OPEN LETTER ABOUT CORONAVIRUS AND THE LGBTQ+ COMMUNITIES
Over 100 Organizations Ask Media & Health Officials to Weigh Added Risk

New York, NY - Over 100 national and local organizations have signed on to an open letter to health and media outlining how COVID-19 may pose an increased risk to the LGBTQ+ population and laying out specific steps to minimize any disparity.

“As the media and health communities are pushed into overdrive about COVID-19, we need to make sure the most vulnerable among us are not forgotten. Our smoking rates alone make us extremely vulnerable and our access to care barriers only make a bad situation worse,” notes Dr. Scout, the Deputy Director for the National LGBT Cancer Network, “This letter outlines simple steps to ensure no population is further stigmatized by a virus.”

“As an organization dedicated to the health and well-being of LGBTQ communities, we urge LGBTQ individuals to practice measures recommended by public health experts, such as frequent handwashing, to prevent the spread of this virus,” said GLMA President Scott Nass, MD, MPA. “At the same time, like our colleagues who joined the open letter, we call on public health officials to ensure the LGBTQ community is considered and included in the public health response to COVID-19 based on potential risk factors that exist in our community.”

The letter was initiated by a coalition of six organizations: the National LGBT Cancer Network; GLMA Health Professionals Advancing LGBTQ Equality; Whitman-Walker Health; SAGE; New York Transgender Advocacy Group; and National Queer Asian Pacific Islander Alliance. The full text and additional organizational response resources can be found online at this link (https://cancer-network.org/coronavirus-2019-lgbtq-info/) and is included below.
OPEN LETTER ABOUT CORONAVIRUS AND THE LGBTQ+ COMMUNITIES

As the spread of the novel coronavirus a.k.a. COVID-19 increases, many LGBTQ+ people are understandably concerned about how this virus may affect us and our communities. The undersigned want to remind all parties handling COVID-19 surveillance, response, treatment, and media coverage that LGBTQ+ communities are among those who are particularly vulnerable to the negative health effects of this virus.

Our increased vulnerability is a direct result of three factors:

1. The LGBTQ+ population uses tobacco at rates that are 50% higher than the general population. COVID-19 is a respiratory illness that has proven particularly harmful to smokers.
2. The LGBTQ+ population has higher rates of HIV and cancer, which means a greater number of us may have compromised immune systems, leaving us more vulnerable to COVID-19 infections.
3. LGBTQ+ people continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings, and as a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.

In addition, there are more than 3 million LGBTQ+ older people living in the United States. LGBTQ+ elders are already less likely than their heterosexual and cisgender peers to reach out to health and aging providers, like senior centers, meal programs, and other programs designed to ensure their health and wellness, because they fear discrimination and harassment. The devastating impact of COVID-19 on older people – the current mortality rate is at 15% for this population – makes this a huge issue for the LGBTQ+ communities as well.

LGBTQ+ communities are very familiar with the phenomena of stigma and epidemics. We want to urge people involved with the COVID-19 response to ensure that LGBTQ+ communities are adequately served during this outbreak. Depending on your role, appropriately serving our communities could involve any of the following actions:

- Ensuring that media coverage notes the particular vulnerabilities of any person with pre-existing respiratory illnesses, compromised immune systems or who uses tobacco products. While populations – like LGBTQ+ communities – can be at increased risk, it is important to note the overall state of health that contributes to any person’s increased vulnerability to contracting COVID-19.
- Ensuring health messaging includes information tailored to communities at increased risk for COVID-19, including LGBTQ+ populations. An example of such tailored messaging is including imagery of LGBTQ+ persons in any graphic ads.
- Providing LGBTQ+ individuals resources to find welcoming providers, such as the ones provided here, if they are experiencing symptoms like a cough or fever and need to seek medical attention.
- Ensuring funding to community health centers is distributed in a fashion that accounts for the additional burden anticipated by LGBTQ-identified health centers.
- Whenever possible ensuring health agencies partner with community-based organizations to get messaging out through channels we trust.

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1 Buchting et al. 2017; Creamer et al. 2019
- Ensuring surveillance efforts capture sexual orientation and gender identity as part of routine demographics.
- Ensuring health workers are directed to provide equal care to all regardless of their actual or perceived sexual orientation, gender identity/presentation, ability, age, national origin, immigration status, race, or ethnicity.
- Ensuring that all COVID-19 responses take into account exceptionally vulnerable members of the LGBTQ+ communities, including our elders, bi people, and black and brown trans and gender nonconforming/nonbinary people.
- Since xenophobic responses are heavily impacting the Asian American communities, ensuring all communications and responses related to COVID-19 attempt to counter any such xenophobic responses, avoid racial profiling, and discourage the public from doing so as well.
- Ensuring LGBTQ+ health leadership, along with all providers and health care centers, are provided with timely and accurate information to disseminate.

As LGBTQ+ community and health leadership, the undersigned organizations offer to stand shoulder to shoulder with the mainstream health leadership to make sure we learn from history and do not allow any population to be disproportionately impacted or further stigmatized by a virus.

Initial signers:
National LGBT Cancer Network                      SAGE
GLMA: Health Professionals Advancing            New York Transgender Advocacy Group
LGBTQ Equality                                   National Queer Asian Pacific Islander
Whitman-Walker Health                             Alliance

Additional Signers:
Advocates for Youth                              Compass LGBTQ Community Center
Advocating Opportunity                           Corktown Health Center
Alder Health Services                            Counter Narrative Project
Antioch University MFA Program                   CreakyJoints & Global Healthy Living
Athlete Ally                                      Foundation
Atlanta Pride Committee                          CrescentCare
Bi+ Georgia                                       Darker Sister Center
BiNet USA                                        Deaf Queer Resource Center
Bisexual Organizing Project-BOP                  Desert AIDS Project
Black Lives Matter Houston                       Desi Queer Diaspora
Bradbury-Sullivan LGBT Community Center         Disciples LGBTQ+ Alliance - AllianceQ
Cal Poly Pride Center                            Eastbay Stonewall Democratic Club
California LGBTQ Health and Human Services Network California LGBTQ Health and Human Services Network
Callen-Lorde Community Health Center            Equality Arizona
Capital Pride Alliance                           Equality California
CARES                                            Equality Federation
Center on Halsted                                 Equality North Carolina
CenterLink: The Community of LGBT Centers        Equitas Health
Civil Liberties & Public Policy                  Erie Gay News
Cobb County Democratic Party                     Evaluation, Data Integration, and Technical Assistance (EDIT) Program, ISGMH,

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St. James Infirmary
Still Bisexual
The DC Center for LGBT Community
The Gala Pride and Diversity Center
The Lesbian, Gay, Bisexual & Transgender Community Center
The LGBT Health Resource Center of Chase Brexton Health Care
The LGBTQ Center Long Beach
The LOFT LGBT Community Services Center
The Montrose Center
The Social Impact Center
The Source LGBT+ Center
The Trevor Project
Thomas Judd Care Center
Trans Empowerment Project
Trans Lifeline
Trans Youth Equality Foundation
Transgender Education Network of Texas (TENT)
Transgender Law Center
Transgender Legal Defense & Education Fund
TRANSnetwork
Triangle Community Center
Trillium Health

TriVersity Center for Gender and Sexual Diversity
Tucson Interfaith HIV AIDS Network Inc aka TIHAN
Twin Cities Pride
U.S. People Living with HIV Caucus
UNIFIED-HIV Health and Beyond
Washington County Gay Straight Alliance, Inc.
We Are Family
Wellness AIDS Services
William Way LGBT Community Center
Young Democrats of Georgia LGBTQ (Stonewall) Caucus

The National LGBT Cancer Network works to improve the lives of LGBTQ cancer survivors and those at risk by educating the LGBTQ communities about our increased cancer risks; training health care providers; and advocating for LGBTQ engagement in mainstream cancer organizations. We are home to one of eight CDC funded national tobacco and cancer disparity networks. Learn more at cancer-network.org.

GLMA: Health Professionals Advancing LGBTQ Equality is a national organization committed to ensuring health equity for lesbian, gay, bisexual, transgender, queer (LGBTQ) and all sexual and gender minority (SGM) individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments. To achieve this mission, GLMA utilizes the scientific expertise of its diverse multidisciplinary membership to inform and drive advocacy, education, and research. To learn more, visit www.glma.org.

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