pathways if interstate and overseas borders are to remain closed for the longer term. Australian borders should not be closed to family members any longer than is strictly necessary to preserve public health.

Viability of LGBTIQ+ institutions and community organisations

In consultation with LGBTIQ+ organisations and institutions, implement an economic recovery plan for LGBTIQ+ organisations, businesses and venues. The LGBTIQ+ community relies on a few organisations, businesses and venues to sustain LGBTIQ+ support, culture and community. Some of these organisations rely on gatherings to be commercially viable, which in turn provide space and fundraising opportunities for other community organisations. Our organisations, business and venues must be part of recovery planning and targeted economic stimulus aimed at preserving key cultural and community meeting places and services.

TRANSform survey

The Trans Medical Research Group in the Department of Medicine at the University of Melbourne has been conducting research into the mental health of transgender and gender diverse Australians during the pandemic. Although the survey doesn't finish until June 30, the TMRG has released preliminary results, which are quite alarming.

During the last four weeks, over 800 transgender and gender diverse Australians (over the age of 16) have responded to the TMRG's survey. Here are the preliminary results.

- 54% of respondents had thought that they would be better off dead or of hurting themselves in the past two weeks
- 84% had felt down, depressed, or hopeless in the past two weeks
- 16% are currently living with someone who makes them feel unsafe or afraid
- 42% are experiencing financial strain related to paying their rent/mortgage
- 60% are experiencing financial strain related to buying food/groceries
- 31% have sought support from a mental health professional
- 21% have sought support from a LGBTIQ+ specific organisation
- 17% have sought support from a mainstream organisation

Living Situation - 16% of trans Australians are currently living with someone who makes them feel unsafe or afraid. This includes experiences of emotional, verbal and physical abuse, other controlling and manipulating behaviours, misgendering and deadnaming.

Employment - As a result of the pandemic 13% of trans people have lost their job and 30% are working reduced hours. 7% were working as a sex worker prior to COVID-19, with the pandemic having a significant impact on sex workers and their livelihoods. By contrast, some people with jobs in essential services have been working more than usual.

Financial Situation - While some people have had a significant decrease in income, others have had an increase due to a rise in government assistance payments or increased work hours. 42% of people are experiencing financial strain related to paying their rent/mortgage and 60% are experiencing financial strain related to buying food/groceries.

Gender-Affirming Healthcare and Services - Many trans people have had their gender-affirming surgery cancelled (17%) or postponed (55%) during COVID-19. Others who had surgery in the months prior to the pandemic have had their after-care affected. Other gender-affirming services that have been interrupted by the pandemic include laser hair-removal and speech therapy.

Mental Health - 54% of people have had suicidal thoughts in the past two weeks; 84% have felt down, depressed, or hopeless in the past two weeks. Trans people often rely heavily on other community members for support and so COVID-19 social restrictions have had a particularly big impact on many.

Support seeking - During COVID-19, 31% have sought support from a mental health professional; 21% have sought support from a LGBTIQ+ specific organisation (e.g. QLife); 17% have sought support from a mainstream organisation (e.g. Beyond Blue, Lifeline); 22% have sought support from an online TGDNB-specific group or forum and 24% of trans respondents have sought support from an online LGBTIQ+ group or forum.

Positive coping strategies - The most common strategies used by trans Australians to stay positive and healthy during the COVID-19 pandemic include spending time doing a hobby or interest (61%), listening to or playing music (58%) and spending time playing with or caring for animals (46%).

Further observations about LGBTIQ+ people and the pandemic

LGBTIQ+ organisations have reported an increase in demand for services as great as 40 to 50% on pre-pandemic levels. The situation is more critical in rural and remote areas where services are less accessible.

The pandemic is a high-risk period for depression, anxiety and suicide ideation which are already experienced at higher rates by LGBTIQ+ people. LGBTIQ+ services are already chronically underfunded to provide necessary support. The only way to reduce the growing gap between greater demand and limited services is more government funding.

For many people health practitioners remain the first point of contact for most people seeking medical treatment. However, in Tasmania medical knowledge about sexual and gender diversity is variable at best. There are currently no doctors listed on 'Doc-List' in Tasmania as supporting the needs of the LGBTIQ community.

Family violence is also an area of concern for LGBTIQ+ people during the pandemic. But again, there is no funding for relevant training of existing services or the establishment of LGBTIQ+ specific services.

Additionally, the Tasmanian Government's LGBTIQ+ whole-of-government framework is in dire need of updating, and is inadequate to address the needs of the LGBTIQ+ community during the pandemic.

Recommendations for Tasmania

We have two sets of recommendations. These recommendations chiefly draw on the University of Tasmania study summarised above. They are also informed by the other research cited.

Funding recommendations

We recommend an increase in government funding for LGBTIQ+ support services, particularly Working It Out, so these services meet growing demand due to the pandemic.

Rationale: The extra pandemic-related services that WIO has provided are not sustainable on its current budget. Extra funding is required to meet demand.

We recommend funding for other LGBTIQ+ community organisations, where appropriate, so they can boost their capacity to provide support for LGBTIQ+ community members accessing their services.

Rationale: There has been extra demand for support from non-funded

organisations. Funding is required to meet that demand.

We recommend increased funding for professional development for health, mental health and emergency workers so they can better respond to the needs of LGBTIQ+ people.

Rationale: The research demonstrates that LGBTIQ+ people are coming into greater contact with health, mental health and emergency workers, and that these workers must be able to handle the needs of LGBTIQ+ people as professionally as possible.

Policy and communications recommendations

We recommend the acknowledgement in Tasmanian Government communications of the pandemic-related issues facing the LGBTIQ+ community.

Rationale: The Tasmanian Government has not, so far, publicly acknowledged the pandemic-related needs of the LGBTIQ+ community. This acknowledgement will help foster a social and policy environment where the needs of LGBTIQ+ people are better met.

We also recommend policy development in the area of health emergency response, and other emergency responses, to ensure the needs of the LGBTIQ+ community are recognised and addressed during future emergencies.

Rationale: Developing better policies for future health and other emergencies will ensure LGBTIQ+ will be less likely to fall through the policy and funding cracks when these emergencies occur.



INEQUALITY MAGNIFIED:

SUBMISSION TO THE AUSTRALIAN SENATE INQUIRY INTO
AUSTRALIA'S RESPONSE TO COVID-19

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ABOUT EQUALITY AUSTRALIA

Equality Australia is a national LGBTIQ+ organisation dedicated to achieving equality for LGBTIQ+ people. Equality Australia has been built from the Equality Campaign, which ran the successful campaign for marriage equality, and was established with support from the Human Rights Law Centre.

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We acknowledge that our offices are on the land of the Kulin Nation and the land of the Eora Nation and we pay our respects to their traditional owners.

With special thanks to our volunteers and the Nous Group for their contribution to the analysis of our survey data.

Cover image: ‘Yes’ Announcement, Melbourne, 15 November 2017.

CONTENT WARNING:

This document includes content regarding suicide, self-harm and family violence. If this content triggers something for you, you can contact [Lifeline](#) (crisis support and suicide prevention) on 13 11 14 (24 hours / 7 days), [QLife](#) (LGBTI peer support and referral) on 1800 184 527 (3pm-midnight, 7 days), [1800Respect](#) (national sexual assault, domestic and family violence counselling service) on 1800 737 732 or [Kids Helpline](#) on 1800 55 1800 (for 13-25 year olds).

EXECUTIVE SUMMARY

Equality Australia welcomes the opportunity to provide this submission to the Australian Senate Select Committee Inquiry into the Australian Government's response to the COVID-19 pandemic.

In many ways, Australia's response to COVID-19 must be commended. Our rates of infection and the deaths resulting from COVID-19 have been among the lowest in the world, though sadly lives have still been lost. The people of Australia must be acknowledged for their part in reducing the spread of COVID-19, despite the enormous personal sacrifice it has entailed to their mental health and economic security. Australians have again shown that they are fair-minded, practical and decent, and strongly believe in a society that leaves no one behind.

As a national organisation working to redress discrimination against LGBTIQ+ people, COVID-19 presents a new challenge in achieving equality for Australia's LGBTIQ+ communities. In facing that challenge, we are mindful however that LGBTIQ+ people have weathered health crises before and emerged stronger together on the other side. LGBTIQ+ people have also helped to build a more equal Australia in the face of adversity and discrimination.

Through an online survey conducted between 24 April to 18 May 2020, we consulted directly with LGBTIQ+ people regarding the impacts of COVID-19 and its associated restrictions on their lives. We received over 2,600 responses from LGBTIQ+ people across Australia. Our submission reports on our first survey findings and recommends improvements to Australia's response to COVID-19 going forward, based on the voice of our communities.

We will be continuing and releasing further analysis from our survey, particularly on segments within our LGBTIQ+ communities such as older people, parents, and people from culturally and linguistically diverse backgrounds.

THE IMPACTS OF COVID-19 ON LGBTIQ+ PEOPLE

Our survey results confirm that, when it comes to COVID-19 and Australia's response, LGBTIQ+ people have experienced some unique and more acute impacts from COVID-19 because of discrimination, disparities and differences connected to our LGBTIQ+ status. These issues are in addition to the obvious challenges faced by us and many others in Australia, such as the job losses, isolation, and loss of access to our culture and communities.

The Australian response to COVID-19 has, for the most part, been blind to discrimination against LGBTIQ+ people, and the disparities we already face. COVID-19 has therefore been allowed to magnify existing inequalities, particularly in employment, mental health, access to inclusive services, and in finding welcoming and safe spaces. When an LGBTIQ+ status is coupled with others, such as disability, Indigeneity, age and temporary or migrant status, the negative impacts of COVID-19 and its associated restrictions considerably multiply.

This submission gives voice to the LGBTIQ+ people of Australia: their key concerns and worries regarding COVID-19 and the government and community response to it, and prominent issues arising from our survey results.

Australia must tailor its response to COVID-19 and the recovery from it to ensure that no one is left behind.

OUR COVID-19 SURVEY

In this submission, we set out the first results from our survey on the impacts of COVID-19 on LGBTIQ+ people in Australia. The survey, consisting of over 2,600 responses from LGBTIQ+ people in Australia, represents the largest survey of its kind.¹ It provides evidence for the ongoing need to address discrimination against LGBTIQ+ people wherever and whenever Australian governments deliver programs and policies. That discrimination

¹ A total of 3,391 responses was received to our survey, with 3,264 indicating an Australian postcode. This submission reports on the responses received from the 2,631 people in Australia who identified as lesbian, gay, bisexual, queer or another sexual orientation other than straight/heterosexual, and/or who indicated they were trans, gender diverse or intersex.

unfortunately begins with the failure of the Australian Government to collect meaningful data about employment and LGBTIQ+ households through the Census. In the absence of data informing the Government's interventions and monitoring its impacts, we have collected the data ourselves.

KEY STATISTICS

Unemployment: LGBTIQ+ unemployment rose from 7.5% pre COVID-19 to 12.7% post COVID-19. Trans and gender diverse unemployment rose from 15.2% to 20%.

Income loss: Almost 1 in 3 LGBTIQ+ people have some lost income since COVID-19 restrictions, with almost 1 in 5 LGBTIQ+ people reporting having lost more than half or all of their income.

Mental health: Of the 13% of LGBTIQ+ people who reported living with a mental health issue, around 4 in 5 of them say they are more lonely now or feel low or flat because of COVID-19 restrictions.

Safety at home: Around 1 in 20 LGBTIQ+ people have experienced violence, abuse, harassment or controlling behaviour in the last 12 months from someone they currently live with, or live with someone they fear may be violent, abusive or controlling towards them.

Care needs: Around half of LGBTIQ+ people who receive personal or domestic care were affected in getting the care they need by COVID-19 and its restrictions.

Caring responsibilities: Around half of LGBTIQ+ caregivers experienced an increase in their caring responsibilities because of COVID-19 and its restrictions.

Border separations: Up to 1 in 20 LGBTIQ+ partners are physically separated by interstate or international border closures.

While our survey analysis continues, the first results include that:

- **LGBTIQ+ people are overrepresented among the unemployed**, having experienced rates of unemployment *both* pre and post COVID-19 which are higher than the national unemployment rate. Trans and gender diverse people are particularly overrepresented in this regard. LGBTIQ+ people, like many people in Australia, are extremely concerned about the impacts of COVID-19 on their financial situation.
- **Mental health disparities for LGBTIQ+ people have been exacerbated by COVID-19 and its associated restrictions.** These health needs have not been met with an adequate response by the Australian Government.
- **LGBTIQ+ people with domestic and personal care needs have suffered profound and immediate impacts from their inability to access the care they need**, while LGBTIQ+ caregivers have stepped up to provide more unpaid care to their family and friends during COVID-19.
- **LGBTIQ+ partners are among those who are physically separated from their family and friends by interstate and overseas border restrictions.**
- **Discrimination and prejudice against LGBTIQ+ people has contributed to and amplified the adverse impacts of COVID-19.** For example, stay-at-home restrictions and financial insecurity have been particularly harsh for LGBTIQ+ people who do not live in safe and accepting homes. LGBTIQ+ people do not always feel confident in accessing the healthcare and support services they need because those services are, or are perceived to be, discriminatory. LGBTIQ+ people, who feel isolated and disconnected, are less able to access the people, LGBTIQ+ communities and organisations that support them.

CONSULTATION WITH FRONTLINE SERVICES AND ORGANISATIONS

At the beginning of the pandemic, we convened a roundtable of over 40 LGBTIQ+ and allied organisations to discuss the impact of COVID-19 on LGBTIQ+ people in Australia. Many of the issues identified at the beginning of the pandemic in our report, [LGBTIQ+ Communities and COVID-19](#), have unfortunately been borne out in the survey results. These include:

- **Mental health:** The closure of community and cultural spaces, coupled with job losses and restrictions, have exacerbated mental health disparities among LGBTIQ+ people.
- **Social isolation and dislocation:** The challenges of physical separation have fallen heavily on people in particular situations and groups in which LGBTIQ+ people are represented or overrepresented, such as people living alone, people in unsupportive or unsafe households, people with disability or mental health issues, people at greater risk of infection, people living in aged care facilities, and people who are homeless or at risk of homelessness.
- **Financial disadvantage:** Trans and gender diverse people and LGBTIQ+ people overrepresented in industries heavily impacted by COVID-19 restrictions have faced higher unemployment and financial insecurity.
- **LGBTIQ+ family violence:** LGBTIQ+ people living in unsafe or hostile environments have been at greater risk of violence and less able to access support due to restrictions.
- **LGBTIQ+ community organisations:** While the LGBTIQ+ community sector has shown great leadership and creativity, and taken great strides to adjust to COVID-19, the viability of this already fragile, fragmented and underfunded community sector remains unaddressed.
- **Human rights and discrimination:** The discriminatory effects of certain laws (such as those regarding the ability to change gender markers and anti-discrimination exemptions for faith-based service providers) have continued to be felt, while threats to the human rights of LGBTIQ+ people (such as the Religious Discrimination Bill) remain and have intensified the anxiety felt by many.
- **Compounding disadvantages:** The impacts and consequences of COVID-19 have been further compounded and magnified for those with additional needs based on other attributes, such as disability, age and temporary or migrant status.

Thankfully, some of the issues we foreshadowed at the beginning of the pandemic – particularly, the public health impacts from an overrun health system, and the grief associated with COVID-19 related deaths for surviving partners, family members and friends – have not been borne out, thanks to Australia’s successful response in reducing the spread of COVID-19 to date. Nevertheless, many LGBTIQ+ people remain nervous about the future, how society will recover and the ongoing potential for increased rates of COVID-19 infection.

KEY PRINCIPLES FOR GUIDING AUSTRALIA’S RESPONSE TO COVID-19

In our report, [LGBTIQ+ Communities and COVID-19](#), we highlighted the need for four key principles to inform Australia’s response to COVID-19 so that no one is left behind. Those principles remain relevant for Australia’s response to COVID-19 going forward.

The principles are:

- **Principle 1:** The response to COVID-19 must comply with Australia’s human rights obligations, including with respect to LGBTIQ+ people in Australia or within our care and control.

- **Principle 2:** The response to COVID-19 must meaningfully take into account the specific needs and circumstances of LGBTIQ+ people and communities, especially people who may be socially or economically marginalised or at greater risk from COVID-19 or its impacts.
- **Principle 3:** Economic stimulus must recognise the impact of COVID-19 on LGBTIQ+ people and communities in Australia, including our unique and few-in-number organisations, businesses and venues.
- **Principle 4:** Responses must work with us, and where possible, should be led by us.

To address the ongoing disparities experienced by LGBTIQ+ people due to COVID-19, all Australian governments must ask themselves whether their COVID-19 policies and programs meet these principles, and adjust their responses accordingly.

OUR RECOMMENDATIONS

Informed by the results of our survey and our consultation with LGBTIQ+ and allied community organisations, we make the following recommendations regarding Australia's response to COVID-19 going forward.

COVID-19 restrictions and response

1. **COVID-19 restrictions must be subject to ongoing review to ensure they comply with Australia's human rights obligations.** Incursions on civil liberties must be strictly necessary and proportionate to the legitimate purpose of responding to the COVID-19 public health crisis. COVID-19 restrictions, while enjoying some support and acceptance from a significant number of LGBTIQ+ people, have also taken a heavy personal toll on many. Ongoing support for the restrictions will depend on them being clear and consistent, justified by public health concerns, and that they do not result in greater inequality or involve people being left behind.
2. **LGBTIQ+ people and organisations must be directly consulted in the Government's formulation of COVID-19 policy responses, especially in areas such as employment, mental health, and community and support services.** While government responses have been necessarily reactive and fast-moving to date, as the policy agenda shifts towards medium- and longer-term recovery for society and the economy, LGBTIQ+ people and organisations must be included at the table.
3. **LGBTIQ+ people must be identified and included correctly in COVID-19 research and policy projects.**
4. **The Australian Census should include appropriate and voluntary questions on sexual orientation, gender identity and intersex status.** Without this data, the ongoing disparities in employment and health facing LGBTIQ+ people are not being properly counted or taken into account in formulating and delivering government policy and programs.

Employment and income

5. **In consultation with the trans and gender diverse community, formulate and implement an employment strategy to address barriers to employment for trans and gender diverse people.** The strategy should include research into barriers to workplace participation for trans and gender diverse people and establish employment programs that support employment for trans and gender diverse people.
6. **The Government must outline its plan for income support beyond September 2020.** That plan should include continuing, and expanding eligibility, to existing financial support for those who are unable to work or obtain employment due to COVID-19, and at the very least should provide certainty so that people can make plans regarding their financial circumstances.

Mental health

7. **LGBTIQ+ people must be included as a vulnerable group in the COVID-19 mental health response plan and in suicide prevention initiatives.** Additional funding is necessary to support the increased demand for LGBTIQ+ organisations who provide mental health support for LGBTIQ+ people.

Domestic and family violence

8. **In consultation with LGBTIQ+ community organisations, develop a national LGBTIQ+ domestic and family violence strategy that builds on the work being undertaken in Victoria.** That strategy needs to, among other things:
 - a. ensure financial security and independence for people seeking to escape violence;
 - b. ensure mainstream service providers are inclusive and welcoming of LGBTIQ+ people and equipped to respond to LGBTIQ+ people who experience domestic and family violence;²
 - c. fund specialist family violence services that are operated by LGBTIQ+ community organisations for the LGBTIQ+ community;
 - d. include measures directed at primary prevention and primary drivers of violence, including addressing prejudice towards LGBTIQ+ people that continues to inform the domestic and family violence experienced by some LGBTIQ+ people;
 - e. fund research into LGBTIQ+ family and domestic violence and the effectiveness of responses;
 - f. ensure laws and policies support LGBTIQ+ inclusive service delivery, including removing exemptions in anti-discrimination legislation allowing faith-based service providers to discriminate based on sexual orientation, gender identity and intersex status.

Access to healthcare

9. **Develop a public health plan encouraging and giving comfort to people to seek the healthcare they need despite COVID-19.** The public health plan should include:
 - a. public education to address concerns regarding COVID-19 transmission in healthcare settings;
 - b. putting in place, and communicating, accessible arrangements allowing people to travel overseas and interstate for medical treatment which is not available to them at home, including due to cost;
 - c. in consultation with the trans and gender diverse community, specific communications which speak to the needs and experiences of trans and gender diverse people seeking gender affirming medical treatment.
10. **In consultation with LGBTIQ+ community organisations, develop a specific strategy to tackle discrimination (and the perception of it among LGBTIQ+ people) in healthcare.** That strategy should include an easy way for LGBTIQ+ people to identify and access welcoming and affirming healthcare providers, and LGBTIQ+ inclusivity training for all healthcare providers.

Disability and care needs

11. **Ensure that people with disability and their advocates remain involved as key architects in all areas of the COVID-19 response.**

² For an example of this may be done, see the National LGBTI Health Alliance's [Silver Rainbow LGBTIQ Ageing & Aged Care](#) program which provides national coordination and LGBTI awareness training to the aged care sector with the support of the Commonwealth Department of Health.

Caregivers

12. **Ensure that COVID-19 restrictions, and communications regarding those restrictions, use language which speaks to the diversity of familial and care networks in Australia.** New Zealand has adopted terminology such as ‘the people in your bubble’ which can be clearer to understand and implement when people have significant caring relationships with others who are neither part of their family or household.

Border closures

13. **Implement and communicate a plan on border closures with clear information on accessible reunification pathways if interstate and overseas borders are to remain closed for the longer term.** Australian borders should not be closed to family members any longer than is strictly necessary to preserve public health.

Viability of LGBTIQ+ institutions and community organisations

14. **In consultation with LGBTIQ+ organisations and institutions, implement an economic recovery plan for LGBTIQ+ organisations, businesses and venues.** The LGBTIQ+ community relies on a few organisations, businesses and venues to sustain LGBTIQ+ support, culture and community. Some of these organisations rely on gatherings to be commercially viable, which in turn provide space and fundraising opportunities for other community organisations. Our organisations, business and venues must be part of recovery planning and targeted economic stimulus aimed at preserving key cultural and community meeting places and services.

THE VOICE OF LGBTIQ+ COMMUNITIES: KEY CONCERNS DURING COVID-19

Through our survey, we sought to gauge LGBTIQ+ people's sentiments, feelings and opinions regarding COVID-19 and the government and community response to it. LGBTIQ+ people have differing levels of satisfaction with the Australian government response to COVID-19. LGBTIQ+ people are most worried about or struggling with the impact of COVID-19 on society generally, disconnection and isolation, inequality (a concern that people are being left behind), personal financial issues, concerns regarding the risk of COVID-19 infection, and a fear that governments will not do the right thing by people.

OVERALL SENTIMENT AND WELLBEING

To measure LGBTIQ+ people's current feelings, sentiments and senses of safety and emotional wellbeing during COVID-19, we sought broad agree/disagree responses to 7 statements. While statements dealing with emotional wellbeing, confidence in the future, safety at home and community connectedness elicited stronger responses in one direction or the other, LGBTIQ+ people were much more divided on the question of whether they felt supported by the government through this COVID-19 crisis.

TABLE 1: LGBTIQ+ COMMUNITY SENTIMENT AND WELLBEING DURING COVID-19

Note: Figures are reported by the number of people and by the number of people as a percentage of the total people who responded to the question. Percentages are rounded to the nearest 0.1%.

STATEMENT	STRONGLY AGREE		AGREE		NEITHER AGREE NOR DISAGREE		DISAGREE		STRONGLY DISAGREE	
I feel more lonely now because of the COVID-19 restrictions.	675	27.7%	903	37.0%	398	16.3%	329	13.5%	135	5.5%
I feel confident about the future.	164	6.7%	581	23.9%	572	23.5%	800	32.9%	313	12.9%
I feel safe at home.	1065	43.9%	977	40.3%	208	8.6%	127	5.2%	48	2.0%
I feel connected to my community.	113	4.6%	627	25.7%	631	25.9%	790	32.4%	275	11.3%
I am worried about the impact of COVID-19 on the people I care about.	967	39.6%	1157	47.4%	203	8.3%	91	3.7%	23	0.9%
I feel low or flat because of the COVID-19 restrictions.	695	28.5%	914	37.5%	415	17.0%	298	12.2%	118	4.8%
I feel supported by the government through this COVID-19 crisis.	140	5.7%	697	28.6%	747	30.6%	479	19.6%	378	15.5%

KEY WORRIES AND STRUGGLES

We also asked respondents an open question about what (if anything) they were worrying about or struggling with when thinking about COVID-19 and the government and community response to it. By coding the 1,894 responses that we received to this question thematically, we have identified the key worries and struggles appearing across the responses. These are set out below.

TOP SIX WORRIES AND STRUGGLES

The following themes were most commonly raised by LGBTIQ+ people, appearing in at least 1 of every 10 responses.

Impact on society

LGBTIQ+ people are worried about or struggle with the impact of COVID-19 on our society generally. In this regard, LGBTIQ+ people were not necessarily worried for themselves but the impact of COVID-19 on the health and financial wellbeing of others, including job losses, the loss of the arts, mental health impacts on others, and whether (and how) society will recover from the crisis.

25-34 YEAR OLD LESBIAN...

"... NO mention of the arts by the government. Knowing that the arts were one of the first things to be shut down and will be one of the last things to re-open."

45-54 YEAR OLD GAY MAN...

"... Loss of community. Loss of money for many people and the financial impact on people."

Disconnection and loneliness

LGBTIQ+ people are worried about and struggling with isolation, loneliness and disconnection from friends, family and community. Some spoke of the difficulties of physical separation from a partner living interstate or overseas. Others felt a broader sense of disconnection from their communities, including the LGBTIQ+ community. A significant number of LGBTIQ+ people live alone and some report feeling lonely. Many miss social contact, including intimacy and/or sexual contact. A sense of disconnection and/or loneliness was sometimes raised in connection with mental health and the effect of restricted freedoms, such as the inability to go to the gym or see friends. Mental health is further discussed at 2. *Mental health* below.

25-34 YEAR OLD GAY MAN...

"not being able to be with friends who are my real family"

25-34 YEAR OLD QUEER NON-BINARY PERSON...

"Lack of contact with anyone. I'm single and haven't had a hug in months."

Inequality

LGBTIQ+ people are concerned that people are being left behind, particularly in the financial support which has been provided by the government in response to COVID-19. Respondents expressed concern for people with disabilities, refugees and migrants with uncertain status, victims of domestic violence, and people trapped in homophobic or transphobic environments. Again, many people were expressing this concern for others, not necessarily themselves.

18-24 YEAR OLD QUEER PERSON...

"...I worry daily for those in less safe living arrangements than myself, without secure income (my partner still has their job). People who are trapped in isolation with abusive family or partners. I am worried about people with disabilities not receiving financial support during this time."

55-64 YEAR OLD GAY MAN...

"How some people are still falling through the cracks as far as community assistance e.g. refugees (some of whom are LGBTI+)"

45-54 YEAR OLD GAY MAN...

"Many workers in the Arts are being left out of emergency income supports, as well as casuals generally who do not meet the 12 month test. We should not feel satisfied that some people are being left behind."

25-34 YEAR OLD QUEER NON-BINARY PERSON...

"The less visible disproportionate impact on marginalised communities - no or insufficient tailored support for Indigenous communities, ppl with disabilities, migrant communities and LGBTQI + people - especially younger people."

Personal financial issues

Many LGBTIQ+ people are worried about their financial situation. Their responses often shared concerns about money, losing their jobs, their ability to find employment, or the long-term security of their current employment. These concerns were sometimes coupled with a concern regarding the inadequacy of government financial support. Employment and financial impacts are further discussed at *1. Employment and financial impacts* below.

55-64 YEAR OLD LESBIAN...

"When I will work again. If I can't resume casual childcare work I am not qualified for anything else and my age will make it hard yo [sic] get into other employment."

COVID-19 risk of infection and second wave

LGBTIQ+ people are worried about the risk of COVID-19 infection, either for themselves or their friends and family (particularly the elderly or immunocompromised). A significant number also share fears that there will be a risk in infections, or a 'second wave'. For this reason, a number of LGBTIQ+ people are concerned about restrictions being lifted too early, or that people are not complying with restrictions/taking them seriously.

25-34 YEAR OLD BISEXUAL...

"As someone who's immunocompromised, I'm scared by the relaxed attitudes some people have towards social distancing."

35-44 YEAR OLD TRANS GAY MAN, HEALTH CARE WORKER...

"Worries that people won't last the distance (people will start socially interacting again too soon or won't follow precautions) and disease will flare up again."

25-34 YEAR OLD NON-BINARY BISEXUAL...

"worrying about my mum and sister getting the virus. Both have compromised immune systems."

Governments failing to do the right thing

While many LGBTIQ+ people commented favourably (and sometimes with surprise) on the response of Australian governments to the COVID-19 crisis, some were concerned that governments would soon return to 'business as usual', either using COVID-19 as an excuse to neglect broader issues requiring attention, such as climate change, or winding back financial support prematurely and imposing financial austerity before the economy and society fully recovered. There was a concern among some of governments putting the economy before people.

LGBTIQ+ people are also worried about the winding back of civil liberties and rights, particularly in the shadow of the current crisis. Concerns were raised about the Religious Discrimination Bill being progressed in the midst of a healthcare and employment crisis. A few people were also concerned about overpolicing and encroachments on privacy, including in relation to the COVID-19 government app.

35-44 YEAR OLD QUEER WOMAN...

"I worry that the govt will prioritise opening up everything except the arts, that my industry will take a long time to recover. And I worry that this government's policies are very much focused on supporting those with existing power - big business, landlords etc - and that those who are marginalised will suffer the most. I worry that they will use the expenditure during the crisis to justify huge cuts to services afterwards, including the arts and the ABC."

25-34 YEAR OLD GENDERQUEER PERSON...

"Financial Security, being afraid that after all this is over new support options are rolled back and the world is getting colder again"

25-34 YEAR OLD QUEER TRANS MAN...

"I am worried about being forced to look for work when there is little available, and worried about money. In October when the rate of Newstart halves I will be unable to eat and pay my bills, and will have to go back to rationing my medication again."

OTHER COMMON WORRIES AND STRUGGLES

Though less frequent than the themes above, the following concerns were also shared by many LGBTIQ+ people, appearing in at least 1 in every 20 responses.

Uncertainty

Many LGBTIQ+ people are merely worried by the uncertainty: the inability to know what will happen next or plan for the future. Sometimes, concerns of uncertainty were tied to concerns of future income and job security. The more certainty governments can provide on the plan forward, the better.

25-34 YEAR OLD GAY MAN...

"The unknown, not knowing when or if things will ever go back to normal."

Mental health

Many LGBTIQ+ people shared concerns about their deteriorating mental health. Contributing factors to worsening mental health included the effects of social isolation, the consequences of being stuck at home in tense, unsupportive or even unsafe environments, and anxiety for the future. Mental health is further discussed at 2. *Mental health* below.

45-54 YEAR OLD STRAIGHT TRANS WOMAN...

"Struggling with my own sanity - depression, anxiety & suicidal ideation - very disappointed in the lack of support by most people in my life."

25-34 YEAR OLD BISEXUAL TRANS WOMAN...

"Worrying my stress, anxiety and depression will end me and all the progress I made in the last 11 months will fall apart."

55-64 YEAR OLD LESBIAN...

"I'm struggling with the stress caused by my emotionally abusive spouse who is spending more time at home due to social restrictions."

Nothing

1 in 20 LGBTIQ+ people indicated that they personally were not worried or struggling with anything in relation to COVID-19 or the response to it. However, some of these people were concerned about the struggles of others.

Confusing and inconsistent messages

Many LGBTIQ+ people are struggling with conflicting messaging from the government in relation to the COVID-19 restrictions. Either they were confused by the restrictions, or they were concerned that others had been (leading to a lack of compliance). Some respondents were also worried about the spread of misinformation during the pandemic, such as conspiracy theories regarding the origins of COVID-19.

PARTICULAR WORRIES AND STRUGGLES

Some themes were raised by a smaller number of LGBTIQ+ people but had notably profound effects for those who were impacted. These are some of them.

Border closures

Some LGBTIQ+ people are significantly affected by border closures, particularly those who are separated from a partner living in a different state, or overseas. Border closures are further discussed at 7. *Border closures and familial separation* below.

Education

LGBTIQ+ teachers and education spoke of the unique uncertainties and difficulties they have faced in the current climate, including concerns that they would contract the virus while teaching, or that they would infect the (in some cases, vulnerable) people that they live with. LGBTIQ+ students are concerned about the impacts of COVID-19 on their study, and difficulties that they have experienced in adjusting to online learning.

UNDER 18 YEAR OLD LESBIAN...

"From the perspective of a year 12 student it is a really tricky situation. Many of us feel thrown about especially by VCAA, many statements were made however none of them concrete causing lots of confusion. The wellbeing of both students and teachers has dramatically suffered."

18-24 YEAR OLD QUEER NON-BINARY PERSON...

