

THE LGBTI+ PEOPLE AND COVID-19: FOR US TO THINK ABOUT HEALTH ISSUES

PESSOAS LGBTI+ E A COVID-19: PARA PENSARMOS QUESTÕES SOBRE SAÚDE

PERSONAS LGBTI+ Y LA COVID-19: PARA PENSAR EN CUESTIONES DE SALUD

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Objective: to reflect theoretically and critically the scenario of the health situation of LGBTI+ people in face of the Covid-19 in the context of a pandemic in Brazil. **Method:** A theoretical and reflective study structured on the theoretical and analytical framework of gender and empirical findings on the pandemic of the new Coronavirus, causing the Covid-19. It was carried out the unstructured decomposition of findings published in digital media and scientific databases on Covid-19, as well as the intersection with the health of LGBTI+ people, especially in Brazil. **Results:** There are negative repercussions generated by Covid-19 on the health of LGBTI+ people, which are intensified by biopolitical actions that determine human exposure to vulnerability, denial of rights, discrimination, violence and inequalities, which potentialize health degradation and the human condition. **Conclusion:** The appearance of Covid-19 precipitates and intensifies the vulnerabilities and inequities in the health of LGBTI+ people, leading them to marginalization and expressive risk to life.

Descriptors: Pandemics. Coronavirus infections. Sexual and Gender Minorities. Gender. Gender Diversity.

Objetivo: refletir teórica e criticamente o cenário da situação de saúde de pessoas LGBTI+ frente ao Covid-19 em contexto de pandemia no Brasil. Método: Estudo teórico e reflexivo estruturado a partir do arcabouço teórico e analítico de gênero e dos achados empíricos sobre a pandemia do novo Coronavírus, causadora da Covid-19. Realizou-se a decomposição não estruturada dos achados publicados na mídia digital e nas bases de dados científicos sobre a Covid-19, bem como a interseção com a saúde de pessoas LGBTI+, especialmente no Brasil. Resultados: Há repercussões negativas geradas pela Covid-19 à saúde de pessoas LGBTI+ que são intensificadas por ações biopolíticas determinantes de exposição humana à vulnerabilidade, negação de direitos, discriminação, violências e iniquidades, que potencializam a degradação da saúde e a condição humana. Conclusão: O surgimento da Covid-19 precipita e intensifica as vulnerabilidades e iniquidades em saúde de pessoas LGBTI+, conduzindo-as à marginalização e ao risco expressivo à vida.

Descritores: Pandemias. Infecções por Coronavírus. Minorias Sexuais e de Gênero. Gênero. Diversidade de Gênero.

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Objetivo: reflejar teórica y críticamente el escenario de la situación de salud de las personas LGBTI+ frente al Covid-19 en el contexto de una pandemia en el Brasil. Método: Un estudio teórico y reflexivo estructurado en el marco teórico y analítico del género y los hallazgos empíricos sobre la pandemia del nuevo Coronavirus, que causa el Covid-19. Se realizó la descomposición no estructurada de los hallazgos publicados en los medios digitales y en las bases de datos científicas sobrantes de Covid-19, así como la intersección con la salud de las personas LGBTI+, especialmente en Brasil. Resultados: Hay repercusiones negativas generadas por el Covid-19 en la salud de las personas LGBTI+, que se intensifican por las acciones biopolíticas que determinan la exposición humana a la vulnerabilidad, la negación de derechos, la discriminación, la violencia y las desigualdades, que potencian la degradación de la salud y la condición humana. Conclusión: La aparición del Covid-19 precipita e intensifica las vulnerabilidades y desigualdades en la salud de las personas LGBTI+, lo que las lleva a la marginación y a un riesgo significativo para la vida.

Descriptor: Pandemias. Infecciones por el Coronavirus. Minorías sexuales y de género. Género. Diversidad de género.

Introduction

The current pandemic caused by the SARS-CoV-2 virus, which generated the disease known as Covid-19, has affected the health status of thousands of people around the planet⁽¹⁾. Whether from direct infection caused by the virus, which in its extreme cases involves the affecting of the body in its respiratory functions and other organic components, and/or through collective processes of psychic illness that conditions of distance and/or social isolation can impose.

People in situations of vulnerability tend to aggravate processes of subjectivation and suffering due to situations such as the one we are experiencing⁽²⁾. In this sense, the structural inequality that gives ruler and compass to the plots of daily social relations, always places in a position of greater vulnerability the poorest people, less educated, without access to information and those who are immersed in the logic of intersectional subalternities, based on the axes of oppression that include the social markers of difference related to color, race/ethnicity, sex, gender, gender identity, sexual orientation, age, disability, social class and others.

