COVID-19 Recovery: LGBTQI2S+ Indigenous Peoples

Submission to the Special Rapporteur on the rights of indigenous peoples

28 February 2021

Report submitted by:
International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World)

With the support of:
Manodiversa Bolivia and Embera Community of Trans Women of Santuario (Colombia)

The purpose of this document is to provide input on the challenges and violations faced by indigenous peoples during the COVID-19 pandemic and its recovery efforts. Specifically, on the intersectional forms of discrimination based on both indigenous status and sexual orientation, gender identity and expression and/or sex characteristics (SOGIESC) suffered by such populations in different states. The submission focuses on the question of the Special Rapporteur about specific populations and, in particular, LGBTQI2S+ (lesbian, gay, bisexual, trans, queer, intersex, Two-Spirit and other identities) indigenous persons in relation to different aspects of COVID-19 States’ response including their access to culturally appropriate COVID-19 related information, aid, and healthcare services, the participation and consultation of LGBTQI2S+ indigenous individuals in COVID-19 response policies, as well as the protection of their lands and resources.

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I. Introduction

The large majority of indigenous communities around the world are faced with concentrated and intergenerational poverty and deprivation, a factor that imposes a major barrier on access to quality healthcare. In order to take stock of the impact of COVID-19 on indigenous peoples, it is crucial to highlight the high levels of healthcare-related risks and systemic challenges faced by indigenous peoples. In countries where governments have taken significant COVID-19 relief actions, it has been highlighted that indigenous women, for example, have been categorically side-lined from COVID-19 recovery and relief plans. Among the particularly vulnerable groups affected by the COVID-19 pandemic are the LGBTQI2S+ individuals and indigenous peoples, highlighting how crucial it is for states to apply an intersectional approach that pays particular attention to the needs and rights of historically excluded or high-risk groups including LGBTQI2S+ indigenous peoples.

II. States’ response to COVID-19 and LGBTQI2S+ indigenous persons’ access to information and healthcare

Existing forms of discrimination, and systemic marginalisation in access to healthcare that indigenous queer people face, have been aggravated under the circumstances of the COVID-19 pandemic. Across the world, indigenous LGBTQI2S+ people [Two-Spirited people in Turtle Island, Takatāpui in Aotearoa, Fa’aafafine in Samoa and the Pacific Islands, Waria in Indonesia and many others] have been faced with added challenges in accessing essential healthcare support during the long months of the pandemic.

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2 See, for example, [https://www.cbc.ca/news/politics/health-indigenous-racism-miller-1.5764659](https://www.cbc.ca/news/politics/health-indigenous-racism-miller-1.5764659), and [https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf](https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf) for evidence from Turtle Island and [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007027/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007027/) for evidence from the indigenous territories known as Australia.


4 LGBTQI (‘lesbian, gay, bisexual, trans and intersex’) concept is sometimes criticized for its Western origin not taking into account diverse cultural, gender and sexual identities existing in many communities. Therefore, we use here the LGBTQI2S+ (lesbian, gay, bisexual, trans, queer, intersex, Two-Spirit and other identities) abbreviation.


6 There is a substantial body of work, available in the public domain, on the disproportionate and specific forms of healthcare-related challenges and discrimination faced by non-cisnormative, non-heteronormative and intersex people. On specific challenges that LGBTQI2S+ people face in the northerly territories of Turtle Island, see, for example, a 2019 report produced by the Parliamentary Standing Committee on Health: [https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/ RP10574595/ hesarp28/ hesarp28-e.pdf](https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/ hesarp28/ hesarp28-e.pdf)
COVID-19 pandemic. Evidence has clearly shown how trans and gender-diverse people face specific and excruciating challenges to their health, wellbeing and security as a direct consequence of the pandemic. Indigenous LGBTQI2S+ people are among the worst receiving ends of these challenges. This is caused by their positionality at the intersections of systemic discrimination faced by indigenous peoples, and forms of systemic marginalisation faced by LGBTQI2S+ people. In assessing the adverse impact of the COVID-19 pandemic on indigenous LGBTQI2S+ peoples, an ‘intersectionally-informed’ approach is therefore essential. To quote one analyst from Turtle Island:

“Pandemics underscore ‘hidden’ inequities that are embedded in our society and therefore made to appear normal. COVID-19 threatens to reinforce these inequities but also offers the nascent possibility of a different path. An intersectional approach to recovery efforts centered on the needs of women, girls and gender-diverse communities can produce many sensible policy solutions to the benefit of all residents of Canada.”

Indeed, this is a reality that is relevant and transferable to many other contexts worldwide.

Data has shown that LGBTQI2S+ indigenous people have been particularly vulnerable to COVID-19. When it comes to the specific challenges faced by LGBTQI2S+ indigenous peoples under the current circumstances of a prolonged pandemic, discrepancies and discrimination in vaccine distribution, and the ‘new normal’ that awaits us, existing research and data gathering do not render justice to the magnitude of the issues at hand.

