

February 18, 2020

Director, Office of Regulation Policy and Management (00REG)
Department of Veterans Affairs
810 Vermont Avenue NW, Room 1064,
Washington, DC 20420

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

RE: RIN 2900-AQ75—EQUAL PARTICIPATION OF FAITH-BASED ORGANIZATIONS IN VETERANS AFFAIRS PROGRAMS: IMPLEMENTATION OF EXECUTIVE ORDER 13831

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 the Department of Veterans Affairs's proposed rule "RIN 2900-AQ75—EQUAL PARTICIPATION OF FAITH-BASED ORGANIZATIONS IN VETERANS AFFAIRS PROGRAMS: IMPLEMENTATION OF EXECUTIVE ORDER 13831." We are concerned that this proposed rule would expand religious exemptions that allow for discrimination against lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) veterans seeking health care and other services at the VA.

The Department of Veterans Affairs 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 LGBTQI people by claiming that providing such service or treatment would violate their religious beliefs or sincerely held principles. 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.

Despite decades of discriminatory policies, according to the Massachusetts Behavioral Risk Factor Surveillance System survey (pooled data from 2016 to 2018), LGBT people age 50 to 75 are almost as likely as heterosexual, cisgender individuals to be veterans. An analysis of U.S. Census same-sex couple household data and several state and national data sets found that lesbians and bisexual women are two and a half times as likely to be veterans compared to

heterosexual women.¹ LGB veterans have higher suicidality than heterosexual veterans.² The Veterans Health Administration is the largest provider of health care in the U.S., serving more than 9 million patients. The VA also provides critical services, including housing assistance, job and food assistance, suicide prevention, and case management. LGBT veterans deserve to be able to access these services, just as other veterans do free of discrimination based on moral or religious belief.

The proposed rule would undermine access to critical services, such as education and training, counseling, community living facilities, and many other programs for veterans. 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.

This proposed rule is discriminatory and dangerous. In America, 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,

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Fenway Health

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¹ Lehavot K, Simpson T (2013 Jul). Incorporating Lesbian and Bisexual Women into Women Veterans' Health Priorities. *J Gen Intern Med.* 28(Suppl 2): 609–614.

² Blosnich JR, Farmer GW, Lee JG, Silenzio VM, Bowen DJ (2010). Health inequalities among sexual minority adults: Evidence from ten U.S. states, *Am J Prev Med.* 2014;46(4):337-349.

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