

National Disability Forum

Equitable Access to SSA Disability Programs for LGBTQIA+ Communities

Thursday, February 17, 2022

1:00 PM – 3:00 PM

>> HELLO, EVERYONE, AND WELCOME TO SOCIAL SECURITY'S NATIONAL DISABILITY FORUM ON EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. I WOULD NOW LIKE TO TURN IT OVER TO ACTING DEPUTY COMMISSIONER FOR RETIREMENT AND DISABILITY POLICY AT THE SOCIAL SECURITY ADMINISTRATION.

>> GOOD AFTERNOON, EVERYONE, AND THANK YOU FOR JOINING US TODAY. MY NAME IS STEVEN EVANGELISTA AND I AM THE ACTING DEPUTY COMMISSIONER FOR RETIREMENT AND DISABILITY POLICY AT THE SOCIAL SECURITY ADMINISTRATION. AND I GO BY THE PRONOUNS "HE" AND "HIM." I HAVE THE PLEASURE OF WELCOMING YOU TODAY TO OUR 19TH NATIONAL DISABILITY FORUM. AND ON BE HAVE OF ACTING COMMISSIONER KIJAKAZI, SSA EXECUTIVES, AND EVERYONE AT THE SOCIAL SECURITY ADMINISTRATION, WE HOPE EACH OF YOU ARE SAFE AND DOING WELL. BEFORE I CONTINUE, I WANT TO INFORM EVERYONE THAT THE NATIONAL DISABILITY FORUM IS A PUBLIC FORUM AND MAY INCLUDE REPRESENTATIVES OF THE PRESS, SO STATEMENTS OR COMMENTS MADE DURING THE FORUM, MAY BE CONSIDERED ON THE RECORD. THIS RETRO FORUM IS BEING RECORDED AND WILL BE AVAILABLE ON THE NATIONAL DISABILITY FORUM'S WEBSITE WITHIN FOUR WEEKS AFTER TODAY. THE TOPIC OF TODAY'S FORUM IS EQUITABLE ACCESS TO SSA'S DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES.

DURING TODAY'S FORUM, WE HOPE TO LEARN FROM OUR PANELISTS, STAKEHOLDERS, ADVOCATES, RESEARCHERS, AND THE PUBLIC ABOUT HOW SSA CAN IMPROVE EQUITABLE ACCESS FOR THE LGBTQIA+ COMMUNITIES TO OUR DISABILITY PROGRAMS. BEFORE I INTRODUCE OUR ACTING COMMISSIONER AND MOVE ON TO THE PANEL, LET ME SHARE FIRST SOME BACKGROUND ABOUT TERMINOLOGY. WE ARE AWARE AND UNDERSTAND THAT NOT EVERYONE IS FAMILIAR WITH THE TERMS SOMETIMES USED BY AND FOR THE LGBTQIA+ COMMUNITIES. WORDS ARE POWERFUL LANGUAGE INSTRUMENTS THAT ALLOW US TO CONVEY MEANING AND CONNECT WITH EACH OTHER. WE USE WORDS TO COMMUNICATE, CHARACTERIZE, AND DESCRIBE EVERYTHING AROUND US. AT THE OUTSET, IT'S IMPORTANT TO NOTE THAT PRONOUNS ARE NOT ONLY A LINGUISTIC TOOL USED TO REFER TO PEOPLE, BUT ARE A WAY IN WHICH WE DEFINE OURSELVES APART FROM OUR COMMON NAME. NOTHING MAY BE MORE PERSONAL THAN THE WORDS PEOPLE USE TO REFER TO US THROUGH OUR NAMES AND PRONOUNS. I WOULD LIKE TO SHARE THAT PRONOUNS ARE NOT JUST USED BY PEOPLE WHO ARE AWARE WITHIN THE LGBTQIA+ COMMUNITIES, BUT ALSO BY THOSE WHO SUPPORT OR ARE ALLIES TO THE COMMUNITY. MANY WHO HAVE JOINED US TODAY ARE FAMILIAR WITH THE ACRONYM LGBTQIA+. THE ACRONYM STANDS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX AND ASEXUAL. THE PLUS SIGN IS A SYMBOL THAT REPRESENTS MEMBERS OF THE COMMUNITY WHO IDENTIFY WITH THE SEXUAL ORIENTATION OR GENDER IDENTITY THAT ISN'T INCLUDED WITHIN THE LGBTQIA ACRONYM. IT'S AN INCLUSIVE WAY OF REPRESENTING GENDER AND SEXUAL IDENTITIES THAT LETTERS AND WORDS CANNOT YET FULLY DESCRIBE. NOW THAT WE UNDERSTAND THE LGBTQIA+ ACRONYM, LET ME ALSO TAKE A MOMENT TO SHARE THE DIFFERENCE BETWEEN SEX, GENDER, AND

SEXUAL ORIENTATION. TO KEEP IT SHORT, SEX IS ABOUT YOUR BODY. GENDER IS ABOUT WHO YOU FEEL YOURSELF TO BE. AND SEXUAL ORIENTATION IS ABOUT TO WHOM YOU ARE ATTRACTED SEXUALLY. SOCIAL SECURITY IS EVER-EVOLVING TO UNDERSTAND AND MEET THE NEEDS OF EVERYONE AND WE ASK THAT YOU KEEP AN OPEN MIND AND FAMILIARIZE YOURSELF WITH THE CURRENT LANGUAGE TO HELP YOU UNDERSTAND AND SUPPORT THIS GROWING COMMUNITY. I WANT TO EXTEND A SINCERE THANK YOU TO OUR MODERATOR PHII REGIS AND TO ALL THE PANELISTS FOR TAKING TIME TO JOIN US TODAY AND SHARE THEIR EXPERIENCES. NOW, IT IS MY HONOR TO WELCOME AND INTRODUCE OUR ACTING COMMISSIONER OF THE SOCIAL SECURITY ADMINISTRATION DR. KILOLO KIJAKAZI. PRIOR TO HER APPOINTMENT AS ACTING COMMISSIONER, DR. KIJAKAZI SERVED AS THE DEPUTY COMMISSIONER FOR RETIREMENT AND DISABILITY POLICY. AND DURING HER TIME AS DEPUTY COMMISSIONER, SHE ADVISED THE COMMISSIONER ON POLICY ISSUES AND WAS RESPONSIBLE FOR PLANNING AND MANAGING THE DEVELOPMENT OF PROGRAM POLICY, POLICY RESEARCH AND EVALUATION, AND THE STATISTICAL PROGRAMS AT SSA. FROM 2014 TO 2021, DR. KIJAKAZI SERVED AS AN INSTITUTE FELLOW AT THE IRVIN INSTITUTE WHERE SHE DEVELOPED COLLABORATIVE PARTNERSHIPS TO EXPAND AND STRENGTHEN IRVIN'S RIGOROUS RESEARCH AGENDA, EFFECTIVELY COMMUNICATE FINDINGS TO DIVERSE AUDIENCES, AND RECRUIT AND RETAIN A DIVERSE RESEARCH STAFF AT ALL LEVELS. DR. KIJAKAZI HAS ALSO CONDUCTED RESEARCH IN THE AREAS OF ECONOMIC SECURITY, STRUCTURAL RACISM, AND THE RACIAL WEALTH GAP. SHE HOLDS A PH.D. IN PUBLIC POLICY FROM GEORGE WASHINGTON UNIVERSITY AND HAS SPECIALIZED KNOWLEDGE AND EXPERIENCE IN THE AREAS OF ECONOMIC SECURITY, SOCIAL INSURANCE POLICY, AND RETIREMENT POLICY. HER ENERGETIC DEVOTION TO SSA AND

OBLIGATION TO THE PUBLIC WE SERVE IS SIMPLY UNFALTERING AND I AM EXTREMELY GRATEFUL TO HER FOR HER LEADERSHIP. ACTING COMMISSIONER, IT IS MY SINCERE HONOR TO WELCOME YOU TO YOUR THIRD NATIONAL DISABILITY FORUM. THE FLOOR IS YOURS, MADAM COMMISSIONER.

>> OKAY. I THINK WE HAVE A LITTLE DELAY IN UNMUTING. BUT THANK YOU SO MUCH, STEVEN. AND THANKS TO ALL OF YOU FOR YOUR PARTICIPATION. MY PRONOUNS ARE "SHE" AND "HER." IT IS MY PLEASURE TO JOIN YOU ON OUR 19TH NATIONAL DISABILITY FORUM. OVER THE PAST SEVERAL YEARS THESE FORUMS HAVE BECOME AN IMPORTANT PLATFORM FOR EXCHANGING IDEAS AND GATHERING INPUT. AND YOU ARE THE ONES WHO ARE MAKING A DIFFERENCE. TODAY, WE WILL DISCUSS EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. BUT OUR EFFORTS WILL ALSO REACH BEYOND THE DISABILITY COMMUNITY. THROUGH THIS FORUM, WE HOPE TO GAIN INSIGHT IN CHALLENGES THAT GENDER DIVERSE INDIVIDUALS FACE IN FINDING AND RECEIVING HEALTHCARE AND ACCESSING SSA PROGRAMS IN FINDING WORK AND WITH ISSUES GENDER DIVERSE CHILDREN FACE. I AM LOOKING FORWARD TO A HEALTHY DIALOGUE AND HEARING YOUR INSIGHTS ON IDENTIFYING AND ADDRESSING SYSTEMIC BARRIERS SOME PEOPLE MAY FACE IN ACCESSING SSA PROGRAMS. AS WE TAKE EVERY EFFORT TO LEARN WAYS TO ENHANCE OUR POLICIES SUCH AS THE NATIONAL DISABILITY FORUM, YOU'LL SEE OUR AGENCY CONTINUE TO TAKE STEPS TO REPRESENT EVERYONE. I WANT TO THANK ALL THE PANELISTS ASSEMBLED TODAY FOR THE WORK THAT YOU DO EVERY DAY IN PURSUIT OF EQUITY ON BEHALF OF THE MEMBER COMMUNITIES YOU REPRESENT. WE UNDERSTAND THAT YOU ADVOCATE FOR THOSE WHO MAY NOT FEEL LIKE THEY HAVE A VOICE AND WE APPRECIATE YOUR WORK TO LIFT THE VOICES

OF THE PEOPLE WE SERVE. PRESIDENT BIDEN MADE EQUITY CENTRAL FOCUS WHEN HE ISSUED THREE KEY EXECUTIVE ORDERS, INCLUDING EXECUTIVE ORDER 13988 ON PREVENTING AND COMBATING DISCRIMINATION ON THE BASIS OF GENDER IDENTITY OR SEXUAL ORIENTATION. EXECUTIVE ORDER 14020 ON CREATING A WHITE HOUSE GENDER POLICY COUNCIL. AND EXECUTIVE ORDER 14035 ON DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY IN THE FEDERAL WORK FORCE, THE PRESIDENT ASKED ALL EXECUTIVE AGENCIES TO TAKE A SYSTEMIC APPROACH TO EMBEDDING FAIRNESS IN THE DECISION-MAKING PROCESS AND TO RECOGNIZE AND WORK TO ADDRESS INEQUITIES IN POLICIES AND PROGRAMS THAT SERVE AS BARRIERS TO EQUAL OPPORTUNITY. AT SOCIAL SECURITY, WE ARE CAREFULLY ADDRESSING POTENTIAL BARRIERS TO ACCESSING OUR SERVICES AND PROGRAMS. FOR EXAMPLE, IN OUR RECENT IMPLEMENTATION OF POLICIES AND PROCEDURES RELATED TO TWO CLASS ACTION LAWSUITS ON SAME-SEX MARRIAGE, WE ARE TAKING A FLEXIBLE APPROACH IN DETERMINING WHETHER SAME SEX COUPLES WOULD HAVE MARRIED IF THEY HAD NOT BEEN PREVENTED FROM DOING SO IN THE PAST. THIS WILL ALLOW THESE COUPLES TO POTENTIALLY QUALIFY FOR WIDOWS AND WIDOWERS BENEFITS EVEN IF THEY HAD NOT MARRIED -- NOT BEEN MARRIED FOR THE NINE MONTHS, NINE-MONTH PERIOD WE OTHERWISE REQUIRE. THE BIDEN-HARRIS ADMINISTRATION ISSUED IT'S FIRST EVER NATIONAL GENDER STRATEGY TO ADVANCE THE FULL PARTICIPATION OF ALL PEOPLE. LET ME TAKE THIS TIME TO HIGHLIGHT SOCIAL SECURITY'S GENDER POLICY AGENDA. WE WILL SIMPLIFY THE SSI APPLICATION PROCESS. UPDATE SUB-REGULATORY POLICIES AND PROCEDURES TO ACCOMMODATE NON-BINARY GENDER IDENTITIES IN ENUMERATION. CONTINUED COLLABORATION WITH THE DEPARTMENT OF LABOR, EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, AND OTHER FEDERAL AGENCIES TO

DETERMINE MEANS OF HOLDING EMPLOYERS ACCOUNTABLE WHEN THEY UNLAWFULLY DISCRIMINATE IN HIRING AND WORK PRACTICES. AND PROVIDE MORE OUTREACH, EDUCATION, AND AWARENESS OF SURVIVORS BENEFITS TO ELIGIBLE WOMEN AND FAMILIES. WE FEEL THIS IS A GREAT BEGINNING ALTHOUGH WE KNOW IT IS ONLY A BEGINNING. LET ME TAKE ONE ADDITIONAL ANNOUNCEMENT BEFORE WE MOVE TO OUR ASSEMBLED PANEL. ACCESSING PUBLIC BENEFITS CAN BE A CHALLENGING EXPERIENCE AND WE RECOGNIZE THAT SINCE THE BEGINNING OF THE PANDEMIC THERE HAS BEEN A NOTABLE DECREASE IN APPLICATIONS FILED WITH OUR OFFICES. AND WE UNDERSTAND THAT LIMITING ACCESS TO OUR FIELD OFFICES TO APPOINTMENTS ONLY HAS BEEN A KEY FACTOR. I AM VERY PLEASED TO SHARE THAT WE HAVE SUCCESSFULLY REACHED AN AGREEMENT WITH OUR THREE LABOR UNIONS ON OUR REENTRY PLAN. THIS IS A SIGNIFICANT STEP TOWARDS IMPROVING ACCESS TO OUR SERVICES AS WE IMPLEMENT THIS PLAN. I WANT TO THANK OUR LABOR REPRESENTATIVES FOR WORKING WITH MANAGEMENT TO ACHIEVE THIS OUTCOME WHICH WILL HELP US BETTER SERVE THE PUBLIC. I WANT TO THANK THE PUBLIC AND OUR EMPLOYEES FOR THEIR PATIENCE DURING THIS UNPRECEDENTED TIME. AS WE EXPAND THE AVAILABILITY OF IN-PERSON SERVICE, WE WILL CONTINUE TO ENCOURAGE THE PUBLIC TO GO ONLINE, CALL US FOR HELP IF THEY CANNOT COMPLETE THEIR BUSINESS ONLINE, AND SCHEDULE APPOINTMENTS IN ADVANCE BY CALLING THEIR LOCAL SOCIAL SECURITY OFFICE OR OUR NATIONAL #800 WHICH IS 1-800-772-1213. A CLAIMANT OR BENEFICIARY CAN SPEAK TO A REPRESENTATIVE BY CALLING THEIR LOCAL SOCIAL SECURITY OFFICE ALSO. LOCAL OFFICE PHONE NUMBERS CAN BE FOUND ONLINE BY USING OUR SOCIAL SECURITY OFFICE LOCATOR AT WWW.SSA.GOV/LOCATOR. WE WILL INFORM YOU WHEN WE ARE ABLE TO RESTORE

ADDITIONAL SERVICES. NOW LET'S MOVE TO THE TOPIC OF EQUITABLE ACCESS. IT IS MY HOPE THAT WHAT WE LEARN IN TODAY'S FORUM WILL HELP US IDENTIFY AND ELIMINATE SYSTEMIC BARRIERS; ADVANCE EQUITY; MEET THE NEEDS OF UNSERVED COMMUNITIES; AND IMPROVE OUR EFFICIENCY. LET ME TURN IT OVER TO OUR NEW ACTING ASSOCIATE COMMISSIONER IN THE OFFICE OF DISABILITY POLICY, STEVE ROLLINS, TO SHARE SOME MORE IMPORTANT INFORMATION ABOUT TODAY'S FORUM. THANK YOU.