"My uni... has been pretty bad with the response. Online classes are hard to engage with and are of a lower quality, students don't feel heard by the uni re: COVID, and the uni is holding online exams which use invasive software. It is hard to find motivation for uni as well because everything is so uncertain."

Healthcare access

Some LGBTIQ+ people have avoided treatment or had their treatment delayed due to COVID-19. Access to healthcare is further discussed at 4. *Access to healthcare* below.

25-34 YEAR OLD QUEER WOMAN...

"needing health services but don't want to go to hospital due to increased risk of corona and not wanting to put pressure on services"

Other

LGBTIQ+ people who responded to our survey also provided firsthand experience of several other impacts, some of which are further explored below. These included experiences of domestic violence, ineligibility for financial

support due to temporary migrant status, increased carer responsibilities, not being able to visit older people for whom they cared for, and young people facing moving back home to unsafe environments.

PARTICULAR ISSUES

1. EMPLOYMENT AND FINANCIAL IMPACTS

Like many other people in Australia, LGBTIQ+ people have experienced loss of work and income due to COVID-19 and its associated restrictions. However, COVID-19 alone is not sufficient in explaining employment disparities for LGBTIQ+ people. In particular, trans and gender diverse people report high rates of unemployment both *before* and *after* COVID-19. These employment disparities have not been met with an adequate response from the Australian Government and there is considerable apprehension among LGBTIQ+ people regarding financial issues, including a removal or reduction in government income support before the economy (and their job prospects and financial situation) fully recovers.

(a) Employment and unemployment pre and post COVID-19

We asked LGBTIQ+ people to indicate the impact of COVID-19 and its associated restrictions on their employment status and income situation. We received respectively 2,552 and 2,487 responses from LGBTIQ+ people in Australia to our questions regarding their pre and post COVID-19 employment status and income situation.

TABLE 2: CHANGE IN EMPLOYMENT AND INCOME SOURCE PRE AND POST COVID-19

Note: Figures are reported by the number of people and by the number of people as a percentage of the total people who responded to the question. Percentages are rounded to the nearest 0.1%. Multiple responses allowed (e.g. a person may be both working part time *and* studying etc.).

EMPLOYMENT AND INCOME SITUATION	PRE COVID-19		POST COVID-19		CHANGE	
Working for an employer full time	984	38.6%	843	33.9%	-141	-4.7%
Working for an employer part time	323	12.7%	298	12.0%	-25	-0.7%
Working for an employer casually	328	12.9%	200	8.0%	-128	-4.8%
Performing unpaid domestic or caring duties	118	4.6%	108	4.3%	-10	-0.3%
Working in an unpaid role / volunteering	184	7.2%	128	5.1%	-56	-2.1%
Working as a contractor / sole trader	213	8.3%	124	5.0%	-89	-3.4%
Running my own business	192	7.5%	144	5.8%	-48	-1.7%
Working in a family business	12	0.5%	14	0.6%	2	0.1%
Studying	423	16.6%	357	14.4%	-66	-2.2%
Unemployed and/or looking for work	192	7.5%	316	12.7%	124	5.2%
Retired	252	9.9%	247	9.9%	-5	0.1%
Receiving some form of government income support e.g. Aged Pension, Disability Support Pension, Newstart	364	14.3%	445	17.9%	81	3.6%
Receiving income from rent e.g. private rental or holiday accommodation	55	2.2%	47	1.9%	-8	-0.3%
Receiving income from superannuation	107	4.2%	121	4.9%	14	0.7%
Receiving income from other investments	66	2.6%	58	2.3%	-8	-0.3%

EMPLOYMENT AND INCOME SITUATION	PRE COVID-19		POST COVID-19		CHANGE	
	Count	Percentage	Count	Percentage	Count	Percentage
Other ³	101	4.0%	143	5.7%	42	1.8%
Total people responding to this question	2,552		2,487		N/A	

Our survey findings suggest that, except for those who are working for a family business, the number of LGBTIQ+ people working or owning a business has fallen considerably due to COVID-19. Since the COVID-19 restrictions were introduced (i.e. 13 March 2020), the proportion of LGBTIQ+ people employed full time or casually has fallen (a reduction of 4.7% and 4.8% respectively). Similarly, the proportion of LGBTIQ+ people working as contractors / sole traders has fallen 3.4%. Meanwhile, the proportion of LGBTIQ+ people who indicated that they were unemployed or looking for work increased from 7.5% pre COVID-19 to 12.7% post COVID-19.

Because our survey sought responses from people of any age, we also analysed the unemployment result for LGBTIQ+ people who were aged 25 to 64 years. The proportion of LGBTIQ+ people aged 25 to 64 years who indicated that they were unemployed or looking for work increased from 6% pre COVID-19 to 10.8% post COVID-19, an increase of 4.8%.

65+ YEAR OLD LESBIAN WOMAN...

"I have lost all my income from 3 separate casual jobs. I have not received any government allowance."

25-34 YEAR OLD GAY MAN...

"I was working full time hours (as a contractor for another company) – but employed as a casual through labour hire. I lost my job when the company ended all the contractors employment. I had already been working from home for about 2 weeks when they ended my employment."

18-24 YEAR OLD BISEXUAL WOMAN...

"I lost my job and have no source of income. I've had to move back in with my mum as I'm unable to support myself until I find new work. I've taken on unpaid volunteer work to try to maintain a sense of routine and purpose, until I'm able to find new paid work."

For those who have been working through COVID-19, the impact of COVID-19 on their work has been pronounced. Many respondents indicated increased workloads, working from home, reduced income and hours, and greater anxiety and pressure regarding work.

While COVID-19 has undoubtedly had a significant impact on employment for all Australian workers, the survey results also suggest disparities in employment for LGBTIQ+ people. With a national unemployment rate of 5.2% in March 2020 (until it jumped to 6.2% in April 2020), LGBTIQ+ people appear to be overrepresented among the unemployed in Australia *both* pre and post COVID-19. In the survey, the proportion of LGBTIQ+ people who

³ Some respondents nominated JobKeeper as an 'Other' income source, meaning that a portion of the 'Other' response may also include forms of government income support that should be considered together with the category 'Receiving some form of government income support'. Accordingly, the responses to these questions will need further analysis and the figures in this table may therefore slightly change in our final report.

indicated that they were unemployed or looking for work was around 2% higher than the national rate pre COVID-19 and is now double the national rate.

When looking specifically at trans and gender diverse people, the rate of unemployment is even more significant. The proportion of trans and gender diverse people who were unemployed or looking for work increased from 15.2% pre COVID-19⁴ to 20% post COVID-19.⁵ For trans and gender diverse people aged 25 to 64 years, those who were unemployed or looking for work increased by an almost identical amount, from 10.5% pre COVID-19⁶ to 15.2% post COVID-19⁷. Both figures are well above the national rate of unemployment.

In other words, COVID-19 and its associated restrictions are not enough to explain the disparity in unemployment rates for LGBTIQ+ people. There is an underlying issue of unemployment in the LGBTIQ+ population, with trans and gender diverse people particularly affected.

55-64 YEAR OLD TRANS WOMAN...

“Housing security, poverty, inability to afford or get help for my numerous health conditions. Surviving in the future. Surviving in old age. Low quality of life. High survival stress. I am in dire financial straights [sic] and going downhill. Desperately need some part time casual work. Now with so much unemployment I’ll struggle to get a job being [a] not so well transgender woman.”

The overrepresentation of LGBTIQ+ people in some industries which have been heavily impacted by COVID-19 may explain some of the differential impact of COVID-19 on LGBTIQ+ people’s employment, but it does not explain it all. When compared with ABS estimates on the proportion of Australian workers employed by industry,⁸ our survey responses (n=1760) suggest that LGBTIQ+ may be overrepresented in some industries heavily impacted by COVID-19, such as arts and recreation and professional services, and underrepresented in some industries which have seen arguably lesser immediate impacts, such as primary industries, mining, construction and manufacturing. But LGBTIQ+ people also appear to be overrepresented in several industries which have not seen great job losses during COVID-19, such as education, and healthcare and social assistance. So, while LGBTIQ+ people may be overrepresented in some industries which have been among the most significantly impacted by COVID-19 restrictions, these differences are not so pronounced as to explain the greater disparity in unemployment rates overall. This suggests that other factors – such as discrimination – may also be at play.

(b) Income pre and post COVID-19

COVID-19 has also changed the sources of income received by LGBTIQ+ people. The proportion of LGBTIQ+ people receiving some form of government income support or income from superannuation has increased, while the proportion receiving rental and investment incomes has fallen. There has been an approximately 3.6% increase in people receiving government income support since the COVID-19 restrictions were introduced.

More significantly, ignoring any COVID-19 related government relief payments such as JobKeeper, approximately 31% of LGBTIQ+ people report having lost some or all of their income due to COVID-19. Out of 2,448 responses,

⁴ Out of 486 responses, 74 trans and gender diverse respondents indicated they were unemployed or looking for work pre COVID-19.

⁵ Out of 479 responses, 96 trans and gender diverse respondents indicated they were unemployed or looking for work post COVID-19.

⁶ Out of 353 responses, 37 trans and gender diverse respondents aged 25 to 64 years were unemployed or looking for work pre COVID-19.

⁷ Out of 335 responses, 51 trans and gender diverse respondents aged 25 to 64 years were unemployed or looking for work pre COVID-19.

⁸ See Penny Vandenbroek (2019) [Snapshot of employment by industry, 2019](#), Australian Parliamentary Library: Canberra.

439 (17.9%) LGBTIQ+ people indicated having lost more than half or all of their income due to COVID-19 and its associated restrictions. A further 320 (13%) reported having lost less than half of their income.

Not all the people who have lost income reported accessing government support. While 759 people reported having lost some or all of their income due to COVID-19, only an additional 81 (10.6%) people indicated receiving some form of government income support post COVID-19. A few LGBTIQ+ people also dipped into their superannuation to bolster their income.

18-24 YEAR OLD BISEXUAL WOMAN...

"I have no income and no real prospect for work for the foreseeable future. I am finding it difficult to access financial aid from Centrelink and have no means to support myself. I've lost all sense of independence and confidence in my abilities. My mental health issues of depression and anxiety have exacerbated and I find it difficult to afford or access appropriate psychology treatments to help me... My career is in limbo and any means for me to find meaningful full-time paid work in the arts is gone for what could be months, if not years."

25-34 YEAR OLD LESBIAN...

"I'm struggling with being in the grey zone of employment and benefits. My company doesn't qualify for jobkeeper, yet I've not made income for two weeks now. I can't get jobseeker unless I quit my job, but I don't want to quit because before COVID-19 it was very stable for the past 3 years. I'm struggling with money and not knowing what to do."

Looking then at the real change in actual monthly income, LGBTIQ+ people have experienced a reduction in their monthly income after tax, even after income from government support is included. There are now a greater number of no to low-income earners among the LGBTIQ+ population, with a reduction in the number and proportion of middle- and high-income earners. A significant degree of that movement has been an increase in the proportion of people reporting nil or negative income post COVID-19, noting however that the survey was open between 24 April 2020 and 18 May 2020 (with JobKeeper payments commencing in the first week of May).

TABLE 3: CHANGE IN MONTHLY INCOME (FROM ANY SOURCE) PRE AND POST COVID-19

Note: Figures are reported by the number of people and by the number of people as a percentage of the total people who responded to the question. Percentages are rounded to the nearest 0.1%.

MONTHLY INCOME AFTER TAX	PRE COVID-19		POST COVID-19		CHANGE	
Nil	142	5.6%	245	10.1%	103	4.4%
\$1-1,999	310	12.3%	307	12.6%	-3	0.3%
\$1,000-1,999	185	7.3%	188	7.7%	3	0.4%
\$2,000-2,999	317	12.6%	332	13.6%	15	1.1%
\$3,000-3,999	346	13.7%	299	12.3%	-47	-1.5%
\$4,000-4,999	333	13.2%	274	11.3%	-59	-2.0%
\$5,000-5,999	223	8.9%	181	7.4%	-42	-1.4%
\$6000 +	419	16.6%	324	13.3%	-95	-3.3%
Negative income	16	0.6%	27	1.1%	11	0.5%

MONTHLY INCOME AFTER TAX	PRE COVID-19		POST COVID-19		CHANGE	
Don't know / unsure	82	3.3%	105	4.3%	23	1.1%
Prefer not to say	145	5.8%	152	6.2%	7	0.5%
Total	2518		2434		NA	

18-24 YEAR OLD QUEER HOSPITALITY EMPLOYEE IN REGIONAL QUEENSLAND...

"I'm at risk of becoming homeless because my roommates and I can't afford rent."

35-44 YEAR OLD GAY MAN, NOW UNEMPLOYED...

"I'm more despondent every day... It's destroyed my livelihood. It's robbed me of my independence. I worked in a low paying industry... I can barely make ends meet, and I'm an adult gay man living with his mother again and with no meaningful context with friends. And honestly, fuck Zoom. Video communication sucks."

(c) Concerns about financial issues

Given the results above, it is not surprising that survey respondents commonly raised financial issues as something they were worried about or struggling with when thinking about COVID-19 and the government and community response to it. Just over 1 in 10 LGBTIQ+ people mentioned financial issues, such as loss of income, employment and concerns regarding future employment, in response to an open question regarding their COVID-19 related worries and struggles.

In among the concerns about the economic fall-out from COVID-19, LGBTIQ+ people expressed strong concerns about economic equality. For example, respondents reflected on what they saw as inadequate financial support forming part of the government response, particularly for casual workers, people on temporary visas and people on the Disability Support Pension. There was also a concern regarding future austerity, especially the rolling back of financial support before the economy (including job prospects and employment) fully recovers. Uncertainty was also a source of worry; people do not know the path forward and therefore cannot plan accordingly.

55-64 YEAR OLD GAY MAN...

"I struggle the most with the loss to our super/savings as I plan to retire by the end of the year to care for my husband [who has a degenerative medical condition]. I am worried how we will get on financially. Flattening the curve only ensures a hospital bed, if needed. Until herd immunity is achieved, I fear the virus..."

65+ YEAR OLD TRANS WOMAN...

"I'm [over 75 years old] and my very small superannuation has taken a hit leaving me wondering if I will have to die on the job."

55-64 YEAR OLD GAY MAN...

"My business turnover dropped from \$130K per month on average to nil. I had to make several quick decisions to minimise my expenses so that I can successfully hibernate my business and prepare for the future. I am still working on my business, going through all our systems, cutting costs wherever I can and managing impacted and cancelled travel arrangements."

25-34 YEAR OLD BISEXUAL WOMAN...

"My partner lost most of their income after COVID-19 but was ineligible for Jobkeeper payments. I am worried about us paying rent. I think there were too many gaps in eligibility for Jobkeeper. I am also extremely worried about Australia's arts sector and how it will survive this crisis without government support."

35-44 YEAR OLD TRANS WOMAN...

"Disability pension hasn't been increased, but prices at supermarkets have increased. Harder to make ends meet. Harder to get basic groceries. Also some lines not available (RC Home brand) so have to buy more expensive brand. Financial stress increasing."

(a) Key take outs for Australia's response to COVID-19

There is a need for a broader employment strategy for getting people in Australia back to work, and that employment strategy must redress barriers to employment, particularly for trans and gender diverse people.

Financial issues are a significant concern for many LGBTIQ+ people. That does not necessarily mean there is a desire to open up the economy in a way which poses a greater risk to people's health, as many respondents were concerned about removing restrictions too early and/or increasing the spread of COVID-19.

However, it does mean that people would be assisted by:

- The continuation of existing financial support if they are unable to obtain employment due to COVID-19;
- The expansion of financial support to people who are currently ineligible for it; and
- More certainty regarding the Australian Government's plan going forward, so they can plan accordingly.

2. MENTAL HEALTH

COVID-19 and its associated restrictions have had a significant impact on the mental health of LGBTIQ+ people. In particular, COVID-19 has exacerbated existing disparities in mental health outcomes for LGBTIQ+

people who already faced disproportionately high rates of depression, anxiety and suicidality.⁹ This elevated need for mental health support has not been met with an adequate response from the Australian Government.

(a) Mental health challenges due to COVID-19

Out of 2,568 LGBTIQ+ survey respondents who responded to the question of whether they had a disability or chronic health condition, 343 (13.4%) people voluntarily described having a mental health issue such as depression or anxiety (whether alone or in combination with a physical health condition).

When asked (in an open question) to identify anything they were struggling with or which worried them related to COVID-19, almost 1 in 10 LGBTIQ+ people identified mental health.

This suggests that COVID-19 and its associated restrictions have exacerbated underlying mental health disparities in the LGBTIQ+ population, making those who already live with depression, anxiety and other mental health issues more prone to adverse mental health outcomes as a result of COVID-19 and its associated restrictions.

45-54 YEAR OLD GAY MAN...

"I am lost at the moment but hope to get through it..."

65+ YEAR OLD LESBIAN, REGIONAL VICTORIA...

"My main problem is depression and being isolated from my local active and caring lesbian community."

35-44 YEAR OLD QUEER WOMAN...

"My wife has lost her job and feels very disconnected from her beloved family and queer friends overseas. She is quite depressed. Our overall burden of unpaid work has increased significantly due to homeschooling, which also puts a strain on us. I worry that we will have a lot of anxiety regarding leaving the house and connecting with people face to face again, but also worry my wife will be isolated long term and this will negatively affect her."

18-24 YEAR OLD NON-BINARY REGIONAL QUEENSLANDER...

"I am worried that I or my friends and family won't make it. Or that the damage this is doing to my mental health will mean the progress I had made has been entirely erased."

Further, while a high proportion of all LGBTIQ+ respondents were inclined to report feeling more lonely and/or low or flat because of the COVID-19 restrictions, those with pre-existing mental health issues were significantly more likely to do so.

⁹ COAG Health Council (2017) [Fifth National Mental Health and Suicide Prevention Plan](#), p 6.

For example:

- Out of 2,440 responses, 1,578 (64.7%) LGBTIQ+ people 'strongly agreed' or 'agreed' that they felt 'more lonely now because of the COVID-19 restrictions'. For those who reported a mental health issue, the proportion agreeing was even higher at 80% (and 75% for those reporting both a mental health issue and physical health condition).
- Out of 2,440 responses, 1,609 (65.9%) LGBTIQ+ people 'strongly agreed' or 'agreed' they felt 'low or flat because of the COVID-19 restrictions'. For those who reported a mental health issue, the proportion agreeing was higher at 79% (and 77% for those reporting both a mental health issue and physical health condition).
- Out of 2,430 responses, only 745 (30.7%) LGBTIQ+ people 'strongly agreed' or 'agreed' that they felt 'confident about the future'. For those who reported a mental health issue, that proportion was lower by half. Only 13% of LGBTIQ+ people who reported a mental health issue and 17% of LGBTIQ+ people who reported both a mental health issue and a physical health condition, 'strongly agreed' or 'agreed' to feeling confident about the future.

Several other segments of the LGBTIQ+ population also appear more likely to have felt 'more lonely' or 'low or flat' because of COVID-19 restrictions. For example, those aged 24 years and under, trans and gender diverse people, First Nations' people and people with Asian¹⁰ cultural and ethnic identities were more likely to 'strongly agree' or 'agree' with the statement regarding loneliness. These groups were also more likely to 'strongly agree' or 'agree' with the statement regarding feeling low or flat. People aged 24 years and under had particularly high rates, with 88% (288 out of 327) agreeing or strongly agreeing to feeling more lonely and 83.5% (273 out of 327) agreeing or strongly agreeing to feeling low and flat. Meanwhile, people aged 65 and over and people living alone were not more likely to do so.

A number of people who responded to our survey are in a very dark place right now. Depression, anxiety, stress and suicidal feelings were among the themes raised by some respondents. The compounding of several factors, such as disability, financial insecurity, isolation or pre-existing mental health issues, contributed to a very high degree of vulnerability.

18-24 YEAR OLD QUEER TRANS MAN...

"I feel very sad and scared. I feel very unfulfilled and lonely. I am very afraid that I will not be okay through this."

25-34 YEAR OLD GAY MAN...

"Motivation to look after myself is waning very quickly - need to stop drinking so much, need to eat better and exercise more."

¹⁰ Asian includes those who identified as Asian, South Asian, South East Asian, as well in reference to particular countries in Asia (e.g. Chinese, Indian, Japanese), whether alone or with other ethnic and cultural identities such as 'Australian'.

45-54 YEAR OLD GAY MAN...

"Mental health issues - I relied on my gym to keep my mental health stable, but its closure worsened my depression."

55-64 YEAR OLD GAY MAN, RETIRED, REGIONAL NSW...

"My freedom is important to me. I feel like I'm trapped or in gaol. It's causing me anxiety and depression and self harm which I have never done before. It's the fact that there's no end in sight and even if there were my trust for the community has plummeted. I don't think things will ever be the same again."

(b) LGBTIQ+ people have been excluded in the mental health response

On 15 May 2020, the Australian Government announced \$48.1 million in funding for a national mental health and wellbeing pandemic response plan.¹¹ Among the funding announced as part of the plan was \$29.5 million for vulnerable groups, identified as older Australians, culturally and linguistically diverse communities, carers of people with mental illness and Indigenous communities. Despite a request from LGBTIQ+ community organisations for more funding to deal with an increased demand for their mental health services, LGBTIQ+ people were not included as a vulnerable group in the mental health response plan. LGBTIQ+ people have been largely absent in the Australian Government's mental health response to COVID-19.

55-64 YEAR OLD LESBIAN...

"I am normally very isolated. The only social activity I had was to go for a coffee in a cafe. Can't do that now. I'm alone 24/7. That's not entirely due to lockdown. It's to do with having depression and the social withdrawal that results from that. I struggle more during the winter months. I attempted to take my life a few years ago and I'm concerned I may not make it through this winter."

(c) Key take outs for Australia's response to COVID-19

COVID-19 is exacerbating mental health disparities among LGBTIQ+ people. Those disparities are being amplified in an environment of increasing financial stress, social isolation, and entrapment in unsupportive home environments. Despite overwhelming evidence of the mental health disparities, Australia's COVID-19 mental health response has not provided any funding or additional support to LGBTIQ+ organisations delivering mental health support to LGBTIQ+ people. Funding is needed to support LGBTIQ+ organisations who are supporting the mental health of LGBTIQ+ people at this time. Additionally, it is important that LGBTIQ+ people are included in suicide prevention initiatives. An additional \$10.3 million for suicide prevention research was announced on 25 May 2020.¹² The research will address suicide in boys and men and internet-based responses to suicide prevention, but it is not clear to what extent that research will address disproportionately high rates of suicide in LGBTIQ+ populations.

¹¹ Minister for Health, Chief Medical Officer and CEO of the National Health Commission, '[COVID-19: \\$48.1 Million for National Mental Health and Wellbeing Pandemic Response Plan](#)', Media Release, 15 May 2020.

¹² The Hon Greg Hunt MP, Minister for Health, '[Additional \\$20 million for Mental Health and Suicide Prevention Research](#)', 25 May 2020.

3. SAFETY AT HOME AND FAMILY VIOLENCE

COVID-19 restrictions have added to the fears of LGBTIQ+ people who do not feel safe at home, including those who fear or have experienced domestic violence. LGBTIQ+ young people, and trans and gender diverse people, were over-represented among those who feared or had experienced violence from someone they lived with. Family violence against LGBTIQ+ people is just as likely to come from family members as it is a spouse or partner, demonstrating that a lack of acceptance of sexuality and gender diversity continues to cause some of the family violence experienced by LGBTIQ+ people. Addressing family and domestic violence against LGBTIQ+ people requires a sustained plan which goes beyond the immediate response to COVID-19.

(a) Not all LGBTIQ+ people feel safe at home

Out of 2,425 responses, 175 (7.2%) LGBTIQ+ people 'disagreed' or 'strongly disagreed' with the statement 'I feel safe at home'. Of the 175, 46 indicated that they lived on their own with no other people, while 25 were parents with 14 having children living with them. First Nations' LGBTIQ+ people were particularly overrepresented among those respondents who indicated they did not feel safe at home. LGBTIQ+ people who reported mental health issues were also less likely to feel safe at home.

35-44 YEAR OLD LESBIAN MUM WHO DIDN'T FEEL SAFE AT HOME...

"Impacts of domestic violence from someone I do not currently live with causes concern. [T]he increased contact of drop offs/pick ups, controlling behaviour due to COVID (accusations that I place kids at risk, refusal to return kids on schedule) and the lack of usual supports and contact has been isolating and made me anxious. [T]he uncertainty around COVID is compounded by a lack of certainty around existing parenting arrangements. ... My kids are struggling and I worry about the impact on them, having observed increased bed wetting..."

(b) Domestic and family violence

In an effort to understand better whether people's feelings of safety at home may be impacted by experiences of domestic violence, we asked people about domestic violence they had experienced in the last 12 months or if they lived with someone whom they feared may be violent, abusive or controlling towards them.

Domestic violence in the last 12 months. Out of 2,427 responses, 195 (8%) LGBTIQ+ people had experienced violence, abuse, harassment or controlling behaviour in the last 12 months from someone they currently live with. Of those 195 people, 48 (24.6%) people indicated that they lived only with a spouse/partner (with or without children) and 57 (29.2%) people indicated that they lived with their parents (with or without other family members, but not including a spouse/partner).

18-24 YEAR OLD BISEXUAL WOMAN...

"I am most concerned about job security. Since lockdown I feel more scared and lonely as I am forced to live with powerful homophobic family members who do not accept my LGBTIQ identity. My job insecurity has prevented me from leaving. I used to be able to go out with my friends and meet other queer people so I could manage this, but now I can't do that. I used to see counsellors or have phone counsellors but I am scared to speak on the phone incase my family hears me."

18-24 YEAR OLD TRANS MAN IN QUEENSLAND...

"I lost my job and as a result lost my rental and I now live with my transphobic family who do not accept me and are emotionally, verbally and at times physically abusive."

Fear of domestic violence. Out of 2,429 responses, 132 (5.4%) LGBTIQ+ people reported currently living with someone they feared may be violent, abusive or controlling towards them. Of those 132 people, 38 (28.8%) people indicated that they lived only with a spouse/partner (with or without children) and 51 (38.6%) indicated that they lived with their parents (with or without other family members, but not including a spouse/partner).

Additionally, 114 LGBTIQ+ people responded 'yes' to both questions regarding past domestic violence and current fear of domestic violence.

25-34 YEAR OLD BISEXUAL WOMAN...

"I live with a toxic and abusive family. Prior to COVID 19, my main way of staying positive was to leave the house and see my friends. My friends are my chosen family. They love and support me, and remind me that I'm not the terrible person that my biological family make me feel that I am. Without this lifeline, and being in lockdown with my family, I feel trapped and alone. I need to be able to see my friends ASAP."

The survey results suggest that, for LGBTIQ+ people, family and domestic violence is at least as likely to come from family members as it is a spouse or partner. In both measures, young LGBTIQ+ people (those under 24 years) are particularly at risk, accounting for approximately one third of those reporting domestic violence in the last 12 months or currently living with someone whom they fear will be violent, abusive or controlling towards them. Trans and gender diverse people are also at particular risk, accounting for approximately one third of those reporting domestic violence in the last 12 months and approximately 39% of those currently living with someone who they fear will be violent, abusive or controlling towards them.

55-64 YEAR OLD QUEER WOMAN REFLECTING ON HER WORRIES/STRUGGLES...

"Having to move back in with my ex-partner due to COVID19... Future financial hardship."

Several of the respondents who reported past experiences of domestic violence and/or a current fear of domestic violence identified a link between the situation in which they find themselves and financial instability due to COVID-19. These respondents also reflected on restrictions to movement and/or contact, as well as mental health issues, as contributing to their worries or struggles. For many respondents, uncertainty – for example, about their financial situation, the government's response or the easing of restrictions – contributed to their worries and struggles. When asked whether they had seen or accessed any services or support which have helped them, several respondents referred to accessing support and services from organisations such as LGBTIQ+ organisations (e.g. ACON), Headspace, unfunded online support groups, or their health practitioners (such as GPs, psychologists), including through telehealth. One person noted using 1800Respect.

(a) Key take outs for Australia's response to COVID-19

For the approximately 1 in 20 LGBTIQ+ people who are feeling unsafe or at risk at home, the COVID-19 restrictions have had a particularly harsh impact. LGBTIQ+ people who have escaped unsupportive family environments have had to return to those environments following COVID-19 related job losses, while those currently living in unsafe environments have had fewer avenues of support and escape with COVID-19 restrictions in place.

Addressing domestic and family violence for LGBTIQ+ people will require a government response which goes well beyond COVID-19. It requires at least:

- ensuring financial security and independence for people seeking to escape violence;
- ensuring mainstream service providers are inclusive and welcoming of LGBTIQ+ people and equipped to respond to LGBTIQ+ people who experience domestic and family violence;
- funding specialist family violence services that are operated by LGBTIQ+ community organisations for the LGBTIQ+ community;
- measures directed at primary prevention and primary drivers of violence, including addressing prejudice towards LGBTIQ+ people that continues to inform the domestic and family violence experienced by some LGBTIQ+ people;
- funding research into LGBTIQ+ family and domestic violence and the effectiveness of responses;
- ensuring laws and policies support LGBTIQ+ inclusive service delivery, including by removing exemptions in anti-discrimination legislation allowing faith-based service providers to discriminate based on sexual orientation, gender identity and intersex status.

Victoria has already made some progress in this area. In Victoria, 19 family violence service providers have been working towards achieving 'Rainbow Tick' accreditation, which supports inclusive service delivery for LGBTIQ+ people who experience family and domestic violence.¹³ Among those are 10 faith-based family violence service providers, who have jointly pledged their commitment to ensuring inclusive and non-discriminatory service delivery.¹⁴ In preparation for accreditation, all family violence service providers have been funded to undertake LGBTI inclusion training,¹⁵ and in September 2018, a specialist LGBTIQ family violence service was established.¹⁶

4. ACCESS TO HEALTHCARE

COVID-19 and its associated restrictions has increased barriers to accessing healthcare services for LGBTIQ+ people. These barriers have compounded existing healthcare barriers, such as a concern regarding the availability of non-discriminatory healthcare services, particularly for trans and gender diverse people.

(a) Delays in treatment

Several trans and gender diverse people noted that interstate and overseas travel restrictions, and the suspension of 'elective' surgeries, delayed their access to gender affirming treatment. While several of these people understood the reasons for the travel restrictions or the delays, they nonetheless noted that delaying these treatments (and uncertainty over when and how they could proceed) caused them considerable distress.

¹³ Victorian Department of Premier and Cabinet (2019) [Three Years On From The Royal Commission Into Family Violence](#), p. 58.

¹⁴ The organisations include: Anglicare Victoria, Vincent Care Victoria, Good Shepherd Australia New Zealand, Salvation Army, McAuley Services for Women, Jewish Care, MacKillop Family Services, Uniting (VicTas) Church, Sacred Heart Mission and Good Samaritan Inn. Id, p. 61.

¹⁵ Id, p. 60.

¹⁶ Id, p. 61.

35-44 YEAR OLD TRANS WOMAN...

"The international travel bans have caused my gender reassignment surgery to be delayed, and I worry about whether it will be possible after or I'll need to look for a new surgeon in Australia, though it's completely understandable under the circumstances and better to wait and isolate until the virus is no longer so dangerous one way or another."

35-44 YEAR OLD TRANS LESBIAN...

"My transition surgery was cancelled / postponed by up to six months (or possibly more), which has significantly impacted my mental health."

(b) Avoiding treatment

The fear of contracting COVID-19, coupled with restrictions on face-to-face contact, have compounded with existing anxiety regarding the availability of welcoming and affirming healthcare services. These together have reduced access to healthcare services for LGBTIQ+ people.

People are simply not accessing the healthcare services they need because of fear. Telehealth pathways, while welcome, have not addressed underlying concerns regarding discrimination in healthcare settings.

35-44 YEAR OLD NON-BINARY QUEENSLANDER...

"I'm worried about needing to go to hospital if I get covid19. There is a delay at the moment getting my medicare card in my new name. I can't handle being called that name again, especially if I'm really sick - I will not go and just risk dying. I'm at peace with that decision now, but it's awful I had to consider this. I've also been putting off going to my GP for other health needs until my name is changed. My GP clinic said they can't change my name without a new medicare card. I'm in a bind. I know I'll spiral back to being suicidal if I need to use that name again, but my need for medication is getting closer to urgent."

25-34 YEAR OLD QUEER MAN IN REGIONAL QUEENSLAND...

"I'm struggling with my anxiety, I don't have a mental health plan and I don't feel that the GPs are a safe enough place to go and get one put in place to allow for Telehealth consultations."

These fears are being further stoked by concerns about provisions in the Religious Discrimination Bill which support health professionals who wish to refuse medical treatment on religious grounds.

18-24 YEAR OLD GAY TRANS MAN...

