

February 20, 2018

The Honorable Alex Azar
Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

Dear Secretary Azar,

The undersigned organizations representing providers, patients and administrators across the country are deeply concerned by the lack of focus on minority communities, including Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals, in the Department of Health and Human Services (HHS) Draft Strategic Plan for FY 2018-2022, and in subsequent actions taken by the Department. The mission of HHS is “to enhance and protect the health and well-being of all Americans.” This should be clearly articulated in all HHS plans, with a special focus on how to achieve better health outcomes for minority populations.

We are particularly concerned about recent action taken by HHS to allow medical providers to refuse treatment on religious grounds and the creation of the Conscience and Religious Freedom Division in the HHS Office for Civil Rights. Any authority that grants license to discriminate would be detrimental to LGBTQ patients’ safe access to care and would undermine the progress we have achieved in addressing disparities among this patient population.

Despite advances in LGBTQ rights and acceptance, stigma continues to be the greatest problem facing sexual and gender minorities. In fact, many LGBTQ people develop an internalized shame that can contribute to problems with self-acceptance, anxiety, depression, difficulty forming intimate relationships, and being open about their sexual orientation or gender identity. The literature on the “minority stress model” highlights the impact of social prejudice, isolation and invisibility as the primary factors leading to an increased health burden and greater risk of mental health issues, homelessness and unemployment. LGBTQ patients also have higher rates of suicide with 40 percent of gender minorities report attempting suicide.^{1,2} Additionally, the risk of physical conditions is also exacerbated with increased rates of tobacco use, HIV and AIDS, and weight problems.

LGBTQ patients are already more likely to delay getting necessary medical care. For those that do seek health services, half of gender minorities educate their own providers about necessary care and 20

¹ Grant JM, Lisa A, Mottet Justin, Tanis Jack, Harrison Jody, Herman L, Keisling Mara. Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington, DC; National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.

² Sandy James et al., 2015 U.S. Transgender Survey 11, 12, 14 (2016), <http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>

percent report being denied care.^{3,4,5} The lack of data in national surveys and administrative claims make it a challenge to study disparities in this population, and more research is needed to enhance our clinical care for minority populations. After learning that HHS leaders are discouraging staffers from using specific words, including “transgender,” “evidence-based,” and “diversity,” we are especially concerned about the potentially harmful repercussions this policy could have on data collection on this population of disadvantaged patients.

The data that we do have indicates that discriminatory policies can have detrimental impacts on the mental health of the LGBTQ population.⁶ To reduce the cost of health care and achieve our goal of creating a healthier nation, the needs of specific populations must be examined and effectively addressed. We urge you to reconsider these actions and include strategies to focus on better access to health services and improved outcomes for minority populations, including millions of LGBTQ people in the United States.

Sincerely,

Academy of Psychosomatic Medicine
American Academy of Addiction Psychiatry
American Academy of Child & Adolescent Psychiatry
American Academy of Pediatrics
American Academy of Psychodynamic Psychiatry and Psychoanalysis
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association of Community Psychiatrists
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Nurses Association
American Psychiatric Association
American Psychoanalytic Association
Association for Ambulatory Behavioral Healthcare
Cities Thrive Coalition
Depression and Bipolar Support Alliance
GLMA: Health Professionals Advancing LGBT Equality

³ Grant JM, Lisa A, Mottet Justin, Tanis Jack, Harrison Jody, Herman L, Keisling Mara. Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington, DC; National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011. James et al., 2016; Reisner et al., 2016

Reisner et al., 2016

⁴Sandy James et al., 2015 U.S. Transgender Survey 11, 12, 14 (2016), <http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>

⁵ Reisner et al., Global Health Burden and Needs of Transgender Populations: A Review. *The Lancet*, 388, 412-436.

⁶ Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. 2010. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *Am J Public Health*. 100(3):452-459.

Global Alliance for Behavioral Health and Social Justice
The Jewish Federations of North America
Lesbian, Bisexual, Gay and Transgender PA Caucus of the American Academy of PAs
National Association of School Psychologists
National Association of Social Workers
National Council for Behavioral Health
National Disability Rights Network
National Federation of Families for Children’s Mental Health
National Health Care for the Homeless Council
School Social Work Association of America
Southern Psychiatric Association
Treatment Communities of America
The Trevor Project
World Professional Association for Transgender Health (WPATH)