>> OKAY, WELL, THANK YOU, ACTING COMMISSIONER KIJAKAZI. AND THANK YOU, ACTING DEPUTY COMMISSIONER EVANGELISTA FOR OPENING TODAY'S FORUM. IT TRULY IS AN HONOR TO FOLLOW EACH OF YOU. SO, AS MENTIONED, I'M STEVE ROLLINS AND I'M THE ACTING ASSOCIATE COMMISSIONER IN THE OFFICE OF DISABILITY POLICY HERE AT THE SOCIAL SECURITY ADMINISTRATION. MY PRONOUNS ARE "HE" AND "HIM." I, TOO, WOULD LIKE TO THANK YOU FOR JOINING US FOR OUR NATIONAL DISABILITY FORUM AS WE DISCUSS THE TOPIC OF EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. SO, FIRST I WOULD LIKE TO GO OVER SOME HOUSEKEEPING ITEMS. AND SOME OF THIS IS REEMPHASIZING WHAT YOU MAY HAVE HEARD BUT THAT MEANS IT'S IMPORTANT. SO, OUR MODERATOR, PHII REGIS, WILL FACILITATE THE DISCUSSION WITH THE PANELISTS TODAY. THERE WILL BE AN OPEN QUESTION-AND-ANSWER SESSION AFTER THE PANEL DISCUSSION. THE MICROSOFT TEAMS CHAT FUNCTION WILL BE DISABLED DURING THE ENTIRE FORUM. WE WILL ONLY ACCEPT QUESTIONS AND COMMENTS VIA EMAIL. IF YOU WISH TO ASK A QUESTION OR PROVIDE A COMMENT BY EMAIL, PLEASE INCLUDE YOUR NAME, YOUR AFFILIATION, AND THEN STATE YOUR EMAIL. THE QUESTION, THE APPROPRIATE, I'M SORRY, THE APPROPRIATE EMAIL ADDRESS IS NATIONALDISABILITYFORUM, AND THAT IS ALL ONE WORD, @SSA.GOV.

AGAIN, THAT IS NATIONALDISABILITYFORUM@SSA.GOV. WHEN SUBMITTING A QUESTION PLEASE DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION SUCH AS A SOCIAL SECURITY NUMBER OR ADDRESS. WE ARE MONITORING THE IN-BOX THROUGHOUT THE FORUM AND WE'LL SHARE QUESTIONS WITH THE MODERATORS AS TIME ALLOWS. IF YOUR QUESTIONS ARE NOT ANSWERED DURING THE FORUM, WE CERTAINLY WILL MAKE EVERY EFFORT TO ANSWER THE QUESTION VIA EMAIL AFTERWARDS. THE LAST HOUSEKEEPING ITEM, AGAIN, I WOULD LIKE TO REEMPHASIZE IS THAT THE EVENT IS BEING RECORDED SO ANY STATEMENTS OR COMMENTS MADE DURING THE FORUM MAY BE CONSIDERED ON THE RECORD. IN A FEW WEEKS WE'LL PROVIDE A LINK TO THE RECORDING ON OUR NATIONAL DISABILITY FORUM WEBSITE AT WWW.SSA.GOV/NDF IN THE OUTREACH SECTION UNDER TODAY'S TAB 2-17-2022. NOW, I WOULD LIKE TO TURN TO THE PURPOSE OF TODAY'S FORUM, AND YOU'VE HEARD SOME OF IT ALREADY, BUT AS WITH ALL NATIONAL DISABILITY FORUMS, TODAY GIVES YOU, OUR STAKEHOLDERS, A REAL OPPORTUNITY TO SHARE YOUR UNIQUE INSIGHTS DIRECTLY WITH US, THE POLICYMAKERS, AND WITHIN THE AGENCY. THE NDF IS NOT INTENDED TO BE A MEANS FOR REACHING AGREEMENT ON ANY ISSUE. AND SSA'S PARTICIPATION IS ONLY FOR THE PURPOSE OF GAINING INSIGHT THROUGH LISTENING TO THE PANELISTS AND THE RESPONSES TO YOUR QUESTIONS OR COMMENTS. THESE FORUMS REALLY DO PROVIDE AN OPPORTUNITY FOR YOU, OUR STAKEHOLDERS, TO HEAR FROM ONE ANOTHER, AND, YOU KNOW, CERTAINLY THESE ARE OPEN TO ANYONE ELSE WHO IS INTERESTED IN DISABILITY POLICY. BY SHARING YOUR THOUGHTS AND EXPERIENCES, YOU WILL ACTUALLY HELP US SHAPE THE FUTURE OF SOCIAL SECURITY BY STRENGTHENING OUR POLICY DEVELOPMENT FOR DISABILITY AND CONTRIBUTING TO OUR CONTINUED EFFORT TO ADDRESS

EQUITY WITHIN OUR DISABILITY POLICY AND PRACTICES. SO, YOU KNOW, THE MAIN PURPOSE OF TODAY'S FORUM IS TO LEARN FROM THE OPEN DISCUSSION WITH OUR PANELISTS WHO ENGAGE WITH MEMBERS OF THE LGBTQIA+ COMMUNITIES AS WELL AS UNDERSERVED POPULATIONS. SO, NOW, I WOULD LIKE TO INTRODUCE OUR MODERATOR, PHII REGIS OF THE HUMAN RIGHTS CAMPAIGN FOUNDATION. PHII IS THE ASSOCIATE DIRECTOR OF THE ALL CHILDREN/ALL FAMILIES PROGRAM AT THE HUMAN RIGHTS CAMPAIGN PROVIDING TECHNICAL ASSISTANCE AND LGBTQIA+ INCLUSION RESOURCES TO CHILD WELFARE AGENCIES. THAT FOUNDATION SEEKS TO FUNDAMENTALLY CHANGE THE WAY LGBTQIA+ PEOPLE ARE TREATED IN THEIR EVERY DAY LIVES. THE FOUNDATION ENVISIONS A WORLD WHERE LGBTQIA+ PEOPLE ARE EMBRACED AS FULL MEMBERS OF SOCIETY AT HOME, AT WORK, AND IN EVERY COMMUNITY. THE ALL CHILDREN/ALL FAMILIES PROGRAM PROVIDES EDUCATIONAL RESOURCES AS WELL AS TRAINING AND TECHNICAL ASSISTANCE ON LGBTQIA+ INCLUSION FOR CHILD WELFARE SYSTEMS. ADDITIONALLY, MR. REGIS LEADS MANY OF THE FOUNDATION'S INITIATIVES AROUND BIPOC, WHICH IS BLACK, INDIGENOUS, AND PEOPLE OF COLOR MENTAL HEALTH MONTH. PHII HOLDS A BA IN POLITICAL SCIENCE FROM ADELFI UNIVERSITY, AND AN MPS IN POLITICAL MANAGEMENT FROM THE GEORGE WASHINGTON UNIVERSITY. TO LEARN MORE ABOUT PHII AND ALL OF OUR PANELISTS TODAY, PLEASE VISIT THE NATIONAL DISABILITY FORUM WEBSITE, AGAIN, WWW.SSA.GOV/NDF, CLICK ON NATIONAL DISABILITY FORUMS FROM THE RIGHT-SIDE MENU AND THEN SELECT THE 2-17-2022 TAB. WE WOULD LIKE TO EXTEND OUR SINCERE APPRECIATION TO PHII AND ALL THE PANELISTS FOR ALL THEIR PARTICIPATION IN TODAY'S DISCUSSION. PHII REGIS, WE WELCOME YOU AND THE FLOOR IS YOURS. THANK YOU.

>> THANK YOU SO MUCH, STEVE, FOR THE WARM WELCOME. I REAL APPRECIATE IT. I JOIN SSA IN WELCOMING OUR PANELISTS AND ATTENDEES TO THE NATIONAL DISABILITY FORUM ON EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. TODAY WE WILL HAVE A CLOSED DISCUSSION WITH SIX PANELISTS WHO ARE EXPERTS IN THE FIELD. AS STEVE MENTIONED, AFTER THE DISCUSSION WE WILL OPEN IT UP TO ACCEPT QUESTIONS. IF YOU WISH TO ASK A QUESTION OR PROVIDE A COMMENT BY EMAIL, PLEASE INCLUDE YOUR NAME AND LOCATION WITH YOUR EMAIL QUESTION. AGAIN, THE APPROPRIATE EMAIL ADDRESS IS NATIONALDISABILITYFORUM, ALL ONE WORD, @SSA.GOV. THE CHAT LINE WILL NOT BE OPEN DURING THE DISCUSSION SEGMENTS AND ALL QUESTIONS MUST BE RECEIVED VIA EMAIL. AND WE THANK YOU FOR YOUR PARTICIPATION. BEFORE WE BEGIN THIS AFTERNOON'S DISCUSSION, I WOULD LIKE TO TAKE A FEW MINUTES TO TALK ABOUT THE INTERSECTION OF LGBTQIA+ AND DISABILITY COMMUNITIES AND HOW TO SUPPORT THEIR NEEDS. THERE ARE ROUGHLY 3 TO 5 MILLION DISABLED LGBTQ+ PEOPLE IN THE UNITED STATES WHO FACE: SIGNIFICANT DISPARITIES DUE TO SOCIETAL DISCRIMINATION; LACK OF ADEQUATE OR CULTURALLY COMPETENT HEALTHCARE; UNWELCOMING WORKPLACES AND HIRING PRACTICES; LACK OF EXPLICIT SEXUAL ORIENTATION AND GENDER IDENTITY NONDISCRIMINATION PROTECTIONS; INADEQUATE DATA COLLECTION; AND HARMFUL PRACTICES SUCH AS SO-CALLED CONVERSION THERAPY. WE HAVE AN OBLIGATION TO ADDRESS THESE DISPARITIES AND IMPROVE THE LIVES OF DISABLED LGBTQIA+ PEOPLE. DISABLED LGBTQIA+ PEOPLE OFTEN FACE HOSTILITY AND BIAS RIGHT FROM THE START OF THEIR APPLICATIONS FOR SSA ASSISTANCE. THIS CAN INCLUDE LIMITED GENDER OPTIONS AND APPLICATION FORMS OR IGNORANCE PRESENT DURING PHONE SCREENINGS. STAFF TRAINING

TO INCREASE CULTURAL COMPETENCY AROUND DISABILITY AND LGBTQ+ ISSUES IS VITAL. DISABLED PEOPLE AND LGBTQ+ PEOPLE MAY BE DISCOURAGED FROM PURSUING THE HELP THEY NEED IF THEY ENCOUNTER BARRIERS, EVEN FROM THEIR FIRST INTERACTIONS WITH SSA PROGRAMS. A SIMILAR SITUATION OFTEN OCCURS IN HEALTHCARE SETTINGS WHERE DISABLED PEOPLE AND LGBTQ+ PEOPLE EACH FACE ISSUES FINDING CULTURALLY COMPETENT ENVIRONMENTS. PREVIOUS RESEARCH BY BOTH HRC FOUNDATION AND OUR PARTNERS HAVE REPEATEDLY DEMONSTRATED THAT LGBTQIA+ PEOPLE OF ALL AGES FACE DISCRIMINATION AND ACCESS BARRIERS WHEN SEEKING HEALTHCARE. A 2020 ANALYSIS BY THE HRC FOUNDATION FOUND THAT 17% OF LGBTQ+ ADULTS, 22% OF TRANSGENDER ADULTS, AND 32% OF TRANSGENDER ADULTS OF COLOR WERE UNINSURED COMPARED WITH JUST 12% OF NON-LGBTQIA+ PEOPLE. A STUDY BY THE CENTER FOR AMERICAN PROGRESS FOUND THAT 8% OF CISGENDER LGBTQ ADULTS AND 29% OF TRANSGENDER ADULTS, WERE DENIED TREATMENT FROM A DOCTOR OR HEALTHCARE PROVIDER OWING TO THEIR ACTUAL OR PERCEIVED SEXUAL AND/OR GENDER IDENTITY. AS A RESULT, FOR DISABLED LGBTQIA+ PEOPLE WHO ARE MULTIPLY MARGINALIZED, FINDING AN AFFORDABLE AND ACCESSIBLE HEALTHCARE PROVIDER WHO WAS BOTH LGBTQIA+ INCLUSIVE AND DISABILITY INCLUSIVE, CAN BE ALMOST IMPOSSIBLE. TRANSPHOBIA, HOMOPHOBIA, AND OTHER FORMS OF ANTI-LGBTQIA+ STIGMA MAY ONLY COMPOUND PREEXISTING BARRIERS TO ACCESSING IMPORTANT SSA PROGRAMS FOR DISABLED PEOPLE. THIS IS FURTHER COMPOUNDED BY THE PREVIOUS ADMINISTRATION'S ROLLBACK OF FEDERAL NON-DISCRIMINATION PROTECTIONS IN HEALTH INSURANCE PLANS WHICH HAVE NOT YET BEEN REINSTATED. DISABLED LGBTQIA+ PEOPLE CONTINUE TO BE IN NEED OF MORE INCLUSIVE PLANS THAT WILL ENSURE THEIR ACCESS TO HEALTHCARE. LUCKILY

