



April 28, 2020

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives

The Honorable Mitch McConnell  
Senate Majority Leader  
U.S. Senate

The Honorable Kevin McCarthy  
House Minority Leader  
U.S. House of Representatives

The Honorable Chuck Schumer  
Senate Minority Leader  
U.S. Senate

Dear Speaker Pelosi, Senate Majority Leader McConnell, House Minority Leader McCarthy, and Senate Minority Leader Schumer,

Thank you for the steps you have taken to respond to the public health and economic impacts of the COVID-19 pandemic. We write to ask you to consider taking two specific actions related to LGBTQ people and COVID-19 in the next congressional relief package.

First, we seek language requiring the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and state and local health departments receiving federal funds to work with entities testing people for the coronavirus and treating people with COVID-19 to collect and report voluntary sexual orientation and gender identity (SOGI) data from patients, alongside other vital demographic data like race and ethnicity, in accordance with healthcare privacy laws. It is vital that governments and public health experts have a clear picture of the disparate risks and impacts of the coronavirus on LGBTQ people to inform public health efforts.

Research shows that LGBTQ people are more likely to have chronic conditions, such as cardiovascular disease, cancer, and HIV or AIDS.<sup>1</sup> A 2017 Center for American Progress survey

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<sup>1</sup> Cahill S and Wang T (2019, June). Quality Innovation Network, Quality Improvement Organizations (QIN-QIO) Sharing Call: "Reducing chronic disease and health disparities in diverse LGBT populations." National webinar.

found that 65% of LGBTQ people have chronic conditions.<sup>2</sup> Lesbian and bisexual women are more likely than heterosexual women to be overweight or obese.<sup>3</sup> There is also emerging research about higher rates of sedentarism, pre-diabetes, and diabetes among LGBTQ youth, which could lead to diabetes later in life.<sup>4</sup> LGBTQ older adults experience higher rates of disability than heterosexual, cisgender older adults.<sup>5</sup> LGBTQ people across the age spectrum are more likely to smoke<sup>6</sup> and vape,<sup>7</sup> and to use substances.<sup>8</sup> These disparities intersect with racial and ethnic health disparities. All of these conditions and risk behaviors could increase the vulnerability of LGBTQ people if they are exposed to SARS-CoV-2.

LGBTQ people disproportionately work in jobs that are considered essential; they may therefore be more likely to be exposed to the coronavirus. A Human Rights Campaign Foundation analysis of 2018 General Social Survey data found that 2 million LGBTQ people work in restaurants and food services (15% of all LGBTQ adults), 1 million work in hospitals (7.5%), and half a million work in retail (4% of LGBTQ adults). Additionally, LGBTQ people suffer economic disparities that place many in living environments that may make it harder to maintain social distancing.<sup>9</sup>

Are LGBTQ people more likely to develop complications from COVID-19? Are they more likely to die? These are critically important questions. We need our nation's public health response system to systematically collect SOGI data to understand if LGBTQ people face increased risks of acquiring COVID-19, how LGBTQ people are experiencing COVID-19, and how LGBTQ disparities intersect with racial and ethnic disparities in COVID-19 risks and outcomes. This data will help ensure that prevention efforts, testing, and care services are effectively meeting the needs of LGBTQ people.

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<sup>2</sup> Baker K, Singh S, Mirza SA, and Laura E. Durso (2017, July 6). *The Senate Health Care Bill Would Be Devastating for LGBTQ People*. Washington, DC: Center for American Progress. <https://www.americanprogress.org/issues/lgbtq-rights/news/2017/07/06/435452/senate-health-care-bill-devastating-lgbtq-people/>

<sup>3</sup> Boehmer U, Bowen DJ, Bauer GR. (2007). Overweight and obesity in sexual minority women: Evidence from population-based data. *Am J Public Health* 97:1134–1140.

<sup>4</sup> Beach L, Turner B, Felt D, et al. (2018). Risk factors for diabetes are higher among non-heterosexual US high school students. *Pediatric Diabetes*, 19(7):1137-1146.

<sup>5</sup> Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., . . . Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle: University of Washington.

