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United States Mission to the United Nations  
799 United Nations Plaza  
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**RE: The 2017 High-Level Political Forum on Sustainable Development**

Dear Ambassador Nikki Haley, Ambassador Michele Sison, and other member of the United States Mission to the United Nations,

With the upcoming United Nations High-Level Political Forum (HLFP) on Sustainable Development and review of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDG), we at the Fenway Institute would like to provide comment. The Fenway Institute works to make life healthier for those who are lesbian, gay, bisexual, and transgender (LGBT), as well as people living with HIV/AIDS and the larger community. We do this through research and evaluation, education and training, policy analysis, and public health advocacy. We are the research division of Fenway Health, a federally qualified health center in Boston, MA.

We urge the United States Mission to the United Nations members who will be in attendance at the 2017 HLFP to promote continued attention to efforts to improve HIV prevention and care, especially for gay and bisexual men and transgender women, as well as efforts to end the persecution of and discrimination against LGBT people across the globe. These continued efforts would be in line with SDG 3, Ensure Healthy Lives and Promote Well-Being for All at All Ages.

Across the globe research has shown that, gay and bisexual men and transgender women are disproportionately burdened by HIV infection. In the United States, gay and bisexual men accounted for 67% of all new HIV diagnoses in 2014.<sup>1</sup> Black and Latino gay and bisexual men in the U.S. experience the greatest burden of HIV infection.<sup>2</sup> Transgender women, especially Black transgender women, are disproportionately burdened by HIV.<sup>3</sup> Globally an estimated 14-18% of men who have sex with men (MSM),<sup>4</sup> and 19% of transgender women,<sup>5</sup> are HIV-positive.

<sup>1</sup> Centers for Disease Control and Prevention. "HIV Among Gay and Bisexual Men." Accessed July 7, 2017. Available online at: <https://www.cdc.gov/hiv/group/msm/index.html>

<sup>2</sup> *Ibid.*

<sup>3</sup> amfAR: The Foundation for AIDS Research (2014). *Trans population and HIV: Time to end the neglect.* <http://www.amfar.org/issue-brief-trans-populations-and-hiv-time-to-end-the-neglect/>

<sup>4</sup> Beyrer C, Baral S, van Girensen F, et al. Global epidemiology of HIV infection in men who have sex with men. *The Lancet.* July 2012, 19-29.

<sup>5</sup> Baral S, Poteat T, Stromdahl S, et al. Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *The Lancet.* March 2013, 214-222.

SDG Target 3.3 is to end the epidemic of AIDS, tuberculosis, malaria, neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. In order to make meaningful progress in ending the AIDS epidemic, it will be critical to create and implement effective HIV prevention and care interventions that specifically cater to the needs of gay and bisexual men and transgender women. Much progress has occurred within the U.S. PEPFAR program on this front in recent years.<sup>6</sup> We urge the U.S. government to continue this important public health and humanitarian relief effort.

LGBT people also experience health disparities in a number of other SDG 3 targets, including SDG 3.4 related to mental health, SDG 3.5 related to drug and alcohol use, and SDG 3.7 related to sexual and reproductive health. According to the 2015 U.S. Transgender Survey, 40% of transgender respondents reported ever attempting suicide.<sup>7</sup> Studies have shown that the LGBT populations have higher rates of tobacco,<sup>8</sup> alcohol,<sup>9</sup> and other drug use.<sup>10</sup> Lesbian and bisexual women are at greater risk of unwanted pregnancy,<sup>11</sup> and less likely to receive preventive cancer screenings.<sup>12</sup>

Much peer-reviewed research has documented the connection between experiences of discrimination, social stigma, violence victimization, and

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<sup>6</sup> Cahill, S., Schaefer, N., & Valadez, R. 2013. *Promoting HIV Prevention and Research with Men who have Sex with Men (MSM) through U.S. Foreign Policy. Global HIV/AIDS Politics, Policy, and Activism: Persistent Challenges and Emerging Issues. Volume 2: Policy and Policymaking.* (Raymond Smith, editor). Westport, Connecticut: Praeger. 69-86.

