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Oscars reveal new diversity requirements for best picture nominees

Nominees must satisfy two of four key standards addressing onscreen and offscreen representation.

The Guardian (09.09.2020) - <https://bit.ly/3hocZra> - The Oscars are raising the inclusion bar for best picture nominees, starting with the 96th Academy Awards in 2024.

In a historic move, the Academy of Motion Picture Arts and Sciences on Tuesday laid out sweeping eligibility reforms to the best picture category intended to encourage diversity and equitable representation on screen and off, addressing gender, sexual orientation, race, ethnicity and disability.

The film academy has established four broad representation categories: on screen; among the crew; at the studio; and in opportunities for training and advancement in other aspects of the film's development and release. To be considered for best picture, films will have to meet two of the four new standards, the Academy said.

Each standard has detailed subcategories as well. To meet the onscreen representation standard, a film must either have at least one lead character or a significant supporting character be from an underrepresented racial or ethnic group; at least 30% of secondary roles must be from two underrepresented groups; or the main storyline, theme or narrative must be focused on an underrepresented group. According to the academy, underrepresented groups include women, people of color, LGBTQ+ people or people with disabilities.

The best picture award, which is handed out to the producers of a film, is the one category every film academy member can vote for. This year, the South Korean film Parasite became the first non-English language film to win the award. All other categories will be held to their current eligibility requirements.

"The aperture must widen to reflect our diverse global population in both the creation of motion pictures and in the audiences who connect with them," said David Rubin, the

Academy president, and CEO Dawn Hudson in a written statement. "We believe these inclusion standards will be a catalyst for long-lasting, essential change in our industry."

The second category addresses the creative leadership and crew composition of a film. In order to meet the standard, a film must have either at least two leadership positions or department heads be from underrepresented groups and at least one be from an underrepresented racial or ethnic group; at least six other crew members be from underrepresented racial or ethnic groups; or at least 30% of crew members be from underrepresented groups.

The third category deals with paid internship and apprenticeship opportunities as well as training opportunities for below-the-line workers, and the fourth category addresses representation in marketing, publicity and distribution teams.

Films will submit confidential inclusion standards forms, but they will not be required for best picture hopefuls for the 94th and 95th Academy Awards.

The inclusion standards were developed by a taskforce led by academy governors DeVon Franklin and Jim Gianopulos and in consultation with the Producers Guild of America. They took into account diversity standards used by the British Film Institute and the British Academy of Film and Television Awards.

These changes will not affect the 93rd Academy Awards, although the academy has had to make alterations because of Covid-19's effects on the movie business, including pushing the ceremony back two months to 25 April 2021 and allowing films that debuted on streaming services to be eligible for best picture.

Vulnerability amplified: The impact of the COVID-19 pandemic on LGBTIQ people

OutRight Action International (06.05.2020) - <https://bit.ly/2Wobthj> - In this pioneering report, "[Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ people](#)", OutRight Action International documents the effects of the pandemic on LGBTIQ people.

While the COVID-19 pandemic leaves no country and no individual unaffected, drawing on almost 60 rapid research interviews conducted with LGBTIQ people in 38 countries from all regions of the world, the report overwhelmingly shows that the challenges faced by LGBTIQ people as a result of the virus and surrounding containment measures are specific and amplified compared to the broader population.

We know from past emergencies not only that those more vulnerable become more so during crisis, we also know that crisis responses have not typically taken intersectional approaches, amplifying vulnerability even further. LGBTIQ communities are undoubtedly suffering, either due to the virus itself, or, more likely from the surrounding economic fallout.