According to information provided by Manodiversa Bolivia and compiled with the support of other Bolivian non-governmental organizations, persons belonging to populations of ancestral sexual diversities in Bolivia (indigenous persons, persons from


original populations, and farmers) indicated that COVID-19-related assistance, aid and care for LGBTQI2S+ people has not reached rural and peri-urban areas of Bolivia. In the words of one of the persons of ancestral indigenous sexual diversities in Bolivia:

Yes, and unfortunately the aid that reached certain areas was very precarious and insufficient to attend to those who needed it, forcing many to come to the cities.

Further, 81% of the population indicated that they have not evidenced the dissemination of information about COVID-19 to the LGBTQI2S+ individuals at higher risk, and 79.5% of the population indicated that they have not seen the dissemination of information about the pandemic by the Bolivian State to indigenous peoples in their native language including people of ancestral sexual diversities. There is also no evidence that the Bolivian government has generated legal, informative or awareness-raising initiatives focused on the LGBTQI2S+ population of indigenous, native, peasant, peri-urban and rural ancestral sexual diversities. It did not carry out prevention and combat campaigns against transphobia, homophobia, biphobia and discrimination based on the negative imaginary that the LGBTQI2S+ population has been the cause of the COVID-19 pandemic as a divine punishment.

Another example for the situation of LGBTQI2S+ indigenous peoples in Abya Yala/Latin America, one of the regions most devastated by the COVID-19 pandemic, is the situation in Colombia which has been deemed to be one of the countries with the worst management of the pandemic.\(^\text{10}\) The State’s response to the needs of LGBTQI2S+ persons during the pandemic has been extremely unsatisfactory. LGBTQI2S+ persons have mentioned that they needed to turn to civil society organizations in order to request the humanitarian aid that the State was failing to provide them.\(^\text{11}\) An alarming surge in violence against LGBTQI2S+ persons in the framework of the pandemic took place last year in Colombia.\(^\text{12}\) Over 63 LGBTQI2S+ persons were killed in 2020 alone in the country.\(^\text{13}\) Trans women were particularly

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\(^\text{11}\) Caribe Afirmativo, ‘Segundo informe sobre la respuesta de atención humanitaria de Caribe Afirmativo hacia las personas LGBTI afectadas por el COVID-19’ available at <https://caribeafirmativo.lgbt/segundo-informe-sobre-la-respuesta-de-atencion-humanitaria-de-caribe-afirmativo-hacia-las-personas-lgbti-afectadas-por-el-covid-19/> accessed 20 February 2021


affected by this violence, amounting to 32 of its lethal victims. In some instances, the poor response of the country’s health system, in addition to the stigma that trans sex workers have to endure, has been responsible for the death of trans women seeking medical attention for COVID-19. This was the case of Alejandra Monocuco, a black trans sex worker who was living with HIV and who died after paramedics refused to take her to the hospital.

The damage done by the COVID-19 pandemic and the stigma associated with it along with the stigmatization and structural discrimination already faced by LGBTQI2S+ persons in the country is exacerbated by the marginalization suffered by indigenous persons with diverse and ancestral SOGIESC.

The Embera community of trans women of Santuario, Colombia, for instance, has been disproportionately affected by the pandemic and the lack of an effective State response. Indeed, the lack of an intersectional approach that takes into account various characteristics such as ethnicity, SOGIESC, education level and HIV status has been one of the biggest challenges for the community’s efforts to overcome the multiple affectations brought by the pandemic.

The community is comprised almost entirely of trans women who had to leave their communities of origin due to the discrimination, violence and persecution they had to endure because of their gender identity and gender expression. There are over 50 indigenous trans women living in Santuario. The first members of the community settled in Santuario after being brought by local landowners who employed them informally as coffee pickers. Since then, the community has been deprived of a territory despite the multiple efforts that have been carried out to call the attention of the State towards this situation.

The community is not legally recognized by the State and some of the women from the community lack identity documents, which has, in many cases, hampered their access to health. The hospital of the municipality has often refused to provide medical attention to some of the women seeking medical aid. The State has neither provided them with any type of equipment necessary for protection from contracting and transmitting the virus, such as masks and sanitizers.

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14 Red Comunitaria Trans, ‘Han asesinado a 7 personas trans en 2021 por ser trans.’ (Facebook, 20 February 2021) available at <https://fb.watch/3OPhHTew/> accessed 20 February 2021

15 Otillia Steadman, ‘A Black Trans Sex Worker Died After Paramedics Failed To Take Her To The Hospital’ (Buzzfeed News, 25 July 2020) available at: <https://www.buzzfeednews.com/article/otilliasteadman/alejandra-monocuco-colombia-trans-sex-worker-hiv> accessed 20 February 2021

Furthermore, there have been no efforts to gather data on the trans women from the community during the pandemic. Similarly, no awareness raising campaigns have been carried out in their languages (Embera Chamí and Embera Katío) to guarantee that they fully understand what the COVID-19 is and how they can protect themselves from it.

