## **The impact of COVID-19 on the human rights of LGBT persons, communities and/or populations**

**Submitted by:**

**Nazariya: A Queer Feminist Resource Group**

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**About Nazariya: A Queer Feminist Resource Group**

Nazariya was formed in October 2014 by a group of Delhi-based queer feminist activists. It was started to sensitize the work and culture of groups and individuals working on issues of gender-based violence, livelihoods, education, and health from a queer perspective through research & evaluations, capacity building, and advocacy.

Nazariya uses the word queer for people who have diverse sexual orientations and gender identities. A queer perspective helps build links between issues of people marginalized because of their gender and sexuality, and the existing work on violence, livelihoods, education, and health in order to impact the discourse on pleasure, desire, rights, and entitlements.

**Our focus:** For us, gender is beyond the binary of man and woman. We recognize gender as a structure with different norms for people assigned female and people assigned male at birth. We consciously challenge the binary framework through our work, vision, and agenda. We ensure that this understanding of gender permeates perspectives of organizations working on gender in different capacities. Our understanding of sexuality also moves beyond violence and identities. Sexuality is a lens to help analyse structures and institutions by which we can address issues of marginalization and inclusivity in a holistic manner.

**Our mission:** We work towards affirming the rights of queer women and trans\* persons by making their lives visible. We believe queer women and trans\* persons have the innate capacity to understand, demand, and access their rights. We create an enabling environment where their lived realities are non-negotiable.

**Key questions:**

1. **How did the State evaluate the situation of LGBT persons vis-à-vis the pandemic and potential specific vulnerabilities?**
2. **What measures were adopted by the State to ensure that LGBT persons would not be subjected to discrimination in the implementation of COVID-19 related interventions?**
3. **Did LGBT civil society participate in the design of measures taken to respond to the pandemic? If no, why not?**
4. **What is the information available to the State as to the impact of the COVID-19 pandemic on the general situation of LGBT persons and their access to education, housing, health and employment and on their living conditions?**
5. **Can you identify good practices in the State interventions in relation to COVID-19 and LGBT persons? Can you identify good practices stemming from civil society actions? Have lessons be learned from the pandemic on how not to leave LGBT persons behind in emergency situations?**

*On May 25th, 2020, India recorded 4,021 deaths on account of COVID-19; deaths on account of the lockdown, not directly related to the novel coronavirus, stood at 611. Of those:*

* *42 were related to exhaustion while walking home.*
* *54 deaths were of people who needed treatment for ailments other than novel coronavirus infection and could not access treatment in the lockdown period.*
* *12 people died in incidents of violence inflicted by police forces.*
* *There were 120 cases of suicide related to the lockdown and;*
* *205 deaths caused by lockdown-induced accidents*[[1]](#footnote-1)*.*

*The study noted that, these deaths are likely an underestimate. The numbers are based on reported data by the media and may have excluded deaths reported by local media or deaths that were not reported at all.*

*On May 25th, 2020, the nation completed two months since the complete lockdown was enforced by the Government of India. A complete lockdown meant a complete shutdown of all economic/financial activities except for medical facilities (including pharmacies), grocery stores, electric, and telecom services. All transport facilities were also shut except for those being used for emergency services.*

*Despite the lockdown, the virus spread. We are still under lockdown, but the government is now easing up, permitting a larger number of activities. However, there is active denial of the crisis caused by an unplanned lockdown[[2]](#footnote-2) especially the way it impacted people who are already marginalised*

This lays the ground for us to assess the impact of COVID-19 on the rights of LGBT people with a special focus on queer woman and trans\* women.

This submission is organized in four parts:

1. How the lockdown impacted queer women and trans\* persons with regards to domestic violence.
2. Trans\* persons access to health services
3. Specific provisions made by the State for trans\* persons
4. Initiatives by civil society organizations and members from the LGBT\*QIA+ community