Therefore, data from the OutRight Action International pioneer report highlights the impacts and effects of the Covid-19 pandemic on Lesbian, Gay, Bisexual, Transgender, Queer and Intersexed (LGBTQI) people in 38 countries, by evidencing that the challenges faced by this segment both in relation to the virus and the economic loss overlap when compared to the general population⁽³⁾. Among the main challenges

pointed out by OutRight are: the devastation of the livelihood resources, resulting from increased food insecurity and loss of shelter; the effect of job losses and economic downturns; interruptions in access to health care, including essential drugs for HIV and transition; as well as the reluctance to seek health care due to discrimination, faced even outside an epidemic; highlighting the high risk of domestic and family violence as the most prevalent form of violence faced by this segment; in addition, there is social isolation and increased anxiety, which are further intensified by family and social exclusion.

Thus, thinking about the current pandemic context and the lives of LGBTI+ people is fundamental for us to analyze in a sectorial and conjunctural way what contemporary reality has been like, beyond the involvement of the virus itself. Thus, this study aims to reflect critically the scenario of the health situation of LGBTI+ people facing Covid-19 in the context of a pandemic in Brazil, under the theoretical framework of Michel Foucault⁽⁴⁻⁶⁾ and Judith Butler⁽⁷⁻⁸⁾.

Method

Theoretical-reflexive study, with qualitative approach, structured based on the theoretical and analytical framework derived from the fields of queer studies in which will be activated the device concepts of sexuality and biopolitics elaborated by Michel Foucault⁽⁵⁻⁶⁾ and those of gender, heteronormativity and the notion of

precarious life formulated by Judith Butler⁽⁷⁻⁸⁾. Therefore, the dialogue with this theoretical referential enabled the understanding of empirical findings about the pandemic obtained from the structuring of the study, through the realization of the unstructured and randomized decomposition of the findings published, in the period from 10 to 20 April 2020, in official documents produced by organized civil entities and social movements.

The material was collected from available sources, virtual environment and scientific articles indexed in scientific databases such as Lilacs, Medline, Pubmed and Web of Science, as well as libraries such as Scielo, selected from the use of free search in use of controlled descriptors in the DeCs- Descriptors in Health Sciences and MeSh - Medical Subject Headings platform of NCBI, related to Covid-19 and the intersection with key words and synonyms related to gender and health of LGBTI+ people, especially in Brazil.

As the proposal of this study was to weave in(re)flexions about the theme in close relation with the qualitative approach, aiming at the interpretation and analysis of the theoretical elements obtained through the bibliographic survey, it was decided not to present a table-synthesis about the state of the art.

With regard to ethical aspects, it was excluded the need to submit to the *Plataforma Brasil* for ethical review because it is not a direct/applied research involving human beings. However, at all stages of the study elaboration, the ethical precepts were fulfilled, especially that of beneficence, non-maleficence, reliability and the truthfulness of the produced data. As a way to ensure accuracy and quality in scientific research, the guidelines proposed in Guideline SQUIRE 2.0 were adopted.

Results and Discussion

Among the daily difficulties encountered in the life stories of LGBTI+ people, spaces of domestic sociability often function as a referential locus for potentializing vulnerability(ies), overlapping violence(s) and exclusion. Why? Because it is

from “non-acceptance”, recognition and respect for sexual orientation and gender identity on the part of the family that LGBTI+ begin to face a myriad of physical violence, insults, violation of rights and existential denial. Therefore, the moments of school, college, work, and diverse activities, as well as in possible scenarios of no pandemic, are crucial for us to think about the dynamics of subordination to the violent plot that is the sharing of spaces and moments with the elements that still abuse, make suffer, get sick, when they do not exterminate, those lives that, like all lives, matter. When these escape valves (extra domestic moments) cannot be activated, what remains?

When it comes to the experience(s) of transgender people, they can add to the experiences of domestic vulnerability, others related to work, largely informal, considering that, as has occurred in Brazil, there is a certain difficulty on the part of the Federal Government with regard to the recognition and legitimacy of the needs of certain categories in receiving emergency aid. What does the absence of this aid determine? More social vulnerability and willingness to risk situations, since not working is related to the lack of maintenance of basic issues for survival⁽⁹⁾. This problem has exposed transgender and transvestite women to sex work even during the period when most cities and municipalities have quarantined and/or lockdown maintained⁽¹⁰⁾. Thus, between the difficult choice of keeping themselves protected from the virus and having their subsistence guaranteed, these women do not have great ways out in the face of inequalities and the precariousness of sex work in the face of the pandemic⁽¹¹⁾.

