



Report 1: Global Impact of COVID-19 on LGBTI Communities

*Report from the Equal Rights Coalition Civil Society Organisations
Working Group on COVID-19*

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1. Introduction

This report was generated by the Equal Rights Coalition Civil Society Working Group on COVID-19, to provide an overview of the impact that the COVID-19 pandemic is currently having and risks having in the future on LGBTI populations.

The Equal Rights Coalition (ERC) is a coalition of 42 Member States, co-chaired by the governments of the United Kingdom and Argentina. The Coalition is unique as the global body of governments focused on advancing the human rights of LGBTI persons, and promoting inclusive development in both member and non-member countries. It works with over 120 LGBTI Civil Society Organisations and convenes every two years to renew its strategy and actions. Stonewall Equality, Kaleidoscope Trust, and Comunidad Homosexual Argentina have been appointed as the Civil Society Co-Chairs of the ERC for the 2019-2021 period.

The ERC Civil Society Working Group on COVID-19, which generated this report, consists of: Asociación de Familias Diversas de Argentina (Argentina); Dignity Network (Canada); Fundación Colectivo Hombres XX (Mexico); GATE (Global); Kaleidoscope Trust (UK); Namibia Diverse Women's Association (Namibia); Stonewall (UK); Synergía – Initiatives for Human Rights (Global); and UNIBAM (Belize).

2. Human Rights Concerns & Framework

The responses to the serious and wide-ranging challenges governments and their citizens face in the context of a pandemic can lead to human rights abuses. It is important to remind all governments of their rights and responsibilities, and that these remain during public health crises and emergency responses. There are a number of broader human rights concerns related to the COVID-19 pandemic, and it is vital to stress that for LGBTI persons and other marginalised and vulnerable populations there is an impact on their rights and dignity. These include, but are not limited to:

1. Right to life¹ – where someone's life is at risk, due to COVID-19 or any other reason, there must not be any discrimination in the provision of adequate healthcare and lifesaving measures, which should be available and accessible to all.

2. Prohibition of torture and cruel, inhuman or degrading treatment or punishment (CID) and conditions of detention² – the prohibition against torture and CID is absolute, and

¹ International Covenant on Civil and Political Rights (ICCPR), Art. 6.

² ICCPR, Art. 7.

States should be alert to the heightened risk of torture and CID during periods of emergency legislation – particularly the risk to marginalised and vulnerable populations. In contexts such as prisons, detention centres, and migrant and refugee camps, persons must not be put at risk of COVID-19 or left untreated, where deprivation of access to treatment can rise to CID.

3. Right to liberty and security of person³ – any restrictions on personal liberty and security must be lawful, necessary, and proportionate, and not be implemented in a way which directly or indirectly discriminates against any group.

4. Freedom of movement⁴ – any restrictions on individuals’ movements must be lawful, necessary, and proportionate, and not be implemented in a way which directly or indirectly discriminates against any group.

5. Freedom of expression⁵ – during a global pandemic it is of the utmost importance that the freedom to seek, receive, and impart information is not curtailed in any way. It should also be ensured that vital information related to COVID-19 is available and accessible to everyone.

6. Right to health⁶ – testing and treatment for COVID-19, access to related healthcare, and access to all other types of physical and mental healthcare must be available and accessible to all.

7. Right to an adequate standard of living⁷ – during a pandemic it is vitally important that all persons have access to shelter, clean water, food, and sanitation, to reduce the risk of the virus spreading.

8. Right to education⁸ – with the closing of schools and other educational facilities, it is important that alternative learning is available, and that this is accessible to all – as many children don’t have access to computers or Wi-Fi, and may face further barriers related to factors such as gender, disability, family situation, and other inequalities.

9. Right to non-refoulement and refugee status⁹ – during emergency responses refugees, asylum-seekers, and migrants can face a higher risk of refoulement, of being denied access to protection at borders, of violence, of being detained, and of discrimination in access to goods and services available to citizens. Such risks must be mitigated to protect the rights of refugees, asylum seekers, and migrants.

