Introduction to Special Issue: Impacts of the COVID-19 Pandemic on LGBTQ+ Health and Well-Being

Article *in* Journal of Homosexuality · January 2021

DOI: 10.1080/00918369.2020.1868182

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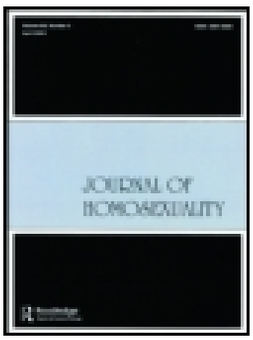

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Journal of Homosexuality

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wjhm20

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To cite this article: Laurie A. Drabble & Michele J. Eliason (2021): Introduction to Special Issue: Impacts of the COVID-19 Pandemic on LGBTQ+ Health and Well-Being, Journal of Homosexuality

To link to this article: https://doi.org/10.1080/00918369.2020.1868182

Published online: 13 Jan 2021.

JOURNAL OF HOMOSEXUALITY
https://doi.org/10.1080/00918369.2020.1868182

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Introduction to Special Issue: Impacts of the COVID-19 Pandemic on LGBTQ+ Health and Well-Being

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ABSTRACT

This special issue on the impacts of COVID-19 on LGBTQ+ health and well-being reports findings from nine articles with varied study designs, including data from multiple countries and all segments of LGBTQ+ communities. Key findings included the observation that pre-COVID mental health disparities predispose LGBTQ+ people to poorer outcomes; that technological communication aids are essential in maintaining some sense of community; and that substance use is perceived by sexual minority women as a means of coping with fears, stress, loneliness, and boredom. Studies in this special issue also document that community support is still a critical need, particularly among those who are sheltering at home with families of origin. Findings underscore the importance of addressing structural inequities, including advocating for rights; providing financial support for LGBTQ+ community organizations and networks; ensuring access to competent and affirming healthcare; and including vulnerable communities in disaster response and planning.

KEYWORDS

COVID-19 and LGBTQ+; sexual minority; gender minority; transgender; gender nonbinary; health disparities

The year 2020 opened with reports of a coronavirus outbreak in Wuhan China (first identified in December of 2019). In January, the World Health Organization declared COVID-19 "a public health emergency of international concern" and by March 11, a global pandemic (Turner-Musa, Ajayi, & Kemp, 2020). Across the world, a wide range of strategies were employed to mitigate the spread of the coronavirus, although countries and regions varied considerably in the types, timing, and enforcement of mitigation efforts. For example, although the U.S. federal response to the pandemic was slow, even to the point of denying that the virus existed, some states and local regions implemented mitigation efforts such as stay-at-home orders, closures of businesses and schools, and pleas for individuals to wear masks, keep physical distance, and wash hands frequently (Turner-Musa et al., 2020). In some other countries, more aggressive lock-down procedures were implemented more quickly (e.g., Italy). As of December 14, 2020, the global death rate from the pandemic

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was over 1.6 million, with over 72 million cases; in the U.S., the death rate topped 300,000 and over 16 million have tested positive (Johns Hopkins University, 2020). Racial and ethnic minority groups and other marginalized populations are affected disproportionately by the devastating effects of COVID-19, as well as the profound and pervasive impacts of the economic downturn resulting from the pandemic (Egede & Walker, 2020; Gravlee, 2020; Kantamneni, 2020). These inequalities in the impacts on health and well-being have been evident in other epidemics, natural disasters, and crises such as climate change, police violence, lack of affordable housing, HIV/AIDS, poverty and unemployment (Bowleg, 2020; Krieger, 2020) and are exacerbated by White nationalism and White supremacist ideologies that have expanded across borders, ideologies with overlapping racist, sexist, heterosexist, and gender normative discourses (Anti-Defamation League, 2019; Geary, Schofield, & Sutton, 2020).

During the COVID-19 pandemic, infection rates, hospitalization rates, and death rates differ by age, gender, and race/ethnicity, showing that all three are factors in elevated risk (Turner-Musa et al., 2020). LGBTQ+ populations are also among those whose health and well-being have been disproportionately impacted by COVID-19 (Banerjee & Nair, 2020; Chatterjee, Biswas, & Guria, 2020). For example, recent studies suggest that sexual minority populations report greater psychological stress associated with social distancing than heterosexuals (Kneale & Becares, 2020; Peterson, Vaughan, & Carver, 2020), and that depression and stress are notably higher among individuals who experience homophobic or transphobic discrimination or harassment (Kneale & Becares, 2020).