Beyond this, the devastation that is loaded with negligence, invisibilities and iniquities generates even greater repercussion, while drag, transform and LGBTI+ entertainment scenes are strongly affected by the abrupt interruption of events that moves great financial capital in the country and that is responsible for ensuring the work, although in great informal number⁽¹²⁾.

Another facet that the experience of transgender people may encounter is related to

juridical legality, as occurred in Panama and Peru, since the local government decided to determine alternate days of public departure for men and women, not recognizing transgender people in any of these gender identities⁽¹³⁾. Such positions make the lives of transgender people impossible to live – in Butlerian terms. In the face of these (im)positions, what are the real possibilities of maintaining life in spite of the precarious conditions? Thus, when the transgender person ceases to be recognized as a person, it takes us back to what Foucault called the regime of truth, by problematizing how they are constituted in an epoch⁽⁶⁾. In such cases, under these conditions, who really can? In this regard, Butler reiterates that truth regimes provide recognition of oneself and the world, but that these are not immutable frameworks, because the normative horizon is the target of a critical opening from the way I am seen and/or perceived and the way I see/perceived the other⁽⁸⁾.

In Brazil, despite the advances and achievements of the organized social movement of transgender people, regarding public politics and human rights, such as the transsexualizing process and the use of the social name – the rectification of the civil name without the need to file an action – it is observed that health care and treatment still remain restricted to bodily conformations, as if this were the main and only demand of all people.

Also on public guarantees, and more specifically in the area of health care, it is relevant to highlight the multiple dimensions to be taken into consideration regarding the impacts generated on the LGBTI+ population during and after the pandemic. Faced with the scenario of asymmetries, violence, stigmatization, prejudice and discrimination to the LGBTI+ population, it is feared that the offer of caring technologies made available in the Brazilian Unified Health System (SUS) may be reached, generating deleterious effects to the quality of life and health of LGBTI+ people that, for example, live with HIV and other Sexually Transmitted Infections (STIs) and so many others that benefit from actions and programs, such as Pre-Exposure Prophylaxis

(PreP) and Post-Exposure Prophylaxis (PEP) for HIV, the supply of condoms, lubricant gel, the performance of rapid tests, including for the adolescent population⁽¹⁴⁾. Likewise, those who need access to hormone therapy, such as transvestites, trans women and men, and the coverage of actions to prevent harm and risks to health and to confront violence⁽¹⁵⁾.

In the field of women's health, we have bisexual and lesbian women, to a large extent, still invisible when it comes to actions to promote the health of the LGBTI+ population. One must be concerned with the protection and security against violence of this group, as well as the guarantee of sexual and reproductive rights, since it is predicted that about 18 million women may be without access to contraceptive methods and the legal termination of pregnancy (in case of rape or in situations where there is risk of life for the pregnant woman) is seen as the need for real gynecological attention, including surgeries and other essential care technologies that go beyond this dimension⁽¹⁶⁾. On the matter of violence, attention is drawn to an important and little discussed aspect, as if lesbian relations were free of violence, because they are women. However, to the extent that there is no collective discussion on the subject, it may feedback a culture of silence and isolation when a woman is a victim of violence perpetrated by another woman⁽¹⁷⁾.

This impact may also impair the assurance of psychosocial care in the different apparatuses of the system, due to the high mental illness, which may spread through the post-traumatic stress caused by the pandemic and the worsening of other disparities and limitations in access to health services.

The reality of LGBTI+ populations in their precarious living conditions reflects a long historical process of heteronormative biopolitics, as formulated by philosopher Michel Foucault. In his studies, Foucault states that sexuality is a historical device of knowledge-power in the name of which authoritarian practices of segregation, monitoring, management of bodies and desire are legitimized and made possible,

using the figure of the heterosexual couple as a standard of normality, which was also the basic element for the production of a biopolitics directed at “government over life”⁽⁴⁻⁵⁾.

Broadening this notion, the philosopher Judith Butler mentions the formation of a heteronormative regime that gives meaning to bodies, genders and desires, from the process of normalization pointed out by Michel Foucault, given that the beings assimilated by heteronormativity as abnormal are located in inhospitable and uninhabitable areas of social life, operating thereby the inequalities in access to material and symbolic assets, producing the vulnerabilities that make the lives of non-heterosexual populations non-livable, and can then be left to death^(4-5,7).

These reflections help us to think that the neglect and violence that produce the vulnerability of LGBTI+ populations are the effects of this knowledge-power-truth that regulates bodies from the heteronormative biopolitics in our society. In the context of confronting a pandemic, the precarious living conditions will operate forms of exposure and lethality of this population that will have its vulnerability potentialized in the dimension of a biopolitics aimed at controlling the dissemination of contagion to Covid-19.

