

**Presidential Advisory Council on HIV/AIDS (PACHA)**  
**Resolution on Effectively Addressing the HIV/AIDS Epidemic in Transgender Populations**

Transgender people, like any group of people, come from a range of backgrounds. They live in cities and rural areas; are young, elderly, and middle-aged; begin to live as their true gender when they are children, young adults, or much later in life; and live in families of all varieties.

Transgender people, and the communities they live in, are diverse in terms of factors such as race, income, and sexual orientation.

Unfortunately, transgender people from all backgrounds commonly face discrimination in a wide array of settings. Transgender people across the United States today encounter prejudice, violence, and institutionalized discrimination in areas of everyday life such as health care, housing, employment, education, and legal recognition in their true gender. These disparities multiply for transgender people who are also members of other disadvantaged groups, such as transgender people of color and transgender women.

The consequences of discrimination are deadly. According to the 2011 *National Healthcare Disparities Report*, transgender people are disproportionately likely to experience violence in the home, on the street, and even in health care settings.<sup>i</sup> They are four times as likely as the general population to live in extreme poverty, more likely to be uninsured, and less likely to get preventive care that can catch diseases such as cancer early in disease progression.<sup>ii</sup> Additionally, in a recent study of more than 6,400 transgender people in the United States, 41% of respondents reported attempting suicide—a rate 25 times higher than the general population.<sup>iii</sup>

Discrimination also helps drive an overwhelming burden of HIV infection among transgender populations. The same structural circumstances that marginalize transgender individuals by forcing them down through the gaps in America's social safety nets, health care systems, and standards for legal citizenship also systematically place them at greater risk of HIV infection. Data from the Centers of Disease Control and Prevention (CDC) show that new HIV infections among transgender people occur at almost three times that of non-transgender men and almost nine times that of non-transgender women.<sup>iv</sup> While available data indicate that HIV prevalence among transgender men is currently low, transgender men who have sex with men report high rates of unprotected intercourse, exposing this population to heightened risk for contracting HIV and other sexually transmitted infections.<sup>v</sup> African-American and Latino/a transgender people, particularly transgender women, are at especially high risk of HIV infection.<sup>vi</sup>

The National HIV/AIDS Strategy provides an initial framework for efforts to collect more data on the scope of the HIV epidemic among transgender populations, to better understand the effect that discrimination related to gender identity and gender expression has on HIV risk and other health disparities, and to begin to develop initiatives to connect transgender individuals with lifesaving HIV prevention and treatment services. The Affordable Care Act also provides opportunities to

gather relevant data, to expand public insurance coverage, and to end exclusionary private insurance industry practices that deny coverage and care to transgender people. Truly making progress in curbing the HIV epidemic among transgender populations, however, will require policymakers, researchers, health advocates, and health care providers to make long-term investments in the value of transgender lives and to commit to working with transgender community members to prioritize the fight against HIV and AIDS.

**Whereas** transgender populations experience some of the highest rates of HIV infection in the United States with estimates of HIV infection prevalence ranging from 14 to 69%;

**Whereas** transgender individuals who are also members of other disadvantaged populations, such as transgender people of color and transgender women, bear an extremely heavy burden of HIV infection;

**Whereas** discrimination against transgender people in areas of everyday life such as education, housing, and employment contributes to elevated rates of homelessness, poverty, recourse to underground economies such as sex work, and incarceration, all of which are known drivers of HIV risk;

**Whereas** transgender populations experience significant health disparities, including elevated rates of substance use, mental health concerns such as depression, encounters with violence, and sexually transmitted infections, that contribute to higher risk of HIV infection;

**Whereas** transgender people frequently encounter barriers to health care, including a lack of insurance, fear of discrimination, provider insensitivity or hostility, and lack of knowledge about transgender health;

**Whereas** these barriers prevent many transgender people from accessing effective HIV prevention services, learning their HIV status, taking steps to connect with care when they are HIV-positive, or staying in care to help manage their HIV status;

**Whereas** authoritative public health sources such as Healthy People 2020 and the Institute of Medicine reports *Monitoring HIV Care in the United States: Indicators and Data Systems* and *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* note that a nationwide lack of appropriate data collection related to gender identity and transgender status severely hinders efforts to effectively address transgender health disparities, including HIV risk and prevalence;

**Whereas** the National HIV/AIDS Strategy recognizes that HIV prevention efforts specifically focusing on the transgender population have been minimal and are not differentiated from initiatives focusing on the population of men who have sex with men;

**Whereas** the Affordable Care Act provides unprecedented nondiscrimination protections for transgender people on the basis of sex, gender identity, health condition, and disability;

**Whereas** despite these protections and recognition from expert bodies such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the National Association of Social Workers, the Endocrine Society, and the World Professional Association for Transgender Health that transition-related health care services are medically necessary for many transgender people, exclusions denying this care persist in both public and private insurance programs across the United States;

**Whereas** removing these exclusions does not drive up premium costs and improves outcomes for some of the most significant health disparities affecting the transgender population, including reduced suicide risk, lower rates of substance use, improved mental health outcomes, and increased adherence to HIV treatment regimens;

**Be it resolved:**

- 1) Relevant Health and Human Services (HHS) operating divisions should dedicate grant funds to projects specifically focusing on transgender health, particularly in the context of HIV prevention and treatment, such as the 2012 Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) grants focusing on retaining HIV-positive, transgender women in care and the inclusion of transgender women as a priority population in the 2012 Office of Minority Health grant program on re-entry services for recently incarcerated individuals;
- 2) The Indian Health Service (IHS) should develop a health services protocol specific to providing culturally and clinically appropriate care for male and female bodied, Two-Spirit individuals, including HIV prevention, education, outreach, and treatment;
- 3) The Substance Abuse and Mental Health Services Administration (SAMHSA) should pilot initiatives for transgender-specific, community-driven HIV prevention programs regarding substance use and black market hormone use;
- 4) The CDC should develop and fund a research portfolio on new community-driven prevention programs for transgender individuals;
- 5) HHS should develop a measure for identifying transgender respondents on federally supported surveys, similar to the question for sexual orientation that was added to the National Health Interview Survey in 2013;
- 6) All Federal agencies involved in implementing the National HIV/AIDS Strategy should use this measure to collect and report accurate and reliable statistics about the HIV/AIDS epidemic among

transgender populations, including the effect of factors such as employment, insurance, socioeconomic status, geography, and race on HIV risk and prevalence;

- 7) HHS should include appropriate transgender measures (as well as sexual orientation measures) as required functionality for all electronic health records systems as part of Stage 3 of the Electronic Health Records Incentive Program;
- 8) All Federal agencies involved in implementing the National HIV/AIDS Strategy should require their grantees and contractors to deliver services in a manner that is culturally competent with regard to the needs and experiences of transgender populations and that does not discriminate on the basis of gender identity or expression;
- 9) The National Institutes of Health (NIH) should establish a cross-NIH coordinating mechanism to develop an integrated approach to pursuing a range of research related to transgender health and LGBT health more broadly, including HIV/AIDS and the socioeconomic determinants of transgender health;
- 10) NIH should adopt a policy encouraging grant applicants to explicitly address the inclusion or exclusion of sexual and gender minorities in their samples;
- 11) HRSA should establish a training and technical assistance resource center for federally qualified health centers that specifically focuses on enhancing staff and provider cultural and clinical competence in transgender health;
- 12) The Centers for Medicaid and Medicare Services (CMS) should require facilities and providers receiving any federal funding to undertake regular staff trainings on transgender cultural competency;
- 13) The Office of Population Affairs at HHS should incorporate recognized protocols for treating transgender patients, such as the *Standards of Care for the Health of Transsexual, Transgender, and Gender-nonconforming People* developed by the World Professional Association for Transgender Health into the revised guidelines for Title X clinics;
- 14) HHS should work to ensure that members of vulnerable populations living with HIV or AIDS, including transgender people, continue to be able to rely on the services and supports provided by the Ryan White Program and are protected from the loss of important wraparound services during the implementation of the Affordable Care Act;

- 15) The Center for Consumer Information and Insurance Oversight at CMS should issue guidance clarifying that transgender-specific exclusions violate federal nondiscrimination regulations that include protections on the basis of gender identity, health condition, and diagnosis and requiring that issuers of plans offering the essential health benefits must remove these exclusions from their Essential Health Benefits (EHB)-based plans.

## References

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<sup>i</sup> Agency for Healthcare Research and Quality. 2012. *National Healthcare Disparities Report*, available at <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>;

<sup>ii</sup> Grant, J.M., L.A. Mottet, J. Tanis, J. Harrison, J.L. Herman, and M. Keisling. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, available at [http://www.thetaskforce.org/reports\\_and\\_research/ntds](http://www.thetaskforce.org/reports_and_research/ntds).

<sup>iii</sup> Ibid.

<sup>iv</sup> Centers for Disease Control and Prevention, *HIV Among Transgender People* (2011), <http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf>

<sup>v</sup> S. Reisner, B. Perkovich & M.J. Mimiaga, *A Mixed Methods Study of the Sexual Health Needs of New England Transmen Who Have Sex with Nontransgender Men*, 24 AIDS PATIENT CARE & STDS 501 (2010); J. Sevelius, *“There’s No Pamphlet for the Kind of Sex I Have”*: HIV-related Risk Factors and Protective Behaviors Among Transgender Men Who Have Sex with Non-transgender Men, 20 J. ASSOC. NURSES AIDS CARE 398–410 (2009).

<sup>vi</sup> See, e.g., L. Nuttbrock, S. Hwahng, W. Bockting, A. Rosenblum, M. Mason, M. Macri, J. Becker, *Lifetime Risk Factors for HIV/Sexually Transmitted Infections Among Male-to-Female Transgender Persons*, 52 J. AIDS 417 (2009); R. Garofalo, J. Deleon, E. Osmer, M. Doll, G.W. Harper, *Overlooked, Misunderstood and At-Risk: Exploring the Lives and HIV Risk of Ethnic Minority Male-to-Female Transgender Youth*, 38 J. ADOLESCENT HEALTH 230 (2006).