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Letter to the Editor

LGBTQ care at the time of COVID-19

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Dear Editor,

The marginalized communities have been affected the most by the 2019-Coronavirus disease (COVID-19) like any disaster or pandemic [1]. The inequity in healthcare delivery and social security towards disadvantaged strata of the society has been reemerged at this critical time like never before. Lesbian, gay, transgender and queer (LGBTQ) being one of the deprived section are being greatly threatened by this pandemic and its social consequences [2–4].

From the physical health perspective they are at heightened risk of contracting the infection as some of them tend to live in very close cohort, while many of them are devoid of permanent shelter. These environments are definitely not conducive to practice social distancing and hand-hygiene. Moreover, the greater prevalence of addiction and comorbidities like HIV, cancer and other non-communicable diseases in LGBTQ people put them at worse outcome if they become infected with SARS-CoV2 [3,4].

Apart from being physically predisposed to infection, LGBTQ get nil or minimal family support. Many of them depend on essential public interaction (like performing in cultural or community events, working as commercial sex workers etc) to make both ends meet. Financial loss has hit hard on them. Moreover, majority of LGBTQ don't possess identity card, bank account or health-insurance to avail the financial assistance provided by the government [3]. The mental health burden for being socially marginalized and psychologically stressed is already high among LGBTQ. Socio-economic constraints resulting from COVID-19, lockdown, meager access to mental health care and unfavorable home environment may further aggravate the psychological toll [5,6]. Incidences of abuse and domestic violence may be increased if the person is quarantined among LGBTQ-phobic family members [2,6]. To add fuel to fire the xenophobic comments against the LGBTQ community (such as "homosexual people are the source of COVID", "COVID-19 is God's punishment against homosexuality" etc) is imposing further discrimination, social exclusion and inequity. Older adults of this sexual minority group are at heightened risk of fatal consequences of COVID-19 as more often than not they reside alone, without familial support with greater mental and physical health burden [7].

Reluctance to visit healthcare services for fear of discrimination which is higher among LGBTQ community is a definite barrier for proper screening, early diagnosis and prompt treatment for COVID-19. In many cases their palliative/end-of-life care may be compromised amidst systemic inequality, health disparity and marginalization [8]. Moreover, it has been observed that sexual minority group possesses lower perceived susceptibility to COVID-19, lesser worry about the pandemic and are less likely to undertake hygienic measures than heterosexuals [9]. Thus, proactive awareness campaign for COVID-19 to specifically highlight the health needs of LGBTQ community is necessary from the healthcare providers and social workers [10]. As an instance of disaster unpreparedness most COVID-19 setups don't have separate isolation ward or toilets for sexual minority resulting in noncompliance with the quarantine rules [11].

Specific sexual health requirements for LGBTQ should be addressed. Behavior of safe sex practice should be promoted [11]. Patients on hormonal replacement therapy should continue the same with possible use of properly monitored self-administration of longer acting depot preparation to minimize the burden on healthcare. Gender affirming surgeries, like most other elective surgery are being deferred and it may cause hardship and psychological trauma for transgender people [12,13].

Considering minimum of 4.5% of Americans self-report to be LGBTQ [14], they constitute a huge number of population who are not only at-risk individuals to contract the virus, but also neglected section of the society to get the optimal medical care. Various non-government LGBTQ activist organizations are coming forward to supplement basic amenities, provide financial assistance, generate health awareness, and to create online support group through social media and helpline numbers among them in this trying time [6,15]. Government must specially take care of socioeconomic security of these marginalized communities and ensure zero-tolerance to discrimination against them [3,6].

Author's contribution

The idea was generated by SC and PB. SC wrote the first draft which was then critically reviewed and modified by PB and RTG. All authors agreed upon the final form of the article.

Declaration of competing interest

Nil.

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