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**IMPACT OF COVID-19 AND LOCKDOWN ON LGBTQ
(IM)MIGRANTS
(WITH SPECIAL FOCUS ON INDO-AMERICAN LGBTQ
COMMUNITY)**

**Dr. Siba Sankar Mohanty
M. Geeta**

Abstract

COVID-19 pandemic has made its disastrous impact on every individual of the world, it has destroyed many lives. It has created a state of emergency in the whole of the world, to protect lives thus countries decided to implement lockdown in spite of its terrible effect on the economy and financial growth of the country. On the one side, lockdown has controlled, to some extent, the transmission of Corona virus, whereas on the other side, it has created anxious as well as horrible situations among migrants or immigrants stuck in various places and countries. Marginalised individuals, groups and communities such as LGBTQ community have faced various problems in health care centres, jobs, in their host countries or places, in their return migration and even in their own families during the pandemic. Indian LGBTQ community in US has also faced discrimination in health care centres, jobs, etc. during the pandemic and lockdown. The paper makes an attempt to study and analyse the impact of COVID-19 and Lockdown on LGBTQ (Im)migrants with a focus on Indo-American LGBTQ community.

Keywords: COVID-19, Queer Migrants, Indo-American LGBTQ Diaspora, Discrimination, Government of India.

Introduction

COVID-19 has shrouded the whole world with its catastrophic clutches of suffering, hopelessness, grief and anguish. Various issues have been raised during COVID-19 all over the world. Social, political and economic conflicts among countries and within the countries occurred during this period. Many migrants, marginalised individuals, groups and communities

have been discriminated in their homeland and host land. Along with the fear and terror of COVID-19 pandemic various homophobic situations have also occurred in the lives of LGBTQ individuals during lockdown. During lockdown Indian LGBTQ individuals and migrants have been stuck in unsupportive environment which has affected them very badly including their awful impact on mental health. Indian LGBTQ community in US has faced discrimination and racism during COVID-19. Government bodies, NGOs, etc. have played vital roles in providing helping hands to migrants in their return migration. Government of India through its Vande Bharat Mission has helped Indian immigrants and diaspora, who were stuck in different places and countries, in bringing them back to their hometowns, and GoI has also provided needed facilities in the quarantine centres and provided health care treatments.

Studying and analysing the issues related to LGBTQ migrants and Indian LGBTQ community in US during COVID-19 pandemic is significant in bringing into fore various issues related to them to analyse the social, political, economic, civil and psychological impact of COVID-19 on them. The study has certain limitations due to limited data and source materials on Indian LGBTQ community in US in the period of COVID-19. The study will help to develop more ideas and points for further researches on Indian LGBTQ community in US during COVID-19.

Effect of COVID-19 Pandemic and Lockdown on (Im)migrants

Migrants whether internal migrants or the immigrants have been very badly affected by COVID-19. In COVID-19 pandemic, migrants who have migrated to other countries in short-term visas and migrants who do not have citizenship of the host land may do not get equal and easy access to hospitals and health care centres as native people of the host land receives (Guadagno; Bhagat et al., 706, 711). This has been a major issue both for the internal migrants and immigrants. In many countries, since the health care resources are scarce, and Covid-19 made it the worst, the local population were given preference over the migrants. Also, in the relief works and distribution of food packets the migrants were the last to get (if any). In India GoI had to state that all the migrants have to be treated equally with the local population by the state governments. But in spite of all the appeals by state and central governments, migrants especially the migrant workers have been the worst victims. Many migrants have lived in crowded environment during COVID-19 due to lack of facilities and financial crisis, which has failed social distancing and massively increased the transmission of deadly disease (Guadagno). In many cases it has been found out that due to lack of work, the migrant labourers

were not able to pay their rent, so they had to stay in the overcrowded foot paths. Since they had no money they had to sleep with an empty stomach as they could not even go to begging due to the lock down and scare.

Migrants across the globe have suffered during COVID-19 pandemic to get back to their homes or native places. Migrants who are financially stable have made their return migration easier but migrant workers who used to earn daily wages could not able to return to their land of origin easily and immediately. Migrant workers who receive wages based on their per-day work have suffered with financial crisis due to unemployment in lockdown thus they were not able to collect the required money for the transport, in this situation, many migrant workers and their families have made their home on streets. Though they were provided free meals by the government and asked to maintain social distancing during the period of lockdown and assured that they will be soon sent to their hometowns (Sengupta & Jha 159, 160).