"I worry about the looming Religious Discrimination Bill, and as a consequence, I cannot believe any of the government's comments about everybody deserving access to healthcare. If the bill is passed before COVID-19 is fully controlled, will I (as a trans male) be able to get sufficient treatment? According to the bill, I can be turned away if the medical "professional" claims to be religious, and takes issue with my existence. That is stressful."

(c) Key take outs for Australia's response to COVID-19

While restrictions on surgeries have eased, trans and gender diverse people remain unable to access gender affirming treatments with border closures preventing them accessing specialists overseas and interstate. Meanwhile concerns regarding COVID-19 have compounded existing fears of discrimination in healthcare settings. There is a need for a public education campaign encouraging and giving comfort to people to seek the healthcare they need despite COVID-19 and a specific strategy to tackle discrimination (and the perception of it among LGBTIQ+ people) in healthcare. Accessible arrangements must be put in place and communicated to allow people to travel overseas and interstate for medical treatment.

5. DISABILITY AND CARE NEEDS

LGBTIQ+ people with disability and those who need personal or domestic care have been exceptionally and adversely affected by COVID-19. We support calls by People with Disability Australia and others for people with disability to be included in all COVID-19 response plans and welcome the establishment of a COVID-19 advisory committee for people with a disability.

(a) Access to care needs

Out of 2,568, 872 (34%) LGBTIQ+ people identified themselves as having a disability or chronic health condition. However, a smaller proportion identified having personal or domestic care needs.

Out of 2,574 responses, 232 (9%) LGBTIQ+ people identified themselves as needing someone to assist them with personal or domestic tasks. Of those people, 183 (approx. 78%) reported receiving personal or domestic care prior to COVID-19.

Approximately half of LGBTIQ+ people receiving personal or domestic care do so from people who do not live with them. Of 183 LGBTIQ+ people receiving personal or domestic care, 96 (52.5%) received it from someone who lived with them, 74 (40.4%) received it from someone who did not live with them, and 13 (7.1%) received it both from someone who lived with them and someone who did not.

Of the 183 people who received personal or domestic care, 84 (45.9%) reported that COVID-19 and its associated restrictions had affected their ability to get the care they need, while 81 (44.3%) reported that COVID-19 and its associated restrictions had increased their care needs.

The impact of not being able to access care has been profound and immediate for people that need that care.

35-44 YEAR OLD QUEER WOMAN...

"Without access to physio and hydro and massage my [condition] is in an awful flare and the muscles in my neck have tightened so much they have pulled my shoulders out... I have had spasms in my back... I keep [dislocating joints] and without the pool to move without weight on it, it's hard to get it back in. Most of my joints are playing up without any help. This makes everything harder to do. It means I need more help with every day tasks and means I am less capable of helping my partner with her mental health issues. Because of the health backslide I am not able to bathe as often as I'd like so I have more skin problems than usual with skin tearing and cysts. We haven't been able to cook as well or as often as we'd like so I have put more weight on eating food that is easy to grab and available ([certain dietary needs are] ... hard to find when everyone is panic buying) which puts more pressure on my joints and makes things harder. The fall out will last much longer than lock down."

55-64 YEAR OLD QUEER PERSON, LIVES ALONE...

"I had to stop my rehab program and hydro therapy. Could not get domestic help. No garden help. No help at all. It's been very hard. My health has suffered enormously and I am getting sicker."

55-64 YEAR OLD QUEER WOMAN, LIVES ALONE WITH ASSISTANCE ANIMAL...

"I can't get lifts to the shops and doctors etc. It was a major problem feeding myself until the supermarkets resumed deliveries to vulnerable people."

35-44 YEAR OLD LESBIAN, LIVES ALONE...

"I need cooking but can't and have not been able to eat properly."

Among the reasons cited for not being able to access care include COVID-19 restrictions and social distancing guidance, the risk of contracting COVID-19, the increased needs of others (such as children), panic buying, and the additional cost involved in accessing care and services.

25-34 YEAR OLD GENDERQUEER PERSON...

"I'm struggling with the financial costs, paying for more services than normally needed, support workers, delivery of food/medicine... I have mobility restrictions so eating lunch out means I have to take it home with me or eat as I walk which is frustrating. I'm always worried everytime my allergies play up or I sneeze that I've got the virus and I'm going to die due to the anxiety. This entire covid situation has been very triggering for my ptsd and I know it'll affect me and others for years to come."

45-54 YEAR OLD LESBIAN, LIVES ALONE...

"My cleaner is no longer able to come on a regular basis. This is partly due to social distancing but mainly because her circumstances have changed in that she has to stay home and home school her 3 children."

25-34 YEAR OLD GENDERQUEER PERSON, LIVES ALONE...

"My friends are less available to support me as they are stressed by however [sic] the pandemic is effecting them. So I've needed to hire more payed [sic] support. I'm also needing more care as I'm immune compromised and the medications my doctor has recommended I take to protect me from covid-19 cause some bad side effects."

(b) Key take outs for Australia's response to COVID-19

The impact of COVID-19 on people with disability, particularly those in need of domestic and personal care, has been profound and significant. In April 2020, an advisory committee for people with disability was established to help inform the COVID-19 response. However, our survey results suggest that there is still a lot of work needed to ensure the increased need for support is met and solutions are found for people who rely on assistance through direct contact. People with disability and their advocates must be and remain key architects of the COVID-19 response going forward.

6. CAREGIVING

LGBTIQ+ people have stepped up to support and give care to family and friends through COVID-19. Nearly 1 in 5 LGBTIQ+ caregivers give care to a friend, who is not a partner and not a family member. Some of these caregivers have been discouraged by COVID-19 restrictions framed around 'households' and 'family', showing the importance of communications which speak to the diversity of 'chosen families' in LGBTIQ+ communities.

(a) Caregiving by LGBTIQ+ people

Out of 2,603 responses, 390 (15%) LGBTIQ+ people indicated that they provided unpaid personal or domestic care to another person. Care was most commonly provided to parent(s), followed by partners, children, a friend and another family member.

TABLE 4: WHO DO YOU PROVIDE CARE TO?

Note: Figures are reported by the number of people and by the number of people as a percentage of the total people who responded to the question. Percentages are rounded to the nearest 0.1%. Multiple responses allowed.

CARE PROVIDED TO:	NO.	%
Child	87	23.5%
Partner	95	25.7%
Parent	135	36.5%
Another family member	63	17.0%
Friend	77	20.8%
Total	370	

Around half (53.6 and 48.5% respectively) of the LGBTIQ+ caregivers indicated that COVID-19 and its associated restrictions had affected their ability to provide personal or domestic care, or increased their caring responsibilities.

65+ YEAR OLD LESBIAN...

"My friend is near 80 years old and has major health issues. I have been doing the shopping and trying to get him to not visit the shopping centres."

24-34 YEAR OLD GAY MAN...

"A new homeless gay guy moved into our spare room. International student from [country]. We provide room and some food."

35-44 YEAR OLD QUEER PERSON...

"My sister moved back home who is disabled so requires support, alongside the three other people I was caring for previously. We have stopped all care workers coming in for now who previously assisted with my [other family members]. Each person requires more emotional and psychological support during to lock downs and restrictions."

The reasons provided included social distancing measures, travel restrictions, school closures, border closures, the risk of infection, fear of getting fined or being stopped by police, and restrictions on access (for example, in aged care facilities).

35-44 YEAR OLD GAY MAN, CAREGIVER TO PARENT...

"I spent [a number of] months of last year in [another Australian state] supporting my father in managing his illness and transitioning from living alone and moving into a nursing home. Given my husband and I live and work in Sydney, the travel bans prevent me from physically being in [another Australian state] while the and social distancing mean I couldn't even visit him in the nursing home even if I could travel to [another Australian state]."

35-44 YEAR OLD GAY MAN, CAREGIVER TO FRIEND...

"I don't go as often and when I do, I get very stressed that the police might stop me. Because it's not a traditional family member I worry that they might fine me."

55-64 YEAR OLD LESBIAN, CAREGIVER TO IN-LAWS...

"My elderly parents-in-law who live with us in a granny flat are now isolated due to high risk so we have no physical contact with them. This makes it difficult to support them as we did before and to provide the same level of emotional and social support they need. It has also meant we cannot take them to medical or allied health appointments, shopping, etc reducing their choices. This has affected their mental health as well."

(b) Key take outs for Australia's response to COVID-19

LGBTIQ+ people are caregivers to a range of family and friends who are our 'chosen families'. That caregiving is something we should recognise, support and encourage. One way of doing this is to ensure that COVID-19 restrictions, and communications regarding those restrictions, speak to the diversity of familial and care networks in Australia. While New Zealand opted for inclusive concepts such as 'the people in your bubble', Australia has generally communicated its restrictions by reference to 'households' and 'family' relationships. These have had the effect of making the COVID-19 restrictions harder to understand and implement for caregivers who are not related or living with the people they care for.

7. BORDER CLOSURES AND FAMILIAL SEPARATION

Restrictions on travel, and border closures in particular, have had a negative impact on LGBTIQ+ people with partners and family members interstate or overseas. To give these people certainty, the Australian Government must outline a long-term plan for border closures and support reunification pathways for separate couples and families wherever possible.

(a) Separation of couples and families

Out of 2,623 responses, 1,325 (51%) LGBTIQ+ people reported being in a committed relationship and 213 (8%) indicated they were seeing someone or dating. Of the 1,325 LGBTIQ+ people in a committed relationship, 1,111 (84%) reported living with a spouse or partner. 77 (5%) LGBTIQ+ people in relationships indicated that their partners were living overseas and/or interstate.

A number of respondents with partners living overseas and/or interstate indicated they were worried about or struggling with being physically separated from their partner.

35-44 YEAR OLD GAY MAN...

"My partner of 15 years lives in [Australian state] and I live in Queensland (we had to move separately for work). Normally we try to visit each other at least once every 6 weeks or so. We haven't seen each other since the start of February and who knows when we will see each other again? It is very lonely."

GAY MAN SEPARATED FROM HIS PARTNER OF 7 YEARS...

"I had an application for a Partner Visa for my partner to come to AU. We were notified it was to be decided and then the virus stopped assessments and the borders were closed."

Some respondents were worried about separation from other family members.

45-54 YEAR OLD GAY MAN ...

"I have a brother receiving ... treatment [for a terminal illness]. This is my greatest worry as he is immuno-suppressed and being overseas will impact on family visiting him when he has a terminal illness."

65+ YEAR OLD BISEXUAL MAN IN NSW...

"I would like some idea of when we can travel to see family interstate."

(b) Key take outs for Australia's response to COVID-19

The Australian response to COVID-19 needs to provide separated couples and families with information on reunification pathways if interstate and overseas borders are to remain closed for the longer term. Australian borders should not be closed to family members any longer than is strictly necessary to preserve public health.

8. VIABILITY OF LGBTIQ+ INSTITUTIONS AND COMMUNITY ORGANISATIONS

Safe and affirming queer spaces are critical to the LGBTIQ+ community. There are very few LGBTIQ+ organisations, businesses and venues in Australia, and their ongoing viability is a key concern for the ability of LGBTIQ+ people to re-emerge, as a community, from COVID-19. LGBTIQ+ institutions and community organisations need a strategy, supported by government, to ensure key cultural and community meeting places and organisations survive the crisis.

(a) The LGBTIQ+ sector in Australia

As set out in our earlier report on [COVID-19 and LGBTIQ+ Communities](#), LGBTIQ+ organisations, businesses and venues are important cultural and commercial institutions that provide a place for connection, support, pride and community. They are also sites for spreading important community information, such as safe sex information.

Many of these institutions rely on events income or opening their doors to patrons, and give LGBTIQ+ organisations platforms to meet, fundraise and host events. They are our communities' town halls and squares, our places of congregation, and our cultural and sporting gathering grounds.

While COVID-19 shuts down these venues, their income streams and the opportunity for fundraising events, LGBTIQ+ community organisations will face uncertain economic futures notwithstanding the increased demand for their services as a result of COVID-19.

18-24 YEAR OLD BISEXUAL WOMAN...

"Community spaces are so important for the queer community. I feel like I can be myself fully when I'm not with my community. Most straight cis people don't feel like they need to hide parts of themselves at home. But many queer people do. And it's an awful feeling. My community spaces are where I can turn off the constant worry about what people will think of me and just relax and be myself. I haven't access to that since the March."

25-34 YEAR OLD QUEER WOMAN...

"I am concern about accessing the community (i.e. queer spaces, music venues, libraries, pools, museums) as they are essential to my self-care and identity prior to COVID-19."

18-24 YEAR OLD QUEER NON-BINARY PERSON...

"I really miss being surrounded by queer friends and queer culture, I feel a sort of loss of identity as I am not having it validated as much as I usually would."

25-34 YEAR OLD PANSEXUAL WOMAN...

"Most of my friends are straight, and almost all of them are in long-term monogamous relationships. It's hard to relate to them on so many Zoom chats where they're all lying in bed with their partners, and I'm just sadly swiping Tinder in a regional town with very few queers."

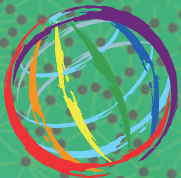
(b) Key take outs for Australia's response to COVID-19

The LGBTIQ+ community relies on a few organisations, businesses and venues to sustain LGBTIQ+ support, culture and community. LGBTIQ+ community organisations are seeing an increase in demand for their services without additional funding, and in an environment that has limited their ability to fundraise due to the ban on gatherings and cultural events. LGBTIQ+ businesses and venues, which in turn provide space and fundraising opportunities for other community institutions and organisations, must operate under restricted capacity. Our organisations, businesses and venues must be part of recovery planning and targeted economic stimulus aimed at preserving key cultural and community meeting places and services.



VULNERABILITY AMPLIFIED

The Impact of the COVID-19 Pandemic on LGBTIQ People



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OutRight Action International works at a global, regional and national level to eradicate the persecution, inequality and violence lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people face around the world. From its offices in 7 countries and headquarters in New York, OutRight builds capacity of LGBTIQ movements, documents human rights violations, advocates for inclusion and equality, and holds leaders accountable for protecting the rights of LGBTIQ people everywhere. OutRight has recognized consultative status at the United Nations.

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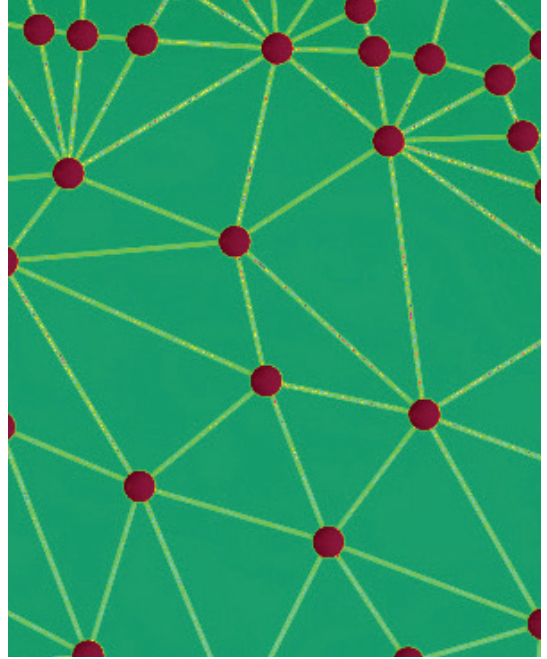
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VULNERABILITY AMPLIFIED

The Impact of the COVID-19 Pandemic on LGBTIQ People



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Members of the Wuhan LGBT Center pick up HIV medications from a hospital hub where COVID-19 is prevalent.





Acknowledgements

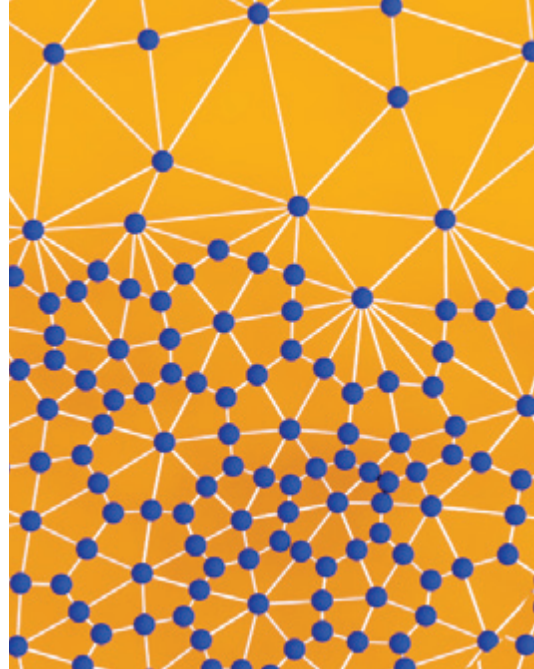
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We set out to do this project in real time, on an ambitious timeline - we wanted to gather, analyze and release findings about how LGBTIQ people across the world are affected by and coping with the COVID-19 pandemic within one month. Normally a comprehensive research project takes considerably longer. This was, without a doubt, a team effort. Many thanks to the leadership team at OutRight Action International - Jessica Stern, Maria Sjödin and Paul Jansen - for envisioning, editing and prioritizing this work. Thank you to all the staff and consultants who conducted interviews, in multiple languages, with LGBTIQ

We set out to do this project in real time, on an ambitious timeline - we wanted to gather, analyze and release findings about how LGBTIQ people across the world are affected by and coping with the COVID-19 pandemic within one month.

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Executive Summary

Introduction

As of Thursday, May 7, 2020, the world continues to face a devastating health emergency.

Declared a global pandemic by the World Health Organization (WHO) on March 11, 2020, Coronavirus disease-2019 (COVID-19) continues to sweep across the globe. Aside from the serious health threat that this pandemic poses to people everywhere, it is also beginning to take a devastating toll on global and local economies. The potential for human rights violations is escalating in some regions under the guise of disease control measures, and fear and a search for answers are leading to a proliferation of myths and rumors about causes and cures.

At the time of publication, the pandemic remains a moving target: we still don't know how many people ultimately will be stricken or when this pandemic will end. Yet we do know, as history has shown us, that in times of crisis those most marginalized tend to suffer disproportionately compared to the broader population. Among the most marginalized groups in societies across the world, even in the absence of a global pandemic, are lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ¹) people, who experience higher levels of violence, exclusion, and deprivation, especially where stigma, discrimination, and criminalization of same-sex relations or transgender identities

History has shown us that in times of crisis those most marginalized tend to suffer disproportionately compared to the broader population.

¹ OutRight Action International uses the acronym LGBTIQ to denote the lesbian, gay, bisexual, transgender, queer and intersex community. We believe this acronym is inclusive of a broad range of people across our community. It is not exhaustive, nor is it universally accepted or used. Where interviewees have used a different version of the acronym, or where quoting sources which use a different acronym, we have opted to use the version used by the source.

prevail. In times of crisis these vulnerabilities are amplified.

Objectives and Methods

In March and April 2020, OutRight Action International conducted a literature review and in-depth interviews with 59 LGBTIQ people from 38 countries to characterize how the global COVID-19 pandemic and the public health measures being taken to curb transmission are affecting LGBTIQ lives and movements in real time. We also sought to highlight the strategies and interventions being used to strengthen resilience, solidarity, and disease response. We hope that these accounts will help guide global, regional, and national advocacy efforts, as well as help ensure that LGBTIQ people around the world are included in all health, humanitarian, and economic relief efforts to mitigate the impacts of the pandemic.

Key Findings

Literature Review

The background literature review confirms that emergencies tend to exacerbate vulnerability for those already struggling against inequality in its many forms. The challenges in accessing justice, health, education, employment, housing, and other services due to discrimination and exclusion are amplified during times of crisis. In countries that criminalize same-sex relations or transgender lives, the risk of detainment and imprisonment may be a continuous threat.

Well documented experiences from the Indian Ocean tsunami in 2004, the plight of the *warias*² after the 2010 eruption of Mt. Merapi in Indonesia, the Haitian earthquake in 2010, and Tropical Cyclone Winston in 2016, among others, highlight how “social sidelining” of LGBTIQ individuals occurs before, during, and after emergencies.

² *Waria*, taken from combining the words for female (*wanita*) and male (*pria*) in the Indonesian language, is the term for a traditional trans-feminine “third gender” category in Indonesian culture.

Such sidelining is due to discrimination and stigma, with roots in prejudices based on sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), combined with difficulties that LGBTIQ people face in accessing support during emergencies, effectively pushing them further towards the margins.

Most global frameworks that guide emergency response use a narrow gender framing, restricting the definition to “women and girls.” Such framing overlooks the specific barriers to support that LGBTIQ people may be facing due to their sexual orientation, gender identity and expression, or sex characteristics and can often explicitly exclude them from being able to access this support.

In-depth Interviews

OutRight’s findings point to specific challenges being faced by LGBTIQ people globally during this unprecedented pandemic—whether directly from the virus or from the economic fallout that has resulted in job loss, hunger, lack of access to other critical health care, increases in violence, and threats to the survival of LGBTIQ organizations. Repression, exclusion, militarization, and criminalization are all on the rise in countries prone to authoritarianism and regressive gender ideologies, putting marginalized populations at greater risk. Even in countries that have made progress in recognizing the human rights of LGBTIQ people, LGBTIQ community members are experiencing a higher level of vulnerability, barriers to accessing health care not related to COVID-19, and threats to the survival of community and advocacy organizations. At the same time, LGBTIQ communities are mobilizing to provide material and emotional support as best they can.

Seven key themes emerged from the interviews with 59 LGBTIQ people from 38 countries:

THEME 1

Devastation of Livelihoods and Rising Food Insecurity

I work at an LGBTIQ organization as an activist, and I am also a drag entertainer. I am contracted to do shows and to entertain at social gatherings, but at the moment, there are no social gatherings, so I don't have work. This is very difficult for me because, as a very effeminate gay person, this is the only job that I can find. No one wants to hire me for anything else.

– William Linares, 24, gay man, Belize

In many countries, LGBTIQ people predominantly work in the informal sector, relying on daily wages and surviving without job protections, making them especially vulnerable to economic slow-downs and restrictions on movement. Indeed, our interviews revealed that many LGBTIQ people must choose between risking infection to earn enough money to pay for food and shelter or adhering to lockdown requirements and risk going without basic necessities.



William Linares. Photo courtesy of William Linares.

THEME 2

Disruptions in Health Care Access and Reluctance to Seek Care

LGBTI people are at risk of not being treated or prioritized in case of infection... There will be no control to avoid attitudes or actions that discriminate and violate LGBTI people. There will undoubtedly be various human rights violations for this population...

– Bianka Rodriguez, 26, transwoman, El Salvador

The COVID-19 pandemic has overwhelmed even relatively functional health systems around the world, which have been plagued with shortages of personal protective equipment, test kits, and specialized equipment such as ventilators. In countries where health systems are weak and already overwhelmed, the prospect of effectively addressing the COVID-19 pandemic is daunting. Even in the absence of a pandemic, LGBTIQ people around the world face discrimination, stigma, refusal of services, and confidentiality breaches within health services. It is no wonder, then, that LGBTIQ people may be reluctant to seek care now, even when the situation is dire.

THEME 3

Elevated Risk of Family or Domestic Violence

A 24-year old transwoman shared that her mother insisted she wear male clothing and cut her hair while in her [mother's] house, or her mother will put her out during curfew, which would mean that she would be arrested and sent to jail to face greater dangers.

– Catherine Sealys, President, Raise Your Voice, St. Lucia

LGBTIQ people who face discrimination from family members due to actual or perceived gender

identity or sexual orientation are at higher risk of domestic violence during a time of lockdown and quarantines. Indeed, interviewees reported either feeling at increased risk themselves or knowing others at increased risk of violence and abuse within their homes due to forced cohabitation with with unsupportive family or abusive partners.

THEME 4

Social Isolation and Increased Anxiety

I am experiencing a lot of anxiety... Being LGBT is perceived as criminal and ungodly, so queer people have established ways of forming communities and chosen families... Social spaces are very therapeutic, especially queer spaces. With that being taken away from me, it feels like my life is over... Now it feels like we are all just struggling to stay alive.
– Shamim, 26-year old lesbian, Kenya

The majority of LGBTIQ respondents described the challenges of increased isolation, which left many cut off from chosen families and support networks. The inability to physically connect with their LGBTIQ communities and friends during this time of physical distancing is causing acute feelings of isolation and even fear.

THEME 5

Fears of Societal Violence, Stigma, Discrimination, and Scapegoating

The chief Muslim cleric here in his address on COVID-19 said that this is a punishment from God for LGBT people. The national attitude about LGBT is creating more discrimination and stigma, and the LGBT community is in a panic....Whenever there is a disaster, the LGBT community is blamed by religious leaders...
– Davis Mac-Iyalla, 48-year old LGBTIQ activist, Ghana



Davis Mac-Iyalla is an LGBTIQ activist in Ghana and currently works as the Executive Director of the Interfaith Diversity Network of West Africa. Photo courtesy of Davis Mac-Iyalla.

There is an unfortunate history of LGBTIQ populations being blamed for crises, often by conservative religious leaders, leading to heightened stigma, discrimination, and sometimes violence. Sadly, starting in the earliest days of the COVID-19 pandemic, the scapegoating of LGBTIQ people began in countries such as Ghana, Guyana, Kenya, Liberia, Russia, Uganda, Ukraine, the United States, and Zimbabwe, among others.

THEME 6

Abuse of State Power

What worries me more as a human rights defender, is the ease with which even democratic countries have imposed thoroughly undemocratic measures – the speed with which borders were closed and “us” vs “them” rhetoric emerged. This is a heyday for authoritarian and totalitarian regimes like Russia. It makes it seem like authoritarianism works in times of crisis, while showing democracies as fragile – even if it is only in the short-term.
– Mikhail Tumasov, 44, Chair of the Russian LGBT Network, Russia

The unprecedented health crisis has led countries to announce states of emergency and take drastic measures to contain the spread of the disease. While some countries reportedly

have acted in good faith with appropriate transparency and effective communication, several people interviewed expressed concerns that governments are using or will use the pretext of disease control to seize power under states of emergency; crack down on certain populations, such as LGBTIQ people, by prohibiting events or protests; propose harmful legislation; and/or to undertake invasive surveillance resulting in significant privacy breaches. Initial reports from countries such as Hungary, Poland, Uganda, and the Philippines indicate that abuse of state power under the pretext of disease control may disproportionately harm LGBTIQ people.

THEME 7

Concerns about Organizational Survival, Community Support, and Unity

I worry that we are going to become more invisible in the bigger political picture – our fight and our politics are no longer going to be factored. Our challenges will be diluted... I am worried that our rights and the things harmful to us will no longer be a priority anymore – that we will become insignificant to government priorities overall. Once you become invisible, you become voiceless.

– Phylesha Brown-Acton, 44,
Fakafafine/transwoman, New Zealand



Phylesha Brown-Acton. Photo courtesy of Phylesha Brown-Acton.

Many interviewees spoke of the existential threat that the COVID-19 pandemic is posing to LGBTIQ movement-building and organizational survival. This is due to slow-downs or stoppages in critical advocacy work such as strategic litigation, as well as in provision of community support. Interviewees expressed uncertainty about meeting current donor expectations when they can no longer implement activities, and concern about donors shifting away from supporting LGBTIQ movement-building priorities and community needs. LGBTIQ human rights defenders and organizations fear their work could be set back years.

Conclusions and Recommendations

The picture painted by the interviews conducted by OutRight Action International is both grave and hopeful. The COVID-19 pandemic is posing unprecedented challenges to human resilience and the world economic order. While everyone is susceptible to infection, the world will not experience the pandemic equally. Among those hit hardest are many LGBTIQ people, whose lives in numerous places across the world are already shamefully devalued by stigma, discrimination, exclusion, and criminalization. The interviews also shed light on the strength, determination, and selflessness of many within LGBTIQ communities who are finding ways to continue supporting each other.

Such support should not only come from within the community. We must insist that LGBTIQ people around the world are included in all health, humanitarian, and economic relief efforts to mitigate the threats of hunger, homelessness, and health impacts brought on by the pandemic. Drawn largely from the narratives of the 59 people interviewed, the recommendations on the following page map out specific areas that governments, donors, UN agencies, relief organizations, and non-governmental organizations (NGOs) must address.

For Governments at All Levels

- Consult LGBTIQ communities in all planning and implementation of national pandemic control strategies.
- Address food shortages urgently.
- Resolve delays and disruptions in access to health care for people living with HIV, transgender people, intersex people, and others - including LGBTIQ people - with long-term health and wellness needs.
- Ensure access to justice for all those enduring family or domestic violence.
- Ensure law enforcement agencies provide SOGIESC inclusive, appropriate, and sensitive services.
- Condemn anti-LGBTIQ hate speech and scapegoating.
- Prioritize decriminalization and anti-discrimination provisions in law and policy.

For All Donors

- Be flexible, stay committed, and increase support, including general operating support and poverty alleviation funds.
- Ask what communities need and support their most immediate priorities.
- Contribute to and support emergency relief funds at the local, national, regional, and global levels, ensuring that they are inclusive of LGBTIQ communities.
- When funding large humanitarian relief organizations, hold them accountable for competently addressing LGBTIQ needs and mandate non-discrimination based on SOGIESC as a pre-requisite for access to humanitarian funding.

For UN Agencies, Humanitarian Relief Organizations, NGOs, and Private-Sector Entities Involved in Pandemic Response

- Ensure inclusive emergency relief health services by engaging LGBTIQ communities, understanding their needs, forging partnerships, and tailoring programming to LGBTIQ realities.
- Develop safe, respectful, sensitive, and secure approaches to ensuring access to relief commodities and services.
- Collaborate with LGBTIQ communities to develop tailored information that addresses infection control, availability of safe health services and safe spaces, and availability of social support.
- Include LGBTIQ issues when describing the gendered impacts of the COVID-19 pandemic.
- Document lessons learned from inclusive emergency relief and pandemic control efforts.
- Develop global guidance on ensuring an inclusive response to pandemics and other health emergencies.



Introduction

As of May 7, 2020, the world continues to face a devastating health crisis. Coronavirus disease-2019 (COVID-19) was first detected in Wuhan, China, in late December 2019 and was declared a global pandemic by the World Health Organization (WHO) on March 11, 2020.³

While countries and regions are currently at different stages of outbreak, no country is - or will be - unscathed. As of May 7, 2020, more than 3.6 million cases have been confirmed, and over 258,000 people have succumbed to the illness. Aside from the serious health threat that this pandemic poses to people everywhere, the measures to control the disease—lockdowns, curfews, and social distancing - are having devastating impacts on access to basic needs, such as food and shelter, as global and local economies tumble towards a possible collapse. At the same time, the potential for human rights violations is escalating in some regions under the guise of disease control measures, domestic violence is soaring, and many health services unrelated to the pandemic have been deemed non-essential and therefore have become inaccessible. Additionally, fear and a search for answers are leading to a proliferation of myths and rumors about causes and cures.

At the time of publication, the scope of the pandemic remains a moving target: we don't know how many people will be stricken by the virus, when this pandemic will end, or what the ultimate economic toll will be. Yet, history has shown us that in times of crisis and complex emergencies - whether due to natural disasters, disease outbreaks, war and conflict, famine, or forced displacement - those most marginalized suffer disproportionately compared to the broader population. Even in the absence of a pandemic, lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ⁴) people experience higher

³ World Health Organization. "Coronavirus disease (COVID-19) pandemic: Q & A on coronaviruses." March 9, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Retrieved March 23, 2020.

⁴ OutRight Action International uses the acronym LGBTIQ to denote the lesbian, gay, bisexual, transgender, queer and intersex community. We believe this acronym is inclusive of a broad range of people across our community. It is not exhaustive, nor is it universally accepted or used. Where interviewees have used a different version of the acronym, or where quoting sources which use a different acronym, we have opted to use the version used by the source.

levels of violence, exclusion, and deprivation compared to others, and are among the most marginalized groups around the world, especially where stigma, discrimination, and criminalization of same-sex relations or transgender identities prevail. In times of crisis, the vulnerability faced by LGBTIQ people is amplified.