THIS MAY CHANGE SOON. IN LATE JANUARY OF THIS YEAR THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PROPOSED RULE CHANGES THAT WOULD RESTORE GENDER IDENTITY AND MORE CLEARLY ADD SEXUAL ORIENTATION AS PROTECTED CHARACTERISTICS FOR HEALTH INSURANCE PLANS OFFERED THROUGH THE AFFORDABLE CARE ACT INCLUDING LABELING IT AS DISCRIMINATORY IF A PLAN REFUSED TO COVER GENDER-AFFIRMING TREATMENT. WE HOPE ALL WHO ARE IN ATTENDANCE WILL JOIN THE HRC FOUNDATION IN HAILING THIS PROPOSED CHANGE. AS NOTED IN A RECENT STATEMENT BY SARAH WARBELOW, OUR LEGAL DIRECTOR, "ALLOWING HEALTH INSURANCE PLANS AND EXCHANGES TO DISCRIMINATE ON THE BASES OF SEXUAL ORIENTATION OR GENDER IDENTITY RUNS CONTRARY TO THE CORE PRINCIPAL OF THE AFFORDABLE CARE ACT WHICH IS TO PROVIDE COMPREHENSIVE, LOW COST, OR NO COST HEALTHCARE COVERAGE FOR EVERYONE." AT WORK, BIASES AGAINST LGBTQIA+ PEOPLE CAN LEAD THEM TO RECEIVING REDUCED INCOME COMPARED TO THEIR COLLEAGUES. FOR EXAMPLE, IN A REPORT RELEASED BY HRC FOUNDATION LAST MONTH WE FOUND THAT LGBTQIA+ WORKERS EARN ABOUT 90 CENTS FOR EVERY DOLLAR THAT NON-LGBTQIA WORKER IN THE U.S. EARNS WITH WAGE GAPS EVEN LARGER FOR WOMEN, TRANSGENDER PEOPLE, AND BLACK INDIGENOUS PEOPLE OF COLOR COMMUNITIES WITH LGBTQIA+ ADULTS. THIS LACK OF PAY EQUITY CONTRIBUTES TO THE INCREASED RATES OF POVERTY INCREASED -- SORRY -- THIS LACK OF PAY EQUITY CONTRIBUTES TO THE INCREASED RATES OF POVERTY EXPERIENCED BY LGBTQIA+ PEOPLE. HOWEVER, MANY LGBTQIA+ ADULTS, AS WELL AS MANY ADULTS LIVING WITH DISABILITIES, ARE OUT OF THE WORKFORCE ENTIRELY. PRIOR TO THE COVID-19 PANDEMIC, LGBTQIA+ ADULTS WERE SIGNIFICANTLY MORE LIKELY TO BE UNEMPLOYED THAN THEIR CISGENDER AND HETEROSEXUAL PEERS. RESEARCH CONDUCTED BY THE HRC

FOUNDATION FOUND THAT DURING THE PANDEMIC THIS ONLY GOT WORSE. LGBTQIA ADULTS AND BLACK LGBTQIA ADULTS IN PARTICULAR WERE SIGNIFICANTLY MORE LIKELY TO BECOME UNEMPLOYED. UNEMPLOYMENT WAS REPORTED BY 18% OF BLACK LGBTQIA+ PEOPLE AND 16% OF LGBTQIA PEOPLE IN GENERAL COMPARED TO JUST 12% OF THE GENERAL POPULATION. MANY TRANSGENDER AND NON-BINARY PEOPLE ALSO FIND IT DIFFICULT TO ENTER OR REENTER THE WORKFORCE DUE TO IMPLICIT BIASES AND HIRING PRACTICES. THEY MAY ALSO BE IMPACTED BY DISCREPANCIES IN NAMES AND GENDER ON IDENTIFICATION DOCUMENTS AND WORK HISTORIES AFTER TRANSITIONING. FOR LGBTQIA ADULTS LIVING WITH DISABILITY, RISK OF UNEMPLOYMENT IS FURTHER COMPOUNDED. IN 2017 AN LGBT MAPS STUDY FOUND THAT ONLY 36% OF ADULTS WITH A DISABILITY WERE EMPLOYED COMPARED TO 77% OF THOSE WITHOUT A DISABILITY. IT ALSO FOUND THAT UNEMPLOYMENT DURING LGBTQIA+ -- IT ALSO FOUND THAT UNEMPLOYMENT AMONG LGBTQIA+ PEOPLE WAS MUCH HIGHER FOR THOSE WITH A DISABILITY COMPOUNDING ON THE INCREASED RISK FOR UNEMPLOYMENT FACED BY LGBTQIA ADULTS IN GENERAL. 8.8% OF LGBTQIA+ PEOPLE WITH A DISABILITY WERE RECEIVING UNEMPLOYMENT BENEFITS VERSUS 5.4% OF LGBTQIA+ PEOPLE WITHOUT A DISABILITY. AS WITH OTHERS RELYING ON DISABILITY BENEFITS RATHER THAN UNEMPLOYMENT, MANY DISABLED LGBTQIA+ PEOPLE ARE ALSO CONCERNED ABOUT LOSING DISABILITY BENEFITS UPON MARRIAGE. ACCORDING TO THE WORLD DISABILITY INSTITUTE, MARRIED COUPLES WHERE ONE PARTNER HAS A DISABILITY MUST RELY ON COMBINED ASSETS AND INCOME FOR FEDERAL ASSISTANCE, A SITUATION THAT MAY LEAVE THE DISABLED PARTNER COMPLETELY DEPENDENT ON THEIR PARTNER WHICH CAN ALSO LEAVE THEM MORE VULNERABLE TO ABUSE WITH NO PERSONAL INCOME TO PROTECT THEM. FOR COUPLES

WHERE BOTH PARTNERS HAVE A DISABILITY, MARRIAGE RESULTS AND THEM RECEIVING 25% LESS IN BENEFITS THAN THEY DID AS TWO UNMARRIED INDIVIDUALS. DECLINING TO MARRY TO PRESERVE ACCESS TO BENEFITS RESULTS IN THE COUPLE BEING ESTRANGED FROM THE MORE THAN 1,100 FEDERAL RIGHTS, BENEFITS, AND OBLIGATIONS OF MARRIAGE. TRUE MARRIAGE EQUALITY MEANS THAT NO ONE SHOULD BE DISSUADED FROM MARRYING BECAUSE OF FEARS THAT IT WILL NEGATIVELY IMPACT THEIR INCOMES AND ASSETS. LGBTQIA+ YOUTHS ARE ALSO SIGNIFICANTLY IMPACTED BY DISABILITIES. DATA COLLECTED IN 2017 BY THE HRC FOUNDATION FOUND THAT 15% OF LGBTQ+ IA -- LGBTQIA+ YOUTH SURVEYED HAD A DISABILITY. LGBTQIA+ YOUTHS ARE ALSO DISPROPORTIONATELY REPRESENTED IN THE FOSTER CARE SYSTEM. ACCORDING TO THE TREVOR PROJECTS 2020 NATIONAL SURVEY ON LGBTQ YOUTHS 4.1% OF LGBTQ PLUS YOUTH HAD EVER BEEN IN FOSTER CARE COMPARED TO 2.6% OF THE GENERAL POPULATION. WHEN FOSTER CARE AGENCIES RECEIVE FUNDING UNDER TITLE IV- E OF THE SOCIAL SECURITY ACT, THEY ARE NOT EXPLICITLY PROHIBITED FROM DISCRIMINATING ON THE BASIS OF SEXUAL ORIENTATION OR GENDER IDENTITY. NOR ARE THEY REQUIRED TO RECEIVE LGBTQIA PLUS COMPETENCY TRAINING WHICH WOULD GREATLY BENEFIT THE YOUTH IN THEIR CARE. MY COLLEAGUES AT THE HRC FOUNDATION ALL CHILDREN ALL FAMILIES PROGRAM, HAVE BEEN WORKING TO ADDRESS THIS BARRIER BY TRAINING, AND COLLABORATING INDIVIDUAL CHILD WELFARE AGENCIES ACROSS THE COUNTRY TO BECOME MORE LGBTQIA PLUS INCLUSIVE. INCLUDING THROUGH THE DEVELOPMENT AND IMPLEMENTATION OF INCLUSIVE POLICIES AND AFFIRMING PRACTICES. BUT WORK IS STILL LEFT TO BE DONE. FOR EXAMPLE, 35% OF THE LGBTQIA PLUS POPULATION LIVES IN THE 17 STATES WHICH HAVE NO EXPLICIT PROTECTIONS AGAINST DISCRIMINATION AND FOSTER CARE

BASED ON SEXUAL ORIENTATION OR GENDER IDENTITY. AND 20% LIVE IN THE 11 STATES WHICH PERMIT STATE LICENSED CHILD WELFARE AGENCIES TO REFUSE TO PLACE AND PROVIDE SERVICES TO CHILDREN AND FAMILIES INCLUDING LGBTQIA PLUS PEOPLE AND SAME SEX COUPLES, IF DOING SO CONFLICTS WITH THEIR RELIGIOUS BELIEFS. EXPLICIT NONDISCRIMINATION PROTECTIONS ARE VITAL SO THAT TAXPAYER FUNDED CHILD, CHILD WELFARE AGENCIES CAN'T DISCRIMINATE AGAINST QUALIFIED, LICENSED LGBTQIA PLUS FOSTER AND ADOPTIVE FAMILIES. RESEARCHERS HAVE FAILED THE LGBTQIA PLUS COMMUNITY WHEN IT COMES TO ENSURING EQUAL TREATMENT IN DATA COLLECTION EFFORTS. WHILE SOME PUBLIC AND PRIVATE DATA COLLECTION EFFORTS INCLUDE METRICS ON SEXUAL ORIENTATION AND GENDER IDENTITY, MOST DO NOT. MEASURES ARE LARGELY OMITTED FROM THE COUNTRY'S LARGEST DEMOGRAPHIC DATA COLLECTION ENDEAVORS SUCH AS THE DECENNIAL U.S. CENSUS. WITHOUT THESE DATA POINTS WE NOT ONLY LACK VITAL INFORMATION ABOUT THE HEALTH RELATED NEEDS OF LGBTQIA PLUS PEOPLE, WE ALSO LACK THE ABILITY TO ASSESS WHICH INTERVENTIONS, TREATMENTS, AND RESOURCES PROMOTE BETTER HEALTH AND WELL-BEING OUTCOMES. LGBTQ PLUS IA PEOPLE ARE ALSO OFTEN THE TARGETS OF DANGEROUS CONVERSION THERAPY PRACTICES. THESE HARMFUL DISCREDITED PRACTICES ARE NOT BASED IN SCIENCE, BUT MISLEADING BILLING TACTICS HAVE LED TO MEDICAID FUNDS BEING DIRECTED TOWARD THEIR OPERATION. WE MUST END THE SHAMEFUL PRACTICE OF CONVERSION THERAPY AND PREVENT TAXPAYER DOLLARS FROM BEING USED TO FUND IT. ALL OF THESE ISSUES NEGATIVELY IMPACT THE ABILITY OF LGBTQIA PLUS PEOPLE TO RECEIVE THE HELP THEY NEED FROM SSA PROGRAMS. BUT THERE ARE SOLUTIONS TO THESE PROBLEMS. AS OF JUST THIS MONTH LGBTQIA+ WIDOWS AND

WIDOWERS CAN NOW RECEIVE SOCIAL SECURITY BENEFITS FOR THE FIRST TIME. THIS IS THE KIND OF PROGRESS WE MUST CONTINUE TO MAKE TO ENSURE EQUALITY FOR DISABLED LGBTQIA PLUS PEOPLE. HOWEVER, MANY SSA AND SSI ELIGIBILITY RULES HAVE NOT BEEN UPDATED SINCE THE SOCIAL SECURITY AMENDMENTS WERE SIGNED INTO LAW IN 1972. INCOME AND ASSET REQUIREMENTS HAVE NOT BEEN REFORMED TO KEEP UP WITH INFLATION. FOR DISABLED LGBTQIA PLUS PEOPLE WHO RELY ON SSA PROGRAMS, IT IS VITAL THAT THE SSA SERVES THEIR NEEDS. BY PRIORITIZING THE LIVES OF DISABLED LGBTQ PLUS IA PEOPLE, WE CAN CREATE A MORE JUST AND EQUITABLE SOCIETY. WITH THAT, I'D LIKE TO BEGIN THE TRANSITION TO TODAY'S DISCUSSION ON EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. I WANT TO START BY INTRODUCING OUR AMAZING PANEL. SO FIRST, AIDAN KEY IS THE FOUNDER AND STRATEGIC DIRECTOR OF THE TRANS FAMILIES AND THE FOUNDER AND DIRECTOR OF GENDER DIVERSITY. ANDREW ORTIZ IS THE LEGAL SERVICES STAFF ATTORNEY WITH THE TRANSGENDER LAW CENTER. NIKKI EASTERDAY IS THE STAFF ATTORNEY WITH THE TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND. OLIVIA HUNT IS A POLICY DIRECTOR WITH THE NATIONAL CENTER FOR TRANSGENDER EQUALITY. LASTLY, AIMEE OLIVERA-SANCHEZ IS AN OATP SENIOR SOCIAL WORKER, AN LGBTQ PLUS VETERAN CARE COORDINATOR WITH THE VA MARYLAND HEALTH CARE SYSTEM. EXTENSIVE BIOS OF THE EXECUTIVES AND PANELISTS ARE PROVIDED ON THE NATIONAL DISABILITY FORUM WEBSITE AT [SSA.GOV/NDF](https://ssa.gov/ndf), UNDER TODAY'S FORUM TAB, FEBRUARY 17, 2022. ALL RIGHT. WITH THAT, LET'S BEGIN THE CONVERSATION WITH A QUESTION FOR AIDAN KEY. AIDAN, HOW DO WE ENSURE MEDICAL FACILITIES, PRACTITIONERS, AND ORGANIZATIONS ADDRESS THEIR OWN IMPLICIT AND EXPLICIT BIAS?