**Section 1: Queer women, trans\* persons, and increasing domestic violence:**

Worldwide, nations have [reported](https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html) an increase in instances of domestic violence under lockdowns[[3]](#footnote-3), with even the United Nations having called for urgent action[[4]](#footnote-4). On the contrary, The Union Minister Smriti Irani (The Minister for Women and Child Development and Textiles) denied claims that the [coronavirus](https://www.thehindu.com/topic/coronavirus/)-induced lockdown led to an increase in cases of [domestic violence](https://www.thehindu.com/news/cities/chennai/police-wing-helps-victims-of-domestic-violence-child-abuse-during-lockdown/article31742548.ece)against women. She reported that the government has 35 helpline numbers across all states apart from a central number that has been functioning fully throughout the lockdown period and the reporting is scaremongering done by the NGO sector. However, The National Commission of Women, India set up a WhatsApp helpline (+91-7217735372 ) in April to ensure women, who couldn’t access emails or send complaints by post, could receive help. The Commission registered an increase of at least 2.5 times in [domestic violence complaints](https://www.thehindu.com/news/national/lockdown-ncw-receives-315-domestic-violence-complaints-in-april/article31497599.ece) since the [nationwide lockdown](https://www.thehindu.com/news/national/india-coronavirus-lockdown-june-15-2020-live-updates/article31830452.ece?homepage=true).[[5]](#footnote-5) We will never know the separate figures of queer women and trans\* persons calling these helplines because the numbers are not disaggregate on the basis of gender identity and sexual orientation. **For queer women and trans\* persons, the family is often a site of abuse. Policing and suppression of their identities by their family members is highly prevalent. Queer women reported discussions in the house regarding their marriage extremely distressing. Trans\* persons are constantly surveilled for their gender expression. The shutting of transport facilities during first half of the lockdown made it extremely difficult for queer woman and trans\* persons to run out of their homes[[6]](#footnote-6). Often queer women and trans\* persons don’t reach out to government run helplines because of lack of a queer perspective where violence from natal families is not considered legitimate grounds to leave their homes.**

Just before the lockdown started, Anjana Harish, a 21-year-old college student, uploaded a video where she recounted the horrors she had lived through in a facility since late December 2019, after informing her family that she was bisexual. In the facility she was surrounded ‘hallucinating schizophrenics’. Her family allegedly left no stone unturned to subject her to ‘conversion therapy’— a violent, inhuman, and pseudo-scientific attempt to ‘cure’ or ‘change’ people’s sexual orientation to the heteronormative norm[[7]](#footnote-7). Merely two months after this incident, two women committed suicide by hanging themselves because of the stigma around their relationship and the fear of separation[[8]](#footnote-8). The women worked together at a loom in Periyamanali., Tamil Nadu but were fired after the owner of the loom disapproved of their friendship. Their deaths are not related to COVID-19 but the two cases demonstrate the status of LGBT\*QIA+ persons especially queer women and trans\* persons in India where lack of acceptance still looms large. The lockdown further exacerbated this social reality of invisiblisation and non-acceptance.

**Section 2: Trans\* persons’ access to health services:**

The lockdown had implications on livelihood and access to health care especially for the trans\* community. It’s impacted the reach of medicines like Anti-Retroviral Treatment (ART) for Persons living with the Human Immuno Virus (HIV)/Acquired Immuno Deficiency Syndrome (AIDS) or PLHIVs and those undergoing Hormone Replacement Therapy (HRT) required for gender transitioning. India is home to the world’s third largest population living with HIV, and according to UNAIDS, the prevalence in transgender communities is 3.1% compared to .26% among all adults. Given their immuno-compromised state, this makes the HIV+ trans\* community even more vulnerable to COVID-19. According to one study, more than 87% of transpersons are dependent on traditional forms of livelihood like ‘badhai’ — earning money by giving blessings during private celebrations — begging and sex work – that came to halt due to the lockdown. Trans\* persons staying with unsupportive family during this lockdown deal with stress, anxiety, and trauma leading to mental health issues such as anxiety and depression. Poor mental health has been linked with behaviour that is detrimental to their overall health including extended use of substance abuse, smoking, drinking, self- harm, eating disorders and suicidal tendencies.[[9]](#footnote-9) .

