



## COVID19 Pandemic Voices from Margins Webinar series

### Webinar 12: COVID-19 and Inequities: Lessons from HIV Pandemic

Date: May 15, 2020

MINUTES

#### PANELLIST PROFILE

**1. Nalini Jameela** is an author with three books to her credit - The Autobiography of a Sex-worker (2005), Romantic Encounters of a Sex Worker (2018) which have been translated from Malayalam into English and several Indian languages and third recently published book Oru Laingika Thozhilaliyude Pranaya Pusthakam (2020) (which roughly translates as The Book of Love of a Sex Worker). She is also a sex worker activist and the coordinator of the Sex Workers Forum of Kerala (SWFK) since 2001. Under her leadership, the SWFK has negotiated several demands and also held protest marches to draw attention to the plight of street-based sex workers. A 28-minute documentary film, Sex, Lies and a Book, in 2013 has also been made about her life directed by Sanjeev Sivan.

**2. Tejaswi** is a post-graduate in medical and psychiatric social work and is working in the field for the past 24 yrs. She is a certified trainer to conduct empowerment workshop of Empowerment Institute -USA. She is on the advisory board of National AIDS Research Institute, B.J. Medical CRS and AIDS Clinical Trial Network (Global). Her focus is on HIV related issues in general and women in sex work in particular. She has initiated and coordinated the process of formation of sex workers collective, a Community Based Organization in Pune- Saheli Sangh, of which she is presently the Executive Director. She is closely working as a supporter for National Network of Sex Workers (NNSW- India) She had presented many papers at national and international. Currently pursuing her PhD from TISS Mumbai.

**3. Rajesh Uma Devi Srinivas** is the executive director of Sangama a developmental organisation working for the rights of working-class sexual and gender minorities, sex workers and people living with HIV since 1999. He has been working on gender and sexuality for almost 21 years now.

**4. Rajkumar Nalinikanta** is an activist belongs to PUD community living with HIV for the last 17 years. He is the President in CoNE, a state-level network of 13 community-based organizations of PUD working for the promotion and protection of health & human rights of

people who use drugs since 2003. As an activist, he is leading the team in all the advocacy-related activities taken up CoNE and also looking after the organizational development department of the organization.

**5. Kiran Nayak B**, a Chikballapur, Karnataka based Adivasi Transman & wheelchair user who migrated from Warangal district over a decade ago, is a tireless advocate for the rights and entitlements of financially disadvantaged transmen & people with disabilities. A multiple award winner, he has co-founded organizations of people with disabilities and trans persons in Telangana and Karnataka and has spoken at local, national and international meets on gender and disability issues

**6. Gangabhavani M** is a Transgender and Intersex persons' rights activist from Anantapur, Andhra Pradesh and intersex fellow with Bangalore based NGO, Solidarity Foundation ([www.solidarityfoundation.in](http://www.solidarityfoundation.in)) who won a PIL in the AP High Court against body screening of trans persons. A nursing graduate, she has worked as a researcher and village accountant, spoken at national and international seminars on Trans and Intersex persons' rights and is co-founder, Intersex Human Rights India, a national network of intersex persons and their supporters.

**7. Thenmozhi** is a Transgender person and hails from Chennai. She has been a Social activist and a trainer for Grammiya Kalai for over a decade. As a Transgender rights activist, she has been working with transgender's community from Chennai helping them avail several government schemes for self-employment and has started up to 7 self-help groups. Currently, she has been working as Counsellor for the Tamil Nadu Aravanigal Association in Chennai supporting several transgender persons on health and legal issues.

**8. Geethanjali** hails from Namakkal and has been functioning as the President of Namakkal Mavatta Sabarmathi Pengal Mempaatu Sangam and the Joint Secretary of All India Network of Sex Workers. She has experience of nearly 2 decades of working with Sex Workers. In 2007, she formed a Community Based Organisation in Namakkal District for Sex Workers. Currently, the CBO has been working on several issues of women in sex work with at a strength of 2800 members.

**Mr Tom Thomas, Moderator, Praxis:** Praxis is an Indian organisation that focuses on various facets of participatory democracy. Praxis tries to bring the voices, concerns and solutions of marginalised communities through several kinds of research and studies directly or through face to face meetings that happen physically or digitally between the community members, policymakers, media, activists etc., This webinar series of COVID-19 Pandemic – Voices from Margins is a continuation of that attempt as during the lockdown days the major hope is to bring to the forefront the voices of the communities that are left unheard. During today's session, many of the voices that we heard today are those who fought, prevented community spread from the frontline in previous pandemic HIV which has many similarities to the current pandemic. In addition to listening to their voices, we also learn on handling the pandemic situation at hand through their sharing. This webinar is also a reminder to us that even in the global crisis, how blatantly inconsiderate towards human rights; right to life and dignity.