>> WELL, THANKS, PHII, FOR THROWING A BIG ONE RIGHT OUT THE GATE. I'M HONORED TO BE HERE. AIDAN KEY IS MY NAME AGAIN. THE ORGANIZATION IS GENDER DIVERSITY. SO YEAH, JUST, JUST SOME INITIAL THOUGHTS. YOU KNOW THERE IS A DIFFERENCE OF COURSE BETWEEN IMPLICIT BIAS AND EXPLICIT BIAS. AND IMPLICIT BIAS WE, WE HAVE VERY LITTLE CONTROL OVER THAT. THAT IS, YOU KNOW, WE HAVE BEEN INFORMED IN SO MANY WAYS ABOUT SO MANY THINGS FROM CHILDHOOD FORWARD. SO HAVING THE OPPORTUNITY TO LEARN HOW THAT PLAYS OUT IN DIFFERENT WAYS IS WHAT I HOPE THAT ALL OF US HERE STRIVE TO DO, IS TO RECOGNIZE ESPECIALLY FOR COMMUNITIES THAT WE'RE NOT FAMILIAR WITH, WHERE DOES THAT IMPLICIT BIAS SHOW UP. SO THAT SAID, WITH THOSE IMPLICIT BIASES AND EXPLICIT ONES, AND I'LL GET TO THAT IN JUST A SECOND, BUT RECOGNIZING THAT THE IMPLICIT BIASES WE HAVE, WE HAVE RECEIVED REGARDING THE GENDER AND SEXUALITY COMMUNITIES CAN VARY BASED ON SO MANY DIFFERENT FACTORS, YOU KNOW, WHERE WE LIVE, CERTAINLY OUR AGE, OUR RACE, OUR CULTURE, ABILITY AND SO ON, OUR FAMILY COMPOSITION. SO THAT IS, THOSE ARE PRETTY SIGNIFICANT DIFFERENCES. BUT NEVERTHELESS, THE, WE CAN SEE SOME OF THE JOURNEY OF THOSE COMMUNITIES, THIS, THE SEXUALITY COMMUNITIES, HAVE, HAVE HAD A MORE VISIBLE PRESENCE IN SOCIETY FOR OVER THE PAST FEW DECADES. OBVIOUSLY VERY, VERY STIGMATIZED IN PRIOR DECADES, BUT CERTAINLY STILL STIGMATIZED TO A SIGNIFICANT DEGREE TODAY. WITH RESPECT TO THE GENDER COMMUNITIES, THAT VISIBILITY IS EVEN MORE RECENT. AND SO YEAH, HOW DO WE DO THIS? AND HOW DO WE MOVE FORWARD? I KNOW THAT IN MY WORK WHICH IS PREDOMINANTLY WITH K THROUGH 12 SCHOOLS TO BE INCLUSIVE OF THEIR GENDER DIVERSE STUDENTS, BOTH TRANSGENDER AND NONBINARY AND OTHER IDENTIFIERS, THAT THEIR

QUESTIONS ARE, ARE WHAT, WHAT SOME OF US MIGHT CONSIDER EXTREMELY RUDIMENTARY. SO IF WE ARE FINDING THAT THAT IS THE CASE, THEN HOW DO WE ENGAGE WITH, WITH OUR FELLOW HUMAN BEINGS IN A RESPECTFUL AND HONORABLE WAY EVEN THOUGH SOME OF US MAY CONSIDER THOSE QUESTIONS QUITE SIMPLISTIC? BUT WE HAVE TO RECOGNIZE WHERE WE ARE AT A PARTICULAR MOMENT IN TIME. I ALSO THINK WE CAN TAKE A MINUTE AND REFLECT ON WHERE DID WE GET THOSE MESSAGES? SO AND HOW HAVE THOSE INFORMED OUR THINKING? AS A TRANS PERSON, I CERTAINLY HAD MY IMPLICIT BIAS AROUND WHO TRANSGENDER PEOPLE ARE, AND THAT CAME TO ME VIA WHO KNOWS. FROM YOUNG AGES, RIGHT. MY CHURCH COMMUNITY, IT COULD HAVE BEEN ANY MEDIA REPRESENTATIONS THAT I WAS EXPOSED TO OR COMMENTS FROM PEERS. BUT IF WE LOOK AT THOSE VARIOUS REPRESENTATIONS, THEY HAVE SOME RECURRING THEMES. AND THOSE THEMES COULD BE THINGS LIKE DECEPTION, MENTAL ILLNESS, SEXUAL DEVIANCY, SO MANY THINGS. SO IF WE CAN LOOK AT THAT, WE CAN SAY, OH, WELL, WE GOT THESE MESSAGES. ARE THEY ACCURATE? AND AS WE TAKE A LOOK AND DO IT, LIKE LAY THEM ON THE TABLE, WE CAN RECOGNIZE THAT OUR PROFESSIONAL ENTITIES ARE INFORMING US MORE SO THAT OUR SOCIETY IS BEING MORE INCLUSIVE OF POPULATIONS THAT HAVE BEEN INVISIBLE AND ARE NOW VISIBLE. AND WE ARE MEMBERS OF DIFFERENT FAMILIES AND COMMUNITIES AND SOCIETY AS A WHOLE. SO BOTTOM LINE, CAN WE GET DOWN TO BEING HUMAN? AND THEN IF WE CAN GET THERE, THEN NOW WHAT DO WE DO? AND SOME OF THOSE RECOMMENDATIONS AND GUIDANCE AND AGAIN SPEAKING SPECIFICALLY WITH RESPECT TO SCHOOLS, YOU KNOW, WE HAVE A TEMPLATE, AND HOW LONG HAS THAT TEMPLATE BEEN IMPLEMENTED. IF SCHOOLS ARE BEING INCLUSIVE OF THEIR GENDER DIVERSE STUDENTS, FOR

EXAMPLE, WHAT DOES THAT MEAN WHEN IT COMES TO BATHROOMS, AND SPORTS, LOCKER ROOMS, OVERNIGHT TRIPS? WHAT DOES IT MEAN WHEN A PARENT COMMUNITY IS UP IN ARMS BECAUSE OF THE CONTENT PRESENTED TO THEIR CHILDREN FEELS AGE INAPPROPRIATE? I DON'T KNOW ANY WAY OUT EXCEPT THROUGH HAVING THOSE CONVERSATIONS AND PUTTING FEARS AND CONCERNS ON THE TABLE. I ALSO THINK IT IS IMPORTANT TO RECOGNIZE THAT IT CROSSES ALL LINES. SO IT DOESN'T MATTER WHAT POLITICAL AFFILIATION WE BELONG TO, IT DOESN'T MATTER WHAT CULTURE WE BELONG TO. IT DOESN'T MATTER OUR FAITH BELIEFS. THESE QUESTIONS SEEM TO BE PRETTY UNIVERSAL IN MY EXPERIENCE. SO I, I THINK RECOGNITION FIRST AND FOREMOST IS HOW TO GO ABOUT IT. AND THEN ALSO I WOULD SAY THAT RECOGNIZING THAT FEELINGS ARE NOT FACTS. SO IF WE HAVE A GUT LEVEL RESPONSE, WE CAN TAKE A LOOK AT IT. I KNOW MY OWN GUT LEVEL RESPONSES IN THE PAST, WHO DOES SHE THINK SHE IS FOOLING? YOU KNOW, WELL PRIOR TO MY OWN GENDER TRANSITION. WOW, I GET TO TAKE A LOOK AND FIND SOME HUMILITY. SO I'LL, I'LL JUST LEAVE IT THERE AS A WAY TO START US OFF.

>> AIDAN, THANK YOU SO MUCH. THAT IS A GREAT WAY TO GET US STARTED. I ESPECIALLY LIKE YOUR POINT ON EARLY MESSAGES, RIGHT. THAT IS SOMETHING THAT IS REALLY IMPORTANT FOR US TO UNPACK. WHERE DO WE FIRST START HEARING THESE MESSAGES THAT ARE, YOU KNOW, EXHIBITING IMPLICIT AND EXPLICIT BIAS TOWARDS THE LGBTQIA+ COMMUNITY? THAT'S, THAT'S REALLY IMPORTANT. THANK YOU. NOW, I'M GOING TO TURN TO ANDREW. ARE THERE OCCUPATIONAL BIASES THAT MAY MAKE IT CHALLENGING FOR TRANSGENDER INDIVIDUALS TO FIND WORK OR TO REENTER THE WORKFORCE AFTER TRANSITIONING? ANDREW?

>> YEAH, THANK YOU SO MUCH, PHII, FOR THAT QUESTION. AND THANK YOU, AIDAN, FOR THE COMMENTS THAT YOU SHARED. A LOT OF YOU KNOW, A LOT OF WHAT AIDAN SAID WILL LAY THE GROUNDWORK, THE FOUNDATION FOR WHAT, WHAT I'M, WHAT WE'RE ADDRESSING IN THIS QUESTION, RIGHT. SO, OF COURSE, THERE ARE OBSTACLES AND OCCUPATIONAL BIASES. PHII CITED SOME OF THE STATISTICS ABOUT THE UNDER AND UNEMPLOYMENT RATES IN TGNC AND LGBTQIA GENERALLY COMMUNITIES. SOME OF THOSE, SOME OF THOSE BIASES ARE FAIRLY OBVIOUS, RIGHT, AND FREQUENTLY DISCUSSED. SO TRANSPHOBIA GENERALLY, AN EMPLOYER DOESN'T WANT TO HIRE TRANS PEOPLE FOR WHATEVER REASON, AND THAT MAY, THAT MAY BE INFORMED BY SOME OF THE BIASES THAT AIDAN WAS DISCUSSING AND ALLUDING TO. AN EMPLOYER DOESN'T THINK THAT THIS TRANS PERSON IS FIT FOR A PARTICULAR POSITION THAT THEY ARE HIRING, SO MAYBE THEY FEEL THEY DON'T HAVE ANYTHING AGAINST TRANS PEOPLE GENERALLY, BUT A TRANS PERSON JUST WOULDN'T BE GOOD FOR THIS PARTICULAR POSITION. AND REALLY UNPACKING THAT AND FIGURING OUT WHY THOSE ASSUMPTIONS ARE MADE IN CERTAIN SITUATIONS. AND YOU KNOW THE WORK ENVIRONMENT COULD BE, THE WORK ENVIRONMENT OR ORGANIZATIONAL CULTURE COULD BE EXTREMELY HOSTILE TO TRANS PEOPLE, YOU KNOW, NOT WANTING TO WORK THERE, OR YOU KNOW THE FOLKS ON THE HIRING COMMITTEE MAKING IT IMPOSSIBLE TO HIRE ANYONE FROM THE TGNC COMMUNITIES. SO I GUESS ANOTHER THING THAT I WILL ADD IS JUST THAT YOU KNOW THE FACT THAT WE DO HAVE FEDERAL PROTECTIONS FOR IN THE WORKPLACE NOW FOR TRANS FOLKS AND LGBTQIA FOLKS GENERALLY IS GREAT. BUT EMPLOYERS KNOW THAT THERE ARE RARELY ANY CONSEQUENCES FOR DISCRIMINATION, EVEN IF IT IS FAIRLY OBVIOUS OR BLATANT. IT IS ALSO COMPLETELY LEGAL IN SOME CIRCUMSTANCES TO

DISCRIMINATE AGAINST DISABLED TRANS PEOPLE, SO KEEPING THAT IN MIND, AND WE CAN ALSO HAVE A WHOLE DISCUSSION ABOUT ISSUES AROUND RELIGIOUS REFUSAL AND FOLKS USING RELIGIOUS JUSTIFICATIONS TO NOT HIRE TGNC FOLKS AND QUEER FOLKS. ADDING ON TOP OF THAT THERE, YOU KNOW, WE CAN TALK ABOUT DIFFERENT ISSUES RELATED TO IDENTITY DOCUMENTS AND BACKGROUND CHECKS. THOSE ARE OFTEN CITED AS PROBLEMS AND BARRIERS FOR FOLKS ENTERING THE WORKFORCE. BUT I ALSO THINK IT IS REALLY IMPORTANT TO KIND OF LIKE WIDEN THE LENS AND WIDEN OUR FOCUS AND CONSIDER THE INSTITUTIONAL AND SYSTEMIC BARRIERS THAT ARE MAYBE THROWING UP ROAD BLOCKS AND CAUSING ISSUES, SO JUST TRANSPHOBIA, ABLEISM, WHITE SUPREMACY, AND SIMILAR SYSTEMS OF OPPRESSION WORK TOGETHER TO LIMIT, LIMIT THE OPPORTUNITIES OF PEOPLE WITH MARGINALIZED IDENTITIES. LIMIT THEIR ACCESS TO RESOURCES AND THAT INCLUDES OBVIOUSLY STABLE, SAFE, SUSTAINABLE SOURCES OF INCOME. AND WITH THESE SYSTEMS OF OPPRESSION IT IS DIFFICULT IF NOT IMPOSSIBLE TO COUPLE THEM AND TRY AND FIGURE OUT LIKE, YOU KNOW, WHICH ONE IS ACTUALLY THE SINGLE SOURCE OF BIAS IN A CERTAIN SITUATION, BECAUSE THEY'RE, THEY'RE ARE JUST SO INTER-RELATED AND SO WE REALLY HAVE TO THINK OF THEM AS ENTIRE SYSTEMS WORKING TOGETHER AND HOW DO WE DECONSTRUCT THEM AND NOT, JUST FOCUSING ON ONE AT A TIME ISN'T ALWAYS SUPER USEFUL. YOU KNOW, HINTING BACK TO LIKE SOMETHING THAT AIDAN SAID, LIKE THOSE SCRIPTS AND THOSE NARRATIVES THAT WE GET AND WHERE DO THEY COME FROM? BUT LIKE, SO IF AN EMPLOYER DOESN'T WANT TO HIRE A TRANS PERSON BECAUSE HE THINKS THAT TRANS PEOPLE ARE MENTALLY ILL, DOES IT REALLY MATTER IF THAT BIAS IS BASED ON TRANSPHOBIA OR IF THAT BIAS IS BASED ON ABLEISM? AND AGAIN, THEY ARE JUST SO INTER-

RELATED THAT WE CAN'T TALK ABOUT ONE WITHOUT THE OTHER. AND SO, ALL OF IT TO SAY, YES, OBVIOUSLY THERE ARE INTERPERSONAL OCCUPATIONAL BIAS ISSUES THAT SHOULD AND CAN BE ADDRESSED WHEN IT COMES TO TRANS FOLKS ENTERING THE WORKFORCE. BUT WE ALSO HAVE TO ADDRESS THE, THE SYSTEMS IN THE WAYS THOSE SYSTEMS DESCRIBE VALUE TO PEOPLE. TRANS PEOPLE ESPECIALLY TRANS PEOPLE WITH MULTIPLE MARGINALIZED IDENTITIES WILL ALWAYS ENCOUNTER BARRIERS WHEN ATTEMPTING TO REENTER THE WORKFORCE IF WE ARE NOT, IF WE ARE NOT LOOKING AT THE BIGGER PICTURE AND THE BIGGER SYSTEMS. AND I'LL LEAVE IT THERE FOR NOW. THANK YOU.