A range of intersectional factors, including race, ethnicity, gender, and socioeconomic status further boost risk and vulnerability. The economic ramifications of lockdowns and curfews are exacerbating the struggles of those already surviving on daily wages and working in the informal sector—where queer people tend to be over-represented in many countries. In addition, many LGBTIQ people all over the world already face high rates of isolation, now worsened by curfews and lockdowns to control the pandemic. They cannot rely on family support, may delay seeking care from health workers and other first responders due to past mistreatment and discrimination, and risk suffering interruptions in essential medications, such as HIV drugs. Transgender and intersex people may be cut off from hormones and other gender-affirming care.^{5,6}

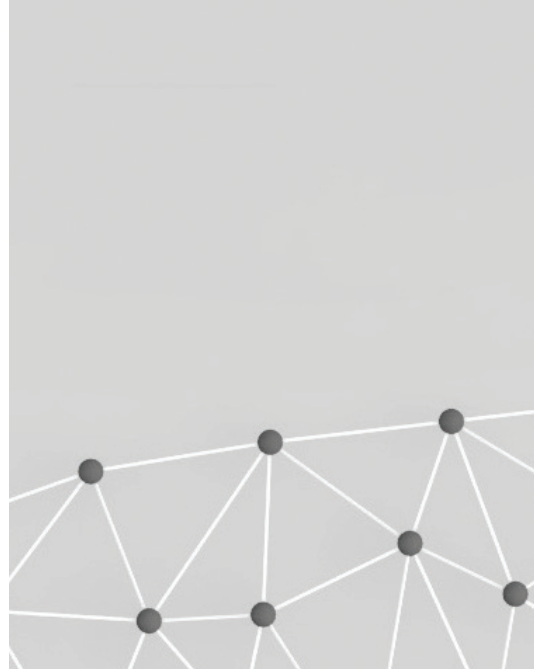
This report presents the results of a rapid qualitative assessment to elicit stories and preliminarily characterize how the global COVID-19 pandemic, and the measures being taken to curb transmission, are affecting LGBTIQ lives and movements in real time. Specifically, we sought to urgently identify both the particular stresses and risks that LGBTIQ individuals and communities around the world are facing, as well as to highlight the strategies and interventions being used to strengthen resiliency, solidarity, and disease response during this worldwide crisis. As findings from the interviews

indicate, LGBTIQ people globally are suffering—whether directly from the virus or from the economic fallout that has resulted in job loss, hunger, lack of access to other critical health care, increases in violence, and threats to the survival of LGBTIQ organizations. Repression, exclusion, militarization, and criminalization are all on the rise in countries prone to authoritarianism and regressive gender ideologies, putting marginalized populations at greater risk. Even in countries that have made progress in recognizing the human rights of LGBTIQ people, community members are experiencing a higher level of vulnerability, barriers to accessing health care not related to COVID-19, and threats to the survival of community and advocacy organizations.

At the same time, LGBTIQ communities are mobilizing to provide material and emotional support as best they can. We hope that these accounts will help guide global, regional, and national advocacy efforts, as well as help ensure that LGBTIQ people around the world are included in all health, humanitarian, and economic relief efforts to mitigate the impacts of the pandemic.

5 Center for Disaster Philanthropy. “LGBTQ+ communities and disasters.” (No date) <https://disasterphilanthropy.org/issue-insight/lgbtq-communities-and-disasters/>

6 Human Rights Watch. “Human rights dimensions of COVID-19 response.” March 19, 2020. https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586



Methodology

Over four weeks in March and April 2020, OutRight undertook a literature review and conducted 59 in-depth interviews with LGBTIQ people in 38 countries.

For the literature review, we sought to identify key academic studies, gray literature, program evaluations and reports, and COVID-19 media coverage that addressed the impacts of past complex emergencies, natural disasters, and disease outbreaks on LGBTIQ populations or other marginalized populations globally. We identified the literature predominantly through web-based searches combining key words related to human rights of LGBTIQ people and gender, with those related to humanitarian relief, disaster response and recovery, complex emergencies, and disease epidemics such as SARS and Ebola.

Many respondents are also involved in LGBTIQ activism as we sought to understand both the personal impact of COVID-19 as well as how the pandemic is affecting broader communities and movement-building.

We conducted the majority of the in-depth interviews over ten days at the end of March and early April 2020. We used OutRight Action International's staff, consultant, and partner networks to identify interviewees representing a diverse range of sexual orientations, gender identities, gender expressions, sex characteristics, geographies, races, ethnicities, and ages. Many respondents are also involved in LGBTIQ activism as we sought to understand both the personal impact of COVID-19 as well as how the pandemic is affecting broader communities and movement-building. Fifteen interviewers, all OutRight staff or consultants, used a semi-structured interview guide to conduct between two and five interviews each. All were oriented to the interview guide to ensure a common understanding of each question. In our pre-interview training, we also carefully addressed how to manage interviewees who may be experiencing hardship or trauma. Each interviewer used a common introductory script

for contacting potential interviewees and had a list of resources on COVID-19 to share with respondents.

The interviews, conducted via Skype, Zoom, telephone, WhatsApp, or Signal, began with an overview of the assessment's purpose and how the data would be used. All interviews were conducted with verbal consent. Interviewees were told they could stop the interview at any time and/or decline to answer any question. If permission was granted, interviews were audio-recorded. We specifically obtained written consent for any quotations, photographs, or stories shared in this report. Actual names are provided only when interviewees gave explicit permission. We reviewed and validated all quotations and profile summaries with the interviewees before publication.

The regions represented in this report are Southeast, East, and South Asia; the Middle East and North Africa; Northern, Western, Eastern and Southern Europe; sub-Saharan Africa; Latin America; the Caribbean; Oceania; and North America. Interviews were conducted in Arabic, Chinese, English, Latvian, Portuguese, Russian, Spanish, Swahili, and Tagalog. Interviewers then translated the interviews directly into English during the transcription and summary process.

Ten questions were posed that focused, broadly, on the ways in which the COVID-19 pandemic was affecting the interviewee personally; the extent to which available COVID-19-related information was relevant to their needs; challenges in and strategies for coping with social distancing and lockdowns; whether and how the pandemic was impacting respondents differently than other people; whether and to what extent other health care had been disrupted; how the pandemic was affecting their work and the legal and political climate for advancing human rights of LGBTIQ people in their countries; and what support they anticipated needing in the coming weeks and months. The data from transcribed interviews were centrally

entered into a spreadsheet for thematic coding and analysis. Additional sub-topics were identified under each theme.

Limitations

This was a rapid assessment using known networks to identify interviewees. We are likely missing voices from some of the hardest-to-reach LGBTIQ people, including those who are refugees and migrants or who live in areas of conflict or under highly repressive regimes. We did not use certified translators for back-translation into English. Only when specific quotes were used did we seek validation from the interviewee on the precise meaning of the quote. Finally, we conducted these interviews relatively early in the pandemic. The challenges facing those interviewed may have evolved since we spoke to them.



Background

Although the full scale of the COVID-19 impact on LGBTIQ people is yet to be fully understood, experience from past complex emergencies suggests that the degree to which individuals and societies are able to cope and recover is highly dependent on a range of pre-existing structural, political, economic, and sociocultural factors.

Certainly, for those already struggling against inequality in its many forms, emergencies tend to exacerbate vulnerability. For example, where pre-crisis levels of homophobia, transphobia, biphobia and discrimination are already high, and where same-sex relations or gender identities are criminalized, vulnerability will increase, especially during times of increased pressure of scarce resources.⁷ Further, the challenges in accessing justice, health, education, employment, food, housing, and other services due to discrimination and exclusion may be amplified during emergencies, even in countries that have made progress in securing human rights for LGBTIQ people.⁸ Specifically, the economic ramifications of lockdowns and curfews exacerbate the struggles of those already surviving on daily wages and working in the informal sector—where queer people tend to be over-represented in many countries. In countries that criminalize same-sex relations or trans lives, the risk of detainment and imprisonment also may be a continuous threat.

...for those already struggling against inequality in its many forms, emergencies tend to exacerbate vulnerability...

⁷ Human Dignity Trust. “Criminalising homosexuality and LGBT rights in times of conflict, violence, and natural disasters.” November 2015. <https://www.humandignitytrust.org/wp-content/uploads/resources/8.-Criminalisation-Conflict-and-Natural-Disasters.pdf>

⁸ Dwyer, Emily and Lana Woolf. “Down by the River.” Oxfam Australia. February 2018. https://www.gdnonline.org/resources/Down-By-The-River_Web.pdf

Differential Risks Facing LGBTIQ People during Times of Crisis

In recent years, considerable evidence has emerged that demonstrates the differential risks and impacts of complex emergencies and health crises on specific populations, such as women and girls, racial and ethnic minorities, people with disabilities, internally displaced populations, indigenous people, immigrants, and those living in poverty.^{9, 10, 11} In the United States, for example, data are now emerging that clearly point to disparities in COVID-19-related access to care and survival rates among African-American and Latinx populations, who are disproportionately represented in low paying jobs and have higher rates of chronic illness and malnutrition.¹² Mainstream international policy frameworks, which often guide national policies, tend to ignore LGBTIQ populations as part of their risk analyses and recommendations, let alone acknowledge that LGBTIQ people themselves have varying vulnerabilities due to other intersecting factors.^{13, 14} This is partly due

to the historic lack of research and documentation as well as to the broader invisibility of the community in many countries.¹⁵

Much of the current evidence pointing to disproportionate impacts of emergencies on LGBTIQ populations is drawn from often-cited studies following natural disasters—for example, the Indian Ocean tsunami in 2004,¹⁶ the plight of the *warias*¹⁷ after the 2010 eruption of Mt. Merapi in Indonesia,¹⁸ the 2010 earthquake in Haiti,¹⁹ and Tropical Cyclone Winston²⁰ in 2016, among others. These examples highlight how “social sidelining” of LGBTIQ individuals occurs before, during, and after emergencies, due to existing SOGIE-based discrimination and stigma, combined with difficulties that LGBTIQ people face in accessing support during emergencies, effectively pushing them further towards the margins.^{21, 22}

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- 9 The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). “Unseen but not unheard: sexual and gender-based violence in humanitarian crisis.” December 9, 2016. <https://www.unocha.org/story/unseen-not-unheard-sexual-and-gender-based-violence-humanitarian-crises>
- 10 Reidy, Eric. “How the coronavirus outbreak could hit refugees and migrants.” *The New Humanitarian*, February 27, 2020. <https://www.thenewhumanitarian.org/news/2020/02/27/Coronavirus-Iran-refugees-IDPs-Italy-Europe-disease>.
- 11 Beech, Hannah and Ben Hubbard. “Unprepared for the worst: world’s most vulnerable brace for virus.” *The New York Times*, March 26, 2020. <https://www.nytimes.com/2020/03/26/world/asia/coronavirus-refugees-camps-bangladesh.html>
- 12 Yancy, Clyde W. “COVID-19 and African Americans.” *Journal of the American Medical Association*, April 15, 2020. <https://jamanetwork.com/journals/jama/fullarticle/2764789>
- 13 Gaillard, JC, Andrew Gorman-Murray, and Maureen Fordham. “Sexual and gender minorities in disaster.” *Gender, Place, & Culture*, 24(1): 18-26, 2017. <https://www.tandfonline.com/doi/full/10.1080/0966369X.2016.1263438>
- 14 Dominey-Howes, Dale, Andrew Gorman-Murray, and Scott McKinnon. “Queering disasters: on the need to account for LGBTI experiences in natural disaster contexts.” *Gender, Place, & Culture*, 21(7): 905-918, 2014. <https://www.tandfonline.com/doi/abs/10.1080/0966369X.2013.802673>

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- 15 Rushton, Ashleigh et al. “Beyond binary: (re)defining ‘gender’ for 21st century disaster risk reduction research, policy, and practice.” *International Journal of Environmental Research and Public Health*, 16: 3984-97, 2019. <https://www.mdpi.com/1660-4601/16/20/3984/htm>
- 16 Pincha, Chaman et al. “Understanding gender differential impacts of tsunami and gender mainstreaming strategies in tsunami response in Tamil Nadu, India.” Anawim Trust/Oxfam America, 2007. http://www.gdnonline.org/resources/Gender_mainstreaming_Pincha_etal.pdf
- 17 Waria, taken from combining the words for female (*wanita*) and male (*pria*) in the Indonesian language, is the term for a traditional trans-feminine “third gender” category in Indonesian culture.
- 18 Balgos, Benigno, JC Gaillard, and Kristinne Sanz. “The warias of Indonesia in disaster risk reduction: the case of the 2010 Mt. Merapi eruption in Indonesia.” *Gender and Development*, 20(2): 337-348. 2012.
- 19 International Gay and Lesbian Human Rights Commission (IGLHRC) and SEROvie. “The impact of the earthquake, and relief and recovery programs on Haitian LGBT people.” Published March 28, 2011. <https://outrightinternational.org/sites/default/files/504-1.pdf>
- 20 Dwyer and Woolf, 2018.
- 21 Knight, Kyle. “LGBT people in emergencies- risks and service gaps.” Human Rights Watch. May 20, 2016. <https://www.hrw.org/news/2016/05/20/lgbt-people-emergencies-risks-and-service-gaps>
- 22 Rumbach, Jennifer and Kyle Knight. “Sexual and gender minorities in humanitarian emergencies.” Chapter 3 in *Issues of gender and sexual orientation in humanitarian emergencies*, Larry W. Roeder, Jr., Ed. Switzerland: Springer International Publishing, 2014. 33-74.

While some research exists on the differential risks to specific populations during previous sudden public health emergencies, such as the Ebola outbreak in West Africa (2014) and the Zika outbreak in the Americas (2016), data on the impact and implications of public health crises specifically for LGBTIQ populations remain sparse.²³ The exception is in relation to HIV, the other global pandemic, which has killed more than 40 million people worldwide since the early 1980s. While drawing parallels between HIV and COVID-19 must be done with caution given their very different profiles, the response to the HIV epidemic points to the ways in which LGBTIQ communities have been overlooked, and even specifically excluded, despite years of effort to fight stigma and discrimination.²⁴ In 2018, more than half of all new HIV infections were among so-called “key populations”—sex workers, people who use drugs, gay men and other men who have sex with men (MSM), transgender people and prisoners. Societal homophobia, transphobia, and gender inequality have hindered HIV epidemic control, leading to unequal access to lifesaving care, and leaving many of the most marginalized exposed to infection and illness.^{25, 26, 27}

23 Tabary, Zoe. “Women, LGBT people ‘invisible’ victims of disasters: experts.” Reuters News Service. March 8, 2018. <https://www.reuters.com/article/us-women-lgbt-disaster/women-lgbt-people-invisible-victims-of-disasters-experts-idUSKCN1GK1LK>

24 Kane, Peter Lawrence. “Unresolved grief: coronavirus presents eerie parallels for many AIDS advocates.” *The Guardian*. March 22, 2020. <https://www.theguardian.com/world/2020/mar/22/coronavirus-aids-epidemic-san-francisco>

25 UNAIDS. “Communities at the centre.” Global AIDS Update, 2019. https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf

26 Kane, 2020.

27 The Dallas Voice. “National LGBT health organizations warn about risks of COVID-19 for LGBTQ population.” March 11, 2020. <https://dallasvoice.com/national-lgbt-health-organizations-warn-about-risks-of-covid-19-for-lgbtq-population/>

Still, we can draw important lessons from the HIV pandemic. First and foremost, it has shown us that disease control efforts must be grounded in a human rights approach that centers the empowerment and involvement of

While drawing parallels between HIV and COVID-19 must be done with caution given their very different profiles, the response to the HIV epidemic points to the ways in which LGBTIQ communities have been overlooked, and even specifically excluded, even after years of effort to fight stigma and discrimination.

all affected communities, and that services must be provided without stigma or discrimination.^{28, 29} Current COVID-19 response efforts may also look to the HIV epidemic response for ways to increase access to care, such as identifying or creating “friendly” health service points and targeted contact tracing.³⁰

A Need to Widen the Gender Lens

The “gendered” impacts of emergencies have been widely studied in recent years—more so than other intersectional factors, and viewing crises through a gender lens is certainly critical.³¹

28 UNAIDS. “Rights in the time of COVID-19: lessons from HIV for an effective, community-led response.” 2020. https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf

29 Human Rights Watch. “Human rights dimensions of COVID-19 response.” March 19, 2020. https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586

30 Fitzsimons, Tim, and Alexander Kacala. “How to survive a pandemic: HIV experts and activists on lessons learned.” NBC News. March 22, 2020. <https://www.nbcnews.com/feature/nbc-out/how-survive-pandemic-hiv-experts-activists-lessons-learned-n1165016>

31 Davies, Sara E. and Belinda Bennett. “A gendered human rights analysis of Ebola and Zika: Locating gender in global

For example, during the Ebola outbreak in West Africa, prevailing gender norms and roles led to clearly disparate impacts, with more women than men contracting and dying from the disease. This likely is due to women's primary responsibilities in domestic chores and care-giving, their over-representation as health care providers, and their potential exposure to physical, psychological, and economic harm. In the current crisis, although the elderly and persons with compromised immune systems may be at greatest risk of fatality from COVID-19, the greater caregiving role that women and girls tend to perform and their continued predominant presence as health care providers likely increase their exposure and risk of illness.³²

In March 2020, the Gender and COVID-19 Working Group issued a set of recommendations for governments and global health institutions to ensure a gender-inclusive pandemic response, yet the needs of LGBTIQ people were notably absent.

CARE International and the International Rescue Committee published a global rapid gender analysis for COVID-19 early in the pandemic, providing an extensive intersectional gender analysis and set of recommendations that is inclusive of LGBTIQ people.³³ Their analysis noted, importantly, that LGBTIQ communities often endure additional barriers to accessing

health emergencies." *International Affairs*, 92(5), 2016.

32 CARE International. "Gender implications of COVID-19 outbreaks in development and humanitarian settings." March 2020. https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

33 Haneef, Christina and Anushka Kalyanpur. "Global rapid gender analysis to COVID-19." CARE International and the International Rescue Committee. March 31, 2020. <https://www.rescue.org/sites/default/files/document/4676/globalrga-covidrdm33120final.pdf>

health care and social support systems. In general, however, most gender analyses are not so inclusive, with gender continuing to be narrowly defined within a cisgender "women and girls" framing. Such framing overlooks the specific barriers to support that LGBTIQ people may be facing due to their sexual orientation, gender identity and expression, and can often explicitly exclude them from being able to access this support. In March 2020, the Gender and COVID-19 Working Group³⁴ issued a set of recommendations for governments and global health institutions to ensure a gender-inclusive pandemic response,³⁵ yet the needs of LGBTIQ people were notably absent. To ensure that emergency response efforts are truly equitable and effective, gender must

be defined broadly enough to encompass diverse sexual orientations, gender identities, and gender expressions, including non-binary identities, and considered among other intersectional factors.

Indeed, crisis-response systems that do not recognize the needs of LGBTIQ people have led to the unintended consequences of increased physical insecurity and psychological distress.³⁶ For example, OutRight Action International and SEROVIE described in their 2011 report how strategies meant to address genuine gender disparities in accessing lifesaving nutritional support after the 2010 earthquake in

34 The Gender and COVID Working Group largely comprises university-based researchers from around the world. See article in the following footnote for full list of members.

35 Wenham, Clare; Smith, Julia; and Morgan, Rosemary, on behalf of the Gender and COVID-19 Working Group. "COVID-19: the gendered impacts of the outbreak." *The Lancet*. 595(10227): 846-848. March 14, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)

36 Rumbach, Jennifer and Knight, Kyle. "Sexual and gender minorities in humanitarian emergencies." Chapter 3 in *Issues of gender and sexual orientation in humanitarian emergencies*, Larry W. Roeder, Jr., Ed. Switzerland: Springer International Publishing, 2014. 33-74.

Haiti led to the unintended consequence of excluding many gay men and transgender people in need, as only cisgender women in some instances were allowed to collect food support. Men who lived in households without female partners, and transgender women whose documents did not match their gender identity, could not access food, while lesbian and bisexual women reported that they did not feel safe in some of the chaotic lines.³⁷

During Tropical Cyclone Winston, a category 5 storm that decimated parts of Fiji and neighboring South Pacific island countries in 2016, LGBTIQ people reported being excluded from family and faith communities, cut off from social networks, and blamed for causing the storm.³⁸ The LGBTIQ survivors, in published interviews, also noted that relief agencies lacked experience with queer communities and did not appreciate the important role that chosen families and informal networks play in their lives. This inexperience led to further exclusion.³⁹

Economic Stress

The magnitude of the economic crisis precipitated by COVID-19 is far from being fully understood, yet with imposed lockdowns, mandatory curfews, and physical distancing requirements, millions of businesses have shuttered, at least temporarily, and countless people have been laid off. Those who survive in cash-based, informal economies—living day-to-day to make enough to subsist—will be hardest hit. These include LGBTIQ people living on the margins, many of whom may have been excluded from education and employment due to stigma and discrimination, with little chance to access the formal employment sector and the corresponding job security.

37 IGLHRC, 2011.

38 Dwyer and Woolf, 2018.

39 Rumbach and Knight, 2014.

According to the World Food Programme, 130 million additional people across up to 36 countries may be “pushed to the brink of starvation” due to the COVID-19 pandemic, effectively doubling the total number of people suffering from severe hunger globally.⁴⁰ The reality is that many among the world’s poorest are being put in positions of having to choose between potentially being exposed to infection, or going without food or other critical necessities. As state and local governments move to enforce curfews

...crisis-response systems that do not recognize the needs of LGBTIQ people have led to the unintended consequences of increased physical insecurity and psychological distress.

and physical distancing orders, those relying on day-to-day incomes are increasingly at risk of arrest and violence. Staying at home is also no guarantee of safety, especially when housing is overcrowded, neighborhoods and settlements are densely populated, and access to clean water is limited or non-existent.⁴¹

When emergencies occur, food systems are also disrupted. During the Ebola crisis, lockdown and quarantine measures reduced the trade of and accessibility to food, causing prices to rise just when people had less access to cash and the ability to engage in economic activities. People were forced to reduce food consumption, engage in transactional sex, or go into debt to pay for essentials.⁴² Lack of food for those on medication, such as antiretrovirals for HIV, can

40 United Nations World Food Programme. “WFP Chief warns of hunger pandemic as COVID-19 spreads (Statement to the UN Security Council.)” April 21, 2020. <https://www.wfp.org/news/wfp-chief-warns-hunger-pandemic-covid-19-spreads-statement-un-security-council>

41 CARE International, 2020.

42 UN Development Group (UNDG) Western and Central Africa, “Socio-economic impact of Ebola virus disease in West African countries.” UNDG, February 2015. <https://www.undp.org/content/dam/rba/docs/Reports/ebola-west-africa.pdf>.

also exacerbate side effects, some of which may be so intolerable that people may choose to interrupt treatment.

For those who are unemployed or homeless, the current crisis is dire. In the United States, where numerous studies^{43, 44} have indicated disproportionately high rates of poverty and homelessness among LGBTIQ people, especially youth, even outside times of crisis, the COVID-19 emergency is forcing the closure of homeless centers, thus elevating the risk of

...more than 640 transgender people in Jakarta had lost their jobs, yet, reportedly, they were unable to access food benefits due to their gender identity or lack of identity cards.

suicide, health complications, or hate crimes against homeless LGBTIQ people.^{45, 46, 47}

The Canadian LGBTIQ2S⁴⁸ organization, Egale, conducted a national study on the impacts of

43 Durso, L.E. & Gates, G.J. "Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless." Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund, 2012.

44 The Trevor Project. "Research brief: Unstable housing and LGBTQ youth suicidality." August 2019. <https://www.thetrevorproject.org/2019/08/28/research-brief-unstable-housing-and-lgbtq-youth-suicidality/>

45 National LGBT Health Education Center. "Emergency preparedness and lesbian, gay, bisexual, and transgender (LGBT) people: What health centers need to know." Fenway Institute. <https://www.lgbthealtheducation.org/wp-content/uploads/Emergency-Preparedness-for-LGBT-People-Final.pdf>

46 Laviates, Matthew. "LGBT+ homeless fear violence, illness as coronavirus shuts US shelters." The Thomson Reuters Foundation, March 23, 2020. <https://www.reuters.com/article/us-health-coronavirus-homeless-lgbt/lgbt-homeless-fear-violence-illness-as-coronavirus-shuts-us-shelters-idUSKBN21A3AF>

47 Quintana, Nico Safra. "Poverty in the LGBT community." *Center for American Progress*. 2009. <https://www.americanprogress.org/issues/lgbtq-rights/reports/2009/07/01/6430/poverty-in-the-lgbt-community/>

48 LGBTIQ2S refers to Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and 2-Spirited people.

COVID-19 on Canadian citizens, which suggests that Canada's LGBTIQ2S citizens are being harder hit than Canadian citizens overall regarding finances, job loss, and mental and physical health. For example, 52% of queer households have faced layoffs or reduced unemployment, compared to 39% of overall Canadian households.⁴⁹ Meanwhile, a survey conducted by the Indonesian Positive Network found that, of 1,000 people living with HIV and part of "key populations,"⁵⁰ more than half are experiencing severe economic impacts.⁵¹

Another assessment, conducted by a civil society organization of young transgender women in Jakarta, Sanggar Swara, found that more than 640 transgender people in Jakarta had lost their jobs, yet, reportedly, they were unable to access food benefits due to their gender identity or lack of identity cards. As a result,

a coalition of organizations has begun to raise funds for transgender women in need.⁵² In addition, a recent report⁵³ from India suggests that the COVID-19 lockdown is leaving the country's estimated two million transgender people at heightened risk of poverty and ill health, since many survive through work on the streets. Fortunately, in some regions, local and

49 Egale and the INNOVATIVE Research Group. "The impact of COVID-19 on the LGBTIQ2S community." April 6, 2020. <https://egale.ca/wp-content/uploads/2020/04/Impact-of-COVID-19-Canada's-LGBTIQ2S-Community-in-Focus-2020-04-06.pdf>

50 Key Populations are people who are most at risk for HIV infection. As defined by the World Health Organization, these include: gay men and other men who have sex with men (MSM), transgender people, people who inject drugs, sex workers, and prisoners and people in other closed settings.

51 UNAIDS. "Supporting transgender people during the COVID-19 pandemic." April 6, 2020. https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200406_transgender_covid19

52 UNAIDS, April 6, 2020.

53 Bannerji, Annie. "India's 'invisible' trans community struggles as coronavirus shuts life down." Thomson Reuters Foundation, March 24, 2020. <https://www.reuters.com/article/us-health-coronavirus-lgbt-india/indias-invisible-trans-community-struggles-as-coronavirus-shuts-life-down-idUSKBN21C098>

municipal governments are providing support. In Kerala, India, the state health minister has authorized specific food support to 1,000 transgender persons, while in Karachi, Pakistan, a municipal commissioner reassured the transgender community that they would be supported during the lockdown period.^{54, 55}

Elevated Risks of Violence

Domestic and family violence was a crisis before the pandemic began, with about one third of all women globally experiencing physical or sexual violence during their lifetimes.⁵⁶ Previous studies of emergency health situations reveal significant increases in domestic violence, with women and girls experiencing high rates of sexual violence and abuse.^{57, 58} In El Salvador and Brazil during the Zika crisis, for example, gang violence impeded women's access to sexual and reproductive health services. Even after the immediate health emergency has passed, the economic strain placed on families may also lead to higher rates of domestic violence. In the aftermath of the 2008 global financial crisis,

54 "Food kits for 1,000 transgender persons." *The Hindu*, March 25, 2020. <https://www.thehindu.com/news/cities/Thiruvananthapuram/food-kits-for-1000-transgender-persons/article31159533.ece>

55 Hussain, Kashif. "Transgender community fears complete lockdown will add more miseries to life." *The Express Tribune*. March 22, 2020. <https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/>

56 World Health Organization. "Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence." 2013. https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1

57 Enarson, Elaine. "Violence against women in disasters: A study of domestic violence programs in the United States and Canada." *Violence Against Women*, 5(7), (1999): 742-68, [Violence_against_women_in_disasters.pdf](https://www.violenceagainstwomen.org/sites/default/files/document/564/ircpvpcfinalen.pdf)

58 International Rescue Committee (IRC), "Private Violence, Public Concern," IRC, January 2015, <https://www.rescue.org/sites/default/files/document/564/ircpvpcfinalen.pdf>.

a rise in domestic violence was observed in low-income households.^{59, 60, 61}

Now, with nearly four billion people across 90 countries sheltering at home, domestic violence "has become an epidemic within an epidemic."⁶² For people at heightened risk of domestic violence, including LGBTIQ people, mandatory lockdowns to curb disease transmission may trap them in homes with unsupportive families or their abusers, isolated from the people and the resources that could help them. While literature is limited on the impact of past crises on

Now, with nearly four billion people across 90 countries sheltering at home, domestic violence "has become an epidemic within an epidemic."

the incidence of family or domestic violence perpetrated specifically against LGBTIQ people, OutRight has documented that LGBTIQ people are at a heightened risk of domestic violence even in the absence of a crisis.^{63, 64} As such,

59 Wenham, Clare, et al. "Why gender matters in the impact and recovery from COVID-19." *The Interpreter*. Lowy Institute, March 20, 2020. <https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19>

60 Schumacher, Julia A. et al. "Intimate partner violence and Hurricane Katrina: Predictors and associated mental health outcomes." *Violence Vict.* 25(5) (2010): 588-603.

61 Gupta, Alisha Haridasani and Aviva Stahl. "In her words: for abused women, a pandemic lockdown holds dangers of its own." *New York Times*. March 24, 2020. <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>

62 MADRE et al. "A practical approach to prevent, address, and document domestic violence under COVID-19: briefing paper." April 22, 2020. <https://www.madre.org/sites/default/files/PDFs/From%20Global%20Coordination%20to%20Local%20Strategies.pdf>

63 OutRight Action International. "Enhancing domestic violence protections for LGBT people in the Philippines and Sri Lanka." June 2018. <https://outrightinternational.org/reports/project-executive-summary-enhancing-domestic-violence-protections-lgbt-people-philippines>

64 McLean, Neish. "Combating gender-based violence against LGBTIQ and women in the Caribbean." OutRight

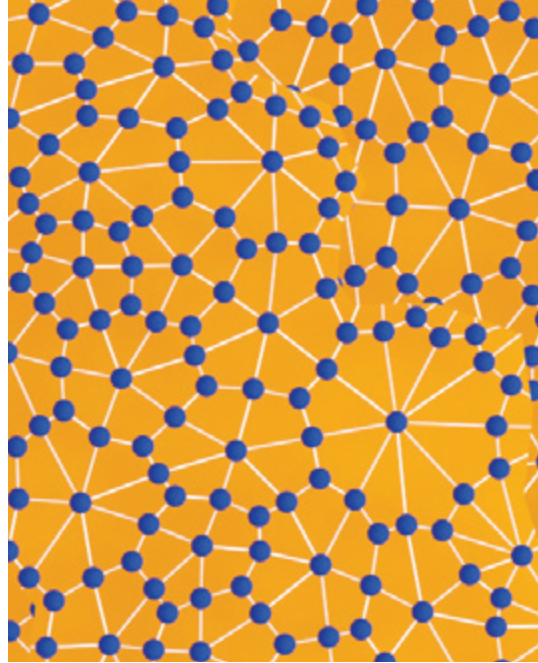
the current pandemic-related rise in domestic violence, generally, no doubt signals heightened risk for queer people as well.

Alarmed by the global rise in violence associated with the COVID-19 pandemic, UN Secretary General, Antonio Guterres, has called on governments to take action to stem “the horrifying surge in domestic violence” and ensure that judicial systems continue to prosecute abusers.⁶⁵ Given that violence and discrimination on the basis of SOGIESC are now recognized within global human rights bodies as violations of human rights, the Secretary General’s call must be considered inclusive of all LGBTIQ people.

Action International, August 29, 2019. <https://outrightinternational.org/content/combating-gender-based-violence-against-lgbtqi-and-women-caribbean>

65 United Nations News. “UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge.’” April 6, 2020. <https://news.un.org/en/story/2020/04/1061052>





OutRight's Findings

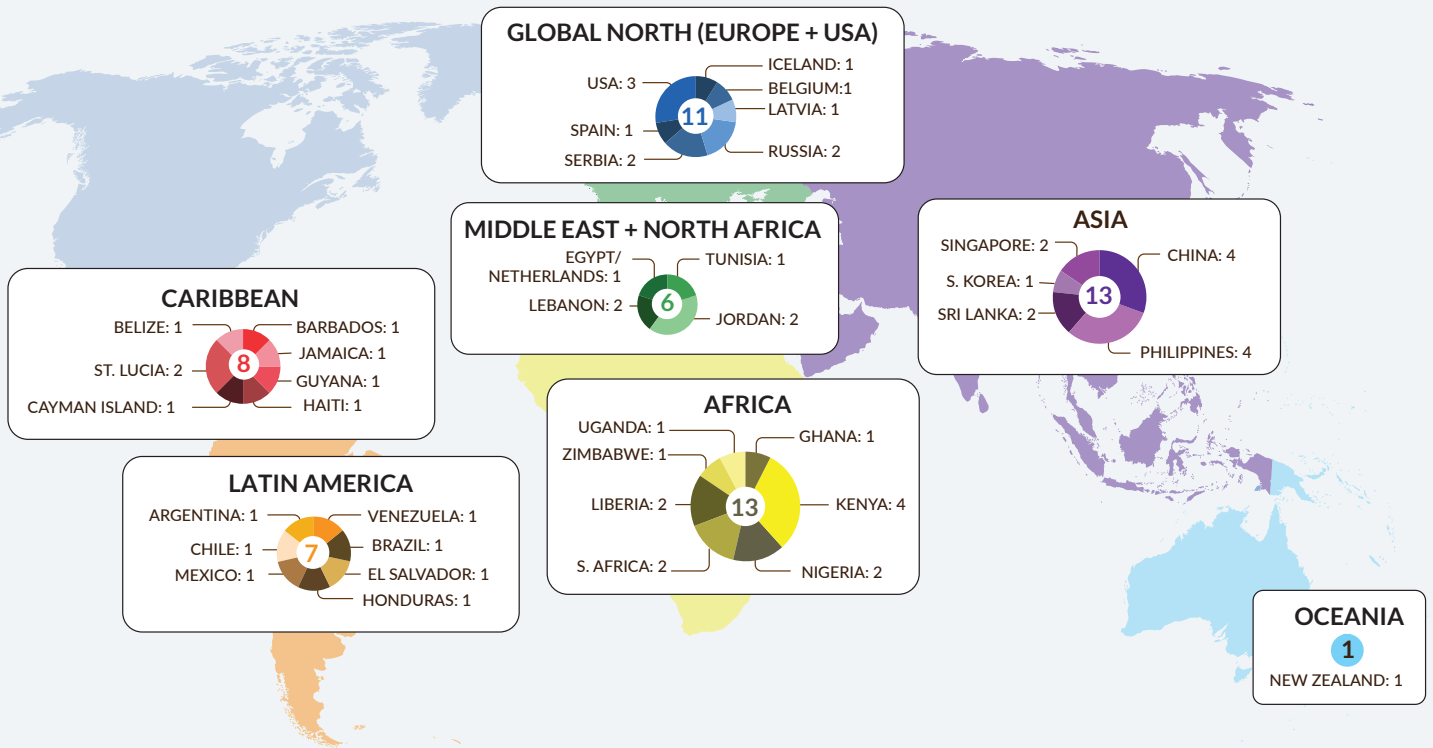
Although the COVID-19 pandemic's full force has been hitting countries in staggered waves since late December 2019, no region in the world has escaped its impact.