Social determinants of health and well-being include the conditions in which individuals live and work, such as those that determine access to health care, income, housing and neighborhood density (McNeely, Schintler, & Stabile, 2020; Turner-Musa et al., 2020). Disparities in health driven by structural factors such as racism, economic inequality, segregation, poverty, and discrimination and oppression have been amplified in the context of COVID-19 (Elgar, Stefaniak, & Wohl, 2020; Garcia, Homan, García, & Brown, 2020; Kim & Bostwick, 2020; McNeely et al., 2020; Ruprecht et al., 2020). For example, recent research documents disparities in the impact of COVID-19 pandemic on historically disadvantaged groups, based on intersecting demographics such as race, ethnicity, gender, class, sexual identity and gender identity (Gibb et al., 2020; Turner-Musa et al., 2020). A report from the Human Rights Campaign in July of 2020 reported that 23% of COVID deaths in the U.S. were of Black individuals (LGBTQ+ identities not specified) in spite of representing only 13% of the population. As with morbidity and mortality, the economic and psychological impacts of mitigation efforts are not equally distributed. Many of the jobs considered essential, that require higher risk in-person contact, are occupied by racial/ethnic minorities, women, low-wage

workers, and other marginalized groups (Bowleg, 2020; Krieger, 2020; Ruprecht et al., 2020). One report found that Black LGBTQ+ people were more likely to be in the category of essential workers or to have had their employment hours reduced (31% of Black LGBTQ+ people had reduced hours compared to 23% of all Black respondents; 28% of non-Black LGBTQ, and 22% of the general population) and 16% of Black LGBTQ+ reported being unemployed because of COVID-19 (Human Rights Campaign, 2020). A December 2020 report (Movement Advancement Project, 2020) found that LGBTQ+ households reported far greater negative impact from COVID-19 than heterosexual populations, including more job loss or disruption (64% LGBTQ+ compared to 45% non-LGBTQ+), more serious financial problems since the pandemic began (66% LGBTQ+, 44% non-LGBTQ+), more food insecurity (19% LGBTQ+, 5% non-LGBTQ+), greater inability to access needed medical care for a serious problem (38% LGBTQ+, 19% non-LGBTQ+), more loss of health coverage (13% LGBTQ+, 6% non-LGBTQ+), and more problems coping with social isolation (44% LGBTQ+, 23% non-LGBTQ). As we will discuss later, the frequency of internet and other communication technologies has accelerated during the pandemic for purposes of work, schooling, and social connection, but this study found that 29% of LGBTQ+ households had serious issues with internet connectivity compared to 17% of non-LGBTQ+ households.

Social stigma is also an important factor that influences the impact of the COVID-19 pandemic (Banerjee & Nair, 2020; Turner-Musa et al., 2020). The toll of social stigma falls into several categories for LGBTQ+ communities: (1) elevated rates of chronic physical health problems (immunosuppression from HIV and cancer, asthma, obesity, heart disease, diabetes, etc.); (2) elevated prevalence of mental health disorders (particularly depression and anxiety disorders with their associated higher risks for suicide); (3) greater substance use (alcohol, drugs, and tobacco); (4) higher likelihood of economic insecurity; (5) limited access to social capital, social and health education resources, and community resources that are supportive of LGBTQ+ people; and (6) limited access to health care services (Banerjee & Nair, 2020; Gibb et al., 2020; O'Neill, 2020a, 2020b; Salerno, Williams, & Gattamorta, 2020; Wilson & Conron, 2020). Specialized services such as gender-affirming care, have been severely curtailed in the pandemic, resulting in delays or cancellations of medications, surgeries, and other supportive care (van der Miesen, Raaijmakers, & van de Grift, 2020). Some report interruptions in HIV prevention programs, testing, and medical care as well (Santos, Ackerman, Rao, Wallach, & Ayala et al., 2020). Outreach programs to some of the most vulnerable among LGBTQ+ communities, such as transgender sex workers and those severely impacted by drug use, have been reduced or eliminated because these outreach activities involve face-to-face contact, often at night (Melin, Quinones, & Rodriguez-Diaz, 2020). Access to healthcare is particularly precarious in countries

without universal systems of care. For example, queer and trans people in the U.S. who were without healthcare coverage until the Affordable Care Act (ACA) have suffered disproportionately from the whittling away of the ACA over the past four years and this unconscionable attempt to end the ACA continued well into the pandemic as millions of people lost their jobs and their health insurance (Medina & Mahowal, 2020).