>> ANDREW, I REALLY APPRECIATE THAT POINT ABOUT FOCUSING ON SYSTEMS. I THINK THAT IS REALLY IMPORTANT. AND IF WE ARE GOING TO MAKE PROGRESS HERE, YOU KNOW, ESSENTIALLY WHAT YOU ARE REFERRING TO IS USING AN INTERSECTIONAL LENS, RIGHT, LOOKING AT HOW THESE MULTIPLE SYSTEMS OF OPPRESSION OVERLAP AND IMPACT THESE COMMUNITIES. AND I THANK YOU FOR THAT, ANDREW. WE ARE GOING TO SHIFT GEARS A LITTLE BIT AND THIS QUESTION IS GOING TO BE FOR NIKKI. DO LGBTQIA PLUS ADULTS FACE CHALLENGES WHEN ACCESSING ROUTINE AND SPECIALIZED HEALTH CARE? NIKKI, I WILL START WITH YOU?

>> GREAT. THANK YOU. YOU KNOW, I, THE SORT OF SHORT ANSWER IS, ABSOLUTELY, YES. I DO WANT TO SORT OF PREFACE THIS THAT WHILE WE ARE TALKING ABOUT THE LGBTQIA+ COMMUNITY AT LARGE, THERE ARE DIFFERENCES IN PARTICULARLY WITHIN HEALTH CARE OF THOSE NEEDS. SO WHILE WE CAN TALK IN AN UMBRELLA, I THINK INITIALLY I'M GOING TO FOCUS FOR TRANS AND NONBINARY FOLKS AND THEIR INTERSECTION WITH THE HEALTH CARE, WITH ACCESSING HEALTH CARE, BECAUSE THOSE ARE UNIQUE AND SPECIALIZED COMPARED

TO THE OVERALL COMMUNITY. SO ATTEMPTING TO ACCESS GENDER AFFIRMING CARE IS WILDLY DIFFERENT, LIKE WILDLY DIFFICULT WITHIN THE U.S. HEALTH CARE SYSTEM, KIND OF REGARDLESS OF WHETHER YOU ARE ON COMMERCIAL INSURANCE, THROUGH AN EMPLOYER, OR THROUGH A MARKETPLACE, THROUGH MEDICARE OR MEDICAID, A NUMBER OF STATES PERMIT CATEGORICAL EXCLUSIONS, THAT IS JUST BARRIERS, JUST A FLAT EXCLUSION TO ALL GENDER AFFIRMING CARE. THIS OCCURS AT ALL LEVELS. SO THERE ARE MEDICAID PROGRAMS IN A NUMBER OF STATES THAT WILL NOT COVER GENDER AFFIRMING CARE. THERE ARE FEDERAL HEALTH CARE PROGRAMS THAT HAVE EXCLUSIONS. SO COMMERCIAL, CERTAINLY. SO WHAT WE ARE SEEING IS A WIDE RANGE OF SURGERIES AND PROCEDURES NEEDED, TGNC FOLKS CANNOT ACCESS IT. IT IS EXCLUDED UNDER THE CONTRACT OR THE POLICY. SO AND THIS IS ALL OF THE EVIDENCE POINTS TO MEDICALLY NECESSARY, SAFE, NOT EXPERIMENTAL, TREATS GENDER DYSPHORIA, THIS IS THE MEDICAL STANDARD. RIGHT. THERE IS NO DISPUTE WITHIN THE MEDICAL COMMUNITY, WITHIN THE MAJOR MEDICAL ORGANIZATIONS THAT THIS IS LIFE SAVING TREATMENTS. AND THERE IS ACTUALLY QUITE A LONG HISTORY OF THIS, OF THESE TREATMENTS BEING PERFORMED. THERE IS A SENSE THAT THESE TREATMENTS ARE NEW. AND THAT IS LARGELY BECAUSE THE UNITED STATES SHUT DOWN AND DEFUNDED A LOT OF THIS WORK IN THE 70'S AND 80'S. IN OTHER COUNTRIES THIS WORK WAS NOT SHUT DOWN, AND SO WE DO, THERE IS SORT OF ESSENTIALLY LIKE GENERATIONS OF MEDICAL LITERATURE, DEMONSTRATING THAT THESE ARE EFFECTIVE SAFE TREATMENTS. AND THAT IS JUST SPECIFIC TRANS AND NONBINARY GENDER AFFIRMING PROCEDURES. I DO WANT TO NOTE THAT THERE ARE FORMS OF INSURANCE THAT WILL COVER NOTHING. WHAT WE SEE EVEN SORT OF BROADLY, IS THAT WHERE INSURANCE PLANS OF WHATEVER SOURCE DO END UP COVERING

GENDER AFFIRMING CARE, THEY WILL TYPICALLY ONLY COVER HORMONE REPLACEMENT THERAPY AND GENITAL SURGERY WHICH EXCLUDES A VAST ARRAY OF PROCEDURES THAT ARE EFFECTIVE AND THAT TREAT GENDER DYSPHORIA. ONE IN PARTICULAR THAT I WANT TO CALL OUT IS FACIAL GENDER CONFIRMATION SURGERY, ALSO KNOWN AS FACIAL FEMINIZATION SURGERY. AND BY A COUPLE OF OTHER ACRONYMS, THAT, THAT PROCEDURE CAN FOR A LOT OF TRANS WOMEN AND TRANSFEMININE PEOPLE BE FAR MORE IMPORTANT THAN GENITAL SURGERY. THE FACE IS ONE OF THE PRIMARY PLACES IN WHICH WE REGENERATE AND IN WHICH PEOPLE ARE GENDERED BY OTHERS AND FOR, TO BE ABLE TO MOVE THROUGH THE WORLD SAFELY, FACIAL FEMINIZATION SURGERY OR FACIAL GENDER CONFIRMATION SURGERY IS OF UTMOST IMPORTANCE. GENITALS ARE, I MEAN WE QUITE FRANKLY, AND I DON'T MEAN TO BE CRASS BUT WE RARELY SEE EACH OTHER GENITALS. RIGHT. BUT WE DO INTERACT WITH PEOPLE'S FACES PARTICULARLY IN THIS TIME OF COVID THROUGH ZOOM AND THROUGH THE FACE. THAT TYPE OF PROCEDURE AND A NUMBER OF OTHER PROCEDURES LARGELY EFFECTING TRANS WOMEN AND TRANSFEMININE FOLKS ARE EXCLUDED CATEGORICALLY, EVEN UNDER INSURANCE PLANS THAT DO COVER SOME GENDER AFFIRMING CARE. SO THAT RESULTS IN INCOMPLETE TRANSITIONS IF YOU WILL. THAT DOES ALSO PUT SOME OF THE MOST VULNERABLE MEMBERS OF THE TRANS NONBINARY COMMUNITY INTO GREATER, THEY ARE LIKE INTO A GREATER SENSE OF DANGER. IT LIKE DEEPLY PROHIBITS OR MAKES DIFFICULT TO SAFELY INTEGRATE INTO THE COMMUNITY AND TO MOVE THROUGH THE WORLD WITHOUT BEING EXPOSED TO TRANSPHOBIC VIOLENCE. THERE ARE, OF COURSE, I THINK TURNING TO THE BROADER COMMUNITY, AN AREA THAT WE SEE IN TERMS OF SPECIALIZED SERVICES FOR THE LGBTQIA COMMUNITY IS ACCESS TO FERTILITY PROCEDURES. THOSE ARE ALMOST ALWAYS

REQUIRE TWELVE MONTHS OF UNPROTECTED SEX AND IS BASED ON THE ASSUMPTION THAT UNPROTECTED SEX WILL LEAD TO IMPREGNATION WHICH IS NOT TRUE FOR MOST LGBTQIA PARTNERSHIPS. SO THERE IS I THINK VERY CLEARLY AND VERY WELL MAPPED OUT A NUMBER OF BENEFITS THAT CANNOT BE ACCESSED AND ARE EXPLICITLY ALLOWED TO BE BARRED FOR THE LGBTQIA COMMUNITY. I WANT TO TAKE ONE FURTHER STEP EVEN FURTHER BACK, AND SO THESE ARE, THOSE ARE THE SPECIALIZED PROCEDURES THAT ARE SIGNIFICANTLY DIFFICULT TO ACCESS AND ARE CONTINUING BARRIERS NATIONWIDE. STEPPING BACK FROM THAT, AND I'M JUST GOING TO USE QUEER JUST TO SORT OF TALK ABOUT THE WHOLE COMMUNITY, BECAUSE IT IS A LITTLE BIT EASIER FOR ME THAN JUST RIPPING THROUGH THAT ACRONYM A BUNCH OF TIMES, IS THAT QUEER FOLKS WHEN ENCOUNTERING THE HEALTH CARE SYSTEM ARE EXPERIENCING DISCRIMINATION. RIGHT. SO FOR TRANS FOLKS, THAT CAN BE DEAD NAMED, I.E. REFERRING TO A NAME THAT IS NOT THE NAME THAT THEY USE, MISGENDERED, BEING ESSENTIALLY OUTED IN WAITING ROOMS, AND IN OTHER SAFE, UNSAFE SPACES. FOR TRANS FOLKS IT CAN ALSO LOOK LIKE GOING TO GET HEALTH CARE FOR SOMETHING UNRELATED TO BEING TRANS, AND HAVING A DOCTOR TURN YOU AWAY, OR SAY I DON'T KNOW HOW TO TREAT YOU. THERE IS A TWITTER HASH TAG, MY TRANS HEALTH FAILED, IT HAS A PLETHORA OF EXAMPLES OF GOING IN FOR A BROKEN ARM AND HAVING A DOCTOR ASKING ABOUT, YOU KNOW, DID YOU HAVE GENITAL SURGERY? RIGHT. OR LIKE, WHAT, WHICH HAS NO RELATION TO FIXING A BROKEN ARM. THERE IS ALSO, I THINK WE ARE GOING TO TALK ABOUT IT LATER, ABOUT A DEEP LACK OF COMPETENCY, OF LIKE I DON'T KNOW HOW TO TREAT YOU. SO AN EXAMPLE I LIKE TO GIVE, IMAGINE YOU HAVE DIABETES AND YOU WENT IN TO YOUR DOCTOR AND YOUR DOCTOR WAS LIKE, COOL, SO WHAT IS INSULIN? AND HOW DO I, LIKE HOW DO I

TREAT YOUR DIABETES? THAT LEVEL OF KNOWLEDGE IS REQUIRED FOR TRANS FOLKS TO BRING TO ACCESSING CARE. MOST TRANS FOLKS HAVE A MUCH BETTER UNDERSTANDING OF THEIR MEDICAL NEEDS THAN THE DOCTORS THAT ARE TREATING THEM, BECAUSE THOSE DOCTORS DON'T KNOW. BUT EVEN, YOU KNOW, BEYOND JUST TRANS FOLKS FOR THE ENTIRE QUEER COMMUNITY THERE IS DEEP HOMOPHOBIA, QUEERPHOBIA, AND TRANSPHOBIA THAT MANIFESTS IT'S WAY IN THE WAYS THAT OFFICE STAFF AND PROVIDERS INTERACT WITH OUR COMMUNITY THAT MAKES IT VERY HOSTILE. SO THERE IS, THERE IS MORE THAN ENOUGH STUDIES OUT THERE SHOWING THAT QUEER FOLKS ROUTINELY DELAY ACCESSING PREVENTATIVE OR ROUTINE CARE, BECAUSE OF THE DISCRIMINATORY TREATMENT THEY RECEIVE WHEN INTER, INTERACTING WITH THE HEALTH CARE SYSTEM. AND AGAIN YOU KNOW FROM AN INTERSECTIONAL LENS, RIGHT, THIS IS IF YOU HAVE MULTIPLE MARGINALIZED IDENTITIES, ALL OF THESE THINGS COME INTO PLAY IN WAYS IN WHICH THE QUEER COMMUNITY IS LARGELY DISMISSED, NOT TRUSTED, AND YOU KNOW SORT OF SECOND GUESSED CONSTANTLY IN TRYING TO ACCESS CARE AS WELL AS DEALING WITH OUTRIGHT HOSTILITY. SO I THINK YOU KNOW THERE IS, SO AGAIN JUST TO RETURN TO MY SHORT ANSWER, YES, THERE ARE PROFOUND LASTING SYSTEMIC BARRIERS TO ACCESSING ROUTINE HEALTH CARE AND SPECIALIZED HEALTH CARE.

>> NIKKI, THANK YOU SO MUCH FOR THAT. YOU COVERED SO MUCH THAT I WOULD LIKE AIMEE TO JUST PICK UP ON ONE NOTE THAT NIKKI MENTIONED, GENDER AFFIRMING CARE. WE KNOW THAT IS VERY IMPORTANT AND CENTRAL FOR OUR TGNC FOLKS ACCESSING HEALTH CARE, RIGHT. AIMEE, CAN YOU JUST SHARE HOW YOU WOULD DEFINE THAT? AND ALSO FEEL FREE TO ADD ANY OTHER COMMENTS THAT YOU HAVE ON THIS QUESTION.

