

BRIEFING MEMO FOR ASSISTANT SECRETARY ADMIRAL LEVINE

Event: Trans Health Roundtable

Event Date: June 29, 2022

Event Time: 9:00 – 10:30 am

- 9:00 am: Arrive at The Miami Foundation and start the roundtable
 - o ADM Levine to provide opening remarks (2 minutes)
 - o Remarks offered to each leader of the three organizations
 - o Go around the room and have introductions
 - o Open it up to conversation
- 9:55 am: End roundtable and take photo
- 10:00 am: Move to separate room for a media availability (this is to protect everyone's privacy.)
 - o ADM Levine to provide opening remarks
 - o Remarks offered to each leader of the three organizations
 - o Open it up to questions
- 10:30 am: End

Location: The Miami Foundation, 40 NW 3rd Street | Suite 305, Miami, FL 33128

Participants in the room:

- ADM Levine
- 10-15 individuals from Arianna's Center, Miami Foundation and TransInclusive group

BACKGROUND

Today, many people living in this country are calling for our attention because they're being attacked, and they see few places to turn. Lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the Centers for Disease Control and Prevention *Adolescent Behaviors and Experiences Survey* covering January to June of 2021, which was just published on April 1 of this year, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

The CDC found that compared to heterosexual students, LGBTQ+ respondents reported higher percentages of poor mental health during the pandemic, persistent feelings of sadness or hopelessness, and fewer close connections to others at school. A September 2020 brief in the *Journal of Adolescent Health* titled *“I’m Kinda Stuck at Home With Unsupportive Parents Right Now”: LGBTQ Youths’ Experiences With COVID-19 and the Importance of Online Support*, which was published after youth around the country had been socially distancing for some time, found that LGBTQ youth were facing considerable additional stressors while staying at home and studying remotely compared to their non-LGBTQ peers. Youth remarked that they were leery of conducting therapy sessions over the phone while at home for fear of being overheard by parents, they were unable to dress according to their preferences while at home, and they were—as the paper’s title suggests—feeling trapped at home with unsupportive parents and family members.

The authors noted at the time, “Given the potential for long-term physical distancing, concerted efforts are required to provide necessary resources and support for LGBTQ youth during the COVID-19 pandemic.” The 2021 suicide and suicidal ideation data among this same population suggests that not enough resources and support have been brought to bear. Indeed, the Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health, based on responses from almost 34,000 LGBTQ youth ages 13 to 24, found that 56 percent of LGBTQ youth reported their mental health as poor most of the time or always due to the COVID-19 pandemic.

That same survey found in 2019, before the pandemic, that youth with at least one accepting adult were significantly less likely to report a suicide attempt, with youth reporting having no accepting adult in their life attempting suicide at a 27.3 percent rate and those reporting at least one accepting adult attempting suicide at a 17 percent rate. That difference of more than 10 percent strikes me as a crucial finding. It takes very little—just one accepting adult—to significantly reduce the risk of youth LGBTQ suicide.

It is tragic that even after decades of social progress, the most vulnerable among us continue to suffer, including LGBTQI+ individuals of color, LGBTQI+ youth, LGBTQI+ seniors, and LGBTQI+ immigrants. Transgender women of color not only continue to be harassed, but are more likely than the population at large to suffer violence and even murder.

The American Medical Association, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the Pediatric Endocrine Society, and the Society for Adolescent Health and Medicine, among others, all agree that gender-affirming care is medically necessary, safe, and effective for transgender and nonbinary children and adolescents.

Gender-affirming care is medical care. It is a well-established medical practice. The World Professional Association for Transgender Health published evidence-based standards of care more than a decade ago, in 2011, and is planning to release a full update this summer. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients who are transgender or gender non-binary.

In March of 2016, the North Carolina state legislature passed and the governor signed what quickly came to be known as “the bathroom bill,” which required people to use the bathroom corresponding to the sex listed on their birth certificate regardless of other factors. The law was widely recognized as an insult to people who are transgender, and everyone from Bruce Springsteen to the National Basketball Association to PayPal quickly took their business elsewhere. After hundreds of millions of dollars in losses statewide, the Public Facilities Privacy & Security Act was repealed in March of 2017.

This politicization is not uniform. Governors in Indiana, North Dakota and Utah have spoken out against anti-trans bills passed by their state legislatures, citing compassion and a lack of any clear public need. Gov. Spencer Cox of Utah published an impassioned statement in vetoing HB11—which blocks transgender youth from playing sports with other students of their gender—and pointed out that of the approximately 75,000 students participating in high school sports in his state, the law applied to just four of them.