Internal migrant workers were depending on their national and state government to send them back to their native lands. International migrant workers who were not able to book tickets immediately were also helped by their homeland government to get back to their homes. Likewise, students and other migrants were also helped by their homeland government to get back to their respective hometowns safely. Indian immigrants including, students, labourers, workers, etc. were helped by the Indian government to reach India, after reaching India they were provided quarantine centres where they were checked and then sent to their respective hometowns or villages. Indian government has supported every international and internal migrant financially such as it has reduced the fare of flight tickets for international migrants, it has also provided free transport to internal migrants, and it has also taken care of migrants' health and provided free meals during their journey and also at the quarantine centres (Bhagat et al., 712, 713).

Also, there were some internal political issues between Indian central government and state government during COVID-19 and lockdown period which has affected migrants. Central government of India has provided funds to state governments to take care of the needs of migrants including their transports, meals, health care treatments, etc. but it turned to be a challenge for some state and local governments to arrange the needful things for migrants. However, central, state and local governments of India have succeeded to take care of migrants' necessities including health, food, shelter and transport (Bhagat et al., 713). But some unfortunate incidents also occurred during lockdown when some of the migrant workers started

their journey to their hometowns barefoot, on rickshaws, bicycles, etc. to escape poverty and hunger (Iyengar & Jain 2). Tragic death of some migrant workers has occurred during their attempts at reaching their homes. Some misconceptions and misinformation and also lack of coordination in certain instances among the central and state governments as well as within the state government machineries added to the suffering of the migrant workers and the breaking of social distancing norms. Apart from the various kinds of support that the migrant workers received from the government, various civil society organisations, charity organisations, individual donors etc. have come forward to help the migrants in this crisis. Since the Covid-19 pandemic shrouded all on a sudden the whole humanity with its diabolic sting, and nobody and no government was prepared for it, everybody in the world got very badly affected by it, and the migrant workers without a place of their own, and without money and job were the worst victims.

In the period of pandemic COVID-19 some of the foundations in India have helped LGBTQ community and people who are HIV positive. Keshav Suri Foundation has helped in providing food to LGBTQ community and other marginalised community in COVID-19. Along with providing fruits, vegetables and groceries, Keshav Suri Foundation has also provided online mental health care treatment too to LGBTQ and other marginalised community in India (“This Foundation”).

Impact of COVID-19 and Lockdown on LGBTQ Community

Banerjee and Nair argue that human behaviour becomes more hostile, inflexible and malice towards marginalised people during negative situations. COVID-19 has created such behaviours in individuals against LGBTQ individuals and groups. Serious situations cause misconceptions in the society against such groups. By giving an example of such situations, Banerjee and Nair say that during the HIV pandemic people started blaming gay community for spreading the disease and also named the disease after them, such situation brought more difficulties for gay individuals and groups in the society (114).

In pandemic diseases people often consider LGBTQ individuals a medium of generating infection due to their marginalised identity. The negative outlook of society on LGBTQ people affects LGBTQ individuals' positive beliefs about themselves. They start believing misconceptions created by the society and blame themselves for the negative happenings in the society (Banerjee & Nair 115). Apart from the fear of getting contaminated by the Covid-19 pandemic, the LGBTQ community has been distanced within the social distancing, and their

psychological state has been wrecked more by the distancing and discrimination including their family members and near and dear ones.

LGBTQ people have been given less importance in the health care centres due to weak legal policies in favour of LGBTQ community. Discrimination against LGBTQ people has more increased in this epidemic when hospitals and other health care centres have given prime importance to individuals, groups and communities who have strong backgrounds and are not marginalised (Banerjee & Nair 116, 117; Phillips et al., 279).

Guadagno argues that due to constant facing of hate speeches, negative treatments, assault, tease and harassment in the society many LGBTQ individuals have not gone to health care centres for testing and screening to prevent themselves from discrimination.

In COVID-19, LGBTQ individuals are found working in the sectors which have high risks of contaminating infections. But, some of them are removed from jobs and some are given less wages comparing to the actual wages. All these have affected them in their social and economic life. Goldberg claim that in America, some LGBTQ individuals have been removed from their respective jobs and some have been given low wages (102).

Weak financial conditions have been hoisted in this epidemic which has resulted in the lack of taking care of health, increased the level of hunger, and caused negligence in taking precaution to stop spreading infection in the search for help by creating massive groups. Life has become even more challenging in the countries where individuals face racism (Banerjee & Nair 116; Europe).