The 59 individuals interviewed for this report live in countries that reflect a wide variation in pandemic stage, with some living in regions where COVID-19 incidence has peaked and transmission is leveling or diminishing, at least for now, while others are in places where transmission is still rising and the worst is yet to come. In all cases, at the time of the interviews, the countries represented had begun implementing, in varying degrees, physical distancing policies or lockdown orders. For some, lockdowns, curfews, or other restrictions on movement had just started days before, while, for others, as in China, interviewees had already endured two or more months of strict quarantine, and restrictions were slowly loosening.

As the map on the following page illustrates, the 59 interviewees come from 38 countries representing most regions of the world. The majority come from the Global South and East, with 11 coming from Global North countries.

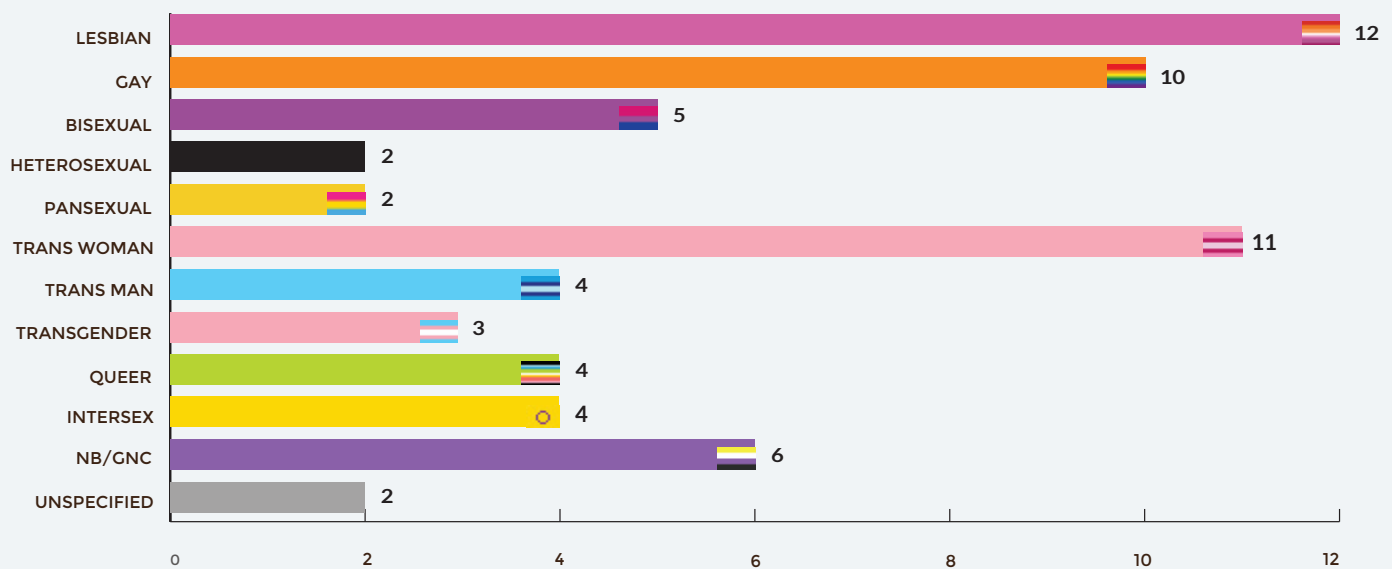
Interviewee experiences should be considered in the context of pre-pandemic political, economic, and sociocultural realities across the 38 countries represented. These include the overall strength of state systems, pre-existing pressures on state resources, the strength of civil society, and the degree of prevailing homophobia and transphobia, to name a few. In addition, individual characteristics such as socioeconomic status, health status, race and ethnicity, migrant status, and access to community support are highly influential in determining how well people are coping. LGBTIQ people, who are over-represented among low-income populations globally, are being hard hit by the economic repercussions of the pandemic. Those who were previously unemployed or surviving on daily wages, whether in the formal or informal sector, are now experiencing heightened food and housing insecurity, just as all low-income people are around the world. Yet, the interview data also reveal that LGBTIQ communities must endure other stresses that add vulnerability during this uncertain time.

**FIGURE 1:
NUMBER OF PARTICIPANTS BY REGION**



**FIGURE 2:
DEMOGRAPHICS OF STUDY PARTICIPANTS**

BY SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, AND SEX CHARACTERISTICS



OutRight interviewed a total of 59 people. This figure reflects their multiple identities as self-identified by interviewees.

Seven themes emerged from the interviews:

- Devastation of livelihoods and rising food insecurity;
- Disruptions in health care access and reluctance to seek care;
- Elevated risk of family or domestic violence;
- Increased isolation and anxiety;
- Concerns about elevated societal stigma, discrimination, violence, and scapegoating;
- Instances of abuse of state power; and
- Anxiety about organizational survival and need for community support and unity.

1. Devastation of Livelihoods and Increasing Food Insecurity

I work at an LGBTIQ organization as an activist, and I am also a drag entertainer. I am contracted to do shows and to entertain at social gatherings, but at the moment, there are no social gatherings, so I don't have work. This is very difficult for me because, as a very effeminate gay person, this is the only job that I can find. No one wants to hire me for anything else.

– William Linares, 24, gay man, Belize⁶⁶

LGBTIQ people are disproportionately represented in the informal work sector and in certain professions, including sex work, as well as experience higher rates of poverty.⁶⁷ As such,

66 OutRight interview with William Linares, March 27, 2020.

67 Badgett, MV Lee et al. “The relationship between LGBT inclusion and economic development: macro-level evidence.” *World Development*, 120, 2019: 1-14. <https://reader.elsevier.com/reader/sd/pii/S0305750X19300695?token=3ED-D4819A3A732FC7893FD04174B399A0D718C73DF44EF1ED-38932C0B191303C519872757C86D6D319C69F7FEB925A7C>

the economic impact of COVID-19 on many LGBTIQ people is devastating. Access to food and basic necessities is also being hampered by misguided policies dictating when people may go out to shop. For example, Panama has taken a binary gendered response to minimizing disease exposure, issuing complex guidelines mandating separate shopping days for men and women.⁶⁸ Two Colombian cities and Peru have followed suit, although the Peruvian government rescinded this approach a week later. Such national policies discriminate against trans and non-binary people and have led to several instances of abuse and arrest of transgender people perceived to be violating the mandates.^{69, 70, 71} These approaches are yet another example that, although many intersectional factors are now considered essential to include as part of effective crisis response, integration of SOGIESC-sensitive strategies lags far behind.

More than half of those interviewed specifically expressed concern about food shortages for themselves or others in their communities. The fundamental choice that many people are having to make, LGBTIQ people among them, is whether to risk infection to earn enough money to pay for food and shelter, or to adhere to lockdown requirements and risk going without basic necessities. Specifically, interviewees voiced concerns regarding access to the same crisis-related benefits and food support that heterosexual individuals, couples and families may be eligible for in the wake of the pandemic.

68 Republica de Panamá. “Nuevas medida para la cuarentena absoluta.” Plan Protégete Panamá. March 2020.

69 Cabrera, Cristian González. “Panama’s gender-based quarantine ensnares trans woman.” Human Rights Watch, April 2, 2020. <https://www.hrw.org/news/2020/04/02/panamas-gender-based-quarantine-ensnares-trans-woman>

70 The Straits Times. “Coronavirus: Peru cancels gender separation lockdown measure.” April 11, 2020. <https://www.straitstimes.com/world/americas/coronavirus-peru-cancels-gender-separation-lockdown-measure>

71 The Latin American and Caribbean Network of Trans People (RedLacTrans). “Coronaviruses in Latin America and the Caribbean: urgent humanitarian aid for trans people.” Statement issued April 14, 2020.

In addition, employment vulnerability was an important theme, with 10 of the 59 interviewees already having lost their main sources of income due to the pandemic, an especially noteworthy fact given how early in the pandemic OutRight conducted interviews. Further, more than a quarter of respondents expressed specific concerns pertaining to perceived vulnerabilities of trans people regarding employment loss during this time, with several explicitly citing the challenges that sex workers are facing.

Access to Crisis-Related Benefits and Food Support

Several interviewees recounted instances of being denied food support. For example, two lesbian interviewees from the Philippines described how their Barangay (district) had been distributing food support to families who were economically affected by pandemic control measures.



Rhed Francisco and her partner. Photo courtesy of Rhed Francisco.

One, Rhed Francisco, was told that she and her partner, who share a house with two other families, were not eligible to receive the food packs, presumably because lesbian couples did not fit the distributor's definition of "family," since the other households received the food. Rhed recounted, "I felt belittled, and I was thinking – what would happen to us if we were living on our own and renting a place? How would we be able to sustain ourselves knowing that we are also

affected by the crisis? Every time I remember that experience, I get so irritated. What they did was so inhumane. I just hope when they give, they give equally. They should not choose whom they think needs the food pack...We are all human beings, so I don't understand why they should exclude us."⁷²



Jhaymar Bernal. Photo courtesy of Jhaymar Bernal.

Jhaymar Bernal described a similar experience. "When the lockdown just started, I was selling *balut*⁷³ on the street...There were people gathering near the Barangay Social Development Officer (BSDO), who was enlisting the names of the people who live in the area. The people in the list will receive food relief packs from the barangay and city government. I asked if my partner and I can be also listed to receive food packs. The BSDO person said, 'Why? Do you have a spouse and a child?' I answered that I don't have a husband or a child. The BSDO responded, 'No, you can't be listed.'" She went on to explain that she belongs to a lesbian community organization of 48 members, and none had received food packs.^{74, 75}

72 OutRight interview with Rhed Francisco (pseudonym), March 25, 2020.

73 *Balut* is a street food commonly sold in the Philippines and other Southeast Asian countries.

74 OutRight interview with Jhaymar Bernal, March 25, 2020.

75 After these interviews were conducted, OutRight Action International's Project Coordinator for Asia and Pacific Islands contacted the Barangay administration in question, and food support was eventually provided to LGBTIQ community members.

EPHRAIM SHADRACH

Gender fluid, age 30, Project Officer, Gender & Sexuality Program, Women and Media Collective, Colombo, Sri Lanka

KEY THEME: Devastation of livelihoods and increasing food insecurity

“There have been pockets of effort to mitigate the effects of this pandemic. The most affected seem to be the homeless and daily wage workers, such as sex workers. We were distributing provisions and groceries to cis and trans sex workers across the city. Unfortunately, since the government declared a curfew, we had to stop.”

Currently, our greatest challenge is the curfew. The government imposed an indefinite all-day curfew from Friday to Monday. For some parts of the country, curfew is reduced to eight hours, so people can purchase groceries and provisions. But it's not consistent - we were told curfew is lifted until 2 PM but then at 12 PM curfew was resumed while people were still outdoors re-stocking on supplies. So far, 300 people have been arrested for breaking it. When the curfew is lifted it is chaos because there's a big rush in the supermarkets, contradicting the point of social distancing.

Provisions and groceries being delivered to sex workers who have lost their livelihood had to stop. The Chief Nurse of the Accident Service at the General Hospital in Colombo posted on her Facebook that there has been a sharp rise in domestic violence and intimate partner violence, as families are forced to be with each other. I am handling one case where parents of a gay man kicked him out of the house despite the curfew. He was discovered by his parents holding hands and being close with his boyfriend inside the house. I helped him find temporary housing with friends in the LGBTIQ community.

On the other end of the spectrum, Free Trade Zone (FTZ) workers, mostly women working in garment factories, among them many from the LBT community, are expected to work despite curfews. The size and expansion of FTZs means that the factories will not be ordered to close. The workers are very vulnerable to infection. It is primarily the FTZ workers, female and trans sex workers, taxi drivers, daily wage workers, and homeless people who are most affected.

Nivendra Uduman, from Sri Lanka, described how police stations are now giving out food rations to people who have been hard hit economically. Yet, he noted, “LGBT people would not go obviously, because they don't feel safe [going to the police⁷⁶] - which is why we are helping to collect and deliver food packs

76 Same-sex relations are still criminalized in Sri Lanka under its Penal Code, prescribing up to 10 years in prison.

to them.” He also stated that, “The curfew is definitely affecting LGBT people because of their lack of access to basic needs and services, and livelihoods are disrupted. Economic livelihood and loss of income are the pressing concerns. People have lost businesses and clients, so picking all this back up is key.”⁷⁷

77 OutRight interview with Nivendra Uduman, March 25 and 26, 2020.



Nivendra Uduman. Photo courtesy of Nivendra Uduman.

Davis Mac-Iyalla described the difficulty of adhering to the lockdown in Ghana, where he lives, “I am struggling. Struggling in the sense that I want to do the right thing by following the public health advisory, social distancing, but how can I do the right thing without provisions? I don’t have money.”⁷⁸

Phylesha Brown-Acton is a Fakafafine/trans-woman and activist originally from the Pacific nation of Niue who now lives in New Zealand. She expressed concern about food shortages potentially hitting many Pacific island countries. She said, “Pacific people are resilient and have learnt from past historical pandemics such as influenza. But you cannot ignore their reliance on shipping imports as small island nations, some islands receiving one shipment per month, like my island Niue. I worry about community groups relying on basic essential staples such as sugar, milk, flour. These things, such as flour, are already running out.”⁷⁹

Employment Vulnerability

Many of those interviewed noted that many LGBTIQ people tend to hold low-paying jobs, often in the informal sector, making them especially vulnerable during the current crisis.

78 OutRight interview with Davis Mac-Iyalla, March 27, 2020.

79 OutRight interview with Phylesha Brown-Acton, April 25, 2020.



Donna Canlas. Photo courtesy of Donna Canlas.

“Donna Canlas,”⁸⁰ a bisexual man and hairdresser from the Philippines, described, “At present, I stay at home, [which] I share with my family members since I have no means of livelihood. The parlor where I worked was forced to close because of the quarantine. Since mass gatherings are prohibited to ensure social distancing, the livelihood program and all the pageants are re-scheduled. I have zero balance in my account, even negative with regard to how much money I have at present. I am only relying on the relief services from the local government since the community quarantine started.”⁸¹

“Marcus,”⁸² a gay man from Singapore, noted, “I would say that everyone has been affected by the virus regardless of whether they are straight or LGBTIQ, but I think LGBTIQ people are more likely to be in jobs that are now unavailable. Bars and clubs are closed until at least the end of April, many of my drag queen friends had their gigs canceled. Many folks are just living day-to-day.”⁸³

In Venezuela, which had already experienced near total economic collapse before the pandemic, Quiteria Franco, a lesbian who is the

80 Anonymized for reasons of safety. Name on file with OutRight Action International.

81 OutRight interview with “Donna Canlas” (pseudonym), March 25, 2020.

82 Anonymized for reasons of safety. Name on file with OutRight Action International.

83 OutRight interview with “Marcus” (pseudonym), March 30, 2020.

DAVID¹

Gay man, 20s, Mexico City, Mexico

**KEY THEMES: Devastation of livelihoods and increasing food insecurity;
Abuse of state power**

“In Mexico, it is seen as a luxury to stop working and stay inside for two to three weeks. It is a luxury to tell people not to work to manage a health issue. This is not an option for so many people. I understand the strategy of the government is to continue as usual – but at what cost?”

The current situation in Mexico is much more dangerous than the government is saying. As citizens, we have to rely on information from the big European and American media. Our own government is not spreading any health information about the coronavirus. Two days ago the President said that we need to go out, buy things, and go to restaurants to stimulate the economy.

We think the government is hiding many of the cases from the public, or not testing for them. I understand the president’s fear of shutting down operations for concern about our economic system. As a country, we are simply not strong enough. However, at what cost will we prioritize our economy over the livelihood of our citizens? More people are being affected every day and support behind the government’s strategy is beginning to wane - it’s not really a strategy at all. On Monday, I saw 140 people in my office. We have been denied any changes to these normal operations. I need to comply, or I will be fired. I do not have the luxury of quitting my job.

No one is talking about the effect on LGBT+ people. Not even my LGBT+ friends. I think right now it is not a discrimination issue, it is a general sickness. So I don’t think people understand how it can affect different groups. But as the problem grows and it affects more and more people, we will need to talk about how communities are receiving treatments in equal and correct ways – like HIV prevention treatments, and taking into consideration economic issues.

¹ Anonymized for reasons of safety. Name on file with OutRight Action International.

Coordinator for Unión Afirmativa, noted, “LGBTI people, due to discrimination in the workplace, only work in informal jobs as hairdressers, drag

queens, in theatre, cinema, etc. So, they are not receiving any money now.”⁸⁴

⁸⁴ OutRight interview with Quiteria Franco, March 24, 2020.

RAKSHA

Queer woman, age 31, Community Development at a local NGO, Singapore

KEY THEME: Devastation of livelihoods and increasing food insecurity; Disruptions in health care access and reluctance to seek care

“Public health scares like SARS and now COVID-19 create a sense that all other rights are secondary to the crisis. Issues of identity are deemed irrelevant.”

For cis and trans sex workers, what’s really pressing is the total drying up of businesses. Especially with border closings and a shutdown of brothels, their income is drying up because they are not able to work. Because “salaries” are on a daily basis, many don’t actually have adequate savings to sustain themselves. When they can’t pay rent to brothel owners and pimps, some turn to unlicensed moneylenders for loans. Non-payment means that they face high interest rates, and intimidation and violence by loan sharks.

We work with Project X Singapore, and to alleviate this problem we are distributing assistance in the form of food rations, supermarket vouchers and self-care packages. Sex workers in Singapore, especially trans sex workers, face random arrests, detention, and verbal abuse, so they need additional help.

During the circuit breaker period where only essential services are being allowed to operate, doctors do not consider hormone replacement therapy as an essential service and are no longer providing it. Hormones are out of stock at clinics, and the black market has shut down.

LGBTIQ people who have lost jobs, like others, are borrowing a lot more money. Their savings will be depleted. Although some financial assistance is available, low and middle income LGBTIQ people, those working in low-wage jobs, sex workers, and NGO workers could end up in poverty and homeless.

Economic Vulnerability of Women and Transgender People

A number of interviewees specifically called out the vulnerability of women and trans people during the pandemic.

Regarding women, “Q”⁸⁵, a bisexual woman from Zimbabwe, said: “From the perspective of care work, women will be most affected. Lesbian women are also severely affected and may be required to give sexual favors to be able to attain

85 Anonymized for reasons of safety. Name on file with OutRight Action International.

necessities. Everyone will be hit in a different way, but it’s equally devastating. Everyone is going to be a victim.”⁸⁶

Millicent Achieng, who identifies as lesbian/non-binary and is from Kenya, noted, “Most people live from hand-to-mouth and can’t afford to stay indoors because this would mean they don’t have any money or food. As much as people try to be cautious, there is a level of carelessness – not because they want to, but because they have to.” She added, “There is need for critical information from a feminist lens of the effect of

86 OutRight interview with “Q” (pseudonym), April 1, 2020.

the virus and the measures that are put in place. How can a single mother who lives in an informal settlement from hand-to-mouth be told to stay home, yet she has a family to feed?”⁸⁷



Millicent Achieng. Photo courtesy of Millicent Achieng.

Likewise, Mikhail Tumasov, Chair of the Russian LGBT Network, observed, “Many LGBTIQ people have no choice but to keep working, so they are not isolating and are at risk of infection... especially the most vulnerable people among us – trans people, HIV+ people, LGBTIQ people in low-income jobs. I think trans people are especially vulnerable, as they already experience discrimination and inability to get a job...I think lesbians are also at a particular risk. At least in Russia, many have taken on traditionally male-dominated, hard-labor jobs which are continuing at the moment, making them unsafe.”⁸⁸

As for transgender people, Marcela Romero, a trans activist from Argentina and Director of RedLacTrans, a regional organization in Latin America and the Caribbean, commented, “The trans population lives below the poverty line. Trans persons do not have registered work. These are the people who are most affected. The ones who have money can get delivery and receive food at home. Those in the informal economy cannot stop [working]. The way this pandemic affects people, it all depends on the economic level. There is a

87 OutRight interview with Millicent Achieng, March 28, 2020.

88 OutRight interview with Mikhail Tumasov, March 24, 2020.

very small group that is economically ok within the trans community, but the 98% of trans persons who live in informality are the group most affected.”⁸⁹



Marcela Romero. Photo courtesy of Marcela Romero.

According to Lua Stabile, a bisexual transwoman from Brazil, “When people are being massively fired, it is very important to talk to employers about the intersection of the pandemic and being LGBTI... The LGBTI population is always one of the most vulnerable populations in situations of humanitarian crisis like this. It is a population that is always excluded from access to income, employment, housing, health. Or, when they access it, they suffer prejudice, transphobia, LGBTI-phobia.”⁹⁰



Lua Stabile. Photo courtesy of Lua Stabile.

89 OutRight interview with Marcela Romero, March 24, 2020.

90 OutRight interview with Lua Stabile, March 26, 2020.

NAYA RAJAB

Trans/non binary, age 23, activist, Syrian working in Lebanon

KEY THEMES: Devastation of livelihoods and increasing food insecurity; Organizational survival

“I’m surrounded by LGBTI individuals who lack access to basic rights and medical services to survive this period. The services provided by the state already do not include the LGBTI community on a normal basis, and now it’s even worse.”



I have been adhering to the state quarantine measures and following advice provided by the World Health Organization. I still receive my salary from the association that I work with, but many other individuals now suffer from poverty and a lack of job opportunities. I fear that LGBTI people will not be able to withstand this period. Most are unemployed and many have nowhere to stay. There was already a deficiency of services for the LGBTI community in Lebanon, for instance, a critical lack of health services and ability to access medicine. Currently, there have been more than 53 cases reported of LGBTI individuals without basic supplies, such as disinfection materials and food.

There have been no concrete services for people who have lost their job because of the situation. Some NGOs, such as the Helem Center, post advice online about how to fight the virus and attempt to provide support to individuals from the LGBT community. However, ultimately there has been a direct effect on activism. The virus reduces the possibilities of accessing resources or meeting with others. This creates a regression in the human rights movement, especially during the transitional period in the government in Lebanon. The only activity that exists now is on social media.

“Z,”⁹¹ a 31-year old lesbian in Jordan, described the particular impact that economic collapse will have on trans people. She said, “In Jordan, if you are an impoverished individual, you do not have access to protection, especially if you are LGBTIQ – especially trans, if you are visible and not cis-passing.”⁹²

Economic Vulnerability of Sex Workers

Concern about the economic vulnerabilities of sex workers was a clear theme of several interviews, some voiced by sex workers themselves. LGBTIQ people, particularly trans women, are disproportionately represented in sex work due to discrimination in other sectors, such as employment and education. These concerns span both high- and low-income countries. Beryl, who lives in Belgium, said, “I have read a lot on social media about the impact on LGBTIQ sex workers. This could be due to the visibility of the sex worker organization here. These are activists who are very vocal and visible in Brussels... They are mobilizing massively, as this is a community which is completely cut off from its source of income, and unable to access social security measures. Knowing how many, in particular trans women, end up in sex work because they cannot find other work is unnerving, as now even that is not an option.”⁹³

Allie Dee, from South Africa, stated, “As a sex worker, [the pandemic has] affected my work quite heavily. I usually do inside sex work, although for some time I’ve done some online sex work, like cam work and porn...But as far as seeing clients in any capacity, that’s dropped off... Street-based sex workers haven’t had as easy a time... Many low-income, street-based sex workers and queer sex workers of color have already contacted me requesting food and help with rent for April.”⁹⁴

91 Anonymized for reasons of safety. Name on file with OutRight Action International.

92 OutRight interview with “Z” (pseudonym), March 30, 2020.

93 OutRight interview with Beryl, March 26, 2020.

94 OutRight interview with Allie Dee, March 27, 2020.



Millie. Photo courtesy of Millie.

Millie, a transwoman from Guyana, stated, “As a sex worker, I can’t go out and work. Therefore, I can’t make money for my basic needs during this time. I have my sister [who is paraplegic] that I have to take care of. She doesn’t work and is entirely dependent on me. Due to social distancing, my clients can’t come to me. I am not getting any support from no one, no organization and no government department. I’m literally struggling on my own to survive this.”⁹⁵

2. Disruptions in Health Care Access and Reluctance to Seek Care

LGBTI people are at risk of not being treated or prioritized in case of infection... There will be no control to avoid attitudes or actions that discriminate and violate LGBTI people. There will undoubtedly be various human rights violations for this population...

- Bianka Rodriguez, 26, transwoman, El Salvador⁹⁶

95 OutRight interview with Millie, March 28, 2020.

96 OutRight interview with Bianka Rodriguez, March 26, 2020.

ELIE BALLAN

Gay man, age 34, fully-employed activist, Beirut, Lebanon

KEY THEME: Disruptions in health care access and reluctance to seek care

“We don’t know what the reaction would be from the hospital if they received someone with HIV and the coronavirus. We know in some cases there have been instances of discrimination [in] treating folks with HIV, so we just don’t know if there will be more issues of discrimination or lack of treatment.”

We know that most of the services have stopped, especially around HIV testing, STI testing, and mental health services. For now, it’s usually the same information for everyone – for LGBT people, we’re at a higher risk of COVID-19 because we’re more likely to be smokers than other communities, and those with HIV or who don’t know they have HIV are at high risk because their immune systems are compromised. From a healthcare standpoint, we know that a lot of LGBT people face stigma and discrimination when they go to receive healthcare. So it raises concern when LGBT people go to hospitals. Will they face this stigma? Will they receive treatment? We also are thinking of trans folks who have had to interrupt their hormones or other gender-affirming treatment, as such treatment has been stopped or restricted. There has been a failure of the system as people have not been able to get their basic needs due to being labeled as second priority, such as disabled people.



It is also causing a lot of depression. Intimacy has changed so much. Even when I see friends go by my house we’ll say hi but we won’t get close. It is affecting daily life in a scary way. Everyone is online and on social media, which is great because we can communicate, but we can feel that we have lost something, that the human connection is missing. For me, the reality is starting to creep up that this is how we have to live our lives.

In terms of the LGBT work that we’re doing, it’s really changed because advocacy efforts have stopped. At the moment, it’s not the priority for the government or the police to focus on LGBT people, so we are trying to keep up the progress online rather than have setbacks because legislators have other priorities.

The COVID-19 pandemic has overwhelmed even relatively functional health systems around the world, which have been plagued with shortages of personal protective equipment, test kits, and specialized equipment such as ventilators. In countries where health systems are weak and already overwhelmed, the prospect of effectively addressing the COVID-19 pandemic is daunting. Even in times not dominated by a crisis, LGBTIQ people around the world face discrimination, stigma, refusal of services, and confidentiality breaches within health services. It is no wonder, then, that queer people may be reluctant to seek care now amid the pandemic, unless the situation is dire. Further, while the impact of COVID-19 on people living with HIV is not yet clear, it is likely that HIV+ people with low CD-4 counts and those not on treatment are at higher risk of contracting severe cases of the disease, along with other illnesses. Antiretroviral (ARV) treatment interruption during this pandemic, therefore, is life-threatening.

According to those interviewed, LGBTIQ people are, in fact, delaying care-seeking, concerned about how they will be treated. Others reported disruptions in access to HIV medications, pre-exposure prophylaxis (PrEP), and other HIV-related care, even when going through community-based organizations. Trans and intersex interviewees also described interruptions to hormone treatments and other gender-affirming care, which, in some cases, have been designated as “non-essential” health care until the pandemic subsides. Several interviewees also described the specific challenges for intersex people in accessing needed services.

Delays in Care-Seeking

According to information gained from the interviews, anticipated stigma, discrimination, outing, isolation, and misgendering were among the main reasons for delaying care. Tatiana Vinnichenko, who heads the Moscow LGBT Center, at the time of interview personally knew of six trans people who had become sick with coronavirus-like symptoms who had not sought out care, but

rather were isolating in their homes. She said, “They are terrified of ending up in hospitals, in isolation units where their gender identity is not respected, where they have no access to any kind of support, which is amplified under quarantine conditions with levels of transphobia high, and the possibility of leaving basically being zero. The hospitals in which people are isolated in conditions of a pandemic are more like penal colonies and prisons. People have no exit, no visitation, and face high levels of transphobia and possible abuse. This is incredibly frightening.”⁹⁷

One such person, a transwoman called Liza, recounted to Tatiana, “I will call the ambulance only if I am suffocating; only if I feel a very real threat to my life. I’m afraid that if I get hospitalized, they will notify my family – that would be the worst. I am also afraid that I will be placed in the men’s ward, and that the doctors will not understand my situation, that they will treat me worse than others. And how, under such circumstances, could I continue my course of hormone treatment, which cannot be interrupted?”⁹⁸



Amanda. Photo courtesy of Amanda.

Amanda, in Uganda, noted that LGBTIQ people can’t get tested for COVID-19, partly because of lack of tests but also because, those administering would judge them based on their identities. In general, she said that a lot of LGBTIQ people would rather self-medicate than face additional stigma in accessing health services.⁹⁹ Similarly,

97 OutRight interview with Tatiana Vinnichenko, April 2, 2020.

98 OutRight interview with Tatiana Vinnichenko, April 2, 2020.

99 OutRight interview with Amanda, March 26, 2020.

BATHINI

Queer woman, 27, student of dance, South Africa

KEY THEMES: Disruptions in health care access and reluctance to seek care; Social isolation

“Most black people in the townships¹ are at risk of catching the virus while working as domestic workers in white people’s homes. Our clinics are careless. Medical staff don’t take good care of people because they don’t have money. It’s very stressful knowing that if you catch the virus and live in a township, your chances of dying are really high.”

Self-isolating in an informal settlement is nearly impossible. There are nine of us living in my grandmother’s three-bedroom house, and several others live outside on the property. There is a party outside right now. We can’t live so clustered in a pandemic. Some members of my household aren’t practicing self-isolation. My cousin has been out in the streets drinking, and I live in fear of him coming back with the virus. We don’t have medical aid, and my grandma has high blood pressure and diabetes. If she catches it, it could be the end of her. I had an anxiety attack last night. It’s the one thing that’s probably going to kill me more than catching the virus. So for my mental health, I packed up my bags and moved in with a friend who lives alone.

Last week I took my grandma to her clinic appointment. When we got there, there were thousands of people. This was after the President had announced that we couldn’t have more than one hundred people in one gathering. Those people all wanted to get tested for coronavirus. At the same time, there isn’t anywhere to get tested in the township. They only have test labs in the suburbs. Anywhere you have a black community, we don’t have a test lab. The corona test costs I don’t know how many thousands of rand. And to think, we don’t even have money to buy data or to pay for transport. How am I going to pay for that?



LGBTQI people are not especially affected in ways different to others. If anything, we tend to follow the news more and are more informed.