The specific challenges faced by LGBTIQ people identified in OutRight's new report are:

- **Devastation of livelihoods** – rising food and shelter insecurity resulting from job loss, and economic fall out as a result of over-representation of LGBTIQ people in the informal sector and broad employment discrimination;
- **Disruptions in accessing health care**, including crucial HIV medication and gender affirming treatments, and reluctance to seek health care due to

discrimination, stigma and refusal of services experienced by LGBTIQ people even outside a pandemic;

- **Elevated risk of domestic and family violence** – the most prevalent form of violence faced by LGBTIQ people on a day-to-day basis is heightened in circumstances of lockdowns, curfews and lack of access to support services and community resources;
- **Social isolation and increased anxiety** which are further heightened by being cut off from chosen families and the LGBTIQ community;
- **Scapegoating, societal discrimination and stigma** – there is an unfortunate history of LGBTIQ people being blamed for emergency situations, leading to further stigmatization, marginalization, violence and danger;
- **Abuse of state power** – repression, exclusion, and criminalization are all on the rise in countries prone to authoritarianism and regressive gender ideologies, with some states using the emergency situation to clamp down specifically on LGBTIQ people;
- **Concerns about organizational survival** – amplifying the effects even further are the impacts on LGBTIQ community organizations and spaces, which are a lifeline to countless LGBTIQ people. Organizations now face an uncertain future with funding cuts, lockdowns, and having to shift activities online while calls for direct, practical support are on the rise.

Download the report [here](#).

Isolation for intersex people: coronavirus revives trauma

Prolonged lockdowns may exacerbate existing emotional, physical and economic problems for many intersex people.

By Rachel Savage

Thomson Reuters Foundation (23.04.2020) - <https://bit.ly/3b3w3aX> - If the coronavirus hits hardest at the margins, among the most marginalised are those born intersex, neither clearly male nor female at birth and often struggling as adults with the fallout.

The impact on intersex people can be economic, medical or emotional, health experts say, and can worsen with isolation, as the pandemic limits access to healthcare and support.

Advocates worry about a prolonged lockdown for these already-isolated people, many traumatised by childhood operations that were not needed and carried out without consent to make their genitalia more masculine or feminine.

The United Nations estimates 1.7% of people are intersex, born with atypical chromosomes or sex characteristics.

About one in every 2,000 children undergo "normalising" genital surgeries, according to InterACT, a U.S. advocacy group.

Something "not right"

Jeanette Clark, who lives on her own in London, had internal testes removed at 16. She was told the surgery was necessary but not what it was or why. When she turned 50, Clark found out she was intersex after accidentally seeing her medical records.

"I've gone through absolute hell with it all," said Clark, who has Complete Androgen Insensitivity Syndrome, which leads people with male XY chromosomes to have female genitalia, but no periods or womb and internal testes instead of ovaries.

The 74-year-old had always felt there was something "not right": her bones broke easily and the pain she felt during sex led her to shun relationships after her marriage broke down.

People with CAIS, such as Clark, need to take the hormone oestrogen to protect their bones. But she was not given hormones until her 30s and has severe osteoporosis and arthritis.

Clark said an operation to correct a shoulder replacement has been postponed due to the coronavirus pandemic and that she has two thigh fractures that remain untreated. Nor can she keep up her massage and spa routine to ease all the pain.

"Obviously it's nobody's fault," she said. "But ... I feel that I'm in a similar situation as I was all those years ago, when I had no support or back up ... And that's quite hard to take."

Trauma of secrecy

Portugal and Malta have both banned unnecessary surgeries on intersex children, while the Indian state of Tamil Nadu outlawed the practice last year.

Research shows non-consensual surgery leaves intersex people at risk of physical and mental health issues and that they are likely to grow up poorer and less educated than their peers.

Attempted suicide was about four times higher among intersex people than the general population, according to a 2018 study of more than 1,000 adults in six European countries, led by the Karolinska Institutet, a Swedish medical university.

"Medical providers don't see what they're doing as traumatic," said Nikki Khanna, a San Francisco-based psychotherapist who is also intersex.

"While parts may have been necessary, the way in which it is done is what the trauma is around – the secrecy element."

A 2015 survey of 272 intersex Australians found 18% did not finish high school, against 2% of all Australians, according to research led by Tiffany Jones of Sydney's Macquarie University.