## **PANELLISTS DISCUSSION**

**Nalini Jameela**, the current resistance to Covid-19 is like a royal diktat implemented by the police. In congested places like Dharavi, nothing can be done by the police. Only people who work with people can effectively implement the measures than ordering around. A decision to spot such local activists should be taken immediately. In the case of HIV, there was a stigma. Condoms had to be used. Not so with COVID. The first step is to wear a mask. Some people live in one-room houses. They can be convinced by people who work among them. The police have a voice of authority. Nobody likes to submit to authority. Awareness has to be done through people who can convince them affectionately. I am not ignoring the work done by the government and the police. The current work can be supplemented by people who know the area and the people well. Such contacts should be identified to convince people to wear masks and to prevent COVID.

**Tejaswi**, the lessons sex workers community learned from HIV pandemic has helped them to live their lives better. But they are struggling with the blame game that continues during COVID too. In a pandemic situation, groups which have limited ability to reach out were criminalized and get overpowered by state and society. During such a pandemic situation the entire responsibility of public health rest on the shoulders of poor and marginalized. When the disaster management law implemented for COVID the life of sex workers get disturbed. It is essential to understand the power dynamics in which the control starts from the ground. Another factor to consider is the Health care structure. The routine medical checkups and medicines become difficult to access. There are several incidents where sex worker has labour pain is not able to get admission as the hospitals will be treating COVID 19. The fear of HIV pandemic was the community is treated as if they were spreading HIV similar thing is going to be predicted in sex workers point of view which burdens the stigma.

**Rajesh Uma Devi Srinivas**, the premise of forming CBO is in itself is deeply flawed as it is not for the community by themselves rather by the HIV interventions. It has reduced community like us to epidemiologically categorized. Sustainability of CBO is the rising huge issue. The programmes and funding with experts in community mobilisation have reduced CBO to self-help groups federations than HIV intervention. There is no aspiration on how the CBO should look like or the governance to support in the bureaucratic top to down approach and reduction of budget. It just ended up becoming HIV industry where the exchange of goods and services mostly distributing condoms takes place targeted through these HIV interventions leading to unethical practices and data surging. The governing board doesn't make a decision it's always the program manager who is in the direct contact with program officers of state decides. There is a need for a shift in power. In exemption certain CBO has raised beyond emphasizing on human rights perspective. Unfortunately, they were also reduced only to HIV interventions. What happens to the targeted intervention in this country at the end is the pressing question that needs to be addressed Do they sustain or closed?

**Rajkumar Nalini Kantha CoNE**, To mitigate and minimize the spread of COVID, the government has enforced lockdown. However social distancing is not feasible and it is difficult for drug users community as their priority is Drug, not a virus. Manipur has estimated 34344 persons as drug users with injection according to the Ministry of Social Justice and empowerment report and if we consider alcohol it is assumed a minimum around 1lack as substance dependent population. Due to restriction and inaccessibility, the drug users may take extreme measure to obtain the daily dose from whatever substance or source available.

This leads to outrageous behaviour change and put Drug users in grave risk as COVID transmitters. It is important to note that many drug users are married, living with the family in a community-based locality where the chances of spread are high if adequate precautions are not met. In the state more than 75 centres functions in which more than 20 are supported by government-funded and others by privately funded with more than 60 individual clients. Immediate shut down of drug centres will lead the clients in grave danger. I am emphasizing on local drug users in streets and rehabilitation centre as they have the privilege of holding ART card. They can show the card and continue the treatment. We need a specific community strategy to access drug users and to prevent the spread or exposure of COVID. We need the government to support and allow us to address the issue of drug users. There is no available fund or policy especially at the state level to address the situation which leaves us on our own. Where are the HIV funders at the time of COVID? Unless the Indian Government recognise Drug users as vulnerable the issue continues.

**Kiran Nayak B**, I am a transman in Chikkaballapur. Trans persons & people with disabilities, migrants were ostracized earlier & it continues. The impact is high on rural residents especially towards trans, migrants or PwD's. COVID-19 survivors are being questioned & isolated in villages. Muslims are being stigmatized too. But poor, Dalits, PwD's &, drug users, sex workers trans persons are being isolated. They must remain distant. PLHIV's can't access medicines & food COVID-19 affecting everyone. But in Telangana, trans persons were targeted as infection carriers. My realities are hardly known.

**Gangabhavani**, Society & medical professionals still don't understand who trans persons are. Despite all technological advances, many don't know intersex persons. 16 trans persons don't know their gender identity. The government ask our bank details for relief. Where should we go for relief when we don't own any? the untouchability of how Dalits were treated by society, it has now come back in the form of 'social distancing'. The government ask "what's intersex" when I sought help. I was mandatorily shifted to a govt. women's shelter due to my cold. In women's shelter survivors were forced to leave after 15 days. What happens to them after fifteen days is a question.

**Thenmozhi**: Several organisations focus mainly on working with HIV persons on a target group basis mostly providing them with Condoms, Counselling, hospitals and testing but they do not focus on the other issues of an HIV person. None of them has been supporting us on the advocacy. The donor's minds only work around the aspect of HIV supplies than other aspects like Transgender rights and skill development. During the TN floods, the transgender's suffered a lot for those 7 days and nobody came forward to help us. It has been 50 days since the lockdown and three transgenders till now have been tested positive for COVID but none of them has raised their voices for us or helped us. When most of us are struggling without food, donors mainly focus on the HIV aspect of a transgender, they do not realise the talents or skills we might have.

For a livelihood, transgender either go for sex work or get money from shops. With the 300 or 500 rupees, we get we would use that for we survive every day but this has been difficult after COVID-19 lockdown. No one cares about transgenders now. The people who have supported us during these times are the ones that we are friends with on Facebook or the shop keepers or few religious institutions have been helping us by giving us ration and other

provisions for food. Funders and donors ask us to take a test for HIV but none of them has called us now which means TG's are only for HIV isn't that wrong? we have also been suffering a lot both physically and mentally. No one knows what has happened to the funders local body or local leadership at panchayat level or any level for that matter.

**Geethanjali:** Many initiatives over the past 20 years has been undertaken for HIV persons including Counselling and other protective measures which were effective. If there was a question of whether the life of Sex Workers has changed because of the HIV Aids Program, then my answer would be negative. No agency has worked for our wellbeing even now and back the main focus of the whole program was to not just protect the persons affected with HIV. It's always about indirectly protecting the unaffected (the rich) from contacting the person with HIV. The Police and the Legal system do not extend to the Sex Workers community. The reaction of the legal system and the Police is different when it comes to any cases related to sex workers like Eve Teasing per say. When a case is filed by us then the Police do not accept the case or provide charges against the person because as we are sex workers, they are pre-determined that it would be our mistake. We have been stigmatised and mentally abused by their words. We have been abused with swear words and we are insulted regularly. For programs, only the numbers mattered not the pain of the HIV affected. If cases are filed against us the police do not explain of what basis the FIR has been filed and even in court we are denied of our basic right, 'The Right to Constitutional Remedies' as we do not get the opportunity to present our case and are left with paying a penalty or kept in 15-day Remand. We have been suffering and even during COVID-19, the problem has been more for us. for 50 days without a home and we have been living on the streets and that has been our lives. To the funding agency and others- we only require basic rights and respect. Whatever happened to us during the HIV pandemic is repeating now. When these abusive names are erased out of us only then our lives would change.

**Dr. Joe Thomas,** today I would like to observe and analyse the HIV and COVID pandemic. Almost 35 years ago HIV became a pandemic similar to COVID 19. Discrimination and marginalisation are found in both. It is essential to consider the language of disease. Initially, HIV was described as a disease of rich, later shifted as the disease of drug dealers, sex workers and marginalized. This difference in ways to describe the dis has led to stigmatisation. We n see the similar pattern repeating in the name of 'Social distancing' where we all we need is physical distancing. By social distancing deliberately we are reinforcing caste and other discriminations. Social solidarity and social capital are significant to get through the pandemic. The possibility of solidarity is ignored completely by social distancing. The actual message is to promote physical distancing than social distancing. The continuing Stigma leads to violence as we witness the extensive police brutality towards the people in need. Most of the hospital closed for other infection. Another lesson to learn from HIV is the absence of a vaccine. The possibility of a vaccine for HIV continues for 35yrs. It will take a minimum of 2 years for production level after clinical trial and a very long time for people to access it. The universal health cover is what we should focus on. Unless the primary health care system strengthens, we couldn't deal with the pandemic. We can learn this lesson from HIV as Initially there was no medicine for HIV later the generic medicine was prescribed. Thirdly, most of the HIV medicines, research, distribution and programmes are donor based; we should avoid such a situation in COVID. Any emerging technology with regards to COVID should be considered as a common commodity. With the increasing role

of technology in today's world, we should start exploring how to utilise the technology to prevent and empower the community to deal with a pandemic.

## **Q&A SESSION:**

### COVID-19

**QUESTION**(Vanisree): Whether COVID 19, situation affecting the distribution of HIV/AIDS ARV medicines distribution and monitoring??

**RESPONSE**(Tejaswi): Yes, definitely reaching out to ART centre is difficult as no transportation due to lockdown.

### STIGMATISATION & MARGINALISATION

**QUESTION** (Vanishree): Multiple discrimination and double stigmatisation are challenges to get treatment to sex workers during COVID -19. How we can provide social security through peer support and integration of stakeholders?

**RESPONSE** (Tejaswi): Yes, the government need to take responsibility. CBOs and NGOs can't make miracles. Primary centres should reach out to person as transportation is the biggest challenge in this lockdown.

**QUESTION:** Has stigma vis-a-vis Sex workers have come down or gone up? Will the corona epidemic make things worse?

**RESPONSE** (Nalini Jameela): In Kerala, no such change of experience because there are no brothels. In other places with brothels, stigma has increased. Because sex workers are thought of as unwanted. Because they are thought to be at the lowest rung of society. They are held responsible. Even from the government.

**RESPONSE** (Rajesh Uma Devi Srinivas): Corona pandemic will make things worse, there are already narratives across the globe that sex workers are further stigmatised.

**RESPONSE** (Pradeep) I think the "fake news" the way it is now called out, has to change. As of now more than social media, it is the mainstream media which is creating fake news through commissions as well as omissions. Also, unaccountable governance has altogether redefined truth.so not sure where fake news starts and where they end.

**QUESTION:** How can technology reach out and stop marginalization?

**RESPONSE** (Joe Thomas): I noticed there is a rapid spread of health apps and health-related information. There is no security or any information about the third party. Privacy and confidentiality are at question. There is an extreme violation of privacy in the context of a pandemic. On the other hand, COVID has induced certain explosion of ideas and innovation like a portable ventilator. The Role of technology is not in any discussion on how it violates or stepping into civil rights, social rights, the political right and human right. It is a significant issue to be addressed. And high to examine our capacity to deal with technology in our own life and community's empowerment.

**QUESTION:** How students and youth can fight against stigmatization against marginalization when sex workers is a taboo topic?

**RESPONSE** (Gangabhavani): Students can support an awareness programme. They can recognize any trans person known to them or live close by. Social media is the biggest platform, spreading positivity in social media with regards to sex workers and trans persons are recommended.

### CBO

**QUESTION:** What are the challenges of empowering the CBOs? Only funding?

**RESPONSE:** The human society that has recognised one particular community named as transgender, intersex, migrant people and so on using their existence for the society's cruel selfishness, cheap desires. But at this pandemic period, this community is ignored to get the basic amenities i.e., food, shelter and health care. Very sorry for the society for branding the transgender people, only for sex work, HIV spreading people and so on. This situation should change and it would change only when the attitude of common people gets revived towards this community fellows who has all the rights to lead a dignified life as a normal human being. CBO should ensure Social protection, universal health care, and inclusive non-discriminatory laws/policies.

### GOVERNMENT:

**QUESTION** (Keerthika anandhan): Why the government lacks in responding to or avoid taking required measures?

**RESPONSE** (Thenmoli): Since we are minority our presence is not visible to the government and our voices are not louder enough for them to hear. As no one is there to support for us we the transgender community should stand for ourselves.

**QUESTION** (Neha Thomas): What are the views of the panel on the latest economic package released by financial minister what about the relief provided in the second phase of lockdown? Did it reach beneficiaries?

**RESPONSE** (Rajesh Uma Devi Srinivas): The financial package's focus is more inconsequential. We need money in people's hand. There is no resonance or reference to sex workers or sexual minorities for that matter. There is a lack of political wit. I have never seen even a policy discussion on sex workers, transgender or any marginalized community. There's been the invisibilization of these communities during COVID 19.

**QUESTION:** It appears most of the issues are due to the inadequacy of the governance in providing social safety globally Are there any alliances with communities group

**RESPONSE** (Rajesh Uma Devi Srinivas): one of the positive aspects of COVID is to witness the increased resilience among sex workers group. The alliances and network have already supported in distributing dry ration kits. Cross alliance groups, National group of sex workers have initiated the discussions. Community peer counselling and solidarity is already taken place in the last 2months of post lockdown.

**QUESTION** ( Agnus): Who is going to take these questions to the government within the country or globe?

**RESPONSE** ( Joe Thomas): It is observed during this pandemic the government tends to arraign against civil rights example many states are nullifying the labour laws. Corona has given rise to the social situation where the social moments should identify the issues, reorganize and remobilize. These social movements should emphasis on social security and social protection issues. This is the right opportunity to strengthen and to alternate the public distribution system and Public health system. If we act as a messengers state may or may not hear. This is the right time and stimulus to think about social mobilization.