>> SURE. THANK YOU. SO AGAIN, MY NAME IS AIMEE. I AM THE LGBTQ COORDINATOR AT THE VA MARYLAND HEALTH CARE SYSTEM. GENDER AFFIRMING CARE IS A TERM THAT HAS SORT OF TRANSITIONED OVER FROM WHAT MIGHT HAVE BEEN CALLED LIKE SEX REASSIGNMENT OR GENDER REASSIGNMENT. IT CAN REFER TO THE SURGERY ITSELF, BUT IT CAN ALSO REFER TO A WIDE VARIETY OF TREATMENTS, SOME OF WHICH NIKKI MENTIONED LIKE FACIAL SURGERY, HORMONE REPLACEMENT, ALSO CAN INCLUDE PROSTHETICS, VOICE COACHING, AND ELECTROLYSIS. BASICALLY ANY AND ALL MEDICAL PROCEDURES OR ACCESS TO SERVICES THAT WILL ASSIST A TRANSGENDER OR A NONBINARY PERSON TO FEEL THAT THEIR APPEARANCE ALIGNS MORE WITH THEIR GENDER IDENTITY. AND THAT AFFIRMING PART IS REALLY IMPORTANT BECAUSE IT SPEAKS TO THE FACT THAT IT IS NOT JUST SOMETHING THAT IS SORT OF PROVIDED BECAUSE IT IS A MEDICAL NECESSITY AND WE HAVE TO, BUT MORE THAT WE ARE AFFIRMING THAT, YES, THIS IS YOUR CORRECT GENDER IDENTITY. WE SEE YOU. THAT IS IMPORTANT TO US TO PROVIDE. SO IN TERMS OF THE VA, A LOT OF WHAT NIKKI SAID IS ABSOLUTELY TRUE. THAT GENDER AFFIRMING CARE IS VERY PATCHWORK RIGHT NOW. WE ARE TRYING TO INCREASE ACCESS FOR THOSE SERVICES AND MAKE IT MORE EQUITABLE ACROSS THE BOARD. BUT THERE IS STILL A LOT OF BARRIERS TO ACCESS FOR THOSE SERVICES AT THE VA.

>> AIMEE, THANK YOU SO MUCH FOR SHARING THAT. AND WE KNOW HOW CRUCIAL GENDER AFFIRMING CARE IS. IN FACT, THE TREVOR PROJECT JUST RELEASED A REPORT RECENTLY THAT SHOWED THAT WHEN YOUNG PEOPLE GAIN ACCESS TO GENDER AFFIRMING CARE, THAT REDUCES THEIR LIKELIHOOD OF SUICIDAL IDEATIONS OR OTHER EXTREME MEASURES RELATED TO SUICIDAL IDEATION. RIGHT. SO WE KNOW THAT IS SUPER IMPORTANT AND WE NEED ALL

FOLKS IN HEALTH CARE TO REALLY GET ON BOARD WITH THAT. ALL RIGHT. I'M GOING TO TURN IT OVER TO ANDREW. IS THERE A LIMITED ACCESS TO COMPETENT CULTURALLY AWARE OR SENSITIVE LGBTQIA PLUS DOCTORS? IF YES, WHAT IS BEING DONE ABOUT THIS PROBLEM? ANDREW, YOU WANT TO GET US STARTED ON THAT?

>> THANK YOU, PHII. YES. SO I'LL START WITH THE, I'LL START WITH THE EASY ANSWER, AS I DID BEFORE AND AS NIKKI DID. YES, UNFORTUNATELY, OF COURSE, ACCESS TO COMPETENT AND CULTURALLY AWARE PRACTITIONERS IS LIMITED, AND THAT IS TRUE EVEN IN LARGE METROPOLITAN CITIES. IT JUST, IT IS TRUE ACROSS THE BOARD. SO IF IT IS LARGE IN -- IF IT IS TRUE IN LARGE CITIES, LIKE YOU CAN IMAGINE COMPETENT AND CULTURALLY AWARE PRACTITIONERS MAY BE LESS AVAILABLE IN RURAL AND SMALLER, RURAL AREAS AND SMALLER TOWNS, AND YOU KNOW TO SOME OF THE THINGS THAT ARE BEING DONE, SOME OF THE THINGS THAT ARE BEING DONE, YOU KNOW, ATTEMPTS TO RECRUIT AND RETAIN MORE LGBTQIA MEDICAL STUDENTS AND DOCTORS. SO THE IDEA THAT GETTING MORE, MORE FOLKS WHO LOOK LIKE THEIR PATIENTS, CAN IMPROVE OUTCOMES AND CAN IMPROVE, CAN IMPROVE THE QUALITY OF SERVICE I GUESS. SO WITH THAT ALSO COMES LIKE SCHOLARSHIP OPPORTUNITIES FOR QUEER AND TRANS STUDENTS. THERE HAS BEEN ADVOCACY, A BIGGER PUSH RECENTLY TO HAVE SLIGHTLY MORE INSTRUCTION IN MEDICAL SCHOOLS AROUND QUEER AND TRANS ISSUES. MY UNDERSTANDING IS THAT THE MAJORITY OF MEDICAL STUDENTS DON'T RECEIVE ANY SORT OF TRAINING ABOUT HOW TO -- LET ALONE THE ACTUALIZED, NIKKI WAS TALKING ABOUT THE TECHNICAL PRACTICE OF MEDICINE WHEN IT COMES TO TRANS SPECIFIC ISSUES OR QUEER SPECIFIC ISSUES, BUT LIKE DON'T EVEN REALLY GET ANY IDEA OF HOW TO, HOW TO DEAL WITH TRANS PATIENTS, QUEER PATIENTS. AND SO

THERE IS STUFF LIKE THAT AND OTHER PIPELINE FIXES. OBVIOUSLY, VARIOUS ADVOCACY GROUPS THAT ARE SEEKING TO EDUCATE IN TRANS, IN PROVIDERS ON QUEER AND TRANS ISSUES YOU KNOW TO ADDRESS SOME OF THE IMPLICIT AND EXPLICIT BIAS KIND OF STUFF. BUT YOU KNOW UNFORTUNATELY MOST OF THESE EFFORTS AREN'T REALLY AIMED AT ADDRESSING LARGER SYSTEMIC ISSUES. I MEAN SOME OF THE PIPELINE STUFF IS, BUT THEY ARE NOT ADDRESSING THE LARGER SYSTEMIC ISSUES ABOUT THE MEDICAL FIELD IN GENERAL, AND, YOU KNOW, I CAN SAY THAT WITH FEW EXCEPTIONS, YOU KNOW, EVERY QUEER, TRANS, DISABLED, BLACK, BROWN, OR FAT PERSON I KNOW, COULD PROBABLY GIVE YOU A HANDFUL OF NEGATIVE EXPERIENCES THAT THEY HAVE HAD WITH A DOCTOR. YOU KNOW, I COULD NAME A FEW RIGHT NOW, THAT HAVE TO DO WITH OUR IDENTITIES AND JUST YOU KNOW PROVIDERS BEING IGNORANT OR HOSTILE. YOU KNOW, TRANS PEOPLE ARE OFTEN NOT TREATED WITH OR TRANS PEOPLE ARE OFTEN TREATED WITH DISREGARD OR DISRESPECTED BY MEDICAL PROFESSIONALS. THAT IS NOT UNCOMMON AS NIKKI NOTED. THEIR EXPERIENCES IN THEIR BODIES ARE TREATED AS ODDITIES AND THEY ARE SUBJECTED TO UNNECESSARY QUESTIONING AND UNNECESSARY EXAMINATIONS. AND MANY DISABLED PEOPLE HAVE SHARED VERY SIMILAR EXPERIENCES. IT IS, IT IS SOMETHING THAT REGULARLY HAPPENS UNFORTUNATELY. WE CAN TALK ABOUT LAST YEAR, SPARKED A LOT OF CONVERSATIONS AROUND MEDICAL RACISM AND THE WAYS THE MEDICAL ESTABLISHMENT HAS UNDERSERVED AND ABUSED BLACK PATIENTS AND CONTINUES TO DO. AND THAT IS NOT EVEN TO MENTION YOU KNOW SOME OF THE OTHER ISSUES THAT ARE CURRENTLY FLARING UP RIGHT NOW WITH LIKE RIGHT WING EFFORTS TO CRIMINALIZE THE PROVISION OF MEDICAL CARE TO TRANS PEOPLE. BILLS ACROSS THIS COUNTRY HAVE BEEN INTRODUCED TO TRY AND SHUT OFF

AVENUES FOR TRANS PEOPLE TO ACCESS MEDICAL CARE, AND THEN TO LIKE PENALIZE AND CRIMINALIZE DOCTORS AND OTHER PRACTITIONERS WHICH IS A, YOU KNOW, A HUGE ISSUE. AND THEN YOU KNOW JUST KIND OF IT INVOLVES ALSO THINKING ABOUT LIKE THE MEDICAL SYSTEM AND THE WAY THE, OUR SYSTEMS AND INSTITUTIONS OPERATE. LIKE YOU CAN LOOK AT KIND OF THE CDC AND THE CONFIDENCE THAT THEY HAVE NOT QUITE INSPIRED IN QUEER, TRANS, AND DISABLED FOLKS. YOU KNOW, THEY CHANGED, OSTENSIBLY CHANGED COVID GUIDELINES RECENTLY TO PROTECT BUSINESS INTERESTS OVER PEOPLE. THE DIRECTOR RECENTLY SUGGESTING THAT IT WAS ACTUALLY A POSITIVE THING THAT MOST OF THE, THE DEATHS FROM VACCINATED PEOPLE ARE PEOPLE THAT WERE ALREADY SICK TO BEGIN WITH. LIKE WHAT KIND OF MESSAGES DOES THAT, DOES THAT SEND TO FOLKS? SO YEAH, I'LL WRAP THAT UP BY SAYING, LIKE, IT WOULD BE GREAT IF A FEW MORE QUEER AND TRANS DOCTORS OR A FEW MORE HOURS OF LEARNING ABOUT QUEER AND TRANSPeOPLE IN MEDICAL SCHOOL COULD SOLVE SOME OF THESE PROBLEMS, BUT THAT CAN'T CHANGE THE INNATELY OPPRESSIVE STRUCTURES OF OUR MEDICAL SYSTEMS. LIKE, EVEN IF YOU HAVE A FRIENDLY DOCTOR WHO RESPECTS YOUR PRONOUNS, YOU'RE STILL STUCK IN A SYSTEM THAT RATIONS CARE, DENIES NECESSARY TREATMENT, AND SERVES AS A SIDE OF STATE SURVEILLANCE AND CONTROL, SO...

>> ANDREW, I REALLY APPRECIATE THOSE COMMENTS. YOU KNOW, AS A BLACK TRANSFEM PERSON, I CAN DEFINITELY RELATE TO THAT EXPERIENCE. YOU KNOW, I'VE BEEN AT MEDICAL FACILITIES THAT MAY HONOR MY TRANSIDENTITY, BUT WHEN IT COMES TO MY BLACK IDENTITY, I STILL EXPERIENCE MEDICAL RACISM. YOU KNOW, REALLY QUICK STORY, JUST A MOMENT -- A FEW MONTHS AGO, MY FOOT WAS INJURED AND I ENDED UP IN THE HOSPITAL.

AND ONE OF THE DOCTORS, BECAUSE THEY DIDN'T ESSENTIALLY KNOW MUCH ABOUT BLACK SKIN THEY THOUGHT THAT MY FOOT NEEDED TO BE AMPUTATED, AND EVEN PUT ME IN LINE TO HAVE SURGERY TO AMPUTATE MY FOOT UNTIL A DOCTOR WHO WAS MORE CONFIDENT SAID, NO, THAT'S JUST WHAT HAPPENS TO BLACK SKIN, RIGHT? ALMOST LOSING AN ENTIRE FOOT BECAUSE OF MEDICAL RACISM. SO, JUST A SHORT STORY THERE. TURNING IT OVER TO NIKKI FOR THE SAME QUESTION.

>> YOU KNOW, I WILL SAY THAT THERE'S NOT MUCH MORE FOR ME TO ADD. I THINK ANDREW AND YOU BOTH DID A GREAT JOB OF, I THINK, TACKLING THE BROADER -- I MEAN, JUST SORT OF EVERYTHING THAT WE'RE SEEING. OH, SORRY, THIS IS NIKKI EASTERDAY, THEY/THEM PRONOUNS, JUST TO ANNOUNCE MYSELF WHEN I START TALKING. I WILL SAY, THOUGH, THAT THERE'S A TON OF WORK THAT NEEDS TO BE DONE IN THE MEDICAL ESTABLISHMENT. I AM ALSO, AND I HATE TO SORT OF BE A BROKEN RECORD, DO WANT TO POINT OUT THAT THE WAY IN WHICH MEDICAL SERVICES ARE FUNDED CONTRIBUTE SIGNIFICANTLY TO BARRIERS TO CARE. MEDICARE, WHICH MOST FOLKS WHO ARE DISABLED ARE FORCED TO BE ON TO, DOES NOT EXPLICITLY COVER GENDER-AFFIRMING CARE. AND THE ONLY -- THERE'S NOT A NATIONAL COVERAGE DETERMINATION, IT'S LEFT ON A CASE-BY-CASE BASIS. THE ONLY LOCAL COVERAGE ARTICLE, EXPLICITLY EXCLUDES FACIAL FEMINIZATION SURGERY OR FACIAL GENDER CONFIRMATION SURGERY. MOST MEDICAID PROGRAMS WON'T -- LIKE, THEIR REIMBURSEMENT RATE IS INCREDIBLY LOW. SO THERE'S ALSO -- I MEAN, THE WAY THAT OUR HEALTH CARE SYSTEM IS BUILT AROUND A PROFIT MODEL IS WILDLY, WILDLY, HARMFUL, JUST TO BE FRANK. BUT, WHILE ACKNOWLEDGING THAT'S THE SYSTEM THAT WE HAVE RIGHT NOW, THERE IS NO FINANCIAL INCENTIVE FOR CULTURAL COMPETENCY OF ANY KIND. FUNDING IS

NOT THERE. SO PARTICULARLY WHEN YOU'RE LOOKING AT NARROW NETWORKS, IF SOMEONE IS REQUIRED TO GO IN NETWORK AND THERE IS NO ONE IN NETWORK WHO UNDERSTANDS HOW TO TREAT THEM, THEY ARE FORCED TO GET SUBSTANDARD CARE. SO WITHOUT -- I MEAN, IF WE'RE GOING TO USE A PROFIT-BASED MODEL, WE NEED TO HAVE FINANCIAL INCENTIVES, WHICH MEANS MEDICAID, MEDICARE, AND COMMERCIAL PLANS THAT ARE REGULATED. NEED TO BE REQUIRED TO COVER CULTURALLY COMPETENT CARE. AND I THINK WITHOUT THAT KIND OF FINANCIAL INCENTIVE THERE'S ONLY SO MUCH THAT WE CAN DO TO PUSH HEALTH CARE PROVIDERS. THANK YOU.

