

LGBT Persons, COVID-19 and HIV/AIDS

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COVID-19 has often been described as the first pandemic in over a century. In fact, there have been others, including the Spanish Flu of 1918–1920, tuberculosis in the late 19th century; polio in the 1950s; SARS in 2002; the H1N1 influenza pandemic in 2009–2010; and HIV/AIDS, first identified in the early 1980s and continuing as a major public health issue. These previous epidemics and pandemics exist as context for many of those now confronting COVID-19.

COVID-19

HIV/AIDS

sexual orientation (lesbian

gay

bisexual)

future planning

1. Introduction

In 2022, almost 39 million people around the globe were living with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) [1]; in North America, African American and Latinx/Hispanic persons are disproportionately affected by HIV/AIDS relative to other racial groups [2]; however, across all racial and ethnic groups, gay and bisexual men, have been, and continue to be, disproportionately affected by HIV/AIDS—both amongst those newly diagnosed as well as those living with it [3]. Lesbians also have played a significant role in the HIV/AIDS crisis, often being among the first to provide care, when no one else would, in the early years of the epidemic and grieving the loss of many in their networks [4]. Concomitantly, HIV/AIDS has been identified as a pivotal dimension in the lesbian, gay, bisexual and transgender (LGBT) rights movement through community confrontation of both the stigma and discrimination encountered by persons living with HIV/AIDS and the related failure of governments to address the health crisis as it unfolded, resulting in hundreds of thousands of deaths of mostly among gay and bisexual (GB) men and other men who have sex with men—and the millions of deaths of women and men worldwide. HIV/AIDS has taken on social and cultural significance, particularly for LGBT persons, in addition to its physiological manifestations. Researchers believe that these ongoing and contextual experiences impact the ways in which LGBT persons, and especially GB men, approach and experience the COVID-19 pandemic. This impact may take two (or more) forms: one possibility is that LGBT persons may rehash this period and experience coping difficulties with COVID-19; alternatively, LGBT persons may draw from these earlier experiences in an empowering, action-oriented manner.

2. COVID-19

An impressive literature is emerging on the experiences, lessons learned, and losses of COVID-19. Since it was first declared a pandemic (in March 2020), through its many waves and variants and to the present, COVID-19 has changed lives in myriad ways: through death and illness; the ways and frequency with which people interact with

one another; the ways we work and travel; our daily routines; and our goals, hopes, and fears. Globally (as of 9 August 2023), almost 7 million people have died [5], and hundreds of millions of persons have become ill, some continuing to experience symptoms up to three years after first becoming sick. The pandemic has also changed institutions and businesses, counties and countries, and almost every social organization in between.

Several authors have written about the lessons learned through all of this, including the etiology and epidemiology of the virus; modes of transmission and clinical manifestations; pathophysiology, diagnosis, treatment, therapies, and prevention [6]. Almost all publications detailing the learnings from this pandemic highlight previously undervalued areas brought to the foreground, such as the interlinking spheres of health (e.g., physical, economic, public) [7], the importance of attending to mental health, as well as the inequalities and inequities revealed through the pandemic [8], both across and within countries [9]. It became clear that age was a key source of inequality: those aged 65 and older had mortality rates at least ten times higher than those younger than 40 [9]. Other areas of inequality included race, those with pre-existing conditions, the immunocompromised, and persons living with physical or mental disabilities. Andrasik et al. [10] write that: “For most infectious diseases, including COVID-19, the most extreme burden of disease is experienced by society’s most vulnerable, most often, people who experience multiple forms of social disadvantage” (p. 297).

3. Lesbian, Gay, Bisexual and Transgender Persons and COVID-19

Lesbian, gay, bisexual and transgender (LGBT) older adults are among these vulnerable adults with, relative to the general population, poorer physical and mental health, higher rates of health risk behavior, higher rates of singlehood and living alone, loneliness, fewer identified caregivers, and lower rates of socio-economic status—all directly or indirectly related to higher rates of social stigma, discrimination, and victimization [11][12]. As Gibb et al. [13] note, LGBT persons have both biocultural and social vulnerabilities potentially exacerbated by COVID-19 as well as potential resilience and protective factors that may be energized by the pandemic; resilience has emerged as a dominant theme in recent research on LGBT older adults [14]. Along the lines of the former, Fish et al. [15] found significantly lower levels of physical and mental health pre-pandemic and greater declines in these measures post-pandemic for gay men as well as bisexual men and women. Kneale and Bécares [16] similarly found high levels of stress and depressive symptoms among their LGBT sample during the early months of the pandemic—and higher than what was observed in previous research and with other marginalized samples in this research; the scores were particularly elevated for transgender and gender non-conforming adults, and younger persons.

