February 18, 2020

Brian Klotz  
Deputy Director, Center for Faith and Opportunity Initiatives  
USAID  
Room 6.07-017  
1300 Pennsylvania Avenue NW  
Washington, DC 20523-6601

Submitted online: http://www.regulations.gov

Re: Equal Participation of Faith-Based Organizations in USAID's Programs and Activities: Implementation of Executive Order 13831 (RIN 0412-AA99)

Dear Deputy Director Klotz,

The Fenway Institute is the research arm of Fenway Health, a federally qualified health center and Ryan White Part C HIV clinic in Boston, Massachusetts that serves 32,000 patients each year. About half of our patients are LGBTQIA+, 4,000 are transgender or nonbinary, and 2,200 are people living with HIV. The Fenway Institute works to make life healthier for LGBTQIA+ people, people living with HIV, and the larger community. We do this through research and evaluation, education and training, and policy analysis.

We are writing to strongly oppose USAID’s proposed rule “Equal Participation of Faith-Based Organizations in USAID's Programs and Activities: Implementation of Executive Order 13831 (RIN 0412-AA99).” We are concerned that this proposed rule would expand religious exemptions that allow for discrimination against LGBTQIA+ people around the world who are seeking health care and other services from USAID grantees.

The USAID proposed rule would unfairly favor taxpayer-funded religious organizations over the people that government programs are intended to help. No one should be forced to sacrifice their religious freedom in order to qualify for basic government-funded services.

This rule takes the concept of religious freedom and turns it on its head. True religious freedom protects an individual’s right to worship—or not—and harms no one. But this rule is designed so that government employees and healthcare providers can deny service or treatment to LGBTQIA+ people by claiming that providing such service or treatment would violate their religious beliefs or sincerely held principles.

USAID is the lead implementing agency of the President’s Emergency Plan for AIDS Relief (PEPFAR). A year ago President Trump announced his Ending the HIV Epidemic Plan to dramatically reduce new HIV infections in the U.S. and around the world over the next decade. Gay and bisexual men and transgender women are disproportionately at risk of HIV infection throughout the world, including in Africa, where HIV primarily affects heterosexuals. In the Americas most people living with HIV are men who have sex with men (MSM); in the rest of the world MSM are disproportionately affected by HIV. We are concerned that this proposed rule
would allow those providing HIV care and prevention services to refuse to serve LGBT people based on their conservative religious and moral beliefs.

USAID-funded health care providers could also refuse to serve sex workers, people who inject drugs, prisoners, and other populations that are disproportionately at risk for HIV and Hepatitis. Health care is both a human and a civil right. Every law that governs access to health care should put patients first. This proposed rule does not do that.

USAID funds foreign aid and development projects to assist impoverished nations, to foster goodwill towards America, and to enhance global stability. But under this rule, the primary focus would instead be to allow religious providers to get access to these funds. Vice President Pence was recently in the news for improperly directing government money to religious foreign aid organizations. The proposed rule would expand this misguided policy which will undermine public health and the fight against HIV around the world.

The rule eliminates key religious freedom protections for participants while inviting employment discrimination by the government-funded service providers that are supposed to be serving everyone. American taxpayers should not be funding foreign proselytization efforts by religious grantees, and no one’s ability to get vital services should depend on whether they share the religious beliefs of government-funded organizations. Please withdraw this harmful rule in its entirety.

Sincerely,

Jane Powers, MSW, LICSW
Acting Chief Executive Officer
Fenway Health

Kenneth Mayer, MD, FACP
Co-chair and Medical Research Director, The Fenway Institute
Director of HIV Prevention Research, Beth Israel Deaconess Medical Center
Professor of Medicine, Harvard Medical School

Jennifer Potter, MD
Co-Chair and LGBT Population Health Program Director
The Fenway Institute

Carl Sciortino, MPA
Vice President of Government and Community relations
Fenway Health

Sean Cahill, PhD
Director of Health Policy Research
The Fenway Institute