<sup>6</sup> Lee JG, Griffin GK, Melvin CL. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tob Control* 18:275–282.

<sup>7</sup> Washington R, Cahill S. (2019, June). “Do e-cigarettes represent a harm reduction approach for the LGBT community? How do we reduce disparities in use?” National LGBTQ Health Conference, Emory University, Atlanta. Concurrent session—substance use.

<sup>8</sup> Song YS, Sevelius JM, Guzman R, Colfax G. (2008). Substance use and abuse. *The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*. Philadelphia: American College of Physicians. 2008. 209-247.

<sup>9</sup> Whittington C, Hadfield K, Calderón C (2020, March). *The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis*. Washington, DC: Human Rights Campaign Foundation.

<file:///C:/Users/scahill/Documents/Government%20Relations/HRC%20COVID19-IssueBrief-032020-FINAL.pdf>

Second, we ask that the next round of COVID-19 relief legislation mandate that discrimination including on the basis of sexual orientation and gender identity not be allowed in COVID-19 screening or care. We know that LGBTQ people experience discrimination in accessing health care.<sup>10,11</sup> This correlates with poorer health and well-being for LGBTQ people, and causes LGBTQ people to not access health care.<sup>12,13</sup> It also exacerbates health disparities that LGBTQ people experience. As you know, the Trump Administration has promoted anti-LGBTQ discrimination in a wide range of policy areas,<sup>14</sup> including by implementing religion and “conscience”-based policies that could increase anti-LGBTQ discrimination in health care and other areas of society.<sup>15</sup>

*Politico* reported April 24 that the Administration is seeking to finalize its repeal of the Affordable Care Act’s nondiscrimination rule (implementing Section 1557 of the ACA), which prohibits gender identity discrimination in health care and some forms of anti-LGB discrimination that take the form of sex stereotyping. Nondiscrimination protections are needed now to ensure that LGBTQ people can access life-saving health care in this time of global pandemic.

LGBTQ people who fall ill with COVID-19 should have access to testing and needed care. However, because of discrimination, many LGBTQ people do not have access to routine, preventive health care, and may face increased barriers to accessing a coronavirus test. The only way to be certain about the disparities in risks and outcomes facing the LGBTQ community in this pandemic is to mandate the collection and reporting of voluntary sexual orientation and gender identity data in all aspects of testing and health care in compliance with existing healthcare privacy laws.

Thank you for considering this request to require SOGI data collection and SOGI nondiscrimination in COVID-19 testing and care. Should you have any questions please contact Sean Cahill, Director of Health Policy Research at the Fenway Institute ([scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org), 646-761-6639).

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<sup>10</sup> Lambda Legal. 2010. *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination against LGBT People and People with HIV*. New York: Lambda Legal.

<sup>11</sup> Ahmed Mirza, Shabab and Rooney, Caitlin (2018). *Discrimination Prevents LGBTQ People from Accessing Health Care*. Washington, DC: Center for American Progress.

<sup>12</sup> Ibid.

<sup>13</sup> Reisner SL, White Hughto JM, Dunham E, Heflin K, Begenyi JB, Coffey-Esquivel J, Cahill S (2015). Legal protections in public accommodations settings: A critical public health issue for transgender and gender nonconforming people. *Milbank Quarterly*. 1-32

<sup>14</sup> Cahill S, Wang T, Jenkins B (2019, January). *Trump Administration continued to advance discriminatory policies and practices against LGBT people and people living with HIV in 2018*. Boston: The Fenway Institute.

<sup>15</sup> Cha, A., Eilperin, J. (2018, January 17). New HHS civil rights division to shield health workers with moral or religious objections. *Washington Post*.

Sincerely,

Ellen LaPointe  
Chief Executive Officer  
Fenway Health

Carl Baloney, Jr.  
Vice President for Policy and Advocacy  
AIDS United

Sharita Gruberg  
Director of Policy, LGBTQ Research and Communications Project  
Center for American Progress

David Stacy  
Government Affairs Director  
Human Rights Campaign

Joe Hollendorner  
Chief Executive Officer  
San Francisco AIDS Foundation