

# Covid – 19: Urgent Responses

Globalization Working Papers 20/2

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## WORKING PAPER SERIES

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Institute on Globalization  
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# Institute on Globalization and the Human Condition

The Institute on Globalization and the Human Condition was created in January 1998 following the designation of globalization and the human condition as a strategic area of research by the Senate of McMaster University. Subsequently, it was approved as an official research center by the University Planning Committee. The Institute brings together a group of approximately 30 scholars from both the social sciences and humanities. Its mandate includes the following responsibilities:

- A facilitator of research and interdisciplinary discussion with the view to building an intellectual community focused on globalization issues.
- A centre for dialogue between the university and the community on globalization issues
- A promoter and administrator of new graduate programming

In January 2002, the Institute also became the host for a Major Collaborative Research Initiatives Project funded by the Social Sciences and Humanities Research Council of Canada where a group of over 40 researchers from across Canada and abroad are examining the relationships between globalization and autonomy.

## The **WORKING PAPER SERIES**...

...circulates papers by members of the Institute as well as other faculty members and invited graduate students at McMaster University working on the theme of globalization. Scholars invited by the Institute to present lectures at McMaster will also be invited to contribute to the series.

## Objectives:

- To foster dialogue and awareness of research among scholars at McMaster and elsewhere whose work focuses upon globalization, its impact on economic, social, political and cultural relations, and the response of individuals, groups and societies to these impacts. Given the complexity of the globalization phenomenon and the diverse reactions to it, it is helpful to focus upon these issues from a variety of disciplinary perspectives.
- To assist scholars at McMaster and elsewhere to clarify and refine their research on globalization in preparation for eventual publication.

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# COVID-19 Urgent Responses

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# Foreword

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In May 2020 the Institute on Globalization and the Human Condition published a Working Paper entitled COVID-19: Urgent Responses. The paper produced by James Gibbs, Luseadra McKerracher, and Jessica Fields is part of this series. Together, then, the COVID-19: Urgent Responses includes ten exciting paper that also stand as a testimony to the challenges faced by many of us in these times.

## **10. Queers and pandemics, past, present, and forever: LGBTQ+ health vulnerabilities and public health visibility**

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People who gather under the 2SLGBTQIA+ umbrella experience and interact with health, health care, health systems, and public health policy in ways that can differ from their cisgender and heterosexual peers' experiences (Mayer et al., 2008). These differences result in large part from systemic as well as interpersonal discrimination (Hatzenbuehler, 2009; Valdiserri et al., 2019) and manifest in numerous, measurable health disparities, including elevated risks of illness and death from non-communicable and infectious disease and from multiple and ongoing challenges to mental health and wellbeing (Mayer et al. 2008; Valdiserri et al., 2019). The long shadow of the HIV/AIDS pandemic continues to cause a disproportionate pain, suffering, and death among many members of the 2SLGBTQIA+ community (Davis, 2013). These experiences and histories help to anchor queer experiences of COVID-19.

We write in early May 2020 from southern, urban Canada, where we are now meeting the apex of the first wave of an insidious, low-virulence, highly-infectious disease: SARS-CoV-2, caused by the novel coronavirus, COVID-19. The virus has infected and affected people of all walks of life, all ages and stages, all identities (Rothan & Byrareddy, 2020). Our collective strategies to stop the virus's spread – mainly separating ourselves from other people (“physical distancing”) and, assuming we have homes, staying in them (“sheltering in place”) – seem to be “flattening the curve.” These strategies also have known costs to mental and immunological health for all people and peoples, irrespective of sexual and gender identities (Leigh-Hunt et al, 2017).

The evidence that anyone can contract and become ill from COVID-19 and that COVID-driven physical distancing can make anyone feel isolated, anxious, and alienated has underpinned much of the political and mainstream rhetoric during the early weeks of the crisis (Hankivsky & Kapilashrami 2020). In February and March 2020, Canadians waited to learn whether and to what extent COVID-19 was actively spreading through our communities. We heard from some, *We're all in this together* (Hankivsky &

Kapilashrami 2020) and from others, *We must protect our most vulnerable, our elderly and those with underlying chronic health conditions*. These initial framings suggested that, with the exceptions of the old and sick among us, most would face and fight this crisis on equal and equitable footing.

By April, however, data from the USA, China, and Western Europe made clear that this framing was untenable (e.g. Khunti et al., 2020). Being young and free of chronic health conditions may provide some protection against COVID-19, but so too, it seems, does affluence, lighter-coloured skin, living in the place where you were born, and working outside gendered frontline care work. Even in Canada, a leading light in foregrounding “social determinants of health” (Lavis, 2002), round-the-clock COVID-19 news and discussion has only begun, first, to recognize that we are not *all in this together* and, second, to start asking important questions about who is and isn’t narrating this crisis and what and who are we missing from a narrative that asserts we’re all in this together, more or less equally.

2SLGBTQIA+ people are in an abysmal place to challenge or to reshape this discussion. Our Chief Public Health Officer has acknowledged that our public health surveillance infrastructure lacks tools to understand COVID-19’s impact on marginalized communities, including SGMs. Nevertheless, we know from previous research that 2SLGBTQIA+ people are particularly vulnerable to the negative consequences of social isolation (Meyer et al., 2003; Gonzales et al., 2017). These vulnerabilities contribute substantially to the heightened prevalence of mental illness reported among members of the 2SLGBTQIA+ community, including anxiety, depression, suicidal ideation and acts, self-harm, and controlled-substance dependence (Herek et al., 2007; Ross et al., 2016; Bränström et al., 2018; Garcia et al., 2019; Nystedt et al., 2019). Moreover, 2SLGBTQIA+ people routinely report relatively poor access to socioeconomic resources, employment opportunities, health providers, and to forms of social support available to their cisgender heterosexual peers (Jackson et al., 2016; Charlton et al., 2018; Conron et al., 2018). These socioeconomic and health risks likely predispose SGMs to the negative impacts of the COVID-19 pandemic (EGALE report, 2020); anecdotal accounts already suggest this is the case (Seegert, 2020).

Few studies have evaluated how crises and disasters get “under the skull and skin” (Hatzembuehler, 2009) to exacerbate underlying risk factors and health outcomes among SGMs (Rushton et al., 2019). COVID-19 research must resist this failing and instead investigate how the impact of these measures on the mental health of SGMs and the strategies SGMs employ to cope with the current health crisis. Studies of 2SLGBTQIA+ people’s experiences and behaviour during health crises will ensure that all members of our society—including those too often marginalized because of their sexual and gender identities—receive culturally-appropriate and inclusive modes of care.

The health needs of 2SLGBTQIA+ people have too often been neglected by Canadian health policy and infrastructure. With this enormous gap in sight, we have joined with colleagues from across North America to launch a project that will enable Canadian public health agencies to respond to the needs of SGMs and other vulnerable

communities during this and future health crises. We will gather and summarize novel data on how COVID-19 impacts: the behavioural and mental health of SGMs, SGMs' ability to access important social and healthcare services, and sources of resilience for SGMs. If we do this right, the voices of SGMs will be among those narrating the crisis, responding in sensitive and culturally-appropriate ways, and writing its history.

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