>> YES, ABSOLUTELY. NIKKI, I'M ACTUALLY GOING TO KEEP YOU ON THE LINE HERE. YOU'RE FIRST UP FOR THE NEXT QUESTION. SO HOW SHOULD ADJUDICATORS CONSIDER CERTAIN CONTROVERSIAL THERAPIES LGBTQIA+ MINORS MAY ENCOUNTER, SUCH AS CONVERSION THERAPY? SHOULD ADJUDICATORS CONSIDER THE EFFECTS OF SUCH TREATMENT ON LGBTQIA+ CHILDREN OR ONLY THE OUTCOME? IS THIS CONSIDERED MEDICAL EVIDENCE IF PERFORMED BY A VALID MEDICAL SOURCE? FOR EXAMPLE, A LICENSED PSYCHOLOGIST. WHAT ARE YOUR THOUGHTS ON THAT, NIKKI?

>> GREAT. NIKKI EASTERDAY, THEY/THEM PRONOUNS. YOU KNOW, I ALWAYS START WITH THE SHORT ANSWER THERE. THERE'S NO MEDICAL JUSTIFICATION FOR THIS TYPE OF CARE. AND CONVERSELY, THERE IS REAMS OF MEDICAL LITERATURE THAT SHOWS THAT THIS IS WILDLY HARMFUL. THIS IS A DESPICABLE PRACTICE. THIS IS A HARMFUL PRACTICE. PEOPLE WHO COME OUT OF THIS PRACTICE REFER TO THEMSELVES AS SURVIVORS. I THINK THAT IS AN APT DESCRIPTION FOR WHAT THEY HAVE UNDERGONE. THE BASIS OF CONVERSION THERAPY IS STEEPED IN A, LIKE, RACIST ABLEIST FRAMEWORK. THE FOUNDER OF CONVERSION THERAPY

WAS A TERRIBLE PERSON WHO HELD REALLY, LIKE, HOMOPHOBIC, TRANSPHOBIC, AND RACIST IDEAS AND ABLEIST IDEAS. THE METHODOLOGY THAT -- CONVERSION THERAPY IS ALSO BEING APPLIED IN OTHER VENUES. SO WE SEE A LOT OF DIRECT LINE BETWEEN CONVERSION THERAPY AND SORT OF LIKE THE TROUBLED TEEN INDUSTRY WHICH IS ALSO QUITE HARMFUL. LIKE, THERE'S A DIRECT LINE IN BETWEEN THOSE TWO FORMS OF TREATMENT. SO, WHAT WE'RE TALKING ABOUT ARE PRACTICES THAT ARE -- I CAN'T REALLY MINCE WORDS, EXTREMELY HARMFUL. AND WE KNOW FROM THE HISTORY OF HEALTH CARE PROVISION IN THE UNITED STATES THAT SIMPLY BECAUSE IT'S BEING PROVIDED BY A LICENSED PROFESSIONAL DOES NOT MAKE IT VALID OR UNHARMFUL. IN FACT, WE HAVE A RICH HISTORY IN THE UNITED STATE OF INCREDIBLY VIOLENT ACTS BEING PERPETRATED BY THE HEALTHCARE ESTABLISHMENT AND BY HEALTHCARE PROVIDERS. SO THE FACT THAT THERE'S AN M.D. OR ANY KIND OF LICENSE ATTACHED TO THE PERSON WHO IS PERFORMING THIS WORK DOES NOT LEGITIMIZE IT WHATSOEVER. IT IS -- I'M SORRY THAT I'M TALKING -- THERE'S ESSENTIALLY NO BASIS IN WHICH THIS CAN BE CONSIDERED A LEGITIMATE TREATMENT FOR ANYTHING. THIS IS UNEQUIVOCALLY ABUSE AND I THINK THAT IT SHOULD BE TREATED AS ABUSE, REGARDLESS OF WHO IT'S PERFORMED BY.

>> THANK YOU, NIKKI, THANK YOU. A COUPLE OF YOUR OTHER PANELISTS WANT TO JUMP IN HERE, TOO. SO FIRST I'M GOING GO TO AIDEN AND THEN I'M GOING TO TURN TO AIMEE.

>> YOU BET. IT'S DEFINITELY A TOPIC THAT IS WORTH DISCUSSING WITHOUT A DOUBT AND I'M SURE EVERYONE'S AS PASSIONATE AS NIKKI AND MYSELF NEXT IN LINE. SO YOU KNOW, CONSIDERING THE SUPPORT OF GENDER IDENTITY IN CHILDREN, FOR EXAMPLE. IT IS CONTROVERSIAL. WELL, WHY IS IT CONTROVERSIAL? BECAUSE WE DON'T CONSIDER WHAT WE

NEED TO PROVIDE THAT CHILD TO BE SUPPORTIVE OF THEM IN THEIR GENDER EXPLORATION. INSTEAD, WE DECIDE WE NEED TO HAVE SOME DEFINITIVE CERTAINTY THAT REQUIRES A CRYSTAL BALL. WE DON'T HAVE THAT. SO THE PAST APPROACH HAS BEEN TO WAIT. LET'S PAUSE. LET'S SEE HOW THIS PLAYS OUT. LET'S MAKE OUR EFFORTS TO CHANGE THESE CHILDREN'S RELATIONSHIP TO THEIR GENDER. AND WE HAVE FELT LIKE THAT HAS WORKED. I WOULD ARGUE THAT QUITE A BIT. RATHER THAN CHANGING THEIR GENDER IDENTITY WE ARE LOOKING AT A NEW APPROACH. WE ARE SAYING, HEY, WE KNOW WITH RESPECT TO STUDIES LIKE INJUSTICE AT EVERY TURN, THAT THAT DENIAL OF IDENTITY AND EXPLORATION HAS RESULTED IN SOME OUTRAGEOUS RISK FACTORS. WE HEAR NUMBERS ABOUT THE YOUTH AND THE SUICIDE ATTEMPT RATES THAT THEY EXPERIENCE. THE HOMELESSNESS AND VIOLENCE THAT THEY EXPERIENCE. SO, WE DON'T NEED TO LOOK VERY FAR TO FIND EVIDENCE THAT WHAT WE'VE DONE IN THE PAST DOESN'T WORK. SO, HOW DO WE LOOK TO THE FUTURE? WELL, IF WE'RE NOT CHANGING THESE KIDS, ARE WE JUST SENDING THEM OUT THE DOOR? AND TRUST ME, EVERY PARENT I'VE ENCOUNTERED WORRIES ABOUT THAT. THEY TAKE IT A SHORT TIME OR A LONG TIME TO GET TO A PLACE OF SUPPORTING THEIR CHILD IN THEIR GENDER IDENTIFICATION. BUT IT IS MUCH HARDER TO LET THEM OUT INTO THE WORLD BECAUSE THEY KNOW THE WORLD THAT THEY ARE SENDING THEM TO. SO, IF WE DON'T CHANGE THE CHILD, WE'VE GOT TO CHANGE EVERYONE ELSE. AND THAT'S WHERE WE ARE TODAY IS TAKING A LOOK AT THAT. SO CONSIDERING THAT, WE CAN LOOK TO RESOURCES LIKE THE TRANSYOUTH PROJECT. I BELIEVE IT'S A 20-YEAR LONGITUDINAL STUDY FORMERLY AT UNIVERSITY OF WASHINGTON, NOW AT PRINCETON, AND WE CAN LOOK AT CURRENT DAY PRACTICES AND WHAT ARE THE RESULTS. SO WE DON'T NEED TO GO SEARCH FOR

CONTROVERSIAL PAST APPROACH. WE CAN LOOK AT PRESENT DAY APPROACH AND SEE DOCUMENTED EVIDENCE OF HOW WELL THESE KIDS ARE DOING. ARE THEIR LIVES PERFECT? NO, THEY ARE NOT. THEY ARE STILL STEPPING INTO THAT WORLD THAT'S NOT READY TO RECEIVE THEM. BUT IF YOU WANT TO KNOW WHAT GETS ME OUT OF BED EVERY DAY, IT'S THAT. SO, LET'S SEE, A COUPLE OF OTHER THOUGHTS IS THAT WE'VE NOT BEEN PRESENTED THE OPPORTUNITY IN OUR EDUCATIONAL SYSTEMS, WHETHER THAT'S OUR UNIVERSITY COURSES WHERE OUR MEDICAL PRACTITIONERS, MENTAL HEALTH PRACTITIONERS ARE DEEPENING THEIR LEARNING, BUT ANYWHERE ALONG THE WAY. OUR K THROUGH 12 WHERE WE COULD LEARN MORE ABOUT GENDER. WE CAN LEARN MORE ABOUT OUR BODIES AND OUR RELATIONSHIPS AND OUR FAMILIES, AND YOU KNOW, ALL OF THE OTHER ASPECTS OF INTERSECTIONALITY THAT ARE SO IMPORTANT. I'VE BEEN IN CLASSROOMS WITH CHILDREN. THEY CAN HANDLE IT, TRUST ME. WE HAVE A LOT TO LEARN FROM THEM. ACTUALLY, WE HAVE A LOT TO REMEMBER FROM THEM. SO, LET'S SEE, JUST AS ONE QUICK EXAMPLE, I LISTEN TO A COMMUNITY OF PARENTS WHO WERE VERY UPSET ABOUT GENDER INCLUSION IN SCHOOLS, ESPECIALLY ELEMENTARY SCHOOLS. AND ONE MAN SAID, WELL, I'M A BIOLOGY MAJOR IT'S XX CHROMOSOMES AND XY CHROMOSOMES, END OF STORY. WELL, THE RESPONSE BACK WAS IF YOU'RE A BIOLOGY MAJOR, YOU KNOW THAT'S NOT TRUE. IT IS NOT THAT SIMPLE AND THAT INFORMATION IS AT OUR FINGERTIPS. SO, BEING WILLING TO STEP IN AND SAY HEY, WE CAN LOOK AT THE FACT THAT WE ARE SHIFTING OUR APPROACH, THAT WE ARE HAVING POSITIVE OUTCOMES, AND THAT MUCH OF THE KNOWLEDGE THAT WE NEED IS AVAILABLE. LET'S SEE, I HAD -- IS THERE ANYTHING ELSE I WANT TO SAY? I KNOW TIME IS A FACTOR. I THINK JUST, CONSIDERING THE EFFECTS OF SUPPORT IS WHAT WE NEED TO DO. AND AGAIN, TO STOP

WORRYING ABOUT WHETHER A CHILD'S SEXUALITY OR GENDER IDENTITY IS GOING TO BE FIXED FOR THE REMAINDER OF THEIR LIVES. LET'S STOP WORRYING ABOUT THAT. LET'S FIGURE OUT THAT THEY NEED SUPPORT. THEY NEED TO BELONG. THEY NEED TO BE INCLUDED. THEY NEED TO BE EMBRACED. I MEAN, OUR LIVES ARE BEAUTIFUL. SO LET'S GET ON WITH IT.

>> I LOVE THAT. I LOVE THAT, AIDEN. AIMEE, DO YOU WANT TO WRAP US UP ON THIS QUESTION?

>> SURE. THANK YOU. THIS IS AIMEE. MY PRONOUNS ARE SHE/HER. AND OBVIOUSLY THE VA DOESN'T TYPICALLY WORK WITH MINORS, BUT I FEEL LIKE THERE'S A REAL THROUGH LINE OF WHAT EVERYONE ELSE HAS BEEN DISCUSSING AS FAR AS A PATHOLOGIZING GENDER IDENTITY AND SEXUAL ORIENTATION, WITHIN THE VA. YOU KNOW, IT'S ONLY BEEN FAIRLY RECENTLY THAT HOMOSEXUALITY AND BEING TRANSGENDER WERE TAKEN OUT OF, YOU KNOW, THE DIAGNOSTIC MANUAL THAT WE USE TO ASSESS AND ASSIGN DIAGNOSES. YOU KNOW, PREVIOUSLY, IT WAS CONSIDERED A MENTAL ILLNESS. AND, SO, YOU KNOW, WE ARE STILL HAVING TO GRAPPLE WITH THAT FACTOR. A LOT OF TIMES TRANSGENDER CARE OR LGBTQ+ CARE IS LOCATED IN MENTAL HEALTH. THERE'S NO REASON FOR THAT, BUT THAT'S WHO ENDS UP OVERSEEING A PROGRAM AT THE VA. SIMPLY THAT FACTOR CAN BE A BARRIER TO VETERANS WHO WANT TO ACCESS CARE, BECAUSE WHY WOULD I WANT TO GO TO MENTAL HEALTH IF I DON'T HAVE, YOU KNOW, A MENTAL ILLNESS? AND ADDITIONALLY, YOU KNOW, THEY'RE SUBJECTED, A LOT OF TIMES, TO UNNECESSARY TREATMENTS AS YOU MENTIONED BEFORE. FOR EXAMPLE, NEEDING TO UNDERGO THOROUGH PSYCHOLOGICAL ASSESSMENT AND MENTAL HEALTH TREATMENT FOR A LONG TIME BEFORE BEING REFERRED TO GENDER FOR MAIN CARE. IT CAN BE A REAL BARRIER TO VETERANS WHO JUST HAVE ZERO INTEREST IN,

YOU KNOW, GOING THROUGH ALL OF THOSE HOOPS. SO I THINK AS IT STARTS OUT IN THE YOUNGER YEARS AND IN, YOU KNOW, PRIMARY GRADES, UNDER 18, IT DEFINITELY STILL CONTINUES THROUGH THE VA AND OTHER MEDICAL PROVIDERS AT THIS TIME.

