

March 22, 2021

Kyra Linse  
Acting Survey Director,  
Current Population Surveys  
U.S. Census Bureau  
Department of Commerce

**Via Electronic Mail to [dsd.cps@census.gov](mailto:dsd.cps@census.gov) and via [regulations.gov](https://www.regulations.gov)**

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Current Population Survey Basic Demographic Items, Docket No. USBC–2020–0031

Dear Ms. Linse:

Whitman-Walker Institute and Whitman-Walker Health (collectively Whitman-Walker) are pleased to submit these comments to emphasize the importance of adding sexual orientation, gender identity, and intersex measures to the Basic Demographics Items of the Current Population Survey, as recently recommended by the National Academies of Science, Medicine and Engineering,<sup>1</sup> and many other authorities, researchers and advocates. Inclusion of data on Sexual and Gender Diverse (SGD) persons on a population-wide basis is critical to understanding the needs of these marginalized and often-ignored communities, to inform public policy, and to ground and advance scientific research.

**Interest and experience of Whitman-Walker.** *Whitman-Walker Health (WWH)* is an FQHC providing high quality, culturally competent health care to the greater Washington, DC metropolitan area, with a special focus on lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals, and persons living with HIV of every sexual orientation and gender. We offer primary medical care and specialty HIV care; transgender care; dental care; mental health care and substance use disorder counseling and treatment; HIV and STI prevention and testing and other community health services; and legal services. In calendar year 2020, we provided health services to more than 16,000 distinct individuals – notwithstanding the considerable challenges imposed by the COVID pandemic.

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine, UNDERSTANDING THE WELLBEING OF LGBTQI+ POPULATIONS (Washington, DC: 2020), available at <https://www.nap.edu/catalog/25877/understanding-the-well-being-of-lgbtqi-populations>.

WWH is nationally known as an expert in gender-affirming care. Transgender and gender-expansive individuals comprise more than 10% of persons receiving WWH health services. We also are well known for affirming care for persons of diverse sexual orientations. In 2020, 42% of those who received health care services identified as gay, lesbian, bisexual, or otherwise non-heterosexual. Of those patients who provided their sexual orientation, more than 60% identified as gay, lesbian, bisexual, or otherwise non-heterosexual.

Our patients live in Washington, DC; in the neighboring states of Maryland and Virginia; and in other states across the region, including Pennsylvania, West Virginia, and Delaware. Many of these persons are unable to find nondiscriminatory, welcoming, and competent care in their own communities.

In addition to direct patient medical and behavioral health care, WWH has a robust Community Health Department that offers counseling and testing for HIV and other Sexually Transmitted Infections; education and services for Pre-Exposure and Post-Exposure Prophylaxis to prevent HIV infection; care navigation services for persons with cancer; breast health and other women's health initiatives; and sexual health and wellness services for youth.

The *Whitman-Walker Institute* conducts research, advocates for just and inclusive public policies, and engages in clinical and community education to advance the health and wellness of our community. Institute researchers, educators and policy advocates work closely with WWH providers to enhance the impact of their work and to ensure that direct health care, research, education and public policy mutually reinforce each other. Whitman-Walker's research studies include clinical trials to test promising, not-yet approved medications, as well as long-term cohort studies that improve treatment for our patients. Our commitment to community has helped us expand our work to include studies focused on transgender and youth patients. We currently have more than 2,500 participants in 40+ active studies. Recent research projects include collaborations with several other large LGBTQ-focused health centers to identify and address the health needs of transgender and gender-nonbinary persons, and to understand the impact of the COVID-19 pandemic on SGD populations.

The Institute's Policy and Education Departments work to reform and enhance laws and public policies to address health disparities; advance access to culturally competent, affordable health care for LGBTQ people; advocate for LGBTQ and racial equity; and advance HIV treatment and prevention. Current projects include collaboration with prominent educators, researchers, providers and patient advocates across the country to develop national guidelines for cultural competency/humility training for health care providers and staff.

All of Whitman-Walker’s activities would benefit from collection of consistent, reliable population-wide data on sexual orientation, gender identity and intersex traits.

**The need to collect data on sexual orientation, gender identity and intersex characteristics in the Current Population Survey Basic Demographic Items.** As documented by the National Academies<sup>2</sup> and many others, LGBTQI persons suffer many health disparities, economic injustices, stigma and discrimination, and are systemically marginalized. One significant driver of these injustices and public health challenges is that in many respects sexual and gender diverse people are ignored by, or remain invisible to, policymakers and providers of health care and other services. The failure to include sexual orientation, gender identity and intersex status in surveys and routine questionnaires perpetuates their invisibility and further stigmatizes SGD people as unworthy of notice.

Presently, a wide range of government surveys do not collect information on sexual orientation and gender identity, and only approximately 1 in 6 LGBTQ adults can be identified as LGBTQ from U.S. Census Bureau data.<sup>3</sup> Some surveys, such as the census, now count same-sex couples, but most other major population surveys, including the CPS, do not collect any demographic data about LGBTQ people.<sup>4</sup> The information gathered by these data collection tools shapes major policy decisions and allocations of critical resources related to health care, housing, employment, education, and other public benefits, thereby affecting the everyday lives of LGBTQ people and making the need for their inclusion even more urgent.

A major limitation of much of the data on sexuality that is currently collected is that it focuses on sexual behavior. While this is appropriate in some contexts (for instance, epidemiological studies of HIV and other sexually transmitted infections), sexual orientation is a much broader concept that can encompass identity and attraction as well as sexual behavior. Identifying sexual orientation with sexual activities involving the same or a different gender may distort the population under study and can lead to misunderstandings of LGBTQ people.

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<sup>2</sup> UNDERSTANDING THE WELLBEING OF LGBTQI+ POPULATIONS, *supra* note 1.

<sup>3</sup> Caroline Medina, Sharita Gruberg, Lindsay Mahowald, and Theo Santos, “Improving the Lives and Rights of LGBTQ People in America” (Washington, DC: Center for American Progress, 2020), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2021/01/12/494500/improving-lives-rights-lgbtq-people-america/>.

<sup>4</sup> Kellan Baker, Laura E. Durso, and Aaron Ridings, “How to Collect Data About LGBT Communities” (Washington, DC: Center for American Progress, 2016), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2016/03/15/133223/how-to-collect-data-about-lgbt-communities/>.

Inclusion of questions in the CPS on sexual orientation or identity would help rectify important gaps in our knowledge.

The failure of most government surveys to even acknowledge intersex people is another serious failure. As noted in the recent National Academies report,<sup>5</sup> inclusion of persons with intersex characteristics in federal surveys is essentially nonexistent, rendering this misunderstood, stigmatized and marginalized population largely invisible to policymakers and even to many researchers.

The lack of consistent, reliable, population-wide data on sexual and gender minorities presents substantial challenges to researchers at Whitman-Walker and in other health centers, academic institutions and government agencies. Without population-wide data as a benchmark, researchers into SGD health, economic status and wellbeing cannot know how representative their study samples are of SGD people generally. This limits the potential applicability and effectiveness of study results. Including sexual orientation, gender identity and intersex traits along with other key demographic data in the CPS and other federal would be a major step forward in SGD research.

Similarly, the lack of consistent, reliable, population-wide data poses considerable challenges for policymakers and educators. For instance, without fully understanding the extent and exact nature of health disparities in minority populations, including SGD communities, we cannot fully understand what measures are needed to rectify the disparities.

Whitman-Walker physicians, other medical providers and behavioral health specialists strive to deliver the best possible care to our patients. For QA/QI purposes, it is important to compare measures of WWH patient health to the health of the larger population – and to health indicators for the specific communities we serve, including persons identifying as lesbian, gay, bisexual, and/or transgender or gender-nonbinary. The lack of nationwide data on these populations to serve as a benchmark makes our QA/QI efforts more challenging.

In addition, consistent, population-wide data on sexual orientation, gender identity and intersex characteristics would significantly assist our Community Health programs. It would provide benchmark data to help us assess which at-risk populations we are reaching and failing to reach with our disease prevention and health promotion initiatives, in order to improve the effectiveness of our efforts.

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<sup>5</sup> UNDERSTANDING THE WELLBEING OF LGBTQI+ POPULATIONS, *supra* note 1, pp. 1-6 to 1-8 (pp. 26-28 of the print version).

**Conclusion.** Including sexual orientation, gender identity and intersex status in the General Demographics of the Current Population Survey is essential to public health and justice, and would greatly assist researchers, educators, health care providers and policymakers in understanding, providing services to, and advocating on behalf of sexual and gender diverse people.

Thank you for this opportunity. We would be happy to provide additional information on request, and to participate in further conversations about including specific questions in the CPS.

Sincerely,

A handwritten signature in cursive script that reads "Daniel Bruner". The signature is written in dark ink on a light-colored background.

Daniel Bruner, JD, MPP  
Senior Director of Policy  
Whitman-Walker Institute  
1377 R Street, NW, Suite 200  
Washington, DC 20009  
[dbruner@whitman-walker.org](mailto:dbruner@whitman-walker.org)  
202-939-7628