³ ICCPR, Art. 9.

⁴ ICCPR, Art. 12.

⁵ ICCPR, Art. 19.

⁶ International Covenant on Economic, Social and Cultural Rights (ICESCR), Art. 12.

⁷ ICESCR, Art. 11.

⁸ ICESCR, Art. 13.

⁹ Convention Relating to the Status of Refugees and its Protocol

3. Risks Faced by LGBTI Communities

The following are observations of the particular impact that COVID-19 has on LGBTI communities. These may be expanded as more information is provided by Civil Society Organisations.

It is vital to remember that all of these issues are exacerbated by intersecting marginalisations that increase the impact of the pandemic on LGBTI persons. For example: race, ethnicity, nationality, refugee status, religion, disability, health status, sex, gender, poverty, age, detention, etc.

A. Healthcare:

1. **HIV/AIDS**¹⁰ – LGBTI people living with HIV/AIDS are at a greater risk due to compromised immune systems. There is also a risk that those living with HIV/AIDS or other non-communicable diseases may be deprioritised where there is a lack of lifesaving resources, which will have a disproportionate impact on LGBTI people.
2. **Health**¹¹ – Due to a variety of factors, in many countries LGBTI persons are more likely to smoke, and suffer from asthma at higher rates than the general population (as well as other non-communicable diseases and underlying health issues), which has been shown to exacerbate the morbidity and mortality rate of COVID-19. In addition, intersex persons may face higher risks due to a combination of biological and social factors.
3. **Mental health**¹² – Due to a number of factors, including persistent homophobia, biphobia, transphobia, and interphobia, LGBTI people (especially trans people) are more likely to suffer from mental health issues, and attempt suicide at higher rates than the general population. A global pandemic may exacerbate existing mental health issues, especially where access to professional help is limited, and LGBTI people may be quarantined with discriminatory or abusive household members.

¹⁰ Human Rights Watch, *Human Rights Dimensions of COVID-19 Response*, 19 March 2020, [<https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>]; APCOM, *COVID-19 and its Effects on Diverse SOGIESC Communities, HIV Services and Key Populations*, 3 April 2020, [<https://www.apcom.org/the-covid-19-effect-series-part-1/>].

¹¹ Human Rights Campaign, *The Lives & Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis*, [<https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst>]; LGBTI Caucus, *Statement in Response to the COVID-19 Pandemic*, 31 March 2020, [<https://outrightinternational.org/content/lbti-caucus-statement-response-covid-19-pandemic>]; Intersex Human Rights Australia, *Intersex People and COVID-19*, 12 April 2020, [<https://ihra.org.au/36340/intersex-people-covid19/>].

¹² LGBTI Caucus, *supra* note 11; ILGA Europe, *COVID-19 and Specific Impact on LGBTI People and What Authorities Should be Doing to Mitigate Impact*, [https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf].

4. **Trans healthcare**¹³ – Access to gender-affirming surgeries and hormone treatment for trans and non-binary people may be impacted by the pandemic (due to cancellations of “elective surgeries” and lockdowns impacting physical access to facilities providing hormones). This will have a great impact on the wellbeing of trans and non-binary people, for whom these treatments are necessary.
5. **Reproductive healthcare**¹⁴ – Access to sexual and reproductive healthcare may be limited by lockdowns and other quarantine measures, having an impact on LGBTI people who rely on these services – especially LBT+ women, and men who have sex with men.

B. Economic Wellbeing:

1. **Poverty**¹⁵ – A combination of socioeconomic factors means that many LGBTI people are living in poverty, and may not have access to healthcare, as well as appropriate shelter, food and water, and sanitation. Poverty rates for trans people and LBTI+ women are often especially high.
2. **Sex work**¹⁶ – Many LGBTI people, especially women and trans people, work in the sex industry, and so will be facing a loss of income, without the support that may be provided to other workers. This may also lead to them being forced into unsafe situations to cope with the resulting financial instability.
3. **Employment**¹⁷ – In many countries LGBTI people are overrepresented in informal employment and jobs highly affected by the pandemic – such as the service and retail industries, hospitals and healthcare, and education.
4. **Paid leave**¹⁸ – Due to systematic homophobia, biphobia, and transphobia, LGBTI families and households are often not covered by paid leave policies, and fear of discrimination may prevent LGBTI people from requesting leave where it could require disclosing their identity.

C. Social Issues:

1. **Elders**¹⁹ – LGBTI older persons face greater risks – both from the virus itself, and as they are more likely to be isolated/living alone and less likely to have children or support systems in place than straight, cisgender elders.

¹³ ILGA Europe, *supra* note 12; LBTI Caucus, *supra* note 11.

¹⁴ Human Rights Watch, *supra* note 10; UN Women, *Women and COVID-19: Five things governments can do now*, 26 March 2020, [<https://www.unwomen.org/en/news/stories/2020/3/news-women-and-covid-19-governments-actions-by-ded-bhatia>].

¹⁵ Human Rights Campaign, *supra* note 11; Human Rights Watch, *supra* note 10; LBTI Caucus, *supra* note 11.

¹⁶ APCOM, *supra* note 10; LBTI Caucus, *supra* note 11.

¹⁷ Human Rights Campaign, *supra* note 11; LBTI Caucus, *supra* note 11; ILGA Europe, *supra* note 12.

¹⁸ Human Rights Campaign, *supra* note 11.

¹⁹ Human Rights Campaign, *supra* note 11; LBTI Caucus, *supra* note 11.

2. **Homelessness**²⁰ – A number of factors related to systematic and individual homophobia, biphobia, transphobia, and interphobia means that LGBTI people are more likely to experience homelessness and housing insecurity than the general population, which exacerbates exposure to the virus.
3. **Discrimination**²¹ – Many LGBTI people face discrimination in healthcare settings, which could lead to either not reporting symptoms/seeking help, or not being prioritised when help is sought. They may also face discrimination in access to recovery efforts and welfare/benefits.
4. **Refugees, asylum seekers, and migrants**²² – LGBTI persons fleeing their home country will often be living in settlements, with little available hygiene or healthcare, and may face their asylum claims being denied or face deportation under emergency powers. They are also subjected to state-sponsored homophobia, biphobia, transphobia, and interphobia. Border closures will also endanger those trying to flee persecution due to their sexual orientation or gender identity, and restricted immigration policies may result in refoulement.
5. **Domestic/familial violence**²³ – Many LGBTI people, especially youth, will be forced into isolation in hostile environments, where they may face stigma, abuse, or violence from family members, friends, or partners.
6. **State limitations**²⁴ – States of emergencies, curtailments of rights, and the use of the criminal law as a response to a public health issue often have a disproportionate impact on marginalised communities, and may be discriminatory in application or open to abuses of power – putting LGBTI people at risk of state-sanctioned homophobia, biphobia, transphobia, and interphobia.
7. **Detention**²⁵ – LGBTI persons in prisons, jails, and detention centres are high risk, as they are populations that live in close proximity, with little access to adequate hygiene or healthcare. Discrimination from officials and healthcare staff (especially for trans and intersex persons) may put LGBTI prisoners at a higher risk.

²⁰ Human Rights Campaign, *supra* note 11; LGBTI Caucus, *supra* note 11; The Albert Kennedy Trust, *LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response, and Outcome*, 2015, [<https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>].

²¹ Human Rights Watch, *supra* note 10; Human Rights Campaign, *supra* note 11; LGBTI Caucus, *supra* note 11; ILGA Europe, *supra* note 12; Intersex Human Rights Australia, *supra* note 11.

²² Human Rights Watch, *supra* note 10; LGBTI Caucus, *supra* note 11; ILGA Europe, *supra* note 12; Amnesty International, *Americas at a Crossroads: Human Rights Response to COVID-19*, 24 March 2020, [<https://www.amnesty.org/en/documents/amr01/2012/2020/en/>].

²³ LGBTI Caucus, *supra* note 11; ILGA Europe, *supra* note 12; Matt Moore, *LGBTQ helpline sees calls double as people trapped with abusive families*, *Gay Times*, 28 March 2020, [<https://www.gaytimes.co.uk/community/133849/lgbtq-helpline-sees-calls-double-as-people-trapped-with-abusive-families/>].

²⁴ LGBTI Caucus, *supra* note 11; Human Rights Watch, *supra* note 10; UN Office of the High Commissioner for Human Rights, *COVID-19: States should not abuse emergency measures to suppress human rights*, 16 March 2020, [<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E>]; UNAIDS, *UNAIDS condemns misuse and abuse of emergency powers to target marginalized and vulnerable populations*, 9 April 2020, [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409_1aws-covid19].

²⁵ Human Rights Watch, *supra* note 10; ILGA Europe, *supra* note 12.

8. **Education**²⁶ – Due to a number of socioeconomic factors, LGBTI youth already face barriers to education, which are likely to be exacerbated by the pandemic. Lack of technology and hostile home environments will make learning difficult, and schools closing may impact access to food for LGBTI youth on meal provision programmes.
9. **Gender-based concerns**²⁷ – Women face a number of specific issues during this pandemic, including increases in domestic violence, additional care-giving responsibilities, lack of access to reproductive healthcare, and an overrepresentation in the health and social service sector and in impacted workforces (informal work, service and retail industry, domestic work, education, etc). LGBTI+ women will be impacted by the intersection of their identities, which often means they are more at risk from these factors than straight cisgender women.
10. **Civil society**²⁸ – The pandemic may be exploited to criminalise or obstruct the work of Civil Society Organisations, which could have a massive impact on LGBTI rights. In addition, a redirection of funding towards recovery and response efforts may have a grave impact on LGBTI organisations and their work.
11. **Lack of data**²⁹ – Systematic homophobia, biphobia, transphobia, and interphobia means that in many countries data on LGBTI people does not exist, which may lead to LGBTI populations being excluded from vital emergency responses. We must also acknowledge and respond to bias in research due to societal homophobia, biphobia, transphobia, and interphobia.

4. Country Examples

The following are some observed examples of the disproportionate impact of COVID-19 on LGBTI people and other marginalised communities. This list will be expanded as further information is provided by Civil Society Organisations in different countries and contexts.

1. **Hungary**³⁰ – After the Hungarian parliament agreed to extend the Prime Minister’s powers to grant him the right to rule by decree indefinitely, the Hungarian government

²⁶ Human Rights Watch, *supra* note 10.

²⁷ UN Women, *supra* note 14; Human Rights Watch, *supra* note 10; UN Women, *COVID-19 in Latin America and the Caribbean: How to incorporate women and gender equality in the management of the crisis response*, 17 March 2020, [<https://lac.unwomen.org/en/digiteca/publicaciones/2020/03/covid-como-incorporar-a-las-mujeres-y-la-igualdad-de-genero-en-la-gestion-de-respuesta>].

²⁸ Human Rights Watch, *supra* note 10; LGBTI Caucus, *supra* note 11.

²⁹ Human Rights Watch, *supra* note 10; Human Rights Campaign, *supra* note 11.

³⁰ Lydia Gall, *Hungary Seeks to Ban Legal Gender Recognition for Transgender People*, Human Rights Watch, 3 April 2020, [<https://www.hrw.org/news/2020/04/03/hungary-seeks-ban-legal-gender-recognition-transgender-people>].

submitted a bill to parliament to replace “gender” with “birth sex” in all legal documents, which if passed would strip trans people of legal recognition.

2. Panama & Peru³¹ – Quarantine measures based on gender (days for essential activities are assigned to men/women) have inevitably led to the targeting of trans, non-binary, and gender non-conforming people, wherein they have been arrested, temporarily imprisoned, and fined. This has an impact on physical and mental wellbeing, puts them at higher risk of the virus, and imposes a financial burden during a time when many cannot work.

3. Poland³² – A law amending Poland’s Criminal Code was intended to create better conditions for overcoming the COVID-19 crisis, but has also included a number of provisions that increase the penalties for HIV exposure, non-disclosure, and transmission, exacerbating stigma and discrimination against people living with HIV.

4. Uganda³³ – Directives enforced to combat the spread of COVID-19 by limiting public gatherings have been used to target those living in a homeless shelter that serves LGBT people, and 20 individuals were remanded to prison – increasing the likelihood of contracting COVID-19, as well as the possibility of being subject to state-sponsored homophobia, biphobia and transphobia. HIV medication and testing kits were also seized, and shelter residents living with HIV were put at risk due to compromised immune systems. Measures taken during the pandemic to prevent the spread of COVID-19 must not be applied in a discriminatory manner, or used to target marginalised groups.

5. USA³⁴ – Mass incarceration and immigration detention in the USA poses a massive risk for the spread of COVID-19 in already vulnerable populations – where Black and Latinx people are overrepresented, and systematic homophobia, biphobia, transphobia, and interphobia may put LGBTI prisoners and detainees at a greater risk.

6. USA & UK³⁵ – Emerging data indicates that Black and minority ethnic communities are disproportionately affected by COVID-19, and are dying at higher rates than the general

³¹ Cristian González Cabrera, *Panama’s Gender-Based Quarantine Ensnarers Trans Woman*, Human Rights Watch, 2 April 2020, [<https://www.hrw.org/news/2020/04/02/panamas-gender-based-quarantine-ensnarers-trans-woman>]; BBC News, *Coronavirus: Peru limits movement by gender to stem spread*, 3 April 2020, [<https://www.bbc.co.uk/news/world-latin-america-52149742>].

³² HIV Justice Network, *Poland: Country’s Criminal Code Amended to Increase Sentencing in Cases of HIV Exposure*, 6 April 2020, [<http://www.hivjustice.net/storify/poland-countrys-criminal-code-amended-to-increase-sentencing-in-cases-of-hiv-exposure/>]; UNAIDS, *supra* note 24.

³³ Neela Ghoshal, *Uganda LGBT Shelter Residents Arrested on COVID-19 Pretext*, Human Rights Watch, 3 April 2020, [<https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>].

³⁴ Miranda Bryant, *Coronavirus spread at Rikers is a ‘public health disaster’, says jail’s top doctor*, The Guardian, 1 April 2020, [<https://www.theguardian.com/us-news/2020/apr/01/rikers-island-jail-coronavirus-public-health-disaster>]; Sam Levin, *‘We’re gonna die’: migrants in US jail beg for deportation due to Covid-19 exposure*, The Guardian, 4 April 2020, [<https://www.theguardian.com/world/2020/apr/04/us-jail-immigrants-coronavirus-deportation>].

³⁵ BBC News, *Coronavirus wreaks havoc in African American neighbourhoods*, 7 April 2020 [<https://www.bbc.co.uk/news/world-us-canada-52194018>]; Reis Thebault et al., *The coronavirus is infecting and killing black Americans at an alarmingly high rate*, The Washington Post, 7 April 2020, [<https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true>]; Robert Booth, *BAME groups hit harder by Covid-19*

population. This indicates the impact that the pandemic has on marginalised communities, and the need for disaggregated data to document the effect of COVID-19 on LGBTI populations. This will also be compounded for those who experience multiple marginalisations – for example, Black and Latinx LGBTI people.

5. Recommendations for Action

Civil society members of the Equal Rights Coalition call upon Member States to take urgent action to mitigate the impact of the COVID-19 pandemic on marginalised and vulnerable groups, including LGBTI communities.

1. Funding – Donor governments should urgently allocate funding to:

- a. SOGIESC-focused rapid research during the COVID-19 pandemic, to ensure accurate data is collected and recorded, and LGBTI people are not left behind in response and recovery efforts.
- b. Emergency response funds for LGBTI organisations doing direct emergency support for LGBTI communities.
- c. Sustainable and continued funding for LGBTI civil society, who in many contexts are the only organisations providing support, services, and advocacy for LGBTI people, to allow them to continue vital work during the COVID-19 pandemic and beyond.

2. Emergency Measures – States must ensure that any emergency measures taken (such as lockdowns/quarantines and emergency legislation) are lawful, necessary, and proportionate, do not have a disproportionate impact on LGBTI people or other marginalised communities, are not arbitrary or discriminatory in application, and are of a limited duration. The commitment to “leave no-one behind” must be upheld, and the particular vulnerabilities of marginalised populations must be taken into account.

3. Healthcare – Member States should ensure that testing and treatment for COVID-19 is available and accessible to all persons, without discrimination. This should include outreach to marginalised communities who may otherwise lack access to healthcare (e.g. those experiencing homelessness, sex workers, those in poverty). In addition, other vital healthcare services should continue, and support should be provided to those who may struggle to access such services (e.g. treatment for HIV/AIDS, essential transgender services

than white people, UK study suggests, The Guardian, 7 April 2020, [<https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk>].

such as hormone replacement therapy, reproductive and sexual healthcare, and mental health services).

4. Non-Discrimination – The principle of non-discrimination must be upheld in all aspects of the response and recovery efforts during the COVID-19 pandemic, including but not limited to: access to healthcare services; welfare and benefits; employment and paid leave; education; non-discrimination for those who are put into “lockdown”; and accountability of police and military for any actions they take.

5. Domestic and Intimate Partner Violence – Member States should put policies in place to ensure adequate and accessible support and shelter is available to those who are victims of domestic and intimate partner violence during the COVID-19 pandemic. In particular, any support should be inclusive of the various forms of domestic violence – such as homophobic, biphobic, transphobic, and interphobic abuse and violence that LGBTI people may face.

6. Economic Empowerment – Member States should offer economic support to those who have lost income due to the COVID-19 pandemic, and any policy should be inclusive of and recognise all forms of income – formal or informal employment, freelancing and self-employment, and the gig economy. Any support offered should be available and accessible, ensuring that efforts reach marginalised and vulnerable populations, and implemented without discrimination.

7. Homelessness – Member States should take steps to address homelessness driven by the COVID-19 pandemic, provide shelter to all those who are currently in need of safe and secure housing, and focus on measures to decrease the risk to homeless people and prevent the spread of the virus. Policies to house those living on the street must ensure the safety and security of all persons, without discrimination. In addition, policies should be implemented to ensure housing security during the pandemic, and prevent evictions.

8. Refugee and Immigration Policy – Member States should commit to releasing detainees who are currently in immigration detention, providing healthcare, sanitation, and resources to settlements in their territories, and halting deportations. All immigration policies must be implemented without discrimination in application or effect.

9. Detention – Member States should consider policies to release inmates from prisons and jails – especially those who are at high risk from COVID-19, those held for low-level offences, and those held in pre-trial detention. Adequate healthcare and sanitation must be provided to all those who remain in detention, and policies must be implemented without discrimination of any kind.

10. Education – Member States should take steps to ensure that changes made to the ways in which education is offered (e.g. moving learning online) are accessible to all, especially those who already face barriers in education, and that policies are in place to ensure that learning is not missed, or can be caught up on in the future.

11. Data Collection – Member States should ensure the collection of SOGIESC-disaggregated data during the COVID-19 pandemic, to record any disproportionate impact on LGBTI

people, ensure that LGBTI communities are included in response and recovery efforts, and guarantee that measures are not implemented in a discriminatory manner, or have discriminatory effects.

12. LGBTI Involvement – Member States should involve LGBTI organisations in the design and implementation of response and recovery policies, to ensure that the needs of LGBTI people are sufficiently considered, and any measures taken will not leave behind LGBTI communities, or exacerbate existing inequalities and marginalisation.

For further information on this report or the work of the ERC CSO COVID-19 Working Group please contact:

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