Due to COVID-19 many LGBTQ individuals have faced homelessness or received less support from their family. During the period of lockdown in COVID-19 pandemic, many LGBTQ individuals had to be with their family. Many families do not support homosexuality even in countries where homosexuality has been legalised. In this pandemic during lockdown many LGBTQ individuals were humiliated and tortured by their family for their non-heterosexuality. Besides, they were also unable to meet their LGBTQ group and community. In such period, only digital connection helped them to get connected with their LGBTQ friends, groups and communities. During the period of lockdown, lack of meetings and regular connection with LGBTQ friends, group and community and staying long in a non-LGBTQ-friendly environment and constant torture from their family has raised mental health problems in many LGBTQ individuals (Suen et al., 5, 6).

Konnoth argues that during COVID-19 percentage of suicide of LGBTQ individuals found higher than heterosexual suicide percentile. Alienation and lack of conversation in anti-LGBTQ environment caused LGBTQ suicides during COVID-19 pandemic and lockdown (234, 235).

Aged LGBTQ individuals have also suffered with loneliness and lack of health care treatment. As many LGBTQ individuals aged above fifty who did not get married due to restriction of homosexuality and homosexual marriages in their society stayed alone. In COVID-19 pandemic such individuals lacked family who could have taken care of them during this period, thus, it has raised health issues of such individuals who were not able to reach health care centres timely (Konnoth 235).

Even after decriminalisation of homosexuality in India LGBTQ individuals have faced hatred, abuse and discrimination in the family in the period of lockdown. Abolition of Section 377 of Indian Penal Code has given rights to LGBTQ individuals and communities, but it has not changed the mindset of the Indian society (Banerjee & Nair 116). Changes can be brought in the Indian society only through spreading positive thoughts and ideas about LGBTQ people through various mediums such as literature, films, social networks, media, etc.

Indian LGBTQ Community in US during COVID-19

Kline says that more than one marginalised identity of individuals brings them more social, political and economic problems. Indian LGBTQ immigrants in countries like, US have more than one marginalised identity; they are marginalised due to their ethnic, LGBTQ and immigrant identity. Due to their triple marginalised identity, they face numerous problems in education, employment and residence sectors. And during COVID-19 pandemic they have faced various health and treatment issues in US due to their triple marginalised identity (239).

USA has been worst hit by the Corona Virus, and the people of colour and the marginalized communities including the LGBTQ community have been the terrible sufferers due to the partisan and discriminatory attitude of the health care providers. Access to health care can also be contributing to high cases of COVID-19 among LGBTQ Americans. Roughly 17% of LGBTQ adults do not have any health insurance coverage, compared with 12% of non-LGBTQ Americans, according to the National Center for Transgender Equality based in Washington, D.C. (Jean-Charles). Many LGBTQ migrants do not have insurances which further increase difficulties in the process of their treatment in pandemics. Even when they have health insurance, social stigma and discrimination have also deterred LGBTQ people from seeking

medical care. One in four LGBTQ people reported experiencing discrimination, while 8% of lesbian, gay and bisexual adults and 29% of transgender adults reported that a health care provider refused to see them because of their sexual orientation or gender identity, according to a national survey by the Center for American Progress, a policy research organization in Washington, D.C. (Jean-Charles). It is also presumed that many older people dying from Corona Virus in USA might be from LGBTQ community as they don't have family to look after them. Also, the regions like, California, New York and Washington, which have the highest concentration of LGBTQ population, have reported more numbers of cases (Jean-Charles). Undoubtedly the whole of USA has been grappled by the virus; there is job loss, economic insecurity, psychological disturbance, social stress, health crisis etc. but the LGBTQ community has received the worst due to the discriminatory attitude of the society.

During COVID-19 racism has even more increased and it has affected Indian LGBTQ individuals in USA. They have been given second priority in the health care system, mostly they are neglected due to their ethnic and sexual identity (Banerjee & Nair 117). Kline argues that during COVID-19 LGBTQ people and immigrants were ignored by health care centres due to their various issues under social and political factors. Due to their homosexual identity, they still come under the marginalised group and they are barely an accepted community in the society even in the countries where homosexuality has been legalised, likewise, their issues in political factors also affect their identity, position and status in the society. Their weak position in social and political factors has affected them in their treatment in COVID-19 (240).