>> THAT'S VERY IMPORTANT. I APPRECIATE YOU ADDING THAT TO THE DISCUSSION. WE'RE GOING TO SHIFT TO THE NEXT QUESTION, AND NIKKI I'M GOING TO START WITH YOU. WHAT STEPS ARE BEING TAKEN TO ENSURE MINORS WHO IDENTIFY AS TRANSGENDER OR EXPERIENCE GENDER DYSPHORIA RECEIVE SUPPORT TO HELP THEM COPE, ADJUST, OR ESPECIALLY TO PREVENT SUICIDE AS SUICIDE RATES FOR TRANSGENDER YOUTHS ARE HIGH?

NIKKI?

>> NIKKI, THEY/THEM. THIS IS A LITTLE BIT OF A TOUGH ONE FOR ME TO TALK ABOUT BECAUSE IT'S -- WHAT WE'RE SEEING PARTICULARLY RIGHT NOW IS NOT STEPS TOWARDS THIS, BUT STEPS AWAY FROM THIS, RIGHT? CRIMINALIZING ACCESS TO GENDER AFFIRMING CARE FOR MINORS THAT DON'T SAY "GAY BILL," RIGHT, LIKE IN OTHER WAYS OF BANNING DISCUSSIONS AROUND GENDER IDENTITY AND SEXUAL ORIENTATION IN EDUCATIONAL SETTINGS, IN CRIMINALIZING HEALTH CARE. AND I, YOU KNOW, SO THERE'S -- THAT'S THE DIRECTION WE'RE SEEING PREDOMINANTLY. THERE ARE PEDIATRIC GENDER CARE CLINICS THAT ARE OPENING AND THAT ARE OPEN AND ARE THERE. THERE IS, AND ARE, SCHOOL DISTRICTS THAT HAVE AFFIRMING POLICIES. BUT WHAT WE'RE SEEING IS A VERY CONCERTED POLITICAL EFFORT TO MAKE ACCESS TO THOSE SERVICES A CRIME, TO MAKE THE MERE MENTION OF QUEER COMMUNITIES, SOMETHING THAT CAN BE THE BASIS OF A LAWSUIT, RIGHT? THAT IS A VERY CLEAR ATTEMPT TO ERASE OUR COMMUNITY. THE COMMUNITY WILL STILL EXIST, WE WILL STILL BE THERE. BUT MINORS WITHIN OUR COMMUNITY WILL BE MUCH MORE VULNERABLE

AND WE WILL SEE MUCH MORE MENTAL HEALTH OUTCOMES BECAUSE OF THAT. ALMOST EVERY SINGLE STUDY POINTS TO AFFIRMATION, BOTH SOCIALLY AND MEDICALLY, REDUCES RATES OF SUICIDALITY. JUST, LIKE, THAT IS A WELL-ESTABLISHED MEDICAL FACT. THAT'S NOT WHAT'S DRIVING PUBLIC POLICY IN MOST OF THE UNITED STATES. AND I WILL ALSO -- YOU KNOW, JUST WHILE I HAVE THE MIC FOR ONE SECOND, I WILL SAY THAT CULTURALLY, WE DO NOT RESPECT AUTONOMY IN MINORS, SO I THINK A LOT OF PEOPLE CANNOT OR ARE UNWILLING TO ACKNOWLEDGE THAT A MINOR MAY HAVE A SENSE OF THEMSELVES, THEIR BODY, AND THEIR IDENTITY AND HAS THE CAPACITY TO MAKE THOSE DECISIONS AND HAS THE AUTONOMY TO CHANGE THOSE DECISIONS. I THINK WHY IT HAS BEEN SUCCESSFUL IS THAT WE ARE -- WE CULTURALLY DO NOT BELIEVE IN AUTONOMY IN MINORS, BUT ARE MORE THAN WILLING TO SUPPORT POLICIES THAT ARE FOR THE CHILDREN'S BEST INTERESTS THAT DIRECTLY ANNIHILATE ANY FORM OF AUTONOMY. BUT I WON'T TAKE TOO MUCH MORE TIME. I FEEL LIKE THAT'S LARGELY WHAT I HAVE TO SAY ABOUT THIS.

>> YES, YES. ALL RIGHT; AIDEN, SAME QUESTION.

>> WELL, I WILL BE BRIEF, BUT A COUPLE OF THOUGHTS THAT I WANTED TO ADD, YOU KNOW, IS THINKING ABOUT HOW TO HELP THE LGBTQIA+ COMMUNITY OF CHILDREN COPE. TO ME, IT'S THE WRONG QUESTION. I MEAN, I DO WANT TO HELP THEM, YES. THEY'RE GOING TO NEED RESILIENCY, SUPPORT, BUT THE BETTER QUESTION TO ASK IS HOW DO WE CHANGE THIS? IF WE'RE SAYING A CHILD IS EXPERIENCING BULLYING BECAUSE OF THEIR PRESENTATION OR BECAUSE OF THEIR IDENTITY, SO HOW CAN WE FIND A COUNSELOR TO HELP THEM DEAL WITH THE BULLYING? THEN WE'VE GOT A BIG PROBLEM IF WE'RE NOT FIGURING OUT THAT THE TOP PRIORITY IS TO ADDRESS THE BULLYING IN THE FIRST PLACE. SO THE ADULTS AROUND THOSE

CHILDREN NEED TO HAVE COURAGE TO STEP IN. I DO WANT TO REITERATE THAT THE IMPORTANCE OF SUPPORT, WE KNOW ONE PERSON MAKES A DIFFERENCE, CAN MAKE THE DIFFERENCE BETWEEN A CHILD LIVING AND A CHILD DYING. SO IF WE'RE LOOKING FOR, YOU KNOW, DIRECT ACTION TO TAKE, WE'VE GOT IT THERE. AND THIS IS SOMETHING THAT CAN BE DONE BY PEOPLE WHO HAVE DISTRESS PERSONALLY WITH RESPECT TO THEIR FAITH, FOR EXAMPLE. I'VE SEEN THAT IN ACTION. AIDEN, HOW I DO SUPPORT MY STUDENTS? I LOVE THEM. AND THIS IS IN CONFLICT WITH MY BELIEFS. I SAID YOU TELL THEM THAT, YOU TELL THEM THAT YOU LOVE THEM AND THAT YOU KNOW THEY ARE GOING TO BE AMAZING HUMANS AND THEY ARE GOING TO DO GREAT THINGS IN THEIR LIVES AND THAT YOU'RE THERE FOR THEM. THAT'S WHAT YOU NEED TO DO. AND HOW GRATEFUL THIS MAN WAS WHEN HE FELT LIKE HE COULD NOT DO ANYTHING. SO THAT'S WHAT I WOULD ADD. YEAH.

>> THANK YOU, AIDEN. YES, I APPRECIATE THAT POINT AND IT'S IMPORTANT TO REMEMBER THAT JUST ONE PERSON CAN MAKE SUCH A HUGE DIFFERENCE IN THE LIVES OF OUR YOUNG PEOPLE. WE'RE GOING TO SWITCH TOPICS JUST A BIT HERE AND I'M GOING TO START WITH YOU, OLIVIA, ON THIS ONE. SO SOMETHING I'M PARTICULARLY EXCITED ABOUT, THE U.S. HAS RECENTLY ISSUED ITS FIRST PASSPORT WITH A GENDER MARKER X. AS THE STATE DEPARTMENT ROLLS OUT THE X DESIGNATION WHAT GAPS EXIST IN SSA PROGRAMS THAT MAY DISADVANTAGE THOSE WITH A NONBINARY GENDER MARKER? HOW WOULD YOU SUGGEST SSA CORRECT THESE PITFALLS? OLIVIA?

>> THANK YOU, STEVE. I WOULD BE SHE AND HER PRONOUNS. SO THE FIRST THING TO UNDERSTAND WHEN WE'RE TALKING ABOUT THIS IS THAT IT GETS OVER WITH A LOT IN THE DISCUSSIONS OF GENDER MARKERS IS THAT INCONSISTENT GENDER MARKERS ACROSS

DOCUMENTS ARE LEGALLY OKAY. PEOPLE WILL OFTEN HAVE A MISMATCH, NOT HAVING THE SAME GENDER MARKER ON EACH DOCUMENT AND EACH RECORD THAT THEY PRESENT, AND WHILE THAT CAN BE A PRACTICAL PROBLEM IN MANY PARTS OF THEIR LIVES, LEGALLY SPEAKING, IT IS NOT A PROBLEM AND IT SHOULD NEVER BE AN OBSTACLE TO THEM RECEIVING GOVERNMENT SERVICES, BEING RECOGNIZED ACCESS TO VARIOUS PROGRAMS, AND BEING ABLE TO PARTICIPATE IN SOCIETY. TO GIVE AN EXAMPLE HOW THIS CAN WORK, IF SOMEONE HAPPENS TO BE BORN IN A STATE THAT DOESN'T ALLOW YOU TO UPDATE YOUR BIRTH CERTIFICATE AT ALL, LET'S SAY, A NONBINARY TRANSGENDER PERSON IS BORN IN A STATE THAT DOESN'T UPDATE THEIR BIRTH CERTIFICATE. THEY ARE GOING TO HAVE A MAIL MARKER MOST LIKELY ON THEIR BIRTH CERTIFICATE AND NOT BE ABLE TO CHANGE THAT. THEY MIGHT LIVE IN, SAY, ILLINOIS, WHICH IS A STATE THAT CURRENTLY DOES NOT ALLOW AN X GENDER MARKER ON A DRIVER'S LICENSE. SO THEY PROBABLY WOULD PICK AN F MARKER FOR THEIR LICENSE. NOT NECESSARILY, AGAIN, IT'S UP TO THE INDIVIDUAL'S CHOICE AND HOW THEY WANT TO DEAL WITH THAT. BUT THAT WOULD BE MEAN THAT THERE'S AN INCONSISTENCY BETWEEN THEIR BIRTH CERTIFICATE AND THEIR DRIVER'S LICENSE. BUT THEN IF THEY PREFER TO HAVE A PASSPORT, HAVE A DOCUMENT THAT HAS AN X MARKER ON IT THAT THEY COULD ALSO SHOW BECAUSE THAT'S WHAT THEY WOULD PREFER ON ALL OF THEIR DOCUMENTS, THAT WOULD MEAN THE THREE MAIN IDENTITY DOCUMENTS THEY'D BE PRESENTING AT DIFFERENT POINTS IN THEIR LIVES TO PROVE THEIR IDENTITY WOULD HAVE THREE COMPLETELY DIFFERENT MARKERS ON THEM. THAT WOULD BE BOTH, YOU KNOW, A PROBLEM IN EXPLAINING A LOT OF BUREAUCRATIC SITUATIONS CAN PRESENT THESE DIFFERENT DOCUMENTS AND HAVE TO KIND OF COVER THAT EXPLANATION OF WHY THEY ARE THAT WAY,

BUT IT ALSO PRESENTS A TOOLKIT THAT A LOT OF PEOPLE WANT TO TAKE ADVANTAGE OF SO THEY CAN CONTROL HOW THEY ARE SEEN IN DIFFERENT SITUATIONS. BECAUSE IF THEY ARE IN A SITUATION WHERE THEY ARE NOT COMFORTABLE BEING OUT AS A NONBINARY THEY CAN PRESENT THAT DRIVER'S LICENSE WITH AN F MARKER ON IT. SO THAT'S WHY THIS IS SOMETHING THAT REALLY VARIES FROM INDIVIDUAL TO INDIVIDUAL HOW THEY WANT TO APPROACH HAVING MARKERS ON THEIR ID DOCUMENTS. SO THAT SAID, THAT'S REALLY THE FIRST BIG SHORTCOMING FOR A LOT OF SSA PROGRAMS IS HOW TO HANDLE THAT WHEN YOU HAVE SOMEBODY WHO IS INTERACTING WITH THE SSA, IN ANY CAPACITY, WHO HAS TO PRESENT DOCUMENTS THAT HAVE DIFFERENT MARKERS ON THEM. RIGHT NOW WE'VE RECENTLY HAD SOME GUIDANCE THAT'S BEEN ISSUED ON HOW TO HANDLE THAT, BUT EVEN SO, THERE'S ALWAYS AN ISSUE OF ROLL-OUT ACROSS DIFFERENT OFFICES, DIFFERENT DEPARTMENTS, DIFFERENT BRANCHES OF HOW THEY ARE GOING TO BE ENFORCING THAT AND MAKING SURE THAT PEOPLE UNDERSTAND WHAT IT IS THAT THEY ARE DEALING WITH. PERSONNEL WHO ARE PROCESSING DOCUMENTS AND DON'T UNDERSTAND HOW TO HANDLE THESE INCONSISTENCIES WILL TEND TO CREATE PROBLEMS FOR PEOPLE AS THEY ARE TRYING TO REGISTER FOR DIFFERENT PROGRAMS. THIS IS TRUE NOT JUST WITH SOCIAL SECURITY, BUT ANY ASPECT OF WORKING WITH THE GOVERNMENT. AND ONE OF THE KEY THINGS WITH TRYING TO MAKE A SYSTEM THAT TRANSPeOPLE -- AND ESPECIALLY PEOPLE WHO HAVE X MARKERS, USUALLY NONBINARY, WE MAKE A SYSTEM THEY ARE ABLE TO INTEGRATE WITH, TO WORK WITH, TO WORK WITHIN, AND TO BE ABLE TO PARTICIPATE IN PUBLIC LIFE, IT REQUIRES AN EDUCATION AT THE FUNDAMENTAL LEVEL. HEY, EVERYBODY WHO IS DEALING WITH DOCUMENTS, WHEN YOU SEE SOMEBODY WITH INCONSISTENT GENDER MARKERS ON THEIR

DOCUMENTS THAT'S NOT A PROBLEM. YOU DON'T NEED TO REJECT THINGS. YOU DON'T NEED TO ESCALATE THIS PROBLEM. YOU DON'T NEED TO CREATE AN ADDITIONAL HASSLE FOR SOMEBODY WHO PROBABLY HAS A LOT OF HASