

“God Save the Queer” Before and After the Covid-19 Pandemic

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EDITORIAL

In the last year a lot of scientific literature has been produced about the distribution and impacts of COVID-19 in minority communities, concluding that the known disparities and the historical oppression of these persons place them at greater risk for COVID-19 exposure, infection, and complications. Most of the authors conclude by suggesting the importance of future prevention measures especially for the sexual and gender minority group. (1, 2)

The Covid-19 pandemic has impacted the lives of lesbian, gay, bisexual, and transgender (LGBTQIA+) communities in many aspects: economic, mental and physical health, social inclusiveness. LGBTQIA+ community presents at greater risk of worse COVID-19 outcomes due to many factors, like the higher comorbidities, the lower average income and the persistent stigma and discrimination including in accessing health care.

The weakest part of the LGBTQIA+ community is represented by the people affected by long-term chronic illness and higher rates of smoking and asthma, with obesity and abuse of alcohol consumption and the immunocompromised persons HIV positive. (3, 4)

A lot of scientific literature has been published on these aspects in the last year, but our feeling from daily clinical practice is that the question “sexual and gender minority group” has taken a back seat. (5, 6)

In the last 3 years in Italy a law draft against homotransphobia has been discussed in the

Parliament, named the Zan’s law, from the name of the parliamentarian who proposed it. (7) The law draft proposes “measures to prevent and combat discrimination and violence for reasons based on sex, gender, sexual orientation, on gender identity and disability”. In reality, for the first time in Italy, it proposes to include sexual orientation and gender identity within the current legal framework for crimes and hate speech, by intervening on the criminal code. The fact that precisely in this historical period, in a country where the issue has been controversial for many years, such as Italy, a law of this type is being discussed, is emblematic. The contraction in primary care described in all European countries and the prospect of new waves of the pandemic risk seriously aggravating the condition of this considerable part of the population. (8)

In this situation, the presence of homophobic and transphobic harassment and exclusion already experienced during the previous waves of the pandemic could have a deleterious impact on LGBTQIA+ physical and mental health. (2) Actually many LGBTQIA+ rights organizations have suggested collecting sexual orientation and gender data for COVID-19 cases, increasing socioeconomic support for disadvantaged individuals, using public funds. (9)

The aim of safeguarding the LGBTQIA+ population should remain a priority within our European national health services with the hope that in the next future we could tackle these problems with a unified European health service, with laws adopted by all member

countries that fight all forms of discrimination. The future of Europe must be to provide rules and a common language for all countries, avoiding political delays of individual countries in the activation of individual laws. In a nutshell, in the health sector, Europe has reached a crossroads: to follow the narrow and dark road of building walls or the main way of inclusiveness and a common health system that leaves no one behind either the sexual and gender minorities. As European citizens we have a duty to turn the experience of the pandemic into something positive for our future generations: a more inclusive society where the acronyms will disappear.

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