More than three-fifths earned under A\$41,000 (\$25,916.10), while the average Australian made almost A\$60,000 that year, according to the Intersex Human Rights Association of Australia (IHRA), an advocacy group, which cited official data.

Just sit tight

Alex David lives alone in Brisbane, Australia, and has post-traumatic stress disorder.

David, who uses the pronouns they and them - feeling neither male nor female - had genital feminisation surgery at birth, and then again several years later, but was not told until aged 17.

"Because of my situation I'm a bit worried about going to the hospital for any health issues," said the 36-year-old, who has other underlying health conditions.

"My specialist told me if I caught COVID-19, it would be potentially deadly. So I'm just having to sit tight."

Many intersex people shun healthcare altogether, which can worsen any health issues and increase the risks posed by COVID-19, health experts say.

"These people probably need access to counselling and support to help overcome those issues," said Morgan Carpenter, the co-executive director of IHRA.

Curses

For intersex people in less developed countries, the challenges of the pandemic are exacerbated since many already live in poverty, on the margins and without family support.

"In countries where they isn't really a developed healthcare system, people would tend to rely more on kinship networks for support, said Surya Monro, a professor of sociology and social policy at the University of Huddersfield.

"But that can be very problematic for these people."

James Karanja, the director of the Intersex Society of Kenya, said he is helping 10 people in Nairobi to self-isolate at home, transferring them about \$100 each a month for rent, food and the hormones they need to stay healthy.

Intersex people tend to work casual day jobs that have dried up amid lockdown measures, so he expects more will need help.

Karanja also worries intersex people could be scapegoated.

"Most of the time we are seen as curses in the society, so our fear is that the community might think we are the reason for the pandemic," he said, although that fear has not come to pass yet.

"We are just taking one step at a time and (trying to) ensure that we survive," said Karanja.

COVID-19 and the human rights of LGBTI people

OHCHR (17.04.2020) - <https://bit.ly/2yPn10Q> - Lesbian, gay, bisexual, trans and intersex (LGBTI) people may be particularly vulnerable during the COVID-19 pandemic. People living with compromised immune systems, including some persons living with HIV/AIDS, face a greater risk from COVID-19. Homeless persons, a population that includes many LGTBI people, are less able to protect themselves through physical distancing and safe hygiene practices, increasing their exposure to contagion. [1]

Access to Health Services: LGBTI people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare. Laws that criminalize same sex relations or that target trans persons due to

their gender identity or expression, exacerbate negative health outcomes for LGBTI people, as they may not access healthcare services for fear of arrest or violence. Examples of health care discrimination based on sexual orientation and gender identity/expression have been extensively documented in many countries. This discrimination can elevate the risk for LGBTI people from COVID-19.

De-prioritization of required health services: Given overloaded health systems, treatment of LGBTI people may be interrupted or deprioritized, including HIV treatment and testing, hormonal treatment and gender affirming treatments for trans people. Decisions about scaling back services should be medically-based and data-driven, and should not reflect bias against LGBTI people.

Stigmatization, discrimination, hate speech and attacks on the LGBTI community: LGBTI people have previously been blamed for disasters, both manmade and natural, and there are scattered reports of this happening in the context of the COVID-19 pandemic. [2] In some countries, reports suggest an increase in homophobic and transphobic rhetoric. [3] There are also reports of police using COVID-19 directives to attack and target LGBTI organizations. [4] In at least one country, the State of Emergency has been used to propose a decree that would prevent transgender people from legally changing their gender in identity documents. [5] A few countries have put in place restriction of movement based on sex, with women and men allowed to leave their homes on alternate days, which have put non-binary and trans people at risk of heightened discrimination, as they may get stopped and questioned. [6]

Domestic violence and abuse: Due to stay-at-home restrictions, many LGBTI youth are confined in hostile environments with unsupportive family members or co-habitants. This can increase their exposure to violence, as well as their anxiety and depression.