Given the financial situation of the women, the fact that some of them lack identity documents and that none of them have had their gender legally recognized because of the lengthiness and expenses of the procedure, the women from the community often opt to refrain from seeking medical attention at all because they know they will face a discriminatory treatment in the hospital of the municipality (such as being called by their deadnames).

The women from the community are often exploited in their place of work, which is also the place where they live given the lack of a territory. Most of them have to sleep in the same room in the farms of their employers, which causes an overcrowding that puts them at risk of contracting the virus. The municipal authorities have done little to prevent this despite the fact that this has been brough to their attention multiple times.

One of the biggest concerns for the women of the community are the fact that some of them are living with HIV and they do not have health insurance, nor they are familiar with what health insurance is. The first women to know about their HIV status found out this in early 2020, and only one year later, due to the pressure exerted by non-indigenous social actors working with the community, are starting to receive treatment. This shows the lack of commitment of the State over the situation of the women from the community in general but particularly amidst the pandemic. What is more concerning is that the needs of indigenous persons with diverse and ancestral SOGIESC are often overlooked and will most likely be the last to receive a vaccine or treatment for COVID-19. In fact, indigenous persons with diverse and ancestral SOGIESC are not, and have never been, expressly included in any public policy, health-related plan, or guideline on the recovery efforts for COVID-19. The Colombian State’s response to the COVID-19 pandemic and recovery efforts lack an intersectional approach with a comprehensive scope that takes into account the realities and challenges faced by indigenous persons with diverse and ancestral SOGIESC.

III. Participation and inclusion of indigenous peoples in states’ COVID-19 recovery plans

In a majority of contexts, very little consultation has taken place between governmental authorities and indigenous communities in relation to COVID-19 recovery packages. In Aotearoa, for example, it has been clearly highlighted that as a consequence of the
existing broader challenges related to the absence of a Tiriti-based constitution, the government of New Zealand does not possess the capacity to develop a strong consultative dialogue with Maōri when conceptualizing responses to a large-scale public health crisis. Forms of systemic institutional racism that disproportionately target indigenous people make it extremely challenging to meaningfully engage indigenous peoples in policy development, a situation that is also affecting LGBTQI2S+ individuals who are part of the population.

In addition, according to the information provided by Manodiversa Bolivia, indigenous peoples of ancestral sexual diversities expressed how the Bolivian government has not taken actions to involve them in the elaboration and monitoring of public policies for the response to the pandemic. The words of one person of ancestral sexual diversity from Bolivia reflects such situation and the general lack of an intersectional approach paying particular attention to experiences of individuals at the intersections of discrimination faced by indigenous peoples and LGBTQI2S+ persons in the Bolivian government’s COVID-19 response:

“The state has not taken us into account, they considered other different groups in their decisions, but they failed to include in their response the indigenous communities and rural LGBTQI2S+ communities.”

On a similar note, and as mentioned above, the Embera community of trans women of Santuario in Colombia has never been involved in the recovery plans for COVID-19.

IV. Protection of the lands and resources of indigenous peoples during the COVID-19 pandemic

The COVID-19 pandemic has adversely affected indigenous people’s struggles and campaigns to protect land and waterways, in settler-colonial contexts. In the western territories of Turtle Island, the Wet’suwet’en campaign against a multi-billion-dollar pipeline, for example, came to a standstill as the COVID-19 lockdown was imposed. In a somewhat similar vein, campaigns for the rights, dignity and agency of indigenous peoples have been interrupted as a consequence of the ongoing pandemic. Indigenous communities around the world have shown high levels of resilience in the face of such challenges, developing new and innovative approaches to continue their

17 On Te Tiriti O Waitangi and its decisive importance to policymaking in Aotearoa, see, for example, Morrison, S. The Significance of Te Tiriti o Waitangi. University of Waikato: https://www.waikato.ac.nz/news-opinion/media/2019/the-significance-of-te-tiriti-o-waitangi


work amidst the existing pandemic-related restrictions. In the months immediately preceding the lockdown, protests were marked by large-scale state-sanctioned repression,\(^{20}\) including a Royal Canadian Mounted Police (RCMP) raid of the Unis’ot’en camp, one of the main sites of the Wet’suwet’en protest campaigns.\(^{21}\) The pandemic resulted in a situation in which the media and public attention to indigenous struggles for equality and justice were somewhat side-lined. While there is almost no information on LGBTQI2S+ indigenous persons, being a part of indigenous populations, they struggle as well and even more because of the intersectional forms of oppression.

\(^{20}\) See, for example, [https://theintercept.com/2020/02/23/wetsuweten-protest-coastal-gaslink-pipeline/](https://theintercept.com/2020/02/23/wetsuweten-protest-coastal-gaslink-pipeline/)

\(^{21}\) [https://unistoten.camp/oneyear/](https://unistoten.camp/oneyear/)