Social stigma also impacts social capital and social connectivity. More LGBTQ+ people live alone without family support, making them even more vulnerable to loneliness and alienation during stay-at-home orders and more fearful of facing serious illness alone, relative to heterosexual and cisgender people. For example, a survey of adults in the U.K found that 30% of LGBT adults overall lived alone (40% of those 50 and older),and 18% were concerned about increased substance use and/or relapse (LGBT Foundation, 2020). Preliminary research suggests that the economic downturn related to COVID-19 may also increase levels of discrimination against LGBTQ+ people (Mattei, Russo, Addabbo, & Galeazzi, 2020). LGBTQ+ college students who were forced to return home when colleges and universities turned to online only education are often not welcomed at home. Nearly half (46%) reported unsupportive families, or were not out to their families, and 60% of LGBT college students reported an increase in psychological distress during the pandemic (Gonzales, de Mola, Gavulic, McKay, & Purcell, 2020). Their experiences are echoed by younger LGBTQ+ youth who survived parental nonacceptance with peer support outside the home, a support now reduced during the pandemic (Fish et al., 2020). The stay-at-home orders limit youth exposure to mandated reporters of abuse, thus maltreatment of LGBTQ+ youth may go unrecognized (Silliman Cohen & Bosk, 2020).

Description of the special issue

This special issue of the Journal of Homosexuality focuses on the impact of COVID-19 on LGBTQ+ populations using empirical data and represents data collected from the U.S., Australia (including one set in Tasmania), Peru, Portugal, the UK, Italy, Brazil, Chile, Sweden, Belarus, Belgium, Egypt, France, Germany, Indonesia, Kazakhstan, Malaysia, Mexico, Russia, Taiwan, Turkey, and Ukraine. The study designs ranged from quantitative analysis of online surveys of non-probability samples and longitudinal cohorts to qualitative interviews, focus groups and participant observations. Some of the studies focus on subsets of the LGBTQ+ population such as gay, bisexual, and other men who have sex with men (Holloway et al., 2021), sexual minority women (Bochicchio et al., 2021; Cerezo et al., 2021), transgender and gender nonbinary populations (Garcia-Rabines & Bencich, 2021; Kidd et al., 2021) whereas others considered LGBTQ+ samples as a whole (Baumel et al., 2021; Gato et al., 2021; Grant, Gorman-Murray, & Walker, 2021; Moore, Wierenga,

Prince, Gillani, & Mintz, 2021). The studies measured a variety of constructs such as mental health, substance abuse, social support, family acceptance, sexual satisfaction, beliefs and attitudes about COVID-19 and mitigation efforts, community support and acceptance, technology use, and a host of other important topics. Across these studies with diverse samples, locations, and research designs, findings corroborated the suspicions of LGBTQ+ health experts and organizations at the beginning of the pandemic that LGBTQ individuals are disproportionately impacted by COVID-19 and experience unique stressors related mitigation efforts Some of these key findings are described below.

While previous research, as well as many of the studies reported here, demonstrated that LGBTQ+ populations started out with disparities in mental health (depression and anxiety), the pandemic has exacerbated those disparities and likely widened the gap in mental health between LGBTQ+ and cis/heterosexual populations. Many respondents moved from slight to moderate elevations in mental health symptoms pre-pandemic, to clinically diagnosable disorders (Moore et al., 2021). Stay-at-home orders may be more stressful for LGBTQ+ individuals than for cisgender heterosexuals for many reasons, including the fact that many youth and young adults were forced to return to their families of origin, where they may not be out or where they are maltreated by family (Gato et al., 2021; Grant et al., 2021). Baumel et al. (2021) found that LGBQ study participants were more likely than heterosexuals to adhere to social distancing guidelines, which partly contributed to their greater psychological distress.

In addition, for many the COVID-19 lockdown meant losing access to LGBTQ+ public spaces, which were described as affirming of their identities and fostering a sense of belonging and connection (Grant et al., 2021). Navigating through public spaces was experienced as fraught, generating both feelings invisibility and concern about potential prejudice (Grant et al., 2021). Consistent with these studies, gay/bisexual and other men who have sex with men who reported staying in their homes or only going out for essentials reported more anxiety, loneliness, and sexual dissatisfaction than those who did not (or could not because of work) stay at home (Holloway et al., 2021).

In a few studies, respondents reported higher unemployment rates due to COVID-19 than in the general population. For example, the trans and non-binary participants in Kidd et al. (2021) had an unemployment rate of 30% (13% pre-pandemic) compared to the 10% rate for the U.S. population in July of 2020. Moore et al. (2021) reported that the sexual and gender minority respondents were more likely to report job loss and financial difficulty than cis/heterosexual respondents.

In a unique case study, Garcia-Rabines and Bencich (2021) described how trans women living together in houses in Lima Peru banded together to survive the pandemic, and the supports that were and were not available to

them. This study highlighted the importance of strong peer bonds and leadership within trans communities that are besieged by stigma. In addition, the study underscored the value of building partnerships with local nonprofit organizations to leverage access to tangible resources and the power of social cohesion in countering possible discrimination. For example, trans women went in pairs or in groups to the market to protect one another from discrimination. Furthermore, groups of women began to record and disseminate instances of discrimination, which ultimately reached mainstream media outlets, triggered public discussion of trans rights, and led to a change in police department policy.

Several studies found that the use of technology (i.e., texts, phone calls, video chats, social media or networking apps) was a way to stay connected with social networks and community among SGM individuals and increased during COVID-19 (Baumel et al., 2021; Cerezo et al., 2021; Grant et al., 2021; Holloway et al., 2021). One of these studies, which surveyed over 10,000 gay and bisexual and other men who have sex with men on an international networking app (Holloway et al., 2021), found that increased frequency of use of technology during the pandemic was associated with physical distancing. Another study (Baumel et al., 2021) found that use of computer mediated communication increased thriving across both LGBQ and heterosexual groups. Although LGBQ study participants reported greater use of these technologies, this did not attenuate disparities in psychological well-being. Given both the need to address disparities in psychological distress and familiarity with electronic tools, interventions that capitalize on technology may be promising for reaching LGBTQ+ individuals in crises such as the COVID-19 pandemic.

Two studies focused on substance use among sexual minority women, including some gender expansive individuals. Among 28 Californian college-aged participants (Cerezo et al., 2021), focus groups revealed that social media use led to online happy hours to offset stress and boredom and that the social norms promulgated on these sites normalized drinking as a coping strategy. Cerezo and colleagues pointed out that social media may be one of the largest influences on social norms about drinking for younger sexual minority women, and the greater reliance on social media during the pandemic is accelerating drinking in this population through online happy hours and quarantine drinking games. Among older sexual minority women who were part of a longitudinal study in Chicago (mean age of 53.5; Bochicchio et al., 2021), the 16 women who were interviewed reported that they had created new drinking routines, such as day time drinking or drinking on workdays, but also became more aware of and started to monitor their alcohol use as the pandemic wore on. They also pointed to the role of drinking to relieve both stress and boredom from loss of work and social routines.

The study by Kidd et al. (2021) is unique in focus and design, drawing 208 transgender and gender nonbinary individuals from a longitudinal cohort study in three geographically dispersed cities in the U.S. One-third of the sample had experienced an interruption or delay in receiving gender-affirming hormones and 11% had a surgery canceled or postponed. This group also suffered from a perceived reduction in LGBTQ+ community support, which in turn increased their levels of psychological distress. The double stress of reduced community support and limited access to of gender-affirming care may exacerbate health disparities.

Implications for future research

The studies in the collection represent a snapshot of LGBTQ+ individuals from many countries across the world in terms of their experiences and perceptions of how the COVID-19 epidemic impacted their health and well-being. The studies represented in the collection typically noted condensed data collection periods early in the pandemic. Although these studies are important for addressing the crisis in a timely fashion, we know little about long-term impacts, and the possible impact of the aftermath and recovery from the pandemic. Sample sizes within the studies were rarely large enough to address geographic region, age, race/ethnicity, or subsets of the LGBTQ+ population. Additional research is needed to document the long-term impact of COVID-19 on the health and well-being of diverse LGBTQ+ individuals, including studies utilizing longitudinal data or multiple waves of representative samples inclusive of LGBTQ+ populations. Future research is needed that explicitly addresses impacts, needs and public health solutions that consider race/ethnicity, geographic location, socioeconomic status, and separate subgroups within the LGBTQ+ umbrella.

Methodological studies would be helpful to understand whether the stress of the pandemic has made people more or less inclined to participate in research or to even recognize requests for research participation on social media. Those who are essential workers may not be as well-represented as those working from home, who may be online more hours of the day. Future studies drawing on clinical samples and participants from health systems are also needed. For example, there is a paucity of research based on data collection in hospitals or clinics as they rarely include questions about sexual or gender identity on data reporting systems for COVID-19. Consequently, we know little about disparities in the actual rates of infection or outcomes of experiencing the illness among LGBTQ+ compared to heterosexual individuals. Suicide researchers have long called for death certificates to record LGBTQ+ identities (e.g., Haas, Eliason, & Mays et al., 2011), but thus far, they still do not. As a result of these limitations, we can only speculate that LGBTQ+ people are at higher risk for serious negative outcomes of COVID,

but do not have data that captures actual outcomes. Similarly, we know little about compliance with COVID-19 mitigation efforts or attitudes about potential treatments and vaccines among LGBTQ+ people. Although Baumel et al. (2021) found greater adherence to social distancing guidelines among LGBTQ + than heterosexual individuals, a study in Taiwan (Ko et al., 2020) found that sexual minority populations reported lower perceived vulnerability to COVID-19 and greater confidence in their ability to cope, and took fewer protective measures than heterosexual respondents. Future research is needed to explore prevalence of adherence to public health guidelines, as well as barriers and facilitators to adherence among LGBTQ+ individuals with different demographic characteristics and who are living in different social/geographic contexts.

Implications for policy and practice

The studies in the current issue offer some beginning points on which to base the design of further research and to tentatively inform policy and practice to better address COVID-19 in LGBTQ+ individuals and communities. The findings from the current studies underscore the importance of interventions that address the needs of LGBTQ+ populations such as addressing social determinants of health and reducing stigma, and improving the quality of direct health service provision and health messaging.

Address social determinants of health and reducing stigma

The recession associated with the COVID-19 pandemic is expected to disproportionately impact LGBTQ+ individuals (O'Neill, 2020a), and may contribute to increases in discrimination (Mattei et al., 2020). If the social stigma against LGBTQ+ people continues to rise, those with existing mental health disparities are at particular risk. LGBTQ+ researchers and activists must continue efforts to reduce stigma via education and training of healthcare providers, altering healthcare systems to be inclusive and welcoming, and educating the general public on the effects of stigma and challenging negative stereotypes about LGBTQ+ people that drive stigma.

Furthermore, advocacy to protect the rights of LGBTQ+ people and communities is critical, particularly in light of efforts to exploit public health restrictions to call for criminalization or inflame misinformation designed to scapegoat LGBTQ+ people for the existence or spread of COVID-19 that has been identified across many countries (Gibb et al., 2020). In the U.S., the Trump administration withdrew legal protections for LGBT people in health services and a growing number of states have passed laws allowing health and social service providers to be exempt, on religious grounds, from laws prohibiting discrimination based on sexual or gender identity (Goldberg, 2020;

Konnoth, 2020; Simmons-Duffin, 2020a, 2020b). Federal and local jurisdictions should both create and enforce prohibitions against discrimination of LGBTQ+ individuals including in health and social services (Konnoth, 2020).

Ensure access to affordable and affirming healthcare

Although the studies in this collection did not focus on services received in healthcare settings for COVID-19, there were still themes across several of the studies pointing to unmet health and mental health needs, fears about stigmatizing interactions in local communities, and is a need for accessible care across subgroups of LGBTQ+ people. Health providers could ensure that they implement policies and communication strategies to ensure continuity of gender affirming care, including access to hormones for transgender and gender nonbinary individuals (Jarrett et al., 2020), rather than consider gender-affirming care as elective, and therefore expendable during the pandemic. There is an ample body of research demonstrating that many healthcare providers lack even the most basic training on LGBTQ+ issues and healthcare needs (summarized in Eliason & Chinn, 2018). Some healthcare providers unintentionally commit microaggressions through this lack of education and a small number are overtly hostile to LGBTQ+ patients. Economic woes cannot be a reason to abandon the attempts around the world to educate healthcare professionals to provide culturally affirming care. Consequently, it is critical that health systems and hospitals ensure that health providers and other employees are trained to provide respectful and competent services for all patients (Phillips et al., 2020).

Enhance access to online and remote health services and support

Our studies find that LGBTQ+ individuals are frequent users of internet-based communications and programs. The comfort with online venues for communication may bode well for the potential of online health care services. As the pandemic began, both physical and mental health services rushed to develop online counseling and consultation services to reach isolated and vulnerable populations. Because adolescents and young adults sheltering at home may not feel fully supported or safe living with family members (DeMulder, Kraus-Perrotta, & Zaidi, 2020; Fish et al., 2020), counselors and health care staff who develop telephone or video chat services or interventions must be sensitive to those who are living with unsupportive family or others whose lives or well-being may be in danger if they are overheard by family members. In addition, other studies, such as the Movement Advancement Project (2020) report indicated that more LGBTQ+ have serious lack of internet access than cisgender heterosexuals, making them potentially even more isolated from supportive and therapeutic services offered online. Hamnrik, Agarwal, AhnAllen,

Goldman, and Reiser (2020) weighed the benefits and challenges of telemedicine specifically designed for transgender populations, offering insights that apply more broadly to LGBTQ+ individuals in general, such as being able to reach vulnerable and isolated populations where specialized services are not available. The challenges include issues related to safety and confidentiality, expertise and access to appropriate technologies, and regulatory and reimbursement issues, among others.

There is a critical need for all online health services to be LGBTQ+ sensitive or even specific. Issues of privacy, confidentiality, and safety when the counseling is conducted remotely need to be considered. In addition, different types of services and formats may be needed for different segments of the LGBTQ+ community—elders may not use the same type of apps as youth and might prefer phone calls; some LGBTQ+ individuals have access only to smart phones and others to computers or tablets. Health messaging may need to be different for LGBTQ+ individuals who are suspicious of health services or government entities in their countries compared to those who trust medical or public health advice.

Increase access to community and social support

Many of the studies reported on the need for LGBTQ+ community support, although the sources of support varied from friendship networks, to social media, to connections with LGBTQ+ organizations or social services groups, to more specific groups, like trans-specific communities. There would seem to be a critical need to fund LGBTQ+ organizations that could provide support during disasters and craft targeted health messages to those vulnerable groups. As well documented in the study by Grant et al. (2021), there is also value in ensuring the survival of LGBTQ-centered physical spaces—these are critical spaces for building community and reducing internalized oppression caused by social stigma. It is unclear whether these physical spaces will survive the shut-downs and economic aftermath without federal support. Such centers and professional organizations can develop outreach to LGBTQ+ populations to provide accurate, unbiased information and targeted services. Furthermore, disaster preparedness plans need to explicitly include LGBTQ+ populations, as well as other marginalized groups, to avoid the health disparities created by previous epidemics and natural disasters (Phillips et al., 2020).

In conclusion, although it is challenging to implement these recommendations in the midst of a health crisis and an economic disaster, it is critical to do so. As Smith and Judd (2020) noted, social justice principles and responses "will not be easy at a time when neoliberal forces pitch population health against national economic stability" (p. 159). We have been living that neoliberal approach for several years now to the detriment of progress in reducing LGBTQ+ health disparities and restoring social justice. We call on leaders and

advocates to fight to retain, create, or restore the lost legal protections for LGBTQ+ individuals and communities that impact health and wellbeing. Such structural protections are fundamental to ensuring a true social justice orientation that values inclusivity over profits and the general good over the greed of the few in the face of a global health pandemic.

Acknowledgments

We wish to thank the peer reviewers solicited specifically for this issue. They provided prompt and thorough reviews of the papers in spite of the stresses of the pandemic on academic researchers. Those reviewers include Swagata Banik, Tonda Hughes, Ellen Riggle, William Jesdale, Allen LeBlanc, Jane McElroy, Esther Rothblum, Jeremy Kidd, Cindy Veldhuis, Cat Munro, Carl J. Streed, Jr., Kimberly Balsam, Seth Pardo, and Jason Flatt.

Disclosure statement

No potential conflict of interest was reported by the authors.

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