Access to work and livelihood: LGBTI people are more likely to be unemployed and to live in poverty than the general population. Many in the LGBTI community work in the informal sector and lack access to paid sick leave, unemployment compensation, and coverage. [7] Additionally, due to discriminatory paid leave policies that do not cover all genders equally, LGBTI people may not be able to take time off from work to care for family members.

What are some of the key actions that States and other stakeholders can take?

States should recognize that LGBTI people are among those particularly vulnerable in this crisis, and take targeted steps to ensure that they are taken into consideration and their voices heard when addressing the pandemic:

- 1) Specific efforts should be made to ensure that LGBTI people are not subjected to discrimination or fear retribution for seeking healthcare. Health services that are particularly relevant to LGBTI people should not be deprioritized on a discriminatory basis.
- 2) Measures to address the socio-economic impacts of the pandemic should consider the particular vulnerabilities of the LGBTI people, including older persons and the homeless, and ensure that LGBTI people are fully covered.
- 3) Political leaders and other influential figures should speak out against stigmatization and hate speech directed at the LGBTI people in the context of the pandemic.
- 4) Shelters, support services and other measures to address gender-based violence during the COVID-19 pandemic should take steps to include the LGBTI population.
- 5) States should not use states of emergency or other emergency measures to roll back existing rights and guarantees that apply to LGBTI people.

- 6) Measures restricting movement should provide protection for trans and gender non-conforming persons. Law enforcement officials should be instructed and trained not to discriminate against this population.

Sources:

- [1] See open letter by the Independent Expert on Sexual Orientation and Gender Identity: <https://www.ohchr.org/en/issues/sexualorientationgender/pages/index.aspx>
- [2] In Iraq, writing on his Twitter account on 28 April, Muqtada al-Sadr - Shia cleric warned that the global outbreak would not subside unless governments repealed laws legalising same-sex marriages. See <https://english.alarabiya.net/en/News/middle-east/2020/03/28/Coronavirus-Traqi-Shia-cleric-blames-gay-marriage-forcoronavirus>. In Israel, Rabbi Meir Mazuz reportedly called Gay Parades "parades against nature," and stated that the coronavirus is the "revenge". <https://www.lgbtqnation.com/2020/03/rabbi-blames-coronavirus-pride-parades/>. In the Caribbean Cayman Islands legislator Anthony Eden proposed that the Caribbean island should officially affirm Christian values in response to disasters and epidemics that he considers warnings from God not to allow same-sex marriage. <https://www.caymancompass.com/2020/02/04/mia-eden-calls-earthquake-coronavirus-warnings-over-gay-lifestyle/?fbclid=IwAR26-RuhU8LueGkCF8RRiqwitQlvuAhrWMMdcdpEcfvgmjQXRJnGIe0hK8>
- [3] See also Human Rights Watch Press Release <https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>
- [4] <https://76crimes.com/2020/03/30/ugandan-fear-of-covid-19-leads-to-23-arrests-at-lgbt-shelter/>
- [5] See <https://www.hrw.org/news/2020/04/03/hungary-seeks-ban-legal-gender-recognition-transgender-people>
- [6] <https://www.cbsnews.com/news/trans-woman-fined-for-violating-panamas-gender-based-coronavirus-lockdown-rights-group-says-2020-04-10/>; <https://www.nst.com.my/world/world/2020/04/580816/peru-restricts-movement-gender-during-covid-19-lockdown>; https://twitter.com/victor_madrigal?lang=en
- [7] See, for example, <https://www.openlynews.com/i/?id=41c7d175-c144-4e08-b0a0-c1060c78bcc5>. See also <https://www.aa.com.tr/en/americas/peru-panama-introducegender-based-rules-for-covid-19/1790453>

Prides are getting canceled, so now organizers are coming together for an online, global Pride

For the first time, Pride will come to every country on Earth on the same day as cities and countries band together to ensure LGBTQ people can celebrate despite the pandemic.

By Bil Browning

LGBTQ Nation (15.04.2020) - <https://bit.ly/3eEvDdS> - Pride celebrations worldwide are being canceled or postponed, but organizers are coming together to ensure that LGBTQ people can still celebrate and support each other in 2020.

San Francisco, Boston, Annapolis, and other major American celebrations have already called off plans for this year, but an international group of Pride organizations is coming together to stage a Global Pride on June 27.

InterPride and the European Pride Organizers Association are working with national organizations in Canada, Germany, Sweden, the United Kingdom, and the United States along with regional networks in southern Africa, Asia, Oceania, and Latin America to bring communities together for the Global Pride event.

The event will livestream online for 24 hours featuring contributions from Pride organizations worldwide, speeches from human rights activists, and musical performances.

Kristine Garina, president of the European Pride Organizers Association and Chair of Baltic Pride in Latvia, said, "The unprecedented challenges of COVID-19 mean that most Prides will not take place as planned in 2020, but we're determined that this won't stop us from

coming together as a united, strong LGBTQIA+ community to celebrate who we are and what we stand for.”

“Global Pride will show the LGBTQIA+ movement for the very best it can be, showing solidarity at a time when so many of us are mourning and strength when so many of us are feeling isolated and lonely. Above all, we will show our resilience and determination that Pride will be back bigger and stronger than ever before.”

“For millions of people around the globe, Pride is their one opportunity each year to come together and feel a part of a community, to feel loved, connected and to know they aren’t alone,” Garina continued. “It’s essential this year that as Pride organizers, we ensure there is still the opportunity to connect, even if we are connecting from home.”

San Francisco Pride announced this week that 2020’s parade and festival will be canceled, not postponed, due to COVID-19. This year’s celebration, among the country’s largest, was to coincide with the 50th anniversary of the first Pride Parade.

“This was not a decision we arrived at lightly,” San Francisco Pride Executive Director Fred Lopez said in a press release. “Far from it: our staff has been in frequent talks with our board, our production team, our partners at many departments of City Hall, officials at other Pride organizations worldwide — and most of all, our LGBTQ communities.”

“We need community and connection more than ever,” J. Andrew Baker, co-president of Interpride, said. “[Global Pride] gives us an opportunity to both connect and celebrate the LGBTQIA+ community’s resilience in the face of this pandemic and the true spirit of Pride.”

“Pride 2020 represents a milestone for Pride events, with many honoring the 50th anniversary of their first gatherings and marches, such as New York to the first Gandhinagar Pride this year and we would not let that pass without recognition and celebration.”

Over 300 parades and festivals have been canceled worldwide.

‘Conversion Therapy’: ILGA World releases extensive global research into laws banning the discredited practice

A ground-breaking report released today by ILGA World has exposed how - thanks to the tireless advocacy of activists, survivors and grassroots organisations - States and health professionals across the world are speaking up against so-called ‘conversion therapies’. Their joint efforts are crucial to protect people from a myriad of pseudo-scientific practices that continue to have a destructive effect on people’s lives from a very early age.

By Daniele Paletta

ILGA World (26.02.2020) - <https://bit.ly/3asO6aF> - [Curbing deception - A world survey of legal restrictions of so-called ‘conversion therapies’](#) is an extensive global research into laws banning these discredited practices both at the national and subnational level.

The report also explores the vast field of techniques that have been used in the past—and continue to be used today—for the purpose of attempting to alter lesbians, gays and bisexuals’ sexual orientation, to prevent trans youth from transitioning or make trans

people de-transition, or to force our gender expressions and roles to align with the social binary stereotypes of masculinity and femininity.

"As of February 2020, three UN member States (Brazil, Ecuador and Malta) have enacted nationwide laws to restrict so-called 'conversion therapies'", explains Lucas Ramón Mendos, Senior Research Officer at ILGA World and author of the report. "Subnational jurisdictions in three more UN member States (Canada, Spain and the United States) have done the same, hopefully paving the way for others to move in the same direction. For too long, experimentation and abuse has taken place under the legitimising cloak of medicine, psychology and science".

Throughout the 20th century, mental health practitioners resorted to medical experimentation, lobotomy, castration, masturbatory reconditioning, chemical and electroshock aversion therapy, hypnosis and other brutal and inhumane techniques in their attempts to modify sexual orientation, gender identity and gender expression.

Oftentimes, children and adolescents have been the primary victims of these practices: in many cases, the discomfort with the child's gender non-conformity has been at the root of much of parents' and caregivers' motivations for subjecting their children to 'conversion therapies', as failing to comport with socially dominant models of gender expression, gender identity or sexual orientation is cast as a problem to be "prevented" and "corrected".

Protection from similar ineffective and cruel treatment is, unfortunately, as urgent as ever: as the report details, gruesome practices– including electroshock 'therapies', forced internments in 'clinics' and exorcisms – are still applied in numerous countries, pushing people of diverse sexual orientations, gender identities and expressions to living miserable, self-loathing lives, up to the extreme consequences of committing suicide.

"Our research shows that, today, the main driving forces behind these harmful practices are religious leaders and prejudice. Many have ended up seeking 'conversion therapy' for themselves as they perceived their sexual orientation and gender identity in conflict with their religion," continues Mendos. "It is vital that we pay special attention and listen to the members of our communities with lived experiences of faith".

2020 could be an important year in the fight against 'conversion therapies'. "Bills to restrict these ill-informed practices have been introduced in national legislative bodies in at least 10 countries," explains Julia Ehrt, Director of Programmes at ILGA World. "Six court cases worldwide were litigated with positive results. State officials and governmental agencies are speaking up, together with human rights bodies. And, to date, more than 60 health professional associations in 20 countries have repudiated efforts to 'change' a person's gender identity, gender expression or sexual orientation. Legal reform is only one of the many avenues that can be explored to tackle 'conversion therapies': our report includes a wide array of tools that human rights defenders can use in their advocacy efforts".

As more and more survivors are finding the courage and strength to come forward, our communities are more determined than ever to put an end to 'conversion therapy'.

"Our lives are at stake", remind Luz Elena Aranda and Tuisina Ymania Brown, Co-Secretaries General of ILGA World. "For centuries, we have been told we need to be mended, to be changed, to be moulded to fit a binary. From a very early age, many of us come to internalise that something about them needs to be silenced. Attempts to turn us into people we are not are still being imposed onto us in the name of religion, culture, science and even out of ill-informed good intentions. Too many lives have been ruined, or ended, and many more will be if we don't act now. We hope that our research can raise awareness, and contribute to stop something that has harmed our communities so deeply."

Key figures (as of February 2020):

- 3 UN member States (Brazil, Ecuador and Malta) have enacted nationwide laws to restrict so-called 'conversion therapies'
 - In other 3 UN member States, subnational jurisdictions have enacted bans or restrictions on these practices: Canada (3 provinces and several cities), Spain (5 regions) and the United States of America (19 states, Washington DC, Puerto Rico and numerous cities and counties)
 - In 5 UN member States (Argentina, Uruguay, Fiji, Nauru and Samoa), mental health laws prohibit diagnosing patients exclusively on the basis of sexual orientation and/or gender identity: these laws act as indirect bans
 - 10 countries have introduced bills in national legislative bodies to restrict these practices. In several other countries - including Australia, Canada, Mexico, and the United States - sub-national jurisdictions continue to discuss these bills
 - At least 6 court cases have been litigated in 3 different countries with positive results
 - The World Health Organization (WHO), the Pan American Health Organization (PAHO), the World Medical Association and the World Psychiatric Association—as well as more than 60 health professional associations spread across more than 20 countries - have repudiated efforts to change a person's gender identity, gender expression or sexual orientation.
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