**Section 3: Specific provisions by the state for trans\* persons:**

* The National Institute of Social Defence, which comes under the MoSJE, provided INR 1500 to around 4500 trans\* persons from different States when some trans\* people approached the government for help. It should be noted here that there are at least 488,000 trans\* persons in India according to the 2011 Census.[[10]](#footnote-10) Arvind Kathuria, Deputy Director National Backward Classes Finance and Development Corporation, Ministry of Social Justice and Empowerment, Government of India said that they have given INR 1500 to each of the 6000 transgender persons with a bank account, while those without bank accounts were given money through the district administration. He also said that they have started a mental health helpline manned by experienced psychologists for the community.[[11]](#footnote-11)
* The transgender community’s long-standing demand for separate treatment facilities in hospitals has got a response during the coronavirus crisis — the health department of West Bengal has kept 10 beds reserved for the community members at the government’s COVID hospital named MR Bangur Hospital in Kolkata. [[12]](#footnote-12)
* On May 21st, Manipur opened its first transgender quarantine centre in Imphal to accommodate its transgender population who were coming into the city from different parts of the country. [[13]](#footnote-13)
* The Patna High Court issued notice to the Government of Bihar on a petition regarding financial assistance to be provided to the transgender community in view of their deplorable condition in the wake of national lockdown imposed due to the COVID-19 pandemic. Chief Justice Sanjay Karol and Justice S. Kumar considered the petition and took into account the *“alleged pitiable state of affairs of the transgender in the State of Bihar. Allegedly, the community is ostracized, more so in times of the current outbreak of Pandemic Corona Virus”.[[14]](#footnote-14)*
* The Telangana High Court on April 27th directed the State government to provide the transgender community with free medicines as well as food grains, consumable items free of cost and without insisting on a ration card / white card etc. in the wake of Covid19 pandemic. In addition, a division bench of Chief Justice Raghvendra Singh Chauhan and Justice A. Abhishek Reddy also asked the state government to inform the court on the following information:
* Number of transgender living in the major cities of the State
* The concrete steps being taken by the state government for ensuring that the members of the transgender community have ready availability of food grains, consumable items, and medicines as per their need and requirements
* Number of NGOs with which the government is coordinating in order to ensure that all the essential commodities do reach the transgender community.[[15]](#footnote-15)

**However, activists in the state reported that there are approximately 2,000 trans\* people in the capital (Hyderabad). Only a few have identity cards (such as Aadhar and/or ration cards). Identity cards are denied as they don’t have a valid residence proof. The gender they identify themselves with at present is different from the one assigned at the time of our birth. The bureaucratic process involved makes all the more difficult for us to attain government identity cards. Given this situation, it becomes difficult for trans\* persons with no valid identity proof to access government services. The community has been rendered completely vulnerable during the lockdown because of lack of food and nutritional security, housing, steady income, and sanitation facilities[[16]](#footnote-16).**

* In Kerala, ration kits were distributed by the state government to a large section of the transgender community[[17]](#footnote-17).
* The Assam Government also provided free rations to four transgender people in Lakhimpur district[[18]](#footnote-18).

**Section 4: Interventions by community members/civil society organizations:**

* Transwoman Harshini Mekala, who works as an HR executive in Jones Long LaSalle (JLL), has been helping the community members with the donations she manages to collect from her circle of friends and her contacts. [[19]](#footnote-19)
* Mist, a collective of lesbian, gay, bisexual, and transgender individuals from India helped 100 members of the trans\* community in Hyderabad with food essentials that cost INR 1000 each.  The beneficiaries were identified, and their details mentioned on the crowdfunding platform [[20]](#footnote-20).
* Grace Banu, a trans\* activist, helped rural trans\* people from Thoothukudi, Tamil Nadu. She ran an online fundraiser to support 150 people from the community.  Thoothukudi has at least 15 transgender households with as many as 12 members each. Out of these, about five people are infected with HIV/AIDS[[21]](#footnote-21).
* Another campaign from Chennai, ran a crowdfunding campaign with an initial plan to support 100 people. They have now extended it to support 200 more people from the city and adjacent districts. The collective is aimed at facilitating bank transfer for the beneficiaries[[22]](#footnote-22).
* In another initiative, Manju Warrier, a leading actor in Malayalam film industry, offered financial help to 50 transgenders in Kerala through ‘Dhwayah’, an association for transgenders in the state[[23]](#footnote-23).
* The Pink List India curated a list of queer inclusive mental health practitioners for the LGBT\*QIA+ community[[24]](#footnote-24).
* Women and Transgender Organisations Joint Action Committee in Telangana identified 200 transgender women who are especially vulnerable. They provided them with a monthly basic income of Rs. 5000 for two months[[25]](#footnote-25).

**Annexure 1:**

**Nazariya’s COVID-19 Relief Report**

The initial lockdown was announced on March 22nd 2020 in India for 21 days during to fight to Covid-19 Pandemic. However, it got extended. The nation is still under lockdown but the Government has eased access to services.

This lockdown has impacted several communities and out of which the LGBT\*QIA+ community was impacted to a large extent. Many trans\* persons are from working class background and some of them are also daily wage earners. Some transwomen are engaged in sex work and “*tali badhai*”. Since the lockdown, their earnings have been stalled causing majo. Some transmen have lost jobs because they worked in unorganised sectors and there is hardly any stability in these sectors with regard to finances.

Secondly, queer and trans\* persons always have always maintained that the first place of violence for them is the family. This lockdown has forced queer and trans\* persons to stay at home with their families. This has led to an increase in domestic violence. They complain of surveillance and lack of privacy. Many queer and trans\* persons rely on friends and their chosen families for support. The lockdown has posed a threat to accessing these safe spaces, thereby, causing mental trauma and distress.