William Linares, from Belize recounted, “As a gay person, my sexual orientation will always be reason for people to treat me differently. If I go to the health center, I will always be looked at as the ‘maricon.’¹⁰⁰ This is especially the case with the security guards and people that clean at the health centers, so if I do get the COVID virus, I know I am in big trouble.”¹⁰¹

In El Salvador, Bianca Rodriguez noted that health services have always been deficient, and LGBTIQ people, especially trans people, are often denied care. Stigma and discrimination are significant. In the context of the pandemic, she said, in referring to the health system, that, “We can expect unequal treatment, discrimination, and even lack of care for infected LGBTI people, and rejection by other people in quarantine and exclusion... The proportion of LGBTI people who seek care is low...due to the poor treatment and discrimination they suffer. We cannot say how much of the LGBTI population will survive if the pandemic hits El Salvador in a hard way.”¹⁰²

Lua Stabile, a bisexual transwoman from Brazil, talked specifically about the challenges of sex workers who have no choice but to continue working the streets but are likely to face discrimination within health care services. She noted, “Most of them go to the street and are much more vulnerable to contracting the virus, and to suffer prejudice in the health service, which is already something that happens. If trans people have viruses and go to a hospital, people will be discriminatory, people will not choose to save trans lives when people have to choose who lives. I do not doubt that we are the people who will be discarded from medical care.”¹⁰³

Of course, in most countries, the intersection of race, socioeconomic status, and SOGIESC are likely to influence access to care. This is certainly the case in South Africa, according to Allie

Dee, a white, non-binary sex worker from Cape Town. She said, “For me as a white, middle class, cis-passing sex worker who works as a woman, it’s going to be a lot easier to seek medical attention. But on top of the already very present stigmas against sex workers, especially harkening back to the fact that sex workers are mostly scapegoated for transmitting South Africa’s other huge pandemic, HIV, I think others will definitely have a harder time receiving medical care.”¹⁰⁴

Disruptions in Access to HIV-Related Medications

Acknowledging that the current COVID-19 crisis could jeopardize gains made in tackling HIV, a number of HIV advocacy and service organizations have issued guidance and made available additional funding and technical support.^{105, 106, 107, 108, 109} A key aspect of sustaining HIV epidemic control progress is ensuring that HIV regimens are not interrupted. While some interviewees, such as those from Singapore, Latvia, South Korea, and Jordan, reported no disruptions so far in getting essential medications, about one-third of respondents mentioned concerns about accessing ARVs or PrEP. Interviewees also reported disruptions in access to routine medications for mental health conditions such as depression as well as to hormone replacement treatment (HRT) for trans and intersex people, whether directly from health facilities, or through community-based organizations.

104 OutRight interview with Allie Dee, March 27, 2020.

105 Sundararaj, Mohan. “COVID-19: 10 tips for LGBTI advocates worldwide.” March 2020. <https://mpactglobal.org/covid-19-10-tips-for-lgbti-advocates-worldwide/>

106 3 Frontline AIDS. “What COVID-19 means for the global HIV response.” March 31, 2020. <https://frontlineaids.org/what-covid-19-means-for-the-global-hiv-response/>

107 <https://london.ejaf.org/covid19/>

108 EpiC./USAID/PEPFAR. “Strategic considerations for mitigating the impact of COVID-19 on key-population-focused HIV programs.” FHI360, March 2020. <https://www.fhi360.org/sites/default/files/media/documents/epic-kp-strategic-considerations-covid-19.pdf>

109 Global Fund to Fight AIDS, Tuberculosis, and Malaria.

“Global Fund partners unite to fight.” April 9, 2020. <https://www.theglobalfund.org/en/news/2020-04-09-global-fund-partners-unite-to-fight/>

100 A derogatory term in Spanish for a gay man.

101 OutRight interview with William Linares, March 27, 2020.

102 OutRight interview with Bianca Rodriguez, March 26, 2020.

103 OutRight interview with Lua Stabile, March 26, 2020.

HAOJIE

Gay man, age 29, Executive Director of Wuhan LGBT Center

**KEY THEMES: Disruptions in health care access and reluctance to seek care;
Abuse of state power**

“The government response to COVID-19 was not transparent. The way they were able to quarantine the entire province - I think only authoritarian countries can do this, and maybe that was an advantage. The dilemma is we have to lose our human rights in return. I worry that during these chaotic times, the needs of minorities and LGBT persons will be ignored.”

In the earlier days, we didn't know much about the virus, and were promised by the government that it would not spread person-to-person. But as more and more cases emerged, everyone began to get anxious. When it started, a lot of people started reaching out to us, especially HIV positive people who were not able to get their medication. We immediately mobilized online and organized offline work, for example going to the hospital to collect HIV medication. The nearest hospital is 20 kilometers away, right at the center of the COVID outbreak. We had to wear 'space suits' and take all sorts of precautions to get that medication.

After the lockdown came into force, we immediately got hundreds of requests for help from the HIV-positive community. Someone wanting to apply for medication on their own would be required to approach their community leaders for help. Many gay and trans people, in particular, are afraid to disclose their HIV status due to fear of discrimination. So that's why they reach out to us. During the lockdown, we helped obtain medication for 80-90 persons per day (about 800+ bottles). We also helped HIV-positive persons who are sick but cannot go to hospitals, which are overwhelmingly full of COVID-19 patients.

The government does not have the capacity to take care of minorities or provide any resources to us. NGOs also face challenges trying to help LGBT groups. In the near future, I very much doubt we will have any progress protecting LGBT groups because the nation and government's attention and energy will exclusively be directed to addressing the COVID virus.

Aside from forced closures of community health clinics and organizations, interviewees reported that reasons for medication interruption included pre-existing or heightened lack of trust in the health care system because of their sexual orientation, gender identity or expression, or sex characteristics; being unable to get

transport to pick up the medications due to state curfews and restrictions on movement during lockdowns; actual shortages of medications; clinic refusal to provide multi-month supplies; and certain treatments, such as hormone therapy, being classified as “non-essential” health care at this time.

OCHIENG OCHIENG

Transgender man, age 30, human rights defender and business person, Kenya

KEY THEMES: Disruptions in health care access and reluctance to seek care; Organizational survival

“There is no existing network that can be relied on to support the LGBTIQ+ community in Western Kenya at the moment.”



Previously, to access my hormones, I had to travel from Kisumu to Nairobi. Now, due to the increased risk of contracting the virus and my financial situation, I can no longer make the journey. The hormones are not available in the only pharmacy we have in Kisumu, and they are not sure if they will be able to procure them in the future. They referred me to another hospital, but the price has increased from Ksh 1700 to over 2100. I am thus unable to stock up on hormones and wonder how I will manage if the situation escalates. On top of this, due to shortness of breath being a symptom of the coronavirus, I have had to take a break from using chest binders, which has caused me terrible body dysphoria.

I have a condition with my left lung and suffer from asthma. I don't have medical coverage and am unable to access hospitals for checkups. Therefore, my only solution has been to completely isolate myself to minimize the risk of infection. As a result, I have been unable to carry out my human rights work responding to LGBTIQ+ individuals at risk. Instead, I have had to refer them to the police, where there is little follow up.

I recently had a case of someone needing a safehouse. The safehouse accumulated a cost of Ksh 215,000. I am now facing arrest if I do not settle the bill. I have been given only one month to resolve this, but no one can verify this cost because of the limited movement allowed during this period. I have reached out to other human rights organizations but to no avail. The network to which I usually refer cases has been unavailable and is now not responding to me.

Xavi, a 48-year old, HIV-positive gay man from Spain, did not trust the health system to maintain confidentiality even before the pandemic began. He had been getting his HIV medications from the United Kingdom. He said, “The health care system is unable to deal with all the patients coming in. There is a shortage of everything: equipment, intensive care... I have [HIV] medication for three weeks more. The problem is that I have my doctor in the UK. I don’t want my doctor here to know, as they gossip and I might see people when visiting the hospital...The problem is that there are no flights to the UK at the moment, at least no affordable flights. I am trying to get a deal with my doctor there to send me my meds, but that is complicated. I am really not sure what to do.”¹¹⁰

Disruptions are also likely to occur for those accessing medication through community-based health and social service centers catering to LGBTIQ and other key populations, which are often essential lifelines for those who cannot get decent care elsewhere. For example, in Singapore, “Marcus,”¹¹¹ a gay man, noted, “For people on PReP, many tend to get it from a third party anyway – not the healthcare system... So that probably will be affected by the current travel ban.”¹¹²

Others specifically described not being able to get multi-month prescriptions for HIV and other medications ahead of the lockdown. While this is not uniquely an LGBTIQ issue nor is it necessarily hard to understand why this would be difficult to implement, the impact of HIV care systems not rapidly adapting to the crisis with longer term prescriptions may be devastating for members of the LGBTIQ community. For example, in Kenya, Millicent Achieng, a non-binary lesbian, described fearing to leave their home, yet needing to stock-up on medication. She said, “The health facilities are...reluctant to issue one individual with a months’ worth of medication as there are

110 OutRight interview with Xavi, March 28, 2020.

111 Anonymized for reasons of safety. Name on file with OutRight Action International.

112 OutRight interview with “Marcus” (pseudonym), March 30, 2020.

many people who are in need of the medication, and with the current situation, they do not know when the facility will receive additional stock.”¹¹³



Stephon Duncan. Photo courtesy of Stephon Duncan.

This predicament was echoed by Stephon Duncan, a 25-year old gender non-conforming person from Jamaica. They said, “It will be very difficult for persons to access their ARVs as the pharmacies have now limited to a one-month supply per dispensation. As such, I believe it can be very taxing for some persons who don’t work or have access to resources to travel for medications. It also increase person’s risk of contracting the virus.”¹¹⁴

In Liberia, Karishma, a transwoman, noted that since health facilities started restricting their attendance to 30 people per day, many people living with HIV are having difficulty accessing their ARVs. She would like to be able to negotiate three or four-month prescriptions, but she said, “[There is] always an issue with limited access to medications within the country... because they also don’t have access. So, those who have access to their medications also have to share them with others who do not have access...It is a huge challenge.”¹¹⁵

113 OutRight interview with Millicent Achieng, March 28, 2020.

114 OutRight interview with Stephon Duncan, April 1, 2020.

115 OutRight interview with Karishma, March 27, 2020.



Karishma. Photo courtesy of Karishma.

“Q,” a bisexual woman from Zimbabwe, recounted how hospitals sent out messages on a Friday morning for people to go, on that day, to collect three-month supplies of HIV medication. This was done, in her view, without considering those who were unable to travel to the hospitals immediately or didn’t see the message that day. She had a friend who saw this message but was already in town and had to travel back home to collect her clinic book and then return again. She noted, “This is an additional expense that most people cannot afford as they are saving the little money they have to buy food. Also, the messages were sent to phone numbers that the hospital had on file, not considering those who may have changed their numbers or don’t have phones. So, there are those who didn’t access their medication.”¹¹⁶

In Uganda, the lockdown is prohibiting local public transportation, so those without private cars cannot travel. According to Amanda, a transwoman, “Public transportation is closed, so HIV+ people can’t access ARVs. Some people may need refills this month. Same for those

116 OutRight interview with “Q” (pseudonym), April 1, 2020.

on hormones.”¹¹⁷ Mx. Emmanuella David-Ette, from Nigeria, remarked there was fear that if the COVID-19 situation escalates, they will be unable to get transportation to pick up or deliver medication; therefore, her organization has prepared a schedule of information on individuals who need to get medication, when and from where.¹¹⁸

Disruptions in Access to Hormone Therapies and Other Gender-Affirming Care

Fourteen interviewees from 12 countries specifically cited concerns about accessing hormones and other gender-affirming care, which, in some cases, have now been deemed “non-essential.” Pre-existing challenges to accessing hormones are also now amplified. For example, in Chile, Franco Fuica, who is trans-masculine, noted that his country has a gender identity law but no health policy to

“Public transportation is closed, so HIV+ people can’t access ARVs. Some people may need refills this month. Same for those on hormones.”

go with it. He said, “[As a result] we have always had problems getting hormones for trans people. Now the hospitals are focused only on the COVID-19 situation. They have already put aside everything they normally do. One of the things that will be left out almost entirely are plans for trans people. People say they can’t get their hormones, and hospitals say that they don’t have them.”¹¹⁹

117 OutRight interview with Amanda, March 26, 2020.

118 OutRight interview with Mx. Emmanuella David-Ette, March 27, 2020.

119 OutRight interview with Franco Fuica, March 25, 2020.

MAHA MOHAMMED

Transwoman, age 41, freelance journalist and writer, originally from Egypt, currently seeking asylum status in the Netherlands

**KEY THEMES: Elevated risk of family or domestic violence;
Disruptions in health care access**

“My life was a quarantine before all of this started. I spent almost two years without leaving my home in Egypt before I managed to escape to the Netherlands because of my gender identity. Even now, I spend most of my time at home.”

As a transwoman I feel safe in the Netherlands, but I don't feel safe from the virus. I work as a freelance writer, and I get some support from the government while I'm seeking asylum. Without work, I can't live. My asylum process, which has been in progress for a year, has been put on hold because of the pandemic, I don't know when it will resume.

I have also faced issues getting my ongoing medication. The pharmacy refused to provide me with my hormone treatment, as it is not deemed a priority in such a situation. I had to fight with my pharmacy and health insurance to get the medication. I'm scared that trans people will face problems in the future if the situation gets worse, and that they will not be able to get their hormone treatments.

I am worried about people in my community. A lot of trans women work as sex workers all around the world because of restrictive laws and strong discrimination. Now they can't even do this work because of the global health situation. In countries like Egypt, where I am from, if infected, trans people will face problems getting health care, as we are severely discriminated against even under normal circumstances. Lockdown and quarantine measures, as well as unemployment, are forcing many trans people to return to or stay in their family homes with their oppressors and harassers, they can't even leave the house or stay with friends because of the health situation.

Beryl, a lesbian woman living in Belgium expressed concern about the impact of COVID-19 on trans people's access to care as well. She said, “Everything that is deemed not essential has been postponed, so trans people don't have this access for now and have to put their transition on hold.”¹²⁰



Beryl. Photo courtesy of Beryl.

120 OutRight interview with Beryl, March 26, 2020.

Bex Montz, a transman from New York, spoke about the support that trans people were providing to each other to ensure that hormones were accessible. He said, “At least within the trans community I know - we have really done a good job of helping each other. I have access to a private Google Doc where trans people are willing to share hormones with each other because we’re aware we can’t necessarily go to a doctor. Depending on where we live, our hormones might not be counted as essential medicine. And we might be running out. So, there’s also been a lot of support, which has been really incredible to see.”¹²¹



Bex Montz. Photo courtesy of Bex Montz.

Specific Challenges for Intersex People

For intersex people, several particular challenges were cited. Kristian Randjelovic, an intersex trans male from Serbia, described how he had had surgery 15 days before the pandemic started. “It’s a huge problem... I cannot get medication. Everything you have to buy, every ten days, it’s a financial burden and a mental burden. Everything is more complex. It will be so unpredictable after this [COVID-19].... As a trans intersex person with a lot of health problems, it’s hard to reach out.”¹²²

121 OutRight interview with Bex Montz, March 27, 2020.

122 OutRight interview with Kristian Randjelovic, April 6, 2020.

Kitty Anderson, an intersex person from Iceland, also described how the pandemic has interfered with her hormone therapy regimen, “Before all this [COVID-19], I started a new set of hormones... I’m supposed to go to get blood tests quite regularly, but now I have to go back to the old regimen, as there is no access anymore to regular bloodwork unless it’s a severe risk to your health. And I don’t have the same access to my doctor as before. My doctor was sweet and sent me a message, but she was put on a task force for COVID. She said we can revisit the plan when [the COVID-19 situation] is done. I’m putting my healthcare on hold for now.” Kitty went on to describe what she had been hearing about the situation of others in Europe. “I know of cases here in Europe that people had go to hospitals to get treatments to repair damaged genital mutilation in childhood...Hospitals are not the safest place to be right now...If you’re bleeding from your genital mutilation scars, and you’re not going to bleed out, you are not a priority...What happens if your doctor doesn’t answer your calls because he is busy, you can’t get prescription renewals, pick up hormones at the pharmacy, or you have to make that extra trip when you’re supposed to be isolating or social distancing?”¹²³



Kitty Anderson. Photo courtesy of Kitty Anderson.

123 OutRight interview with Kitty Anderson, April 4, 2020.

JAMES KARANJA

Intersex person, age 28, Executive Director,
Intersex Persons Society of Kenya, Nairobi, Kenya

KEY THEMES: Disruptions in health care access; Organizational survival

“As intersex people, we have so often lived a life of exclusion and isolation. We have made progress with integrating into the wider community recently. This has now been hindered by the physical distancing measures. Having to let go of the new life with people and support around us has a psychological effect. The isolation brings back really bad memories.”

The situation is not good from an intersex perspective. Around Africa, intersex organizations are underfunded and at this time it is especially challenging. I cannot access the internet at home so I rely on the internet in the office which is paid for under administrative costs through donor funds. Our activities focus on social interaction and our inability to implement them means we cannot access the funding, which is restricted.

Intersex persons have had bad experiences with medical service providers, and any trust we may have had in them is broken. As a result of medically invasive procedures and diagnoses to intersex persons, the hormones many of us have been prescribed and had to take have resulted in compromised immunity among much of the community. Therefore intersex people are more susceptible to the virus if we are exposed. And because of the negative experiences with health care providers, and the discrimination we face, we likely won't be able to attain emergency services. Most of us won't even try to go to hospital because of the questions we are asked and the discrimination that leaves us vulnerable and feeling like the services are not for us.

3. Elevated Risk of Family or Domestic Violence

A 24-year old transwoman shared that her mother insisted she wear male clothing and cut her hair while in her [mother's] house, or her mother will put her out during curfew, which would mean that she would be arrested and sent to jail to face greater dangers.

– Catherine Sealys, President, Raise Your Voice, St. Lucia¹²⁴

Soon after the first COVID-19-related lockdowns and curfews were implemented, reports started to emerge from various countries about steep increases in domestic violence. For example, in Jingzhou, Hubei Province in China, the number of domestic violence cases reported to one police station doubled from the previous month when cities were put on lockdown. During February 2020, at the height of the crisis in China, the number of domestic violence reports tripled compared to February 2019.^{125, 126} In Kosovo, the Ministry of Justice reported a 17% increase in reported cases of gender-based violence, with one city registering a 100% increase, compared to the same time period in 2019.¹²⁷

LGBTIQ people who face discrimination from family members due to actual or perceived gender identity and/or sexual orientation are at higher risk of domestic violence during this time. Indeed, interviewees reported either feeling at increased risk themselves or knowing others at increased risk of violence and abuse within their homes due to forced cohabitation with unsupportive family or abusive partners during quarantines or lockdowns. Some noted that this particularly affects younger people, who have been forced to return to their families of origin due to cancellation of school or to job loss. Interviewees also reported that counseling or other services are now shut down or are far more limited, leaving victims of abuse without support. Even before the pandemic, avenues for recourse in many countries were limited for LGBTIQ people due to hostile attitudes on the part of law enforcement and other first responders.

Interviewees reported either feeling at increased risk themselves or knowing others at increased risk of violence and abuse within their homes due to forced cohabitation with unsupportive family or abusive partners during quarantines or lockdowns.

124 OutRight interview with Catherine Sealys, April 22, 2020.

125 Allen-Ebrahimian, Bethany. "China's domestic violence epidemic." Axios.com, March 7, 2020. <https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>

126 Wanqing, Zhang. "Domestic violence cases surge during COVID-19 epidemic." Sixth Tone. March 2, 2020. https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic?campaign_id=10&emc=edit_gn_20200324&instance_id=17029&nl=in-her-words®i_id=39188407&segment_id=22743&te=1&user_id=474dc6950b5365b0dbf25f88c4dd2546

127 UNFPA. "Gender-based violence spikes amid pandemic, shelters need support." April 3, 2020. <https://www.unfpa.org/news/gender-based-violence-spikes-amid-pandemic-shelters-need-support>

"YY,"¹²⁸ a bisexual woman from Guangdong, China, commented, "My relationship with my family is very oppressive. Because of my sexual orientation, my mother started to force me to get married to a man. Because I'm bisexual, they think they could correct my SOGIE. As a result, we fought many times and I threatened to leave home... There was a lot of psychological violence... Also, I was not able to meet my partner who is in another country. This has created a lot of problems for our relationship. My mother

128 Anonymized for reasons of safety. Name on file with OutRight Action International.

found out and she was very happy and kept on insulting my relationship. I was very upset. I also feel very lonely because I'm trapped at home, and I have no friends in this city. It is a very isolating experience and I feel depressed."¹²⁹

Shamim, a queer woman from Kenya, recounted that with the shutdown, many Kenyans were obliged to go home. She noted that because some queer people may not have good relationships with their "blood families," being home causes "triggering memories" or exposure to violence, like corrective rape or conversion therapy.¹³⁰ Similarly, "Marcus,"¹³¹ a gay man from Singapore, said, "I think the biggest and most measurable impact is the fact that so many of us live with our families who are not always gay-friendly. For some of my friends, they live with family who have been emotionally abusive in the past, so that's been rough."¹³²

Elie Ballan, a gay activist from Lebanon, said, "In Lebanon and North Africa, a lot of LGBT people live with their families, leading to more clashes or potentially them being kicked out of the house. And these issues are present as well for people living with domestic partners. There's an increase of stress for a lot of people dealing with issues in their own houses."¹³³

Raksha, a queer woman also from Singapore, remarked, "Some cases came through on a Facebook chat group I moderate. There have been several emergency requests for housing by lesbians who are scared to live at home because of emotional and physical violence from their parents. They are asking friends if they have spare rooms to take them in."¹³⁴ Catherine Sealys, who leads Raise Your Voice

in St. Lucia, recounted, "For LGBTIQ people it has become quite a nightmare as they are trapped at home with families who don't want them in the house. Before COVID, they were able to go out to work and could get out of the house so as not to be subjected to emotional and verbal abuse by parents and siblings. She went on to describe, "Over 12 LGBTIQ persons have reached out to us, and we have housed them as well as provided food supplies. We are also doing remote therapy for four LGBTIQ persons. These are bare necessities compared to the fear LGBTIQ people have to live with in an unsafe home environment. We find LGBTIQ people living alone are managing much better."¹³⁵

Finally, while many countries have established various forms of helplines to offer support, very few are geared to the specific issues facing LGBTIQ populations. For example, Nivendra Uduman, a psychologist and ally to the LGBTIQ community in Sri Lanka, noted that there is a national COVID-19 counseling hotline provided by the National Institute of Mental Health staffed by nurses, as well as three private hotlines. While a positive resource for many, he stated that although private hotline counselors have received some basic orientation on LGBTIQ issues, government hotline counselors have not been trained. Interestingly, though, he said, "Transgender people are more likely to call the government hotline, so counselors are more familiar with their calls, and they are also more visible, so issues may be discussed. But LGBT people are not spoken about."¹³⁶ As has always been the case, this means that communities themselves must develop their own mechanisms of support.

129 OutRight interview with YY (pseudonym), March 30, 2020.

130 OutRight interview with Shamim, March 27, 2020.

131 Anonymized for reasons of safety. Name on file with OutRight Action International.

132 OutRight interview with "Marcus" (pseudonym), March 30, 2020.

133 OutRight interview with Elie Balan, March 26, 2020.

134 OutRight interview with Raksha, March 24, 2020. Updated April 3, 2020.

135 OutRight interview with Catherine Sealys, April 22, 2020.

136 OutRight interview with Nivendra Uduman, March 25 and 26, 2020.

4. Social Isolation and Increased Anxiety

I am experiencing a lot of anxiety... Being LGBT is perceived as criminal and ungodly, so queer people have established ways of forming communities and chosen families... Social spaces are very therapeutic, especially queer spaces. With that being taken away from me, it feels like my life is over... Now it feels like we are all just struggling to stay alive.
Shamim, 26-year old queer woman, Kenya¹³⁷

For LGBTIQ people who have experienced rejection from family, faith, and the broader society, the inability to physically connect with their chosen communities and friends during this time causes acute feelings of isolation and even fear. Queer communities around the world, under even the most difficult circumstances, have managed to find safe havens in community drop-in centers, nightclubs, cafes, and other spaces. For most people, the new reality of “physical distancing” is challenging. For those who are already isolated from chosen family, who feel unable to be “out,” or who may not have access to supportive communities, the isolation and forced cohabitation with potentially unsupportive families are extremely challenging, bringing increased anxiety, discomfort, traumatic memories, and risk of violence. Anxiety is exacerbated by socioeconomic stress and by health status, particularly for people living with HIV who may feel especially vulnerable to COVID-19. In particular, interviewees remarked on the impact of social isolation and the perceived disproportionate mental health risks for transgender people.

137 OutRight interview with Shamim, March 27, 2020.

Social Isolation

Regarding the impact of social isolation, interviewees spoke of no longer being able to gather in safe spaces – whether community centers, bars, cafes, or others’ homes – being afraid of being outed at home, experiencing heightened anxiety, on top of the daily anxiety caused by living in highly homophobic or transphobic contexts, being rejected by family members, and/or having difficulty finding work. Mikhail Tumasov, Chair of the Russian LGBT Network said, “No one can go to LGBTIQ centers or events, as all have been cancelled, which is hard, especially in light of the hostile context we face in Russia. If people live alone, they are isolated.”¹³⁸ Similarly, “Tenberry,”¹³⁹ a gay man from Nigeria, stated that, “LGBTIQ people can’t gather in their usual spaces, as most of these are NGOs and they are on lockdown. They are therefore left lonelier.”¹⁴⁰ Shamim from Kenya recounted that, over the previous three weeks, she had heard reports of people attempting suicide “due to stress of being removed from the people who give you hope.”¹⁴¹

For younger people, who may still live at home, or have had to return home from school, avenues for seeking community support have been closed. “Sonia,”¹⁴² a 21-year old queer woman from New York, said, “I don’t like being home, I’m always out, constantly active. I only come home to sleep. It’s really difficult not seeing friends. Except for my brother, nobody knows about my girlfriend. If I’m crying, I can’t explain. I have to say, ‘Oh, I saw a sad movie...’ My parents absolutely 120% don’t accept me being anything but straight....There is this fear about my parents finding out about my girlfriend. I don’t know if they’re going to throw me out. I try to just keep quiet.”¹⁴³

138 OutRight interview with Mikhail Tumasov, March 24, 2020.

139 Anonymized for reasons of safety. Name on file with OutRight Action International.

140 OutRight interview with “Tenberry,” March 27, 2020.

141 OutRight interview with Shamim, March 27, 2020.

142 Anonymized for reasons of safety. Name on file with OutRight Action International.

143 OutRight interview with “Sonia,” March 26, 2020.

BILLIE BRYAN

Pansexual transwoman, age 36, self-employed/activist, lives in Cayman Islands

KEY THEME: Disruptions in health care access and reluctance to seek care; Social isolation

“As a community we have lost that physical connection to others and access to services, especially pertaining to health. Trans people have been cut off from crucial health services. We’ve become lower priority. It’s a really scary time for trans people in particular.”



As a trans person, I take certain herbs to maintain my hormonal balance. I ran out of what I need and I’m already feeling the effects. On top of that, the amount of stress that is building from the quick changes happening is anxiety-inducing – I’m having trouble sleeping and I’m worried about my partners overseas.

Many LGBTIQ individuals are currently cooped up with people who don’t understand them as queer people, largely family members. A lot of them can’t be out to their family or siblings at all. In addition, there are LGBTIQ people who are suffering with mental health illnesses who rely on community support for their well being. Having

those social networks completely destroyed in a matter of days has been detrimental. When we’re forced to stay with people who are unaccepting, or even abusive, it puts us at a higher risk for anxiety, depression, insomnia, self-harm, and suicidal ideation. On top of social interaction, access to health services is limited – especially for trans people. We are an even lower priority than usual.

There is a lack of expectation on the government to share LGBTIQ-inclusive information about COVID. It’s incumbent on me and my organization and all of our volunteers to fill that gap and provide critical information to our community. We also have to reshape our work. For example, we’re looking to do online events. There is a growing need for a sense of community, especially for LGBTIQ teens. If we can’t do that in person, then we do that online.

MILLY MOSES

Lesbian woman, age 27, Gros Islet, St. Lucia

KEY THEMES: Social isolation and increased anxiety; Organizational survival

“We have young queer youth who were kicked out before the pandemic and are now sleeping at bus shelters. With everything locked down, I feel helpless. There is not that opportunity to support the community.”

Every day it gets scarier. St. Lucia reminds me of a horror movie. I have never been in a situation where we have a curfew. It's very unnerving. You can see people are on edge. It affects the general population, but it affects LGBTIQ people more. Many of them are employed in the hospitality industry, which is completely shut down. Single mothers are going through an extremely hard time too, but they are able to reach out to their family or friends. LGBTIQ people are treated as “other,” especially when people are going through hardship, so we can not reach out to family. The LGBTIQ community is more affected because of how our society is and how it sees us.

The toll this is taking on our community's mental health is great... how do you deal with being in a home where you feel unwanted, unloved, and alone, without any access to your community? We may see an increase in mental health issues. For persons who may be struggling, I try to reach out just so they feel a little less alone. But it will be problematic in the long term, too. After this, the focus of activism will be on children, women, and older people. LGBTIQ people will be put back further. It will make the work harder.



Bathini, a 27-year old queer woman from South Africa, described how living with nine people in three bedrooms, combined with the new lockdown policy, was creating stress and anxiety. She said, “Mostly, having people around, or having people to visit, was a way to run away from home... So now, my mental state is coming into play. I can’t breathe in this space. As much as I can’t breathe and I’m suffering, I can’t go anywhere.”¹⁴⁴

Lua Stabile, a bisexual transwoman in Brazil, noted, “I think LGBTI people are much more vulnerable because we are an invisible population. Even with growing visibility, people do not talk about what can happen to LGBTI people. People want to eliminate LGBTI people, and they won’t care if they die.”¹⁴⁵

James Karanja, an intersex activist from Kenya, recounted, “As intersex persons, we have lived a life of exclusion and isolation, and now we have started integrating with the wider community. This has now been hindered by the measures in place like working from home. This has taken us back to being loners. When we have to let go of the new life with people around, it has a psychological effect on us.”¹⁴⁶

Even where support may be available, it nevertheless may be difficult to access. Catherine Sealys, whose organization, Raise Your Voice, is providing remote counseling, said, “Some of the persons whom we support for remote therapy have to hide in the closet during counseling, so they are not overheard. The impact of COVID on the LGBTIQ community, specifically the mental toll, is immeasurable.”¹⁴⁷

For some, the isolation has not been new or stressful. Mx. Emmanuella David-Ette, a trans/intersex woman from Nigeria, noted that because of her identity, she has always been

an introvert, withdrawn from community and family. Social distancing has been her norm, so this isn’t strange for her.¹⁴⁸ Similarly, Ah Shan, a 66-year old gay man from Guangzhou, China, described his two-month quarantine, “I live by myself, no family. I have no partner. In a way, because I’ve been living by myself for over 10 years, I’m used to living alone, I wasn’t afraid.”¹⁴⁹ He continued to connect with his community via online chat groups.

Several interviewees voiced concerns about older LGBTIQ people. For example, Phylesha Brown-Acton, who lives in New Zealand noted, “Elderly LGBTI people have been of concern to me – they are hard to access, not all are on social media. I worry about the number of elderly LGBTIQ individuals who are not accessing services who may not be aware of what services are available to them as a result of technology not being their thing.”¹⁵⁰

Finally, Disney Aguila, a deaf transgender woman from the Philippines, spoke of her anxiety about the additional risks of isolation that she faces as someone without hearing. She said, “I was initially in shock that COVID-19 can quickly infect people. What will happen if someone like me who is deaf is infected and hospitalized and no one can communicate with me?”¹⁵¹ Indeed, mask-wearing to prevent viral infection hinders lip-reading, making communication challenging for the deaf community when interacting with people who don’t use sign language.

144 OutRight interview with Bathini March 27, 2020.

145 OutRight interview with Lua Stabile, March 26, 2020.

146 OutRight interview with James Karanja, April 2, 2020.

147 OutRight interview with Catherine Sealys, April 22, 2020.

148 OutRight interview with Mx. Emmanuella David-Ette, March 27, 2020.

149 OutRight interview with Ah Shan, March 26, 2020.

150 OutRight interview with Phylesha Brown-Acton, April 25, 2020.

151 OutRight interview with Disney Aguila, March 25, 2020.

Disproportionate Mental Health Risks for Transgender People

A number of interviewees talked about the particular stresses faced by trans people. Amanda, a transwoman from Uganda, said, “Support groups for trans people are now suspended. Those were a major source of fun and self-expression...Now, it’s like you’re bottling it [your emotions]. Texting does not give the same benefits as face-to-face [interaction].”¹⁵²

Similarly, Marcela Romero, a trans activist from Argentina, noted, “My trans community is scared. We have a lot of anguish... We do not know what will happen in the future. That all affects us very much, so it is important to focus and work on our mental health, so we do not get depressed staying inside.”¹⁵³

In Wuhan, China, the epicenter of the pandemic in China, “YC”¹⁵⁴, a transwoman, remarked that, because the lockdown began during Chinese New Year, many people had gone home, “I think we need some counseling, psychological care or self-care for our community since we have to deal with not having access to healthcare, family conflicts, trauma, fear of being outed because we want to get our hormones or HIV pills... I think for some of us, we also need social workers to help with our family conflicts since some of us were outed because we had to spend two months stuck with our families.”¹⁵⁵ Bex Montz, a 26-year old transman from New York City, said, “I think it’s going to be detrimental to mental health [of LGBTIQ people]. We might have more suicides. I think it’s possible that if people already don’t have resources, they will become more desperate.”¹⁵⁶

152 OutRight interview with Amanda, March 26, 2020.

153 OutRight interview with Marcela Romero, March 24, 2020.

154 Anonymized for reasons of safety. Name on file with OutRight Action International.

155 OutRight interview with “YC”, March 23, 2020.

156 OutRight interview with Bex Montz, March 26, 2020.

5. Fears of Societal Violence, Stigma, Discrimination, and Scapegoating

The chief Muslim cleric here in his address on COVID-19 said that this is a punishment from God for LGBT people. The national attitude about LGBT is creating more discrimination and stigma, and the LGBT community is in a panic...Whenever there is a disaster, the LGBT community is blamed by religious leaders... The rhetoric is creating fuel for more hostile situations. I think the pandemic has drawn us three years backwards from where we made progress.
– Davis Mac-Iyalla, 48-year old LGBTIQ activist, Ghana¹⁵⁷

There is a historical pattern that during times of crisis, LGBTIQ populations are blamed for their cause, leading to heightened stigma, discrimination, and sometimes violence. Indeed, it is a familiar refrain—whether related to the HIV pandemic,¹⁵⁸ Hurricane Katrina,¹⁵⁹ Cyclone Winston,¹⁶⁰ the Haiti earthquake,¹⁶¹ or the Ebola outbreak.¹⁶² During the Ebola crisis, LGBTIQ people were physically attacked. At the time, the Liberian Council of Churches went as far as to issue a statement that God was angry with Liberians “over corruption and immoral acts” such as homosexuality, and that Ebola was the punishment. LGBTIQ people

157 OutRight interview with Davis Mac-Iyalla, March 27, 2020.

158 Fee, Elizabeth and Manon Perry. “Jonathan Mann, HIV/AIDS, and Human Rights.” *Journal for Public Health Policy*, 29(1): 54-71, April 2008.

159 Cooper, Mariah. “Televangelist says Hurricane Katrina was God punishing gay people.” *The Washington Blade*. March 11, 2016.

160 Dwyer and Woolf, 2018.

161 International Gay and Lesbian Human Rights Commission (IGLHRC) and SEROvie. “The impact of the earthquake, and relief and recovery programs on Haitian LGBT people.” Published March 28, 2011.

162 Tharoor, Ishaan. “How Ebola is fueling prejudice against gays.” *The Washington Post*. October 24, 2014.

KARISHMA

Transgender woman, age 26, Executive Director,
Trans Network of Liberia (TNOL), Monrovia, Liberia

KEY THEME: Fears of societal violence, stigma, discrimination, and scapegoating

“There are religious groups, cultural groups, traditional leaders, and some other Liberians who believe that the LGBTIQ community is the reason why the COVID-19 cases in Liberia are coming about.”

They also feel that because God is angry, he is about to punish the world at large. As such, they believe that the government and the legislature - the lawmakers in the house - should come up with punishment towards LGBTIQ persons so that Liberia doesn't end up with a repeat of what happened during the Ebola crisis. The LGBTIQ community was blamed for that crisis, and the deaths, too. People remember the way that Ebola took place, and this time they are not going to sit and allow COVID-19 to kill them. They will start to kill LGBTIQ people first before anything happens.

Being seen as the cause of the outbreak makes us a target. I am concerned about my safety, and the safety of other LGBTIQ people. Some of us are frontline activists and we are well-known in Liberia. We can face an attack at any time. Someone can point at me at any time and say “Yea, that's the Karishma who wants to transition

to a woman, who promotes homosexuality - these are the people who are causing the problem.”



I was affected by the Ebola crisis, too. The community I used to live in was near a major Ebola treatment clinic. My organization had conducted a lot of activities around there so we were visible. When the Ebola crisis broke out, we were blamed and I was hunted. I had to relocate.

So now I am limiting my movements. I am being really careful not to be visible. I also have two transwomen living with me who have had threats from community members.

were forced to go into hiding.¹⁶³

163 Hussein, Misha and Maria Caspani. “Gay community under attack in Liberia over Ebola outbreak.” Reuters. October 23, 2014. [https://www.reuters.com/article/us-foundation-ebola-liberia-gay/gay-community-under-attack-in-li-](https://www.reuters.com/article/us-foundation-ebola-liberia-gay/gay-community-under-attack-in-li-beria-over-ebola-outbreak-idUSKCN0IC1GV20141023?feed-Type=RSS&feedName=healthNews)

[beria-over-ebola-outbreak-idUSKCN0IC1GV20141023?feed-Type=RSS&feedName=healthNews](https://www.reuters.com/article/us-foundation-ebola-liberia-gay/gay-community-under-attack-in-li-beria-over-ebola-outbreak-idUSKCN0IC1GV20141023?feed-Type=RSS&feedName=healthNews)

“Q”¹

Bisexual woman, age 29, LGBTI activist and student, Bulawayo, Zimbabwe

KEY THEMES: Fears of societal violence, stigma, discrimination, and scapegoating; Organizational survival

“There is a lot of implied information about how the virus is God punishing LGBTI persons. This is problematic when it gets to the communities within which these individuals live. What if the one person who can’t get food or gets sick lives within such a community? Will the community be willing to support him or will they oppose him?”

The lockdown represents a worrying interruption of our LGBTIQ work. Prior to the restriction of movement, we had arranged with the organization, “Zimbabwe Lawyers for Human Rights,” to conduct a safety and security workshop, which had to be postponed. I am worried about the logistics of restarting this process again, especially given how urgent it is. We also recently acquired a Hope Center and launched it as a safe space for community-led events. Now it sits idle. The virus forces us to work, for example, using WhatsApp and online methods. However, working from home is a challenge. I currently have enough data for three weeks, and don’t know what I’ll do when it runs out. We live under harsh economic times. Bread-and-butter issues now more than ever are at the forefront of our concerns.

I am concerned that if the infection rate in Zimbabwe gets to the stage of other countries, there will be profiling of individuals to determine who stays alive and gets care. I feel that LGBTIQ people won’t be a priority for health care, especially as we’ve noticed a re-emergence of religious fundamentalism. People described the pandemic as a “relapse of Sodom and Gomorrah” and claim that only countries that have legalized homosexuality will face the wrath of God. When I ask them what they think of Iran’s high rate of infection, I get no response.

Although everyone will be hit by the pandemic, certain people are especially vulnerable. The worst-case scenario is that LGBTIQ advocates and organizations become targets by the mere fact that we are perceived to have a source of income. There has always been a rumor that LGBTIQ people have money because we made a deal with the devil, so we are likely to face more challenges as the pandemic continues.

¹ Anonymized for reasons of safety. Name on file with OutRight Action International.

Sadly, from the earliest days of the COVID-19 pandemic, as described in the interviews, the scapegoating of LGBTIQ people began in countries such as Ghana, Guyana, Kenya, Liberia, Russia, Uganda, Ukraine, the United States, and Zimbabwe, among others. Conservative religious and other leaders are claiming that COVID-19 is God's punishment for the sins of LGBTIQ people—a sort of divine retribution for same-sex relationships and the destruction of heteronormative gender identity and expression.¹⁶⁴ In Ukraine, the LGBT+ group, Insight, is suing one of the country's most prominent religious leaders for blaming COVID-19 on the “sinfulness of humanity,” which he clarified to mean same-sex marriage.¹⁶⁵ No doubt, in many settings,

Conservative religious and other leaders are claiming that COVID-19 is God's punishment for the sins of LGBTIQ people...

these instances of scapegoating can be traced to rising populism worldwide. In countries around the world, conservative religious and political leaders, decrying so-called “gender ideology,” see increasing human rights recognition for LGBTIQ people as a threat to traditional, heteronormative societal structures and are determined to rollback progress.

Nine of those interviewed described hearing scapegoating rhetoric aimed at LGBTIQ communities within their countries, suggesting that they were to blame for COVID-19. For example, in Liberia, “Linda,”¹⁶⁶ a bisexual woman, recounted

164 Bollinger, Alex. “Trump-endorsed news outlet says it's God's 'judgement' that a gay activist died from coronavirus.” *LGBTQ Nation*, March 23, 2020. <https://www.lgbtqnation.com/2020/03/trump-endorsed-news-outlet-says-gods-judgment-gay-activist-died->

165 Bacchi, Umberto and Maria Georgieva. “LGBT+ group sues Ukraine religious figure linking coronavirus to gay marriage.” *The Thomson Reuters Foundation*, April 13, 2020. <https://www.openlynews.com/i/?id=8c71d689-68a0-4647-812f-05730f95f074>

166 Anonymized for reasons of safety. Name on file with OutRight Action International.

how a local pastor in Monrovia had posted an anti-LGBTIQ statement on Facebook, blaming the community for COVID-19 and explained that others in the general public have been voicing similar sentiments. She told OutRight, “They say we cannot have LGBTI people in our country because we do not want God to frown upon our country...”¹⁶⁷

Mikhail Tumasov from Russia described, “One of the top, most outspoken homophobes, [journalist and head of Russia's international news agency] Dmitry Kiselyov, announced publicly that gay people pose a particular threat in spreading the disease due to their frequent and numerous sexual partners.”¹⁶⁸

Millie, a transwoman and sex worker from Guyana said, “I heard my neighbors say that this [COVID-19] was happening because we had too many bad

people such as gays and trans. This is very discriminatory, and we are unable to go out and advocate against this.”¹⁶⁹

Meanwhile, in Kenya, Ochieng Ochieng, a transman, noted, “Negative rhetoric has made the environment volatile. The locust infestation and COVID-19 are [allegedly] punishments from God as a result of homosexuality.”¹⁷⁰

In a joint statement, UNAIDS and MPact called on governments and partners to protect the human rights of LGBTIQ people during the COVID-19 pandemic, noting that LGBTIQ people “are being singled out, blamed, abused, incarcerated and stigmatized as vectors of disease during the COVID-19 pandemic.”¹⁷¹

167 OutRight interview with “Linda,” March 25, 2020.

168 OutRight interview with Mikhail Tumasov, March 24, 2020.

169 OutRight interview with Millie, March 28, 2020.

170 OutRight interview with Ochieng Ochieng, March 26, 2020.

171 UNAIDS and MPact. “UNAIDS and MPact are extremely concerned about reports that LGBTI people are being blamed and abused during the COVID-19 outbreak.”

6. Abuse of State Power

What worries me most as a human rights defender, is the ease with which even democratic countries have imposed thoroughly undemocratic measures – the speed with which borders were closed and “us” vs “them” rhetoric emerged. This is a heyday for authoritarian and totalitarian regimes like Russia. It makes it seem like authoritarianism works in times of crisis, while showing democracies as fragile – even if it is only in the short-term.

– Mikhail Tumasov, 44, Chair of the Russian LGBT Network, Russia¹⁷²

During infectious disease outbreaks, disease surveillance, curtailing of movement, and closing of public spaces are among the essential elements of epidemic control. Without a doubt, COVID-19 poses a serious public health threat globally, and swift and even sweeping containment measures were and are urgently needed. Yet, governments and health systems need to balance human rights with public health.¹⁷³

According to international law, during times when closing civic space and limiting individual freedom may be required for public good, such as during the current COVID-19 pandemic, countries must ensure that restrictions are temporary and an exception to the norm. They must be strictly necessary to achieve a clear objective, based on scientific evidence, and the interventions must be proportionate to the emergency being

Press release, April 27, 2020. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200427_lgbti-covid

¹⁷² OutRight interview with Mikhail Tumasov, March 24, 2020.

¹⁷³ Hao, Karen. “Coronavirus is forcing a trade-off between privacy and public health.” MIT Technology Review, March 24, 2020. https://www.technologyreview.com/s/615396/coronavirus-is-forcing-a-trade-off-between-privacy-and-public-health/?utm_medium=techboard.wed.20200325&utm_source=email&utm_content=&utm_campaign=campaign

addressed.^{174, 175} Anticipating potential abuses of power during the COVID-19 pandemic, the chairpersons of 10 UN treaty bodies released a statement urging global leaders to ensure that human rights are respected in government measures to contain COVID-19. They stated that all people must have access to health care, without discrimination, noting that, “No one should be denied care due to stigma or because they belong to a group that might be marginalized.”¹⁷⁶ In addition, the United Nations Program on AIDS (UNAIDS) issued a statement condemning the “misuse and abuse of emergency powers to target marginalized and vulnerable populations.”¹⁷⁷ Reiterating that past and current experience with disease outbreaks clearly demonstrates that effective responses “must be deeply rooted in trust, human solidarity, and unwavering respect for human rights,” the UNAIDS statement specifically calls out the actions of Hungary, Poland, and Uganda as going beyond what is acceptable under international law.¹⁷⁸ Finally, Victor Madrigal-Borloz, the United Nations Independent Expert on Protection against violence and discrimination based on sexual orientation and gender identity, issued two statements. The first, issued in conjunction with other UN Independent Experts, called

¹⁷⁴ Human Rights Watch. “Human rights dimensions of COVID-19 response.” March 19, 2020. https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586

¹⁷⁵ United Nations Office of the High Commissioner on Human Rights. “News release: UN human rights treaty bodies call for human rights approach in fighting COVID-19.” March 24, 2020.

¹⁷⁶ United Nations Office of the High Commissioner on Human Rights. “News release: UN human rights treaty bodies call for human rights approach in fighting COVID-19.” March 24, 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25742&LangID=E>

¹⁷⁷ UNAIDS. “UNAIDS condemns misuse and abuse of emergency powers to target marginalized and vulnerable populations.” Press Statement issued April 9, 2020. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409_laws-covid19

¹⁷⁸ UNAIDS, April 9, 2020.

BIANKA RODRIGUEZ

Transgender woman, 27, Executive Director and President,
COMCAVIS TRANS, San Salvador, El Salvador

KEY THEMES: Abuse of state power; Disruptions in health care access

“The measures that have been imposed by the government are repressive. They authorize the use of force by the institutions and create a state of “detention” of the pandemic. How can the State guarantee that a police officer does not contaminate people?”



In El Salvador, our own government has not followed health protocols during COVID-19. Those deported from the US have been taken and forced to go to quarantine centers. In addition, 200 people were arrested on the second day of quarantine for walking in the streets. The measures that the government is taking are contradictory - they are putting healthy people in the same space as those infected with the virus. We currently have more people in containment zones than actually confirmed cases. In addition, there is very little clarity about how the state is acting in the containment centers.

We worry, because we don't know what the conditions are of the people who have been taken through the process of containment. We don't know if they have resources like food or the ability to contact their families. If they do not have coronavirus, they can be infected in the containment centers because there are no pertinent measures there.

There is also a lot of discrimination happening. Transwomen and gay men are at particular risk of harassment from the police when asked to present their identification documents. In addition, transwomen are still doing sex work because they have no other income, and there are no policies in place to help them. Many are living with less than 100 dollars a month. The health system is one of the sectors that most discriminates against LGBTIQ people, especially because there are still fundamentalist ideologies that support these actions, far from the rule of law. The integrity of people LGBTIQ are at risk of not being treated or prioritized in case of infection.

out the police raid on an LGBTIQ shelter in Uganda, urging the government to respect human rights during emergencies.¹⁷⁹

179 United Nations Office of the High Commissioner for Human

Rights. “UN experts fear Uganda is using COVID-19 emergency powers to target LGBT people.” April 27, 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25832&LangID=E>

JELENA VASILJEVIC

Lesbian woman, age 41, LGBTIQ activist at Equal Rights Association for Western Balkans and Turkey, Belgrade, Serbia

KEY THEME: Abuse of State power; Organizational survival

“The pandemic has set us back 10 years. LGBTIQ issues were already a topic that policy makers didn’t want to tackle in this region. I fear that our issues will be deprioritized even after the crisis is over. The government will continue using the pandemic, the economy, and recovery efforts to avoid tackling human rights issues. The human rights of LGBTIQ people will come last.”

The Serbian government is using the pandemic as a way to hype up fear for political gain. The daily briefings feature leading politicians, but no medical experts. The information presented is not clear, leading to uncertainty. Everything is over-dramatized, amplifying anxiety and fostering a sense of panic among people. For example, news of a new mobile hospital being built was presented with a war-like message, “don’t get the virus or you will end up here,” even though in actual fact, having a mobile hospital is great. All of the messaging seems to be designed to increase fear. This has affected me greatly; the uncertainty, the lack of clarity about what I can or cannot do, the lack of solid medical advice, and wondering if there will be a lockdown, or if I will be able to get food or walk my dog, has caused me a lot of anxiety, so I stopped watching the briefings. Reliable information exists, but you have to seek it out yourself. Which is what I do.



LGBTIQ issues were already a topic that policy makers didn’t want to tackle in this region. It has only gotten worse now. Trans people were getting hormones from Croatia in the past. This is impossible now with border closures. Access to HIV medication has always been problematic; now it seems to not exist at all. We are also hearing that people are not getting diabetes medication. Everything is focused on the virus. Nothing else seems to matter. On a policy level, all discussions about partnership and gender recognition legislation – two laws which we have been pushing for for years – have been postponed indefinitely.

The second expressed grave concern regarding the proposed change to Hungary's Registry Act is the assertion that "birth sex" cannot be changed once officially recorded.¹⁸⁰

Indeed, there is growing concern that unnecessary breaches of civil and political rights are already taking place in the aforementioned countries, as well as others such as in Bolivia, Britain, Cambodia, Chile, Iraq, Israel, Kyrgyzstan, the Philippines, Poland, and the United States, and likely in many more.¹⁸¹ Hungary, in particular, has garnered much attention due to a new law that has given its Prime Minister, Viktor Orbán, the power to unilaterally suspend existing laws for an indefinite period. Only he is vested with the authority to end the recently declared state of emergency brought on ostensibly by the COVID-19 pandemic threat.¹⁸² In addition, his government submitted an amendment to the Registry Act that, in effect, would prohibit transgender people from legally changing their gender – a clear contravention of the European Convention on Human Rights.¹⁸³ In the United States, multiple states are using the pretext of the pandemic to declare that abortions constitute "non-essential care" and are therefore banned as part of COVID-19 emergency measures.¹⁸⁴ In Poland, President Andrzej Duda signed a law amending the criminal code that included strengthening the

criminalization of HIV exposure.¹⁸⁵ In Cambodia, the parliament passed a sweeping state of emergency law, decried by human rights activists, that grants the government unlimited powers including surveillance of telecommunications and control over press and social media.^{186, 187} In the Philippines, President Rodrigo Duterte has taken a highly militarized approach to the lockdown, threatening to shoot violators, while also being granted extraordinary emergency powers by the Congress, which, human rights defenders believe, go beyond what is necessary for disease control.¹⁸⁸ Further, three LGBTIQ people in the Philippines were detained by village volunteers, who were mandated to enforce the country's curfew. A village official accused them of looking for sex, and to punish them, he publicly humiliated them by forcing them to kiss, dance, and do push-ups on live video being broadcasted widely over social media.¹⁸⁹

Finally, in Uganda, just after the government ordered a COVID-19-related lockdown, a shelter for LGBTIQ people was raided by neighbors and security forces, and 23 people at the shelter were arrested. A search was conducted in the shelter to find evidence of "homosexuality." Two of those arrested were beaten, and all

180 United Nations Office of the High Commissioner on Human Rights. "Hungary/LGBT: New law proposal endangers rights of the trans and gender diverse persons, warns UN expert." April 29, 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25844&LangID=E>

181 Gebrekidan, Selam. "For autocrats, and others, coronavirus is a chance to grab even more power." *The New York Times*, March 30, 2020.

182 Gebrekidan, 2020.

183 Gall, Lydia. "Hungary seeks to ban legal gender recognition for transgender people." Human Rights Watch. April 4, 2020. <https://www.hrw.org/news/2020/04/03/hungary-seeks-ban-legal-gender-recognition-transgender-people>

184 Sobol, Laurie et al. "State action to limit abortion access during the COVID-19 pandemic." Kaiser Family Foundation, April 14, 2020. <https://www.kff.org/womens-health-policy/issue-brief/state-action-to-limit-abortion-access-during-the-covid-19-pandemic/>

185 HIV Justice Network. "Poland: country's criminal code amended to increase sentencing in cases of HIV exposure." April 6, 2020. <http://www.hivjustice.net/storify/poland-countrys-criminal-code-amended-to-increase-sentencing-in-cases-of-hiv-exposure/>

186 Amnesty International. "Cambodia: proposed emergency powers would obliterate human rights." April 2, 2020. <https://www.amnesty.org/en/latest/news/2020/04/cambodia-proposed-emergency-power-obliterate-human-rights/>

187 Parameswaran, Prashanth. "Cambodia's COVID-19 response in the headlines with new state of emergency." *The Diplomat*, April 13, 2020. <https://thediplomat.com/2020/04/cambodias-covid-19-response-in-the-headlines-with-new-state-of-emergency/>

188 Tomacruz, Sofia. "Duterte signs law granting himself special powers to address coronavirus outbreak." Rappler.com. Updated March 26, 2020. <https://www.rappler.com/nation/255718-duterte-signs-law-granting-special-powers-coronavirus-outbreak>

189 Thoreson, Ryan. "Philippines uses humiliation as COVID curfew punishment." Human Rights Watch. April 8, 2020. <https://www.hrw.org/news/2020/04/08/philippines-us-humiliation-covid-curfew-punishment>

were subjected to verbal taunts due to their perceived sexual orientation. Nineteen of those detained were formally charged with engaging in “a negligent act likely to spread infection of disease” and “disobedience of lawful orders.”¹⁹⁰ Although local human rights activists have taken up the case, the country’s legal system is at a standstill, except for “serious cases,” and travel within Kampala is banned, almost guaranteeing that justice will be delayed.¹⁹¹

Militarization and Excessive Police Action

Interviewees described increases in militarization and excessive police action to respond to the pandemic, a rise in the use of invasive surveillance resulting in significant privacy breaches, and the use of states of emergency and new legislation to seize more power and crack down on certain populations by prohibiting events or protests.

Some interviewees described concerns about the militarization and excessive police action to enforce lockdowns and clear public spaces. For example, in South Africa, interviewees described feeling alarmed at the visible show of the army and police to enforce social distancing. Bathini, a student from a township¹⁹² near Cape Town, said, “Yesterday, I saw the army/police close down a shop owned by a Somalian. I also know someone who went to buy cigarettes but was beaten up by a soldier.” Allie Dee, also from South Africa, said, “The army is out in the townships and a hyper-militarized police service is keeping people in homes, breaking up taverns in the name of ‘keeping people safe.’ The fact that there are now army tanks being

190 Human Rights Awareness and Promotion Forum (HRAPF). “Statement on the raid of the children of the Sun Foundation shelter for LGBT youths in Uganda.” 31st March 2020. <https://hrapf.org/index.php/10-hrapf-news/89-hrapf-press-f>

191 Kivumbi, Kikonyogo. “No lawyers for 20 LGBT Ugandans in prison on COVID-19 charges.” Posted to *Erasing 76 Crimes*, March 31, 2020. <https://76crimes.com/2020/03/31/no-lawyers-for-20-lgbt-ugandans-in-prison-on-covid-19-charges/>

192 Townships are informal settlements which are often underdeveloped racially segregated urban areas

deployed in townships is very reminiscent of Apartheid.”¹⁹³

In Sri Lanka, the COVID-19 response is being led by the military. Ephraim Shadrach noted, “I’m seeing increased frequency of police in public spaces. The situation of COVID-19 could be an opportunity for power holders to see how far they can push. I’m still processing this. Since the elections have been postponed indefinitely, Parliament is not in session, Cabinet is not regularly meeting, the response to COVID-19 is not even being discussed by Parliament...COVID-19 is unknown territory, and this leaves room for people to push their own agenda.”¹⁹⁴

In Liberia, trust in the government is very low. “Linda”¹⁹⁵ said, “Police are taking people off the streets. On Sunday, churches were closed down. People were pulled out of churches during the service. On Friday, the Mosque was closed. The national police went from church to church to close down services.”¹⁹⁶

“I’m seeing increased frequency of police in public spaces. The situation of COVID-19 could be an opportunity for power holders to see how far they can push...”

Beyond broad human rights concerns with increased militarization, LGBTIQ people may additionally fear the impact of heteronormative military culture in their towns and cities; the rigidity of gender norms, hyper-masculinity, and prohibitions of homosexuality common in military service creates additional threats for LGBTIQ people from military actors.

193 OutRight interview with Allie Dee, March 27, 2020.

194 OutRight interview with Ephraim Shadrach, March 24, 2020. Updated April 3, 2020.

195 Anonymized for reasons of safety. Name on file with OutRight Action International.

196 OutRight interview with “Linda,” March 25, 2020.

QUITERIA FRANCO

Lesbian, age 48, Coordinator of Unión Afirmativa, Venezuela

**THEMES: Disruptions in health care access and reluctance to seek care;
Abuse of state power**

“I worry that discrimination will be greater due to the coronavirus pandemic. Those who are suspected of having the virus are taken from home by the secret service. Nobody knows where they are taken.”



The coronavirus arrived in Venezuela during a humanitarian crisis. Our hospitals and health system are almost destroyed. Even before the pandemic, doctors were protesting that they lacked the most basic resources to do their work. For instance, where I live, water is limited to 30 minutes twice a day. Some areas have

been without water for months. They say the first thing you should do to combat coronavirus is to wash your hands, but we can't even do that. Similarly, there are electricity cuts, and no gas, which makes it impossible to transport emergency cases by car or ambulance. The first measure the government took against the virus was to close the entire country. We heard of a military group killing people for being on the street. Such killings were already happening; now they are justified by the coronavirus.

The government hasn't released data on anything related to health in the last five years. The information communicated about the number of cases is widely distrusted. Recently, a journalist was arrested for providing numbers of COVID-19 cases different to those presented by the government. Even before the humanitarian situation, there was a negation of rights, including the human rights of LGBTIQ people. LGBTIQ rights were never recognized, and although discrimination is prohibited, in practice it persists. The situation is very worrying for people affected by HIV. It's been three years since the government stopped buying antiretroviral medicine. We rely on international donations for this purpose, but due to the pandemic we worry that it may not be delivered, and that we will find ourselves in a situation with virtually no antiretrovirals in the country.

Intensified Surveillance

Some countries that have managed to contain their outbreaks used authoritarian powers to quickly implement aggressive surveillance, contact tracing, and isolation measures. For example, Chinese and Singaporean authorities required citizens to install software on their smartphones to monitor people's health status, track their location, and determine whether they can enter a public place.¹⁹⁷ While tracking, identifying contacts, and isolating individuals who have contracted COVID-19 is key to disease control, there is concern that once the door has opened to greater surveillance and breaches of privacy, it will never close. Human rights defenders, including LGBTIQ activists, in many countries around the world, therefore, may be at increased risk of privacy violations and crackdowns on their activity under the guise of pandemic control.¹⁹⁸

In China, “YY,”¹⁹⁹ a bisexual woman, remarked on the increasing use of surveillance and tracking, resulting in a “shrinking of human rights”. She said, “During this pandemic, the government has made use of it to introduce extraordinary censorship and surveillance. For example, when I send a message to a friend from my mobile phone, the mobile service provider authorizes the location information to the government, so they just need to type in your number to know which city you've been to in the last 14 days. They could tell where we are going and where our locations are. The virus has justified and legitimized such

197 Singer, Natasha and Choe Sang-Hun. “As coronavirus surveillance escalates, personal privacy plummets.” *The New York Times*, March 23, 2020. <https://www.nytimes.com/2020/03/23/technology/coronavirus-surveillance-tracking-privacy.html>

198 International Center for Non-Profit Law. “Coronavirus and civic space: Preserving human rights during a pandemic.” March 10, 2020. https://mk0rofifiqa2w3u89nud.kinstacdn.com/wp-content/uploads/03.2020-Coronavirus-and-Civic-Space.pdf?_ga=2.89257564.677154032.1585238490-1944579017.1585238490

199 Anonymized for reasons of safety. Name on file with OutRight Action International.

surveillance. I don't feel that after the pandemic is over, such surveillance and reduction of human rights will disappear. It will become a new normal. Also, when the pandemic was happening, infected persons had their private information publicized.”²⁰⁰

States of Emergency and New Legislation

Many countries have justifiably declared states of emergency, which under some systems, enables the release of emergency funds to address the crisis. In other countries, however, declarations of states of emergency have led to excesses in authority that go beyond immediate pandemic control needs, as described in Cambodia, Hungary, and the Philippines. Interviewees also noted a worrying trend of other types of legislation being proposed that appears to be taking advantage of the distraction that COVID-19 is causing. For example, in Liberia, a member of the Legislature has threatened to put forward a bill to strengthen the law banning same-sex relations.²⁰¹ Activists are working with various international groups to at least delay its introduction. Meanwhile, in Lebanon, which was undergoing a revolution when COVID-19 hit, Elie Ballan noted, “Unfortunately, we're seeing some legislation being passed that the people aren't very happy about. But without the ability to protest, without the ability to go out, we're restricted to protesting online and our government doesn't care about that.”²⁰²

200 OutRight interview with “YY,” March 30, 2020.

201 Email correspondence to A. Bishop, members of LIPRIDE Coalition, and other Liberia-based development partners, from UNAIDS/Liberia, April 7, 2020. Included attachment of amendment to sections 14.72, 14.73, and 14.74 of the Liberian Penal Law, Title 26. Draft amendment is entitled: “Making aggravated involuntary sodomy and involuntary sodomy non-bailable offenses and voluntary sodomy a second-degree felony.”

202 OutRight interview with Elie Balan, March 26, 2020.

7. Concerns about Organizational Survival, Community Support, and Unity

I worry that we are going to become more invisible in the bigger political picture – our fight and our politics are no longer going to be factored in. Our challenges will be diluted... I am worried that our rights and the things harmful to us will no longer be a priority anymore – that we will become insignificant to government priorities overall. Once you become invisible, you become voiceless.
– Phylesha Brown-Acton, *Fakafafine/transwoman*, 44, *New Zealand*²⁰³

Many interviewees spoke of the existential threat that the COVID-19 pandemic is posing to LGBTIQ movement-building and organizational survival, with some stating directly that LGBTIQ movements are being set back. This is due to slowdowns or stoppages in critical advocacy work such as strategic litigation as well as in provision of community support. Interviewees expressed concern and uncertainty about donor support, as well as how to meet current donor expectations when they can no longer implement activities. Many are also worried that current funders may shift away from supporting LGBTIQ movement-building priorities and community needs. Several expressed the hope that donors would be flexible during this extraordinary time, perhaps helping to mitigate potential loss of staff.

As many organizations rely on volunteer support, the economic shocks caused by actual or potential loss of work or housing also mean that people must turn to meeting their most basic individual needs, leading some to comment on the anguish of having to suspend activities.

203 OutRight interview with Phylesha Brown-Acton, April 25, 2020.

Some groups, to the extent that they are able, have begun shifting to online events and communications and to mobilizing great resilience and resourcefulness in mobilizing emergency support for the neediest members of their communities. Social media and other means of online communication have been extremely important, both to mitigate isolation but also to continue organizing.

Even given the increasingly difficult circumstances, numerous interviewees shared examples of communities trying to mobilize despite stay-at-home orders, threat of infection, and tightening of resources, demonstrating striking perseverance and resilience—hallmarks of LGBTIQ movements globally for decades. Although some expressed worry about the pandemic stalling LGBTIQ movement progress, others suggested that the pandemic may help humanity to overcome its differences and actually unite people towards a common purpose—that, indeed, we are “all in this together.”