LGBTQ people have always struggled for their rights but are identified as stigmatised individuals and community. Unequal social and political treatments with LGBTQ community have affected them in employment sector during the pandemic. They have also been removed from their residences in COVID-19 due to their social and political stigma (Kline 240; Phillips et al., 280). In COVID-19 pandemic, quarantine centres lacked LGBTQ-friendly environment and also did not provide separate toilets for transgender community which has created discomfort environment (Chatterjee et al., 1757).

LGBTQ immigrants get fewer opportunities to receive high positional jobs such as engineers, doctors, teachers etc. They mostly receive jobs in labour and other low positional jobs which rarely have policies in the welfare of workers such as taking charge of their health and residential matters. Individuals who are working in such jobs are not able to maintain distance and also unable to take care of their health in COVID-19 (Kline 241).

According to the report provided by Green et al. (2020) LGBTQ community lacked mental health care during and before COVID-19. They have also highlighted the fact that Indian and other South-Asian American LGBTQ individuals reported that they have sought for mental health care treatment but did not receive. They have pointed out the data that shows higher percentage of neglected Indian and other South-Asian LGBTQ individuals in mental health care system in US comparing to white LGBTQ individuals.

Green et al. have surveyed (December 2, 2019 – March 31, 2020) about the negligence that was made by US mental health care system on South-Asian and Black LGBTQ community and other marginalised groups in US and they have also suggested the required changes to be made to provide equal and quality mental health care system to LGBTQ community. They come with the statistical analysis that 60% of South-Asian LGBTQ individuals were neglected and 53% of American LGBTQ individuals were neglected in providing needed mental health care in US (n.p.). Based on this statistical data analysis Green et al. argue that mental health care centres during COVID-19 should provide equal health care system to South-Asian LGBTQ, American LGBTQ and other marginalised groups in US. They say that due to various hindrances in living ease life such as lack of employment, racial discrimination, etc. which affect marginalised communities' mental health which may lead to depression and suicide in pandemic COVID-19, these groups should be provided online mental health care treatment during COVID-19 to prevent suicides.

Green and Price-Feeney say that during COVID-19 there is a high-risk factors of LGBTQ suicides due to their weak mental health. They say that LGBTQ suicide rate is four times larger than the suicide rate of heterosexual individuals. They have given the data of LGBTQ individuals in US that some wanted to commit suicide, some have committed suicide and some have attempted suicide several times, they all fall under the figure of around 1.8 million each year.

SAALT (South Asian American Leading Together) (Reporter, India-West Staff) has recently provided a report on the effects of COVID-19 on Indian and other South-Asian Americans. According to the report Indian migrants and immigrants in US are facing racial troubles during the pandemic. The report says that due to certain factors such as language barriers, immigration status etc. Indian-Americans are facing problems in hospitals and health care centres. The report has also said that Indian and other South-Asian LGBTQ community in US are also at higher risk regarding their health conditions and receiving proper health care treatment during

COVID-19. Thus, the organisation SAALT has asked to implement policies and release funds for Indian and other South-Asian Americans and Indian and other South-Asian LGBTQ community in US during the pandemic COVID-19.

Required Actions, Care and Help for LGBTQ Community in COVID-19

In the duration of lockdown during COVID-19 people have continued their work online and academic sessions also took place through online classes, webinars, etc. Following the rules and maintaining social distancing people have engaged in their works with the help of digital technology. Complete lockdown has restricted people to physically meet outside their homes but in this critical period social networks have helped them to connect with their friends, families, groups and communities. Many individuals were able to spend their time with their families after many years and many were not able to be with their family due to lockdown. Several suicidal incidents took place due to loneliness and depression in the period of lockdown, even digital world has failed to help such souls to come out of the depression. Before COVID-19 and lockdown individuals were able to be in a regular contact with others which helped them to share problems with others which ultimately did not give space for negative thoughts, mental illness and depression thus prevented suicidal events.

Social networking has also helped many LGBTQ individuals, groups and communities to stay connected and to create virtual LGBTQ-friendly environment where they can express themselves. Social networking stood much helpful to those LGBTQ individuals who were not able to express their true sexuality in front of their family during lockdown. Studies claim that many LGBTQ individuals have complained of being tortured by their family members at home during lockdown due to their sexual orientation, hence, in this condition social networking have helped such individuals to share their condition with other LGBTQ individuals, friends, groups and communities who have supported them (Fish et al., 451).

In the period of lockdown, LGBTQ individuals, groups and communities have stayed connected through digital meetings. In this period, Pride marches are withheld which has created space for digital meetings and this way many fought loneliness and alienation who did not get support from their family and society. Generally, individuals who do not get support from their family seek connection and support from LGBTQ community, thus, they join Pride marches, meetings at clubs, etc which has been replaced by digital meetings in the pandemic (Banerjee & Nair 118).