A recent essay published in *Sopa de Wuban*, Judith Butler observes that in the moment we live the virus itself does not discriminate, but inequalities are operated in our society in the historical process that has intertwined nationalism with poverty, racism, xenophobia and capitalism, so that this dynamic promotes an accentuation of the spurious distinction between lives that are susceptible and not susceptible to mourning, where the production of precariousness elects those forms of life that are protected against death and those whose lives are considered not worth enough to be safeguarded against sickness and death⁽¹⁸⁾.

Based on this panorama in which the facts presented reveal the overlapping of vulnerabilities, it is questioned: how many LGBTI+ people are affected by Covid-19 in Brazil? Have markers

related to gender identity been considered in the notifications of health problems? Have programmatic actions and strategies been watered in order to guarantee the minimization of impacts? Has the implementation of the actions of the National Policy for Integral Health Care for the LGBT Population been operationalized?⁽¹⁹⁾.

From this perspective, also concerned with the health of the LGBTI+ population in this scenario, the Brazilian Association of Collective Health (*Abrasco*) published a note with considerations that call for the breaking of silence and invisibility destined by several agencies and institutions, such as the State and civil society, to guide the subject as an essential agenda in public health in Brazil and in the rest of the world⁽²⁰⁾. It must be inferred the need for a real change in the existing paradigms in the theoretical and organizational field of caring relationships in the context of the production of LGBTI+ people' health care.

Another field to be discussed is the place of digital applications dedicated to the promotion of social relationships, used in large numbers by gay men, bisexuals, transgender people and men who have sex with men (MSM). It is important to emphasize that virtual meeting platforms under the perspective of users have been part in a more vehement way of the daily life of people who make use of these devices. In this aspect, if the moment calls for distance and social isolation, physical encounters occasioned by means of these platforms can put the health of their users at risk, constituting another aspect to be observed. In this regard, actions aimed at preserving the lives of these users should be part of the agenda of the managers of these technologies through the propagation of calls for education and communication in health, as a way to contribute to the reduction of contagion, if physical contact is maintained⁽²¹⁻²³⁾.

Considering such problematizing contexts, it emphasizes the emergence of considering as a priority issue the relational dimensions of gender and, consequently, masculinities and femininities, as well as the non-binarity of gender in the promotion of actions related to the confrontation of Covid-19⁽²⁴⁻²⁵⁾. This panorama should become

effective not only in Brazil, but all over the planet, as the World Health Organization recently recognized when it published a note at the 73rd World Health Conference on the relevance of the gender marker in facing the pandemic⁽²⁶⁾.

Finally, another factor that increases the harms to the lives of LGBTI+ people in Brazil during the pandemic are the daily attacks generated by presidential representation on the rights of this population segment, in spite of the constant potential for generating stress on the wellbeing of people who live with the violation of basic human rights, as well as the negative, obscurantist, reactionary, LGBT-phobic and delegitimizing position of the existence(s) of LGBTI+ people just as Brazil has been internationally recognized⁽²⁷⁾.

Conclusion

The study theoretically reflected initial questions on the health dimension of LGBTI+ people from the occurrence of the ongoing pandemic of the new Coronavirus (SARS-CoV-2) causing Covid-19 in Brazil, and elucidated in a denouncing manner the aspects that generate impacts and negative repercussions that intensify and overlap inequalities, vulnerabilities that revert to inequities in health. Therefore, it is worth mentioning that facing and overcoming impacts caused by the pandemic context should validate the survival of all people, not only of some.

Rethinking the practices of segregation, discrimination, violence and prejudice to which biopolitics exposes certain human groups, as happens with LGBTI+ people, will make there an emerging need to ensure the protection of all liveable lives. Specifically in the field of health care, it is relevant to consider the confrontation of the pandemic associated with the intervention of measures to correct inequalities in service provision, which has expressive potential for the precarization of lives.

Although the study limits itself to providing an initial scenario, without empirical methodological coverage, such as the lack of indexed studies

in Brazilian and international bases on the subject, facts elucidated in this reflection reveal the magnitude of a problem that is already real and causing damage to health and the human condition. Based on this, it is recommended to deepen the research on the reflected problem, as a way to broaden the knowledge about the phenomenon and consequently to encourage effective interventions to be implemented in the daily practices throughout the national territory and other planetary contexts.

Collaborations:

1 – conception, project, analysis and interpretation of data: Anderson Reis Sousa and Caio Felipe Campos Cerqueira;

2 – writing of the article and relevant critical review of the intellectual content: Carle Porcino and Kleber José Fonseca Simões;

3 – final approval of the version to be published: Anderson Reis Sousa and Kleber José Fonseca Simões.

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