Fear of LGBTIQ Movement Setbacks

Jelena Vasiljevic, a lesbian from Serbia, described how LGBTIQ organizations there are trying to adjust their work to meet requirements of donors. She noted, however, that, “A lot [of organizations] have not received installments of grants that had been promised. Many grants are being cancelled or delayed, and a lot of organizations are depending on this for day-to-day operations, so they are worried about having to shut down permanently... The helpline for trans and intersex youth is at risk of being shut as they lost funding...” On the interruption of important legal and policy work, she said, “Public hearings about progressing laws and policies are all cancelled. The gender recognition law and same-sex partnership law are at risk, in particular, as there has been movement on both laws recently. All those conversations have now been postponed. Legal gender recognition processes are all halted, so people are not getting their documents changed, or gender recognized at this time.”²⁰⁴

204 OutRight interview with Jelena Vasiljevic, March 27, 2020.

In Liberia, regarding the threat to new legislation to strengthen the law banning same-sex relations, Karishma, who leads the Trans Network of Liberia, said, “There should be a lot of work going on right now, as we speak, especially with the new legislative bill coming up. We should be having active dialogues, litigation meetings, how can we build consensus, how can we rally around with other civil society organizations (CSOs), partners, and allies....” Liberia is also slated to undergo its next Universal Periodic Review (UPR) at the United Nations in November 2020, with input being gathered now. Karishma noted, “I should have been in Geneva now, engaging in advocacy around the issues with the new legislative bill- that would have been one of the biggest and greatest opportunities to be able to present to the UN.”²⁰⁵

In Kenya, the Repeal 162 movement seeks to appeal the May 2019 ruling that upheld the country’s colonial-era ban on same-sex relations. Ochieng Ochieng, a Kenyan transman, expressed frustration that these efforts have had to stop. He said, “All activities have been halted, which slows down any human rights work being done, thus affecting most of the LGBTIQ+ individuals who directly or indirectly benefit from these organizations. The Repeal 162 case was appealed, and it was hoped that there would be a mention of the case soon, but with the courts not working at capacity, this is unlikely.”²⁰⁶

In Latvia, activists have been advocating for domestic partnership legislation, which has now come to a halt. Kaspars Zālītis said, “We can’t do any advocacy, which affects our aims of passing partnership legislation. We had to cancel all workshops in person. We are trying to move them online, but not everyone can access those.”²⁰⁷

Several people expressed concern that progress on human rights for LGBTIQ people may start

205 OutRight interview with Karishma, March 27, 2020

206 OutRight interview with Ochieng Ochieng, March 26, 2020.

207 OutRight interview with Kaspars Zālītis, March 26, 2020.

backsliding. Beryl, in Belgium, said, “I’m worried that when we do eventually come out of this, LGBTIQ issues will be deprioritized. As activists, we feel an urge to do something, so we don’t lose the progress from the last 15 years.”²⁰⁸

Kristian Randjelovic, an intersex activist from Serbia, noted, “Definitely [the pandemic will impede progress]. For intersex rights, we’re fighting medical establishments that surgery is not necessary...I’m working with parents of intersex people and need to establish trust through contact in order to build awareness. That doesn’t work online.”²⁰⁹

Uncertainty about Donor Support

According to Shamim, in Kenya, advocacy work has slowed down, and she expressed worry that it will be more difficult to mobilize around LGBTIQ issues while global attention is focused on COVID-19. She fears that funding will be directed elsewhere, at the expense of LGBTIQ issues.²¹⁰ For many interviewees, in fact, the prospect of donors shifting away from supporting LGBTIQ organizations is a major source of anxiety. At the same time, support may need to be broadened to include meeting more basic needs in the near-term to enable communities- and the organizations that represent them- to survive. For example, Tatiana Vinnichenko, from Russia, hopes that donors will step up with basic support. She said, “It would be great if bigger organizations, regional and international ones, would think of ways to support direct services, to support organizations as they seek ways of helping people very directly. Such organizations usually fund and support things like hate crime monitoring, strategic litigation, advocacy. We don’t need that now. We need tangible, practical help – food, shelter, access to healthcare...we need funds for another shelter or crisis center,

208 OutRight interview with Beryl, March 26, 2020.

209 OutRight interview with Kristian Randjelovic, April 6, 2020.

210 OutRight interview with Shamim, March 27, 2020.

as these requests are increasing.”²¹¹ Without this basic support, organizations are at risk as they will be unable to meet broader strategic goals unless the fundamental needs of communities are being met.

In contrast, “Z”²¹², a Jordanian lesbian activist, worried about the short- and long-term implications of the pandemic on donor support. She said, “Even conversations with donors are being re-purposed to focus on humanitarian aid around the pandemic, which is a problem because a humanitarian goal only looks at response relief. When you only look at immediate relief, you are not investing in structural relief, and if you don’t focus on structural relief, you run into problems when you hit donor fatigue and similar issues... In terms of activism, I really don’t know how this is going to impact people’s income and role in the community... Now, everyone who works in civil society is in survival mode.”²¹³

Mx. Emmanuella David-Ette from Nigeria also expressed numerous concerns, such as shifting of funds due to an increased donor focus on COVID-19; uncertainty about grant extensions and reporting to donors, which may affect donor relationships; and cancellation or rescheduling of events and activities, which is prompting them to try to move to online activities.²¹⁴

According to Dominique, a transman in Haiti, advocacy work also must continue. He said, “We have to hope we don’t lose the funding and that we are able to reschedule activities. Training in security measures and documenting human rights violations needs to happen, but we don’t know when as this had to be postponed. If we are not able to work, there will be an increase in violence because we can’t be

211 OutRight interview with Tatiana Vinnichenko, April 2, 2020.

212 Anonymized for reasons of safety. Name on file with OutRight Action International.

213 OutRight interview with “Z” (pseudonym), March 30, 2020.

214 OutRight interview with Mx. Emmanuella David-Ette, March 27, 2020.

out there doing our advocacy work in promoting the rights of the LGBT community during these difficult times. We want to be able to continue with our projects, so we hope that our donors will continue supporting us.”²¹⁵

Kitty Anderson, an intersex activist in Iceland, also expressed concern about possible delays and setbacks for their movement. She said, “Last November, there was a government committee that started, under the prime minister, to start a legislative proposal for intersex rights...so the work of that committee is slowing down due to this...We had to cancel meetings, postpone things. The committee will take longer than expected...Intersex funding is already very low even in the LGBTI scope that is already slow...In the coming weeks and months, this holds true for the whole community.”²¹⁶

The Anguish of Suspending Activities

A number of interviewees also spoke of the deep obligation and sense of responsibility that they felt towards their LGBTIQ communities, and how difficult it is to have to shut down programming, denying support to so many who need it. Davis Mac-Iyalla, from Ghana, explained, “Some people see us as the only place where they can get support, so as much as I need to look after myself, there is no way I will shut down completely. In the aftermath, we will have to find a way to come together and strategize... and find a way to move forward... We’ve already been unable to pay our rent, and we won’t even have the money to pay for internet to give our community access or the ability to connect...but we need to continue. This pandemic shouldn’t wipe out our community and all that we’ve done.”²¹⁷

Similarly, Quiteria Franco, in Venezuela, noted, “It also affects me that I can’t help others. I

215 OutRight interview with Dominique, March 29, 2020.

216 OutRight interview with Kitty Anderson, April 4, 2020.

217 OutRight interview with Davis Mac-Iyalla, March 27, 2020.

TATIANA VINNICHENKO

Queer woman, 46, Director of Moscow Community Center for LGBT,
Moscow, Russia

KEY THEME: Increased family and domestic violence; Organizational survival

“People need more than virtual connectivity. People who are losing jobs and homes need very practical support. When everyone is stuck at home, especially in extremely patriarchal societies, especially LBT women in Chechnya, Ingushetia and other particularly conservative parts of Russia, domestic violence is through the roof. We need more practical resources - shelter, food, medical and psychological help.”

The pandemic is severely affecting the LGBTIQ population, especially trans people whose appearance does not match their documentation. Trans people always have a hard time getting a job, and now that the market is flooded with newly unemployed people, it is basically impossible. In such situations people can only depend on family or friends, which in the case of trans people is rarely possible here. In Moscow we have an LGBTIQ shelter - the only one in Russia, and we have received a huge number of new requests, disproportionately from trans people. The shelter is at full capacity and under quarantine, so we can't help the inflowing requests.

Other people we can't even get to. Parts of Russia are completely closed off, such as Chechnya. This is a region in which we have worked for several years to help people get out and flee to safety. Whether or not we can do that now is under question, as we can't get in, and our shelter is full.

The risks get worse if anyone is infected. The hospitals in which people are isolated in conditions of a pandemic in Russia are more like penal colonies and prisons than hospitals. People have no exit, no visitation, no support of any kind, they may even be restrained, and are likely to face high levels of homophobia, transphobia, and various forms of abuse.

received a case of an HIV+ boy who does not have food, so we have to get organizations in the region to try to help him. I was going to start with my project work activities during the month of March, sessions with a psychologist to lesbian women, to help them with accepting themselves ...This had to be cancelled... I continue to send them things through text or email, but there is a big loss of contact, especially because there are not a lot of spaces for lesbians or

LGBTI persons, in general, in the country. We, as organizations, will need to get together with organizations that focus on humanitarian work to get the basic things to survive.”²¹⁸

Milly Moses, from St. Lucia, commented, “We have young queer youth who were kicked out before the pandemic and are now sleeping at bus shelters. With everything locked down, I feel

218 OutRight interview with Quiteria Franco, March 24, 2020.

helpless, and now there is not that opportunity to support the community.”²¹⁹

Marcela Romero, from Argentina, discussed both the interruption of her work as well as the losses incurred by not being able to meet with other activists from around the world since all global conferences have been cancelled. She said, “We are our own families. I have a lot of anguish because there are so many things that I could do if the pandemic was not here... I have projects that I can’t execute because we are quarantined. It is not possible to do trainings, meetings, community activities, nothing can happen, everything has stopped.”²²⁰

Resilience and Resourcefulness

With access to safe spaces abruptly cut off during this historical level of economic shut-down and social distancing, local LGBTIQ and ally community-based organizations are trying to fill the void. Indeed, queer communities throughout history have demonstrated incredible resourcefulness to provide support to one another, and this pandemic is no different.^{221, 222} Already, international, national, local organizations and networks, and even dating apps have issued statements, provided tailored information about COVID-19 prevention and care for LGBTIQ people, set up hotlines and social media links, and published expressions of encouragement to those within communities who are feeling especially isolated.

Several interviewees described how they managed to mobilize emergency psychological and material support since the shutdowns began, while also acknowledging that not everyone has the means to do so. In Honduras, Indyra Mendoza, head of Cattrachas, a collective of

psychologists, advocates, academics, and others to advance and protect human rights of LGBTIQ people, described how they have continued to work. “We organized ourselves the moment we saw what was happening with COVID-19 in other countries. We made sure that not only we had resources, but we also figured out how to work away from the office. The current situation with COVID-19 is a class issue, an economic power issue, and not everyone gets the opportunity to prepare, but in our organization, we did...We embraced this as an opportunity to make the state understand that we are more than LGBTIQ people, we are active citizens, we contribute to society, we defend human rights of those in vulnerable situations and as activists.”²²³

In the Philippines, “Donna Canlas,”²²⁴ a bisexual man who is President of the LGBTQIA++ Barangay Pasong Tam Federation in his barangay (district), volunteers every other night to help repack food for distribution to needy families. He said, “Quezon City is so big, so the food keeps coming and needs repacking. We are provided meals and bottomless bread and coffee throughout. Since we can’t do any activities right now, and it’s painful for the body to just sleep at home, this is a small effort on our part to be productive and to help our barangay and our city.”²²⁵

Where people had previous experience dealing with emergencies and outbreaks, it seemed that they were able to draw on lessons learned, as well as on emergency planning, that did not exist elsewhere. For example, in Sri Lanka, which suffered terribly from the 2010 tsunami, a volunteer Community Crisis Response Team, which is not specific to the LGBTIQ community, was activated once COVID-19 hit. Both Ephraim Shadrach and Nivendra Uduman are involved. Nivendra said, “Prior to COVID-19, I co-founded with a friend, the Community Crisis Response Team, a volunteer group. It’s a trained group

219 OutRight interview with Milly Moses, March 31, 2020.

220 OutRight interview with Marcela Romero, March 24, 2020.

221 Rumbach and Knight, 2014.

222 Fairchild, Phaylen. “LGBTQ+ communities, coronavirus, and quarantine.” Medium.com. March 23, 2020. <https://medium.com/@Phaylen/lgbtq-americans-coronavirus-and-quarantine-107ed68104>

223 OutRight interview with Indyra Mendoza, March 24, 2020.

224 Anonymized for reasons of safety. Name on file with OutRight Action International.

225 OutRight interview with “Donna Canlas” (pseudonym), March 25, 2020.

of people on standby to provide physical and psychological first aid and first response in a crisis...We came together to organize food ration packs for daily wage earners and families with difficulties. We have helped 100 families so far and this includes sex workers and the trans community... We prioritize immuno-compromised people, daily wage workers, and elderly LGBT people living alone. Our operations have now stopped because of curfew and because volunteers have cut back their availability...but I was trying not to create segregation between LGBT and others.”²²⁶



Ah Shan. Photo courtesy of Ah Shan.

In Guangzhou, China, Ah Shan, a volunteer with PFLAG China, remarked that the community’s previous experience with the SARS epidemic enabled them to mobilize more quickly when COVID-19 struck. He stated, “The LGBT Center in Wuhan did a great job. They contacted the local CDC and...created a new procedure for people with HIV. They took written instructions from the local CDC and got free medicines and even couriered the medicines to people. The LGBT Center in Wuhan did this not only for Wuhan, but for other parts of the country.”²²⁷

Also, in China, “YY,”²²⁸ a bisexual woman from Guangdong, described an extraordinary effort

226 OutRight interview with Nivendra Uduman, March 25 and 26, 2020.

227 OutRight interview with Ah Shan, March 26, 2020.

228 Anonymized for reasons of safety. Name on file with OutRight Action International.

to persuade the government to postpone the return to work. Since the COVID-19 outbreak coincided with Chinese New Year, there was a huge amount of travel occurring nationwide. She explained, “We knew that on the 7th day or 8th day of Chinese New Year, everyone was expected to go back to work. This caused us a lot of concern, because there will be more infection with all the movement across China. So, a bunch of us, LGBT activists [from many different organizations], we did a campaign online to ask Congress to delay the official ‘return to work’ date for workers. In the end, the Congress did delay the work start date.”²²⁹

All in this Together?

Several interviewees stressed the need to recognize that all people, not just LGBTIQ people, were suffering as a result of the pandemic, and that the crisis may even help erase perceived differences since everyone is susceptible to infection. Mx. Emmanuella David-Ette, from Nigeria, feels that we are “all in this together.” She said, “COVID-19 is non-discriminatory – it affects everybody. It is not unique to SOGIE unlike in the past when HIV/AIDS was termed a disease for homosexuals. COVID-19 makes everybody look at everyone through a humanity lens, as we are all affected in one way or another.”²³⁰ Nadia Holmes, a pansexual woman from Barbados, said, “It’s going to be difficult for everyone, so we have to try to help each other where we can. We don’t know how long we will have to live with this. So, I’m already thinking ways in which I can help others in the aftermath.”²³¹

Beryl, a lesbian woman in Belgium, commented on the increasing solidarity but worried about its sustainability. She said, “I’m not sure if the solidarity will last beyond the pandemic. Will

229 OutRight interview with “YY,” March 30, 2020.

230 OutRight interview with Mx. Emmanuella David-Ette, March 27, 2020.

231 OutRight interview with Nadia Holmes, March 28, 2020.

we still help our neighbors? Will we still care about more vulnerable communities? I think we have very short memories, as soon as we can go back to our normal lives, we will forget this, and those who are hit the hardest will be even farther behind than before.”²³²

For the lesbian activist, “Z,” in Jordan, the universality of COVID-19, in some ways, helps support more comprehensive approaches to assistance. She said, “I always advocate to as many donors as I can that, in Jordan, it is not a good thing to point out the specificity of individual problems faced by LGBTQ people, but, instead, we need to focus on helping everybody. In Jordan, pointing out specific issues around LGBT people makes them targets, puts them in danger.”²³³

Madian, another human rights activist in Jordan, stressed the equalizing quality of the virus in eradicating classism and discrimination saying, “I do not feel affected differently from any other person in the country.”²³⁴

Finally, “Q”²³⁵, in Zimbabwe said, “Maybe the world needed the pandemic for it to heal – the majority of society will have some sort of rebirth, and maybe in the rebirth, the LGBTIQ community will find peace. The way we relate as human beings might change for better or worse. There is a need to remind each other that we are all human.”²³⁶



Disney Aguila. Photo courtesy of Disney Aguila.

232 OutRight interview with Beryl, March 26, 2020.

233 OutRight interview with “Z” (pseudonym), March 30, 2020.

234 OutRight interview with Madian, March 26, 2020.

235 Anonymized for reasons of safety. Name on file with OutRight Action International.

236 OutRight interview with “Q” (pseudonym), April 1, 2020.

KASPARS ZĀLĪTIS

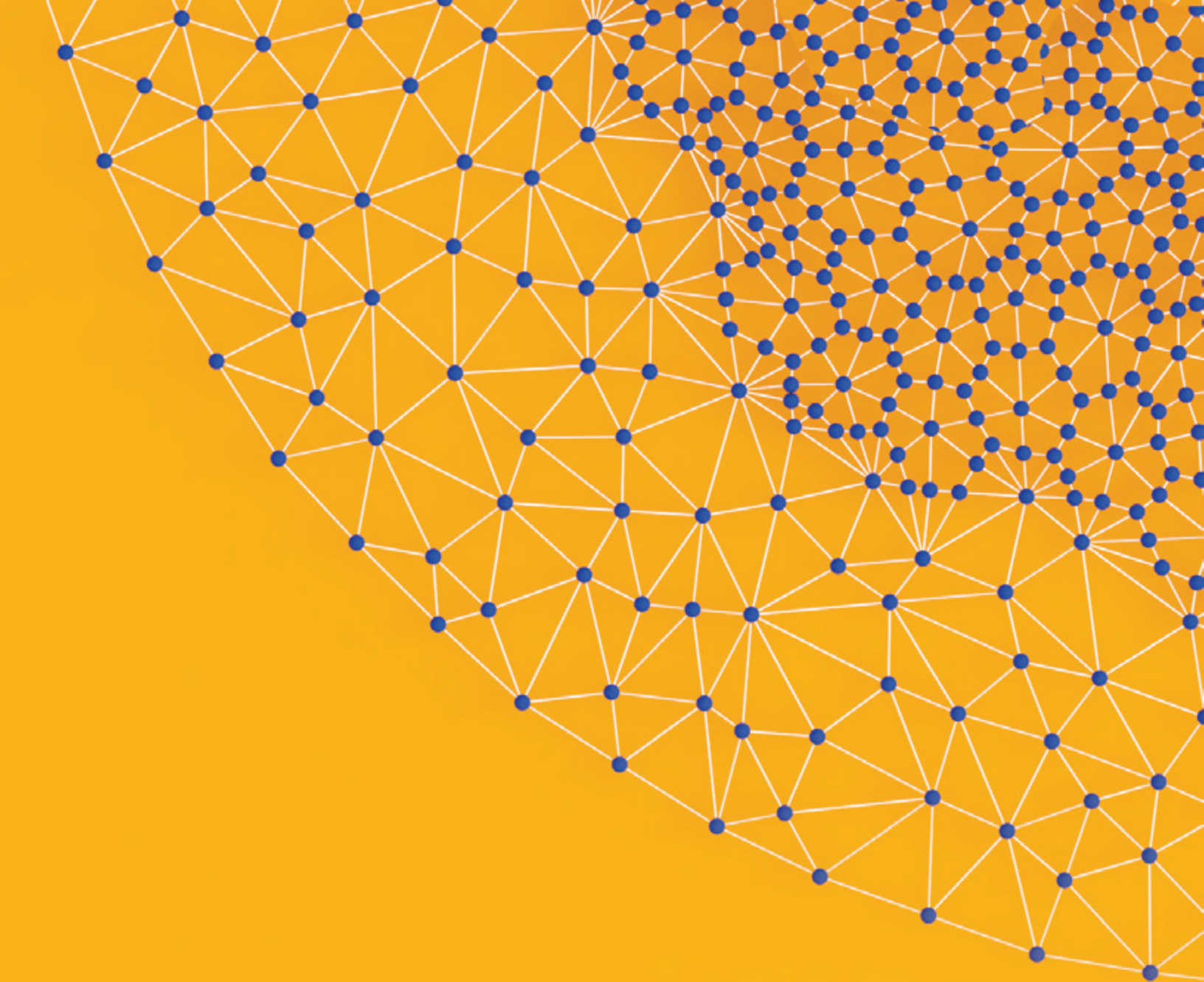
Gay man, age 37, freelance diversity trainer,
activist at Association of LGBT People and Friends “Mozaika”, Riga, Latvia

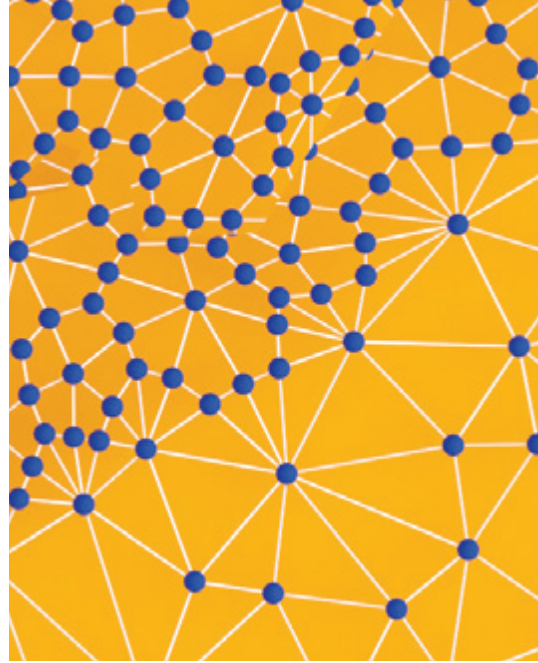
“The state is communicating very well and very openly. There has even been specific information for people affected by HIV. We have very little panic, as people feel like they know what is going on, and they trust the authorities. I have not seen such a transparent job in the country before, so if anything, this is strengthening our democracy.”

The Latvian authorities responded to the situation early and effectively. Information for society has been fast, thorough and reassuring. Ministries have even created materials for businesses, such as signs, and delivered disinfecting gels, so they don't have to use their own resources. Financial support for businesses and civil society has also been made available. Information about distance learning, about how to access medical help – both COVID-19 related and other – has been great. Special information has been issued for people affected by HIV about how to access appointments and medication while the Latvian Infectology Centre has restricted access. Psychological and psychiatric assistance is available free of charge online, and we at “Mozaika” are notifying LGBTIQ people of this. We have a strong network of LGBTIQ friendly doctors, and Latvia has set up a very good way of reaching doctors by phone and online at this time.



Latvia was one of the first to notify the Council of Europe that under the state of emergency we are derogating – within the law – from certain articles of the European Convention on Human Rights. Others have not done so, even though they are required to. We are closely monitoring the situation of human rights. Of course we all face uncertainty. People are losing their jobs – many LGBTIQ friendly businesses are also letting people go and in large numbers, the LGBT Community Center is shut and we are very concerned about how we will pay the rent. Several community members have been infected, and small businesses are really suffering. But there is a strong mentality of “we are in this together” across society – companies are lending kids laptops so they can learn remotely, restaurants are making food for free for health workers, hotels and Airbnbs have slashed rates to enable people to quarantine if they don't live by themselves.





Conclusions and Recommendations

The picture painted by these 59 interviews is both grave and hopeful.

The current global COVID-19 pandemic is posing unprecedented challenges to human resilience and the world economic order. While everyone is susceptible to infection, the world will not experience the pandemic equally. The current, profound inequities in global political and economic structures all but guarantee that those already vulnerable will face a disparate share of the suffering. Among those hit hardest are many LGBTIQ people, whose lives in numerous places across the world are already shamefully devalued by stigma, discrimination, exclusion, and criminalization. Yet, despite economic hardships and risks to health, the interviews also shed light on the strength, determination, and selflessness of many LGBTIQ people who are finding ways to continue supporting each other. They are demanding equal access to relief, and mobilizing to address the needs of those hardest hit both within and outside of LGBTIQ communities. From this, we may take inspiration and hope.

At the same time, we must insist that LGBTIQ people around the world are included in all efforts to relieve the economic stress and health impacts that the pandemic has wrought. Drawn largely from the narratives of the 59 people interviewed, the following recommendations map out specific areas that governments, donors, international NGOs and UN agencies, and others must address:

For Governments at All Levels

- **Consult LGBTIQ communities in all planning and implementation of national pandemic control strategies.** Interviewees recounted both concerns about and actual instances of being excluded from support that general populations were receiving.
- **Address food shortages urgently.** Relief efforts, particularly related to food support and economic relief, must be made available to all.

- **Resolve delays and disruptions in access to health care for people living with HIV, transgender people, intersex people, and others - including LGBTIQ people - with long-term health and wellness needs.** Interviewees described high levels of stigma and discrimination within health care services even before the pandemic emerged, making them less likely to seek care. Many also described disruptions in access to needed treatment and services, including access to HIV-related medications, hormone therapy and other gender-affirming services, as well as medications for chronic conditions. Delays in health care-seeking are especially dangerous now, given the potential for continued community transmission, as well as the potentially life-threatening health impacts of COVID-19 if care is not provided.
- **Ensure access to justice for all those enduring family or domestic violence.** The incidence of domestic and family violence has demonstrably increased around the world as lockdowns are enforced and people are confined. Among those most vulnerable are LGBTIQ people, who may be forced to endure physical and psychological abuse and violence within hostile home environments. Access to emergency housing, shelters, hotlines, and other services for victims of violence should be inclusive of all LGBTIQ people in need.
- **Ensure law enforcement agencies provide SOGIESC inclusive, appropriate and sensitive services.** Media reports and data from interviews point to instances of abuse on the part of law enforcement when clearing streets or enforcing curfews. Such abuse can disproportionately affect low income, daily wage earners, sex workers, and homeless people, many of whom are LGBTIQ.
- **Condemn anti-LGBTIQ hate speech and scapegoating.** Governments at all levels must immediately tamp down harmful rhetoric that risks inciting violence against LGBTIQ people. In many countries, LGBTIQ people are being scapegoated, often by conservative religious leaders, as being the cause of the current pandemic.
- **Prioritize decriminalization and anti-discrimination provisions in law and policy.** A total of 14 of the 38 countries represented by those interviewed still criminalize consensual same-sex sexual relations, largely through existing anti-sodomy laws. By definition, such laws give rise to exclusion, discrimination, and rejection from needed care.

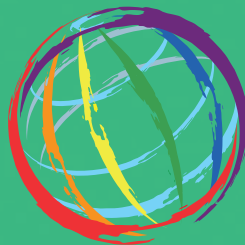
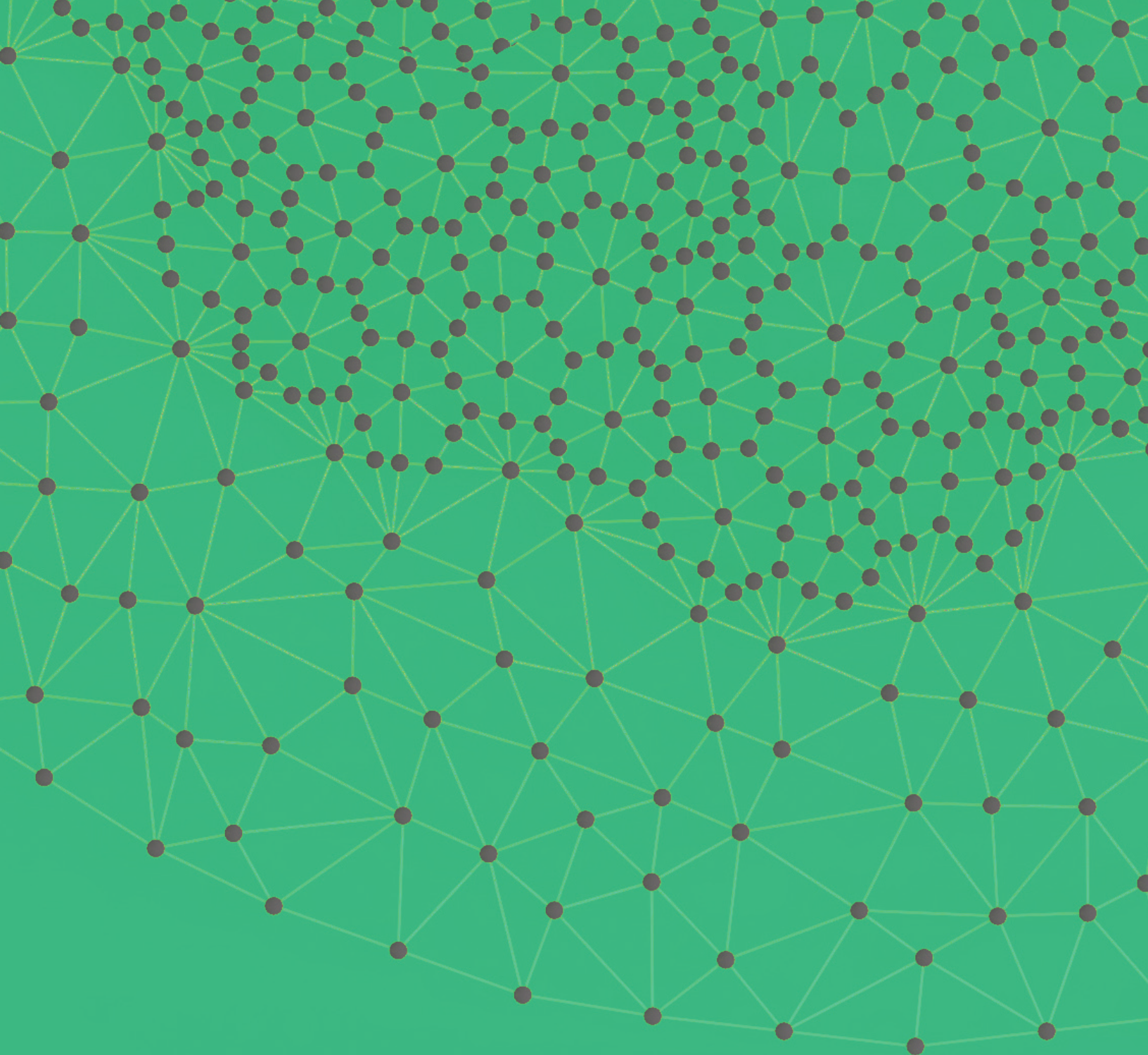
For All Donors

- **Be flexible, stay committed, and increase support, including general operating support and poverty alleviation funds.** Many of those interviewed are deeply concerned that their donors will be expecting activities and reporting obligations to proceed as envisioned, despite the profound impact the pandemic is having on movements and organizations around the world. There is much worry, as well, that donors will shift priorities and reduce support just at a time when the basic needs of LGBTIQ people are endangered and outreach and services are needed most.
- **Ask what communities need and support their most immediate priorities.** According to many interviewed, the full brunt of the economic downturn will be borne by the most vulnerable within LGBTIQ communities. With so many LGBTIQ people working in the informal sector, resources to meet basic needs are dwindling. The most pressing needs in the coming months will likely be in the form of food, medical care, housing, safe sheltering, and support for mental health.

- **Contribute to and support emergency relief funds at the local, national, regional, and global levels, ensuring that they are inclusive of LGBTIQ communities.** Numerous organizations and foundations have initiated emergency relief funds to provide urgent support directly to affected communities. This must continue and increase, as demand is far exceeding availability of support.
- **When funding large humanitarian relief organizations, hold them accountable for competently addressing LGBTIQ needs and mandate non-discrimination based on SOGIESC as a pre-requisite for access to humanitarian funding.** When humanitarian organizations are affiliated with conservative religious ideology or otherwise unlikely to include LGBTIQ populations, distribute resources through credible LGBTIQ community-based partners. For far too long, donors have excluded an explicit focus on LGBTIQ needs as part of intersectional approaches during emergencies. As the COVID-19 pandemic affects marginalized people, including LGBTIQ populations, more acutely, their needs must be competently addressed as part of large humanitarian relief efforts.

For UN Agencies, Humanitarian Relief Organizations, NGOs, and Private-Sector Entities Involved in Pandemic Response

- **Ensure inclusive emergency relief health services by engaging LGBTIQ communities, understanding their needs, forging partnerships, and tailoring programming to LGBTIQ realities.** Past and current experience suggests that existing emergency relief frameworks usually exclude explicit mention of LGBTIQ population needs. Seek out partnerships with LGBTIQ organizations to develop responsive support.
- **Develop safe, respectful, sensitive, and secure approaches to ensuring access to relief commodities and services.** Donors must be mindful that standard approaches to providing food and other material relief and services may not always be safe for LGBTIQ people. Consult with LGBTIQ communities to understand the safest approaches to ensuring access.
- **Collaborate with LGBTIQ communities to develop tailored information that addresses infection control, availability of safe health services and safe spaces, and availability of social support.** While LGBTIQ organizations have tried to fill the gaps, most interviewees remarked that COVID-19-related information that specifically addressed LGBTIQ communities was lacking, including whether and how support could be accessed safely.
- **Include LGBTIQ issues when describing the gendered impacts of the COVID-19 pandemic.** Undoubtedly, a new wave of research will be conducted on the gendered impact of COVID-19. A gendered framework is vital, and it is also vital that these impacts are analyzed through an inclusive gender lens, rather than restricting impacts to cisgender women and girls only.
- **Document lessons learned from inclusive emergency relief and pandemic control efforts.** Until now, very little documentation has existed regarding the disparate impacts of health emergencies on LGBTIQ people. Much can be learned from the current situation.
- **Develop global guidance on ensuring an inclusive response to pandemics and other health emergencies.** Incorporate lessons learned from COVID-19 into global guidance for future emergencies so that that future national responses take into account LGBTIQ people and leave no one behind.



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