Also, some LGBTQ individuals claimed that they have spent good time at home during lockdown away from the stress given by outsiders during normal days. They claimed that their parents and siblings are encouraging and supportive of their sexual orientation and hence helped to release all the stress they had during their working days before COVID-19 and lockdown. Some also said that lockdown has given them time and space to think for themselves and their rights in the society (Fish et al., 452).

Studies show that COVID-19 has affected children and old age people largely. In this pandemic, children and old age group people are given much care by their family and health care centres. Thus, Banerjee and Nair argue that LGBTQ community also should be given more care and help in the pandemic disease as many of them do not get family support (118).

Implementation of certain rules and policies to protect LGBTQ individuals and communities in COVID-19 is needed such as checking their health conditions in a regular period, providing masks, sanitizers and other required items to financially weak LGBTQ individuals, providing right information to society about LGBTQ people, introducing helpline for them, providing social and psychological strength, providing jobs to jobless individuals, introducing laws against racism, etc. (Banerjee & Nair 119). Strict actions should be taken by the government against people, health centres, etc. who discriminate individuals on the basis of their sexual orientation during pandemics (Chatterjee et al., 1758).

Indian LGBTQ and other marginalised community in US should be protected in the period of COVID-19. Policies such as ‘employment non-discrimination policies’ and ‘public health policies’ (Kline 241) should be implemented in US to stop the discrimination and marginalisation of these groups and communities.

Phillips et al. argue that LGBTQ people should get equal priority and be treated equally as heterosexuals in the health care zone. Examining the negligence towards LGBTQ, Phillips et al. demanded few actions to carry out to provide proper health care treatment of LGBTQ community during COVID-19. They asked to teach and prepare hospitals and other health care centres to develop hospitality and welcoming behaviour towards every individual irrespective of their sexual and gender identity, public health agencies should develop the demography of individuals having different sexual orientations and gender identities, much research should be done on LGBTQ and other marginalised group issues in COVID-19 pandemic, plans and policies should be made on national and state level to provide equal support and care to LGBTQ and other marginalised community in pandemics (280, 281).

Conclusion

COVID-19 pandemic has changed the lives of individuals, families and societies. It has changed social, political and economic structures of countries around the globe. It has taken many lives and has put many lives at risk. Countries across the world had to take actions to stop spreading the virus; they introduced complete lockdown which continued for several months. Even after all the precautions taken by countries facing economic loss and many challenges Corona virus did not stop spreading. Government of every country helped to bring their people safely from different countries and provided required facilities to migrants during their journey and in quarantine centres such as arranged meals, provided health care services, etc. They have also taken care of essential needs of migrants who were stuck in different places during the period of lockdown.

Indian government has also taken care of their internal and international migrants from different places and countries. It helped in providing feasible air tickets to Indian migrants and immigrants. Central government of India has provided free essential goods, meals, monetary funds, shelters to all the migrants. State and local governments of India have also taken care in arranging quarantine centres for the migrants and provided basic needs.

LGBTQ migrants were among those marginalised individuals who were discriminated in their host lands during COVID-19 pandemic. Many Indian LGBTQ individuals in US have faced racism in the health care centres during testing and screening. They were discriminated and humiliated due to their various marginalised identities. Many LGBTQ individuals were stuck with their unsupportive families during lockdown, whereas, many have enjoyed their time with their supportive families. During lockdown digital world has helped LGBTQ individuals to maintain the connection with other LGBTQ individuals, groups and communities which has helped them to express their true self.

Certain policies and actions should be taken to provide equal rights in the treatment of LGBTQ and other marginalised communities in the COVID-19. Policies and laws should be made to prevent LGBTQ immigrants' rights in the countries such as US where Indian LGBTQ immigrants are discriminated due to their ethnic identity. To prevent discrimination of LGBTQ and other marginalised groups and communities it is important to take strict action against people who support and spread inequalities.

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Dr. Siba Sankar Mohanty
Assistant Professor
Centre for Diaspora Studies (Independent Centre),
Central University of Gujarat, Gandhinagar
E-mail: siba@cug.ac.in
&
M. Geeta
Doctoral Research Scholar,
Centre for Diaspora Studies (Independent Centre),
Central University of Gujarat, Gandhinagar
Email: mgeetacug@gmail.com