<sup>7</sup> James SE, Herman JL, Rankin S, Keisling M, Mottet L, & Anafi M. 2016. *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

<sup>8</sup> Lee GL, Griffin GK, Melvin CL. 2009. "Tobacco use among sexual minorities in the USA: 1987 to May 2007: A systematic review." *Tob Control.* 18:275-82.

<sup>9</sup> Hughes TL. 2005. "Alcohol use and alcohol-related problems among lesbians and gay men." *Ann Rev of Nurs Res.* 23:283-325.

<sup>10</sup> Lyons T, Chandra G, Goldstein J. 2006. "Stimulant use and HIV risk behavior: The influence of peer support." *AIDS Ed and Prev.* 18(5):461-73.

<sup>11</sup> Hodson K, Meads C, Bewley S. February 2017. "Lesbian and bisexual women's likelihood of become pregnant: a systematic review and meta-analysis." *BJOG: An International Journal of Obstetrics and Gynaecology.* 124(3): 393-402.

<sup>12</sup> Solazzo AL, Gorman BK, Denney JT. 2017. "Cancer Screening Utilization Among U.S. Women: How Mammogram and Pap Test Use Varies Among Heterosexual, Lesbian, and Bisexual Women." *Popul Res Policy Rev.* doi:10.1007/s11113-017-9425-5

minority stress on poor health outcomes.<sup>13,14,15,16</sup> In order to make progress on the health disparities affecting LGBT people, it is essential to address the persecution, stigma, and discrimination that LGBT people face across the globe. Anti-LGBT stigma creates minority stress, which plays a major role in the health disparities that disproportionately burden the LGBT community.<sup>17</sup> In countries around the world where same-sex consensual behavior and transgender identity are criminalized, LGBT people face extreme discrimination that contributes to negative health outcomes and acts as a key barrier to accessing healthcare. Social discrimination and persecution is particularly pronounced in the former Soviet bloc countries of Eastern Europe and Central Asia, in sub-Saharan Africa, and in majority Arab and Muslim countries. Research shows that LGBT people that live in communities with high levels of structural stigma and anti-LGBT prejudice die an average of 12 years earlier compared to LGBT people living in more accepting communities.<sup>18</sup>

Even in countries where LGBT people have seen progress in recent years, including the U.S., LGBT people still face discrimination. For example, in the 2015 U.S. Transgender Survey, 33% of respondents experienced anti-transgender discrimination in healthcare, and 23% of respondents chose to forego necessary healthcare due to fear of discrimination.<sup>19</sup> It is essential that members of the UN understand their responsibilities to protect the rights of all people, including LGBT people, to access healthcare by taking the necessary measures to reduce anti-LGBT discrimination and stigma. In order to achieve SDG 3, Ensure Healthy Lives and Promote Well-Being for All at All Ages, it is essential that the international community address the health disparities that burden LGBT people and the social drivers of those disparities—anti-LGBT persecution, stigma, and discrimination.

We thank you for bringing our recommendations to the attention of the UN at the 2017 HLPF. If you have questions about any of the recommendations that we've made, please feel free to contact Sean Cahill, PhD, Director of Health Policy Research at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org) or Tim Wang, MPH, Health Policy Analyst at [twang@fenwayhealth.org](mailto:twang@fenwayhealth.org).

Sincerely,

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<sup>13</sup> Lambda Legal. *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination against LGBT People and People with HIV*. New York: Lambda Legal. 2010.

<sup>14</sup> James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. *The Report of the 2015 U.S. Transgender Survey*. 2016. Washington, DC: National Center for Transgender Equality.

<sup>15</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>16</sup> Meyer, IH. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.

<sup>17</sup> *Ibid.*

<sup>18</sup> Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, Fiscella K. 2014. "Structural stigma and all-cause mortality in sexual minority populations." *Soc Sci Med*. 103:33-41.

<sup>19</sup> James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. 2016. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

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