HHS/Administration’s Actions

Just this Pride Month, President Biden signed an Executive Order to help promote equality in American for those in the LGBTQI+ community. It’s main tenants work at:

- Addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children;
- Preventing so-called “conversion therapy” with a historic initiative to protect children from the harmful practice;
- Safeguarding health care, and programs designed to prevent youth suicide;
- Supporting LGBTQI+ children and families by launching a new initiative to protect foster youth, prevent homelessness, and improve access to federal programs; and
- Taking new, additional steps to advance LGBTQI+ equality.
- Strengthening the federal collection of sexual orientation and gender identity (“SOGI”) data by establishing a new federal coordinating committee on SOGI data, which will lead efforts across agencies to identify opportunities to strengthen SOGI data collection, while safeguarding privacy protections and civil rights for LGBTQI+ individuals.
- Supporting the new National HIV/AIDS Strategy to lead us toward ending the HIV epidemic in the United States by 2030. The President reestablished the White House Office of National AIDS Policy, and has made historic investments in ending the HIV epidemic globally.

HHS is committed to using every tool in our toolbox to ensure health equity for all. This includes actions like NIH increasing research funding on gender-affirming procedures to further develop the evidence base for improved standards of care. SAMHSA is advancing research addressing the harms of conversion therapy. HHS expanding access to gender-affirming care as an essential health benefit.

The Healthy People 2030 report includes several important national public health goals specific to this population, and it’s worth naming them to get a sense of how acute and pervasive these health risks are. Objectives include:

- Increase the number of national surveys that collect data on transgender populations

- Increase the number of states, territories, and DC that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System
- Reduce bullying of transgender students
- Reduce the proportion of transgender high school students who have used illicit drugs
- Reduce suicidal thoughts in transgender students

The Department of Health and Human Services provides evidence-based resources, available for free online at health.gov/healthypeople, on everything from suicide prevention to helping families support LGBT children.

The Department of Health and Human Services has made improving and supporting Americans' mental health a top priority. Surgeon General Murthy has spoken often of the need for better and more effective mental health supports, and he published an advisory last year titled *Protecting Youth Mental Health* in which he noted, "Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth." I recommend reading the advisory in full, and I'll note just a few of his recommended steps for health care organizations and health professionals:

- Implementing trauma-informed care principles and other prevention strategies to improve care for all youth, especially those with a history of adversity.
- Referring patients to non-medical resources such as economic supports, school enrichment programs, and legal supports.
- Routinely screening children for mental health challenges and risk factors, including adverse childhood experiences.
- Implementing school-hospital partnerships, such as behavioral health urgent care clinics supported by schools.
- Using new payment and delivery models, such as the CMS Innovation Center's Integrated Care for Kids Model, to support the mental health-related needs of children across multiple settings.
- Building multidisciplinary teams to offer services tailored to the needs of children and their families, and offering culturally appropriate services that, when possible, are offered in multiple languages by a diverse mental health staff.

Arianna's Center

Arianna's Center engages, empowers and lifts up the trans community of South Florida. They place a special emphasis on the most marginalized, including the Trans Latinx community, undocumented immigrants, people living with HIV and AIDS, and those who have experienced incarceration.

- YOU have met the leader, Arianna, at the White House during Trans Day of Visibility

The Miami Foundation

Established in 1967, The Miami Foundation is the foundation for people who are passionate about Miami. The Miami Foundation is focused on building a stronger Miami forever. Over the last 50 years they have invested more than \$400 million into our community, and house more than \$350 million in assets focused on strengthening Greater Miami.

TransInclusive group

Transinclusive Group, Inc. is a Transgender-Led LGBTQ+ tax exempt, 501(c)(3) non-profit organization. Founded in 2017, Transinclusive Group advocates to protect and defend equality for Transgender and LGBTQ+ individuals in South Florida by building trust and relationships with community providers to end discrimination, stigma, and racial disparities in order to address social determinants of health, with a concentrated focus on serving people of color. As an advocacy driven organization, Transinclusive Group's goal is to cultivate advocates to take action to influence social, political, and economic systems to bring about change for all TLGBQ+ individuals.

