

EXPLORING THE IMPACT OF COVID-19 ON TRANSGENDER AND NON-BINARY PEOPLE:

The need for more data and greater support

While COVID-19 has at times been referred to as the “great equalizer,” recent information indicates otherwise, with marginalized communities being bearing the brunt of the pandemic. Transgender and non-binary (TNB) people represent a community particularly impacted, though there is little data exploring the impact of COVID-19 on this community. In recent weeks, however, research has emerged on how the pandemic disproportionately impacts Black Americans, providing one example of how and why COVID-19 unequally hurts people with marginalized identities.

Key Terms

Gender Identity:

A person’s innermost conception of their gender. This may or may not match the sex they were assigned at birth.

Transgender:

A broad term for people whose gender differs from their sex assigned at birth.

Non-binary:

Individuals who identify with a gender outside the binary genders of man or woman.

COVID-19 disproportionately harms Black America

Communities of color, particularly Black Americans, have been particularly impacted. In New York City—the global hotspot for the virus—Black and Latinx people are dying at twice the rate of White people.¹ Black people make up 43 percent of COVID-19 deaths in Illinois, despite only representing 15 percent of the population. Similarly, while African-Americans represent 70 percent of deaths in Louisiana and 40 percent in Michigan, they only make up 33 and 14 percent of the total population respectively.² This troubling trend continues in a number of other states and cities, including North and South Carolina, Connecticut, and Las Vegas. These racial disparities extend to Colorado as well; a state report released mid-April revealed that while Hispanic residents make up 22 percent of the state population they comprise 28 percent of COVID-19 cases.³ Even more notably, Black residents account for 7 percent of statewide COVID-19 cases and deaths—nearly double the expected rate.

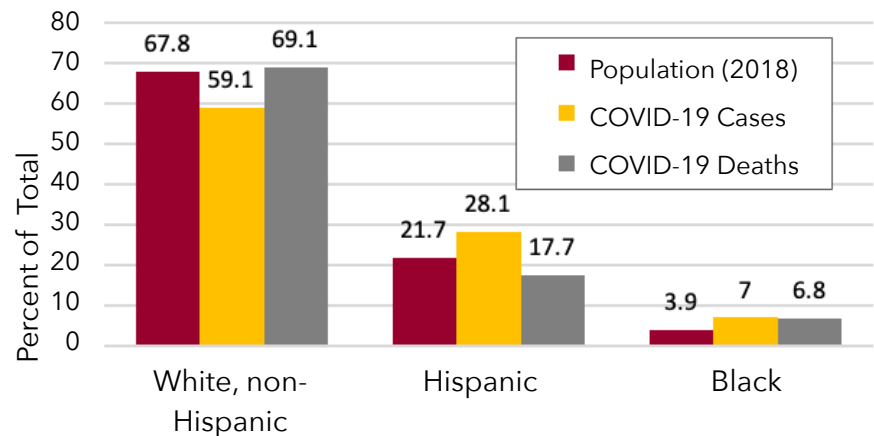
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The data in Colorado⁴ and across the nation is clear: Black Americans are more likely to be infected, hospitalized, and die from COVID-19, largely due to structural racism that puts people of color in harm's way. Social distancing is a key mechanism in preventing the spread of COVID-19, but is out of reach for Black Americans who are disproportionately likely to work as food service workers, cashiers, grocery store stock clerks, and bus drivers—all jobs deemed part of the COVID-19 "essential" work force.^{5,6} These "essential" jobs are also more likely to be underpaid and lack benefits such as healthcare and paid sick leave,⁷ highlighting a significant disconnect in how much we benefit from these workers as a society while failing to support them. Adding to this, Black people are more likely to rely on public transit for their work commute,⁸ a setting where social distancing methods are nearly impossible.

Colorado COVID-19 Cases and Deaths by Race YTD as of April 11, 2020



Data from the Colorado Department of Public Health and Environment, 2020

Health disparities also likely contribute to the increased COVID-19 hospitalization and mortality rates faced by people of color. African-Americans experience higher rates of pre-existing conditions that are correlated with COVID-19 severity,⁹ including hypertension,¹⁰ diabetes,¹¹ obesity,¹² and cancer.¹³ These health disparities are likely explained by a combination of discriminatory treatment in healthcare settings, the effects of chronic stress and discrimination in society, and reduced access to healthcare resources.

Transgender and non-binary people face similar vulnerabilities to COVID-19

While the limited data regarding the disproportional impact of COVID-19 on marginalized communities has focused on race, we have every reason to expect similar trends among the TNB community which faces many of the same structural barriers around health and healthcare. Transgender and non-binary people have unique medical needs that make them particularly vulnerable to the medical system disruption caused by the pandemic.

Gender affirming treatments such as hormone replacement therapy require ongoing monitoring, and while some of this may be accomplished through telehealth, regular lab is usually done in person.¹⁴ Even when the medical system is functioning normally, more

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than one in four transgender people report needing but being unable to access at least one transgender-specific health services in the course of a year.¹⁵ In March, Kaiser Permanente closed 21 of its 31 Colorado offices¹⁶ and delayed all non-urgent medical procedures to limit the spread of COVID-19. Gender affirming surgeries are often

classified as elective medical procedures, disrupting critical procedures that may have taken years to plan.¹⁷

In addition to transgender-specific healthcare needs, TNB people experience higher rates cardiovascular disease,¹⁸ diabetes,¹⁹ and smoking,²⁰ all of which have been associated with increased COVID-19 severity. Evidence shows that people may be avoiding necessary medical care during the current “stay at home orders” out of fear of contracting the virus,²¹ which may be particularly dangerous for TNB people who are more likely to experience healthcare emergencies. Adding to this, many healthcare centers have cut back hours or locations, exacerbating the already significant difficulty transgender people face accessing medical care. This forces many TNB people to access care through emergency services where they do not have a prior relationship with the provider, increasing their risk of discrimination and having to educate providers who have likely not worked with TNB patients.²²

“TNB people are also more likely to hold jobs placing them in harm’s way.”

Transgender and non-binary people are also disproportionately likely to experience poverty and unemployment,²³ making them more vulnerable to financial disruptions caused by COVID-19. These economic disadvantages are particularly pronounced among Black and Latinx transgender communities where approximately 40% live in poverty,²³ a rate that is over three times the national average.²⁰ While specific data regarding occupation type by gender identity is lacking, these economic disparities suggest that transgender and non-binary people are also more likely to hold jobs placing them in harm’s way without providing sufficient protection.

Present and future applications

The increased vulnerabilities TNB people face suggest they are more likely to contract, be hospitalized, and die from COVID-19, though necessary data is not being collected to fully understand their risk. An immediate and robust examination of how TNB people are disproportionately impacted by the current pandemic will provide tools to minimize the harm COVID-19 inflicts on this population. This data will also provide guidance on how to reduce ongoing health and economic disparities faced by transgender and non-binary people, as well as how to better protect this community against future medical crises.

Recommendations

Policymakers should intervene to reduce the disproportionate burden of COVID-19 and possible future medical emergencies on TNB communities. The following are recommendations for immediate steps policymakers can take to address these issues:

- Begin gathering data on COVID-19 infection, hospitalization, and mortality rates among transgender and non-binary people.
- Take steps to better protect essential workers by providing personal protective equipment, paid sick leave, and hazard pay.
- Implement policies aimed to eliminate health and economic disparities by increasing access to healthcare and health insurance and expanding unemployment benefits both now and after the immediate COVID-19 crisis has subsided.

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