Bouton et al. [17] noted greater anxiety and symptoms of depression among both younger and older LGBT adults, compared to similarly aged straight, cisgender persons during the first year of the pandemic. LGBT persons, of both age cohorts, were also more likely to seek therapy and to be prescribed medication for their mental health. At the same time, LGBT persons were slightly more likely to have received a COVID vaccine. Gutman et al. [18] reported results along similar dimensions in their large study of older Canadians and their experiences during the pandemic, upon which this present research is based. That is, they found that, relative to heterosexuals in the sample, LGBT persons were more likely to report feeling anxious, depressed, and sad and more likely to report

changes in access to their physical and mental healthcare. However, LGBT persons were also significantly more likely to adhere to public health orders and take protective action (i.e., wear masks, social distance, restrict social engagements) than were heterosexual persons.

These latter two studies, especially, highlight both the vulnerabilities as well as the resilience and protective behaviors of LGBT persons during the COVID pandemic to which Gibb et al. [13] directed our attention. Multiple authors refer to the HIV/AIDS crisis in their analyses of these responses to the COVID-19 pandemic by LGBT persons [16][18]—drawing attention to previous epidemic experiences, and their concomitant risks and defenses, vulnerabilities, and protections.

4. COVID-19 and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

Early in the COVID-19 pandemic, some in the popular media offered comparisons between the COVID-19 and the HIV/AIDS pandemic, both how the viruses and pandemics differed as well as their parallels—particularly in the socio-cultural experiences, and especially for sexual and gender minority persons. Notwithstanding that the COVID-19 virus has biochemically more in common with previous SARS and even H1N1 viruses than HIV/AIDS and that HIV/AIDS is more difficult to transmit and slower to manifest and inflict illness, the pandemic that COVID-19 has created is more reminiscent of the (especially) early years of HIV/AIDS. During those years in the early 1980s, there were suspicion and acts of violence (mostly against GB men and men who have sex with men), discussions of quarantines and stigma of those infected believed to be carriers, and shifting public health messages as officials learned more and searched for ways to find a message that reached intended audiences. These experiences of suspicion, stigma, and changing public discourse resonate strongly with older LGBT persons and especially GB men, many of whom “came of age” during these early years of the epidemic, eponymously labeled early on as Gay-Related Immune Deficiency (GRID) (and colloquially as the “gay plague”) [19]. As Richard Berkowitz, a well-known US AIDS activist, was quoted as saying in the New York Times: “Wow! Lucky me. I actually managed to survive one pandemic to be here for another one” [20] (para. 48).

The same article quoted several other well-known gay men describing their current experiences with COVID-19, carrying on the vulnerability and resilience duality. Peter Staley, for example, another prominent US AIDS activist, was quoted as saying: “there is no denying that for me and other long-term survivors of the AIDS crisis I know, COVID-19 is stirring up a lot. To the extent that all of us from those years have some version of PTSD, all of that is flooding back” [20] (para. 10). In contrast to this return of trauma, writer Hal Rubenstein offered a protection and resilience narrative: “I do think I’ve learned from HIV not to be foolish. I do think I’ve learned that if someone else isn’t going to watch out for me, then I’ll watch out for myself” [20] (para. 42).

Scholarly literature has reinforced this duality. Several qualitative studies have explored the approach taken to the COVID-19 pandemic by LGBT persons, mostly gay men, with HIV/AIDS as a backdrop. Handlovsky et al. [21] interviewed older gay men and explicitly juxtaposed experiences during the present pandemic with the HIV/AIDS pandemic. The themes emerging from these considerations highlighted a sense of pandemic familiarity with

associated distress and challenge (one participant describing being forced back into a (different) closet); respondents also contrasted the early lack of response to HIV/AIDS to the accelerated response to COVID-19, and the difference in the speed and spread of information between the two pandemics, rekindling some anger and frustration, but also some satisfaction in what had been accomplished and what had been learned. Quinn et al. [22] found that about one-third (35%) of their sample of gender minority men reported that HIV/AIDS helped them cope with COVID-19. In coded, open-ended responses, the men offered four themes: experience having lived through a pandemic, experience coping with stigma, personal responsibility, and belief in collective action. Stigma and resilience ran through these themes. Gonzalez et al. [14] presented the narrative analyses of LGBT adults ranging in ages from 19 to 75 focusing on resilience in the time of COVID-19. Three broader themes were presented: preparation fostered by resilience (including experiences with isolation, marginalization, and HIV/AIDS); radical acceptance as resilience (including acceptance of oneself, reality, privilege, and responsibility); and resilience through support and community building.

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