Florida State Actions

- Florida's governor Ron DeSantis signed controversial law opponents dubbed 'Don't Say Gay' aka "Parental Rights in Education" bill. It includes banning public school teachers in Florida from holding classroom instruction about sexual orientation or gender identity.
- Florida advises against gender-affirming medical or social care for trans kids. The nonenforceable guidelines single out socially transitioning rather than just medically transitioning. That puts Florida's efforts to restrict gender-affirming care beyond many other states', experts say.

- Proposed Rule Making: Florida Medicaid just posted its proposed rule for gender-affirming care. The proposed rule would exclude coverage of puberty blockers, hormones, gender affirming surgery and “any other procedures that alter primary or secondary sexual characteristics” for all Medicaid recipients. It also redefines EPSDT to exclude these services.

Talking Points

ASH Intro for Roundtable

- I'd like to thank you all for coming here today.
- It is especially brave of you as we all face an onslaught of hate and bullying across our nation and particularly in Florida.
- I know it is a scary time. But there is hope. President Biden and the administration sees you, they hear you, and they support you. As the President said: he has our backs, and I want you to know that I do too.
- This includes actions in an Executive Order the President signed during Pride Month. Among other actions, this EO addresses discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children.
- At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances. We believe medical and political discrimination against LGBTQI+ people has to end.
- We're here today to hear from you. What you are facing, how you are coping, and how we can help.
- With that, I'd like us to go around the table and have introduce themselves and tell us a little about their journey.

Remarks for Media Availability:

Many people living in this country are calling for our attention because they're being attacked. I want to say this very clearly: lesbian, gay, bisexual, transgender and queer Americans are committing suicide at a rate that should shock our conscience. According to the CDC, one in four teenagers who identified as LGBTQ+ reported attempting suicide during the first half of 2021.

It is tragic that even after decades of progress, the most vulnerable continue to suffer.

As Assistant Secretary for Health, I'm urging us to base medical care on facts rather than wild claims. The fact is that the appropriateness of a range of medical treatments for people who are transgender is thoroughly grounded in medical research, and is no more an issue for public debate than how many bandages a doctor should apply to an injured patient.

There are good reasons we leave medical decisions to experts rather than political whims. If we started voting on how medicine should be practiced, regardless of what the vast majority of qualified experts tell us, it won't take long for many of the people cheering today's wave of anti-trans actions to regret where it takes us.

We need to continue to work against intolerance until everyone living in America can live their life openly and freely.

President Biden and his administration supports the LGBTQI+ community in all its diversity and works to ensure everyone is represented.

At HHS, Secretary Becerra and I are committed to doing everything we can to help vulnerable patients and their families get the medical care they need, no matter where they live and no matter their life circumstances.

Today, many politicians and their supporters are describing our LGBTQI+ community as a blight on our culture. Many of the targets of this kind of speech are driven to kill themselves.

I do not see enough warmth, empathy, compassion or understanding on their behalf. We need to say publicly to every LGBTQI+ person living in this country that it is okay to be you.

Gender-affirming care is medical care. It is mental health care. It is suicide prevention care. It improves quality of life, and it saves lives. It is based on decades of study. It is a well-established medical practice. The World Professional Association for Transgender Health published evidence-based standards of care more than a decade ago, in 2011, and is planning to release a full update this summer. WPATH assesses the full state of the science and provides substantive, rigorously analyzed, peer-reviewed recommendations to the medical community on how best to care for patients

who are transgender or gender non-binary. It is free of any agenda other than to ensure that medical decisions are informed by science.

The truth we need to confront right now is that medicine and science are being politically perverted around the country in ways that destroy human lives. We have reached a tipping point for the role of medicine in civic life.

Those who now attack our LGBTQI+ community are driven by an agenda that has nothing to do with science and medicine.

The mantle of concern for children is being claimed to destroy children's lives.

We have to stand up. We have to take a stand on behalf of those who are being hurt.

Thank you so much.

If asked questions on anything political:

- I believe in health equity for all. This Pride Month, President Biden signed an Executive Order that builds on the historic progress he has made for LGBTQI+ people by addressing discriminatory legislative attacks against LGBTQI+ children and families, directing key agencies to protect families and children. The Department of Justice has intervened and filed statements of interest in lawsuits across the country challenging state laws that seek to ban transgender children from accessing gender-affirming health care and participating in school activities as unconstitutional.

Scientific support of gender affirming care:

- A paper published just a few months ago in the Journal of the American Medical Association found that receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60 percent lower odds of moderate or severe depression and 73 percent lower odds of suicidality over a 12-month follow-up. The positive value of gender-affirming care is not in serious scientific or medical dispute.