Listed below are some of the work we did during Covid1-9 pandemic and the lockdown since March 2020.

|  |  |
| --- | --- |
| Helpline Number | Monday to Saturday, 10:00 am to 6:00 pm |
| Counselling/ therapy | 12 hours a week |
| Zoom Hangout | Every week 1 or 2 as per requirement |
| Financial Aid collected | INR 383504 |
| Online Conversations | 2 |
| Documentation / collection of safety and self-care measures for LGBT+ people *( Published on Orinam as well as on TARSHI’S website)* | 1 |
| Awareness posters on chest Binding and other relevant issues in the time of Covid-19 | 1 |

**Helpline Number for Peer Counselling and crisis intervention:**

Our peer run helpline is active from 10 am to 6 pm on working days (Monday to Friday). Currently, it is also active on Saturdays. The number of calls has increased during this period. Earlier we used to get 2-3 calls per week but during the lockdown we started receiving 6-7 calls a per week. This one particular week, we received 17 calls on our helpline.

The calls on our helpline are mostly about violence from natal famil. Queer and trans\* persons complain about parents passing homophobic and transphobic comments. They also talk about surveillance - surveillance on their movements, what clothes they wear (some people who called us or avail counselling are being forced to wear clothes that conform to the gender assigned to them at birth. This increases their dysphoria), who they talk to, and what TV shows they watch. We also received calls wherein the client talked about how their parents were "counselling" them to be straight. For a lot of young LGBT\*QIA+ people, their colleges, universities, collectives they are a part of are safe spaces and this lockdown has meant a loss of safe spaces. They have not been able to watch movies/series that are queer due to their parents being constantly around. They also don’t have privacy to reach for emotional support. Trans people who want to undergo gender affirmative surgeries (GAS), their process has been stalled as they are not being able to take oestrogen or testosterone. It has increased dysphoria and hormonal disbalance. Being isolated from safe spaces is impacting their mental health.

|  |
| --- |
| **Uttarakhand High Court judgement:**  **“Can’t marry, but same sex couples have right to live together”**  In a positive judgement during the lockdown, The Uttarakhand High Court acknowledged that while same sex couples may not be eligible to tie the knot yet, they still have the right to live together. The judge observed “even if the parties, who are living together though they are belonging to the same gender; they are not competent to enter into a wedlock, but still they have got a right to live together even outside the wedlock”[[26]](#footnote-26).  *Nazariya helped a queer woman file a Habaes Corpus case when her partner was forced to go back to her natal family.* |

**Counselling service :**

Number of clients have increased during this period. We hired one more counsellor to offer pro-bono services to more LGBT\*QIA+ people. Some of our clients were not able to have a therapy session due to a lack of privacy at home. Our Counsellors sometimes engage in 5 minutes of conversation with some clients just to help relieve their stress.

**Virtual Hangouts** :

We started the Zoom meetings for queer women and trans\* persons because many people we know started raising concerns about being alone at home amidst the corona outbreak. Being stuck with the natal family when one is not out is a serious threat to mental well-being. In addition to this, this lockdown period has separated people from their chosen support systems that include colleagues, friends, and lovers. People in our network complained of relapse in anxiety and depression. To cope with this, we started with Zoom meetings.

In the beginning we used to have 2 hangout calls. Subsequently, we started organizing a call only on Saturdays. We have had a total 11 zoom hangout meetings on different topics like Art and queerness, music and queerness, Queer films, Flim screening, open mic, Acceptance by queer parents, conversation on how one dealing with this lockdown situation and many more. For some conversations, we invite guest speakers and performers. This space is safe space for people to come and talk about themselves. It was also a virtual support system for some queer persons.

**Online conversations/Social Media conversation**:

We have had two online conversations during this lockdown period. One on Transgender visibility day and second on Lesbian visibility day. On Transgender visibility day Nazariya had a conversation with transmasculine persons where they spoke about COVID-19 and its impact on trans\* persons. On lesbian visibility day our director in conversation with lesbian women about the invisibility of lesbian and bisexual women from the LGBT\*QIA+ discourse.

**Documentation/collection of safety and self-care measures for LGBT\*QIA+ people:**

We prepared a document on *“Safety and Self-Care measures for Queer and Trans\* Persons”.* It was published by Orinam and TARSHI. This document emerged from a discussion during a Zoom™ webinar organised by SAATHI on LGBT\*QIA+ crisis.

Link to the document: <http://orinam.net/locked-down-safety-self-care-queer-trans/>

**Financial support:**

We fundraise and transfer money to trans\* persons. So far we have transferred money to 56 trans\* persons who are struggling during this period. We also provide food items to trans\* persons across Delhi. So far we have provided food kits to 20 trans\* persons. We believe it’s important to make direct transfers because queer people are capable of making their own decisions.

**Awareness poster on binding and other relevant issues in the time of COVID-19 :**

Transmen or FTMs use chest binders on an everyday basis to cope up with their dysphoria. We posted a poster on social media that talked about different techniques to bind the chest without using a binder and reduce dysphoria. We are aware that the respiratory problem is one of the symptoms of corona and chest binding may cause breathing problem.

**Our limitations as service providers:**

* Due to lockdown we have not been able to directly rescue people facing domestic violence.
* As a service provider, our helpline is active only from morning 10:00 am to 6:00 pm. This is due to mental health concerns (burnout) of caseworkers/ peer counsellor’s mental health concern.
* Zoom hangout space was used by persons who have access to electronic devices.

1. <https://www.nationalheraldindia.com/india/more-than-600-dead-due-to-lockdown-even-as-covid-19-kills-over-4000> [↑](#footnote-ref-1)
2. https://economictimes.indiatimes.com/news/politics-and-nation/suicide-leading-cause-for-over-300-lockdown-deaths-in-india-says-study/articleshow/75519279.cms?from=mdr [↑](#footnote-ref-2)
3. https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html [↑](#footnote-ref-3)
4. https://news.un.org/en/story/2020/04/1061132 [↑](#footnote-ref-4)
5. https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece [↑](#footnote-ref-5)
6. <https://caravanmagazine.in/gender/lockdown-domestic-violence-ngo-struggle-government-catch-up> [↑](#footnote-ref-6)
7. <https://www.thebetterindia.com/227996/lgbtqia-mental-health-conversion-therapy-ban-anjana-harish-kerala-iacp-india-nor41/> [↑](#footnote-ref-7)
8. <https://www.thenewsminute.com/article/two-women-die-tn-stigma-around-relationship-pushed-them-suicide-124855> [↑](#footnote-ref-8)
9. <https://www.hindustantimes.com/india-news/covid-19-lockdown-puts-trans-community-in-a-spot/story-AUbABkMtn9NRMOcYczGj0H.html> [↑](#footnote-ref-9)
10. <https://frontline.thehindu.com/dispatches/article31463945.ece> [↑](#footnote-ref-10)
11. <https://www.newindianexpress.com/cities/delhi/2020/may/22/transgenders-plight-during-coronavirus-pandemic-2146509.html> [↑](#footnote-ref-11)
12. <https://www.timesnownews.com/mirror-now/in-focus/article/10-beds-reserved-for-transgender-community-in-kolkata-to-prevent-harassment-instill-security/584273> [↑](#footnote-ref-12)
13. <https://www.hindustantimes.com/india-news/covid-19-update-dedicated-quarantine-centres-for-transgenders-in-manipur/story-KRkRZP6C81ujbdzHTzfoDP.html> [↑](#footnote-ref-13)
14. <https://lawsisto.com/legalnewsread/NDk4NA==/Patna-HC-directs-Government-to-ensure-that-transgender-persons-not-possessing-ration-card-must-also-benefit-under-Social-Security-Scheme> [↑](#footnote-ref-14)
15. <http://theleaflet.in/covid19-telangana-hc-orders-free-food-grains-medicines-to-transgender-comminute-without-insisting-on-a-ration-card/> [↑](#footnote-ref-15)
16. <https://thewire.in/rights/transgender-people-lockdown-coronavirus> [↑](#footnote-ref-16)
17. <https://nenow.in/opinion/plight-of-lgbt-community-during-covid-19-pandemic.html> [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. <https://www.newindianexpress.com/cities/delhi/2020/may/22/transgenders-plight-during-coronavirus-pandemic-2146509.html> [↑](#footnote-ref-19)
20. <https://www.downtoearth.org.in/news/governance/covid-19-what-about-the-transgender-community--70151> [↑](#footnote-ref-20)
21. Ibid [↑](#footnote-ref-21)
22. Ibid [↑](#footnote-ref-22)
23. Ibid [↑](#footnote-ref-23)
24. <https://www.pinklistindia.com/mentalhealth> [↑](#footnote-ref-24)
25. <https://www.ketto.org/fundraiser/help-the-hyderabad-transgender-community-during-covid-19-crisis?payment=form> [↑](#footnote-ref-25)
26. <https://theprint.in/judiciary/cant-marry-but-same-sex-couples-have-right-to-live-together-uttarakhand-high-court/444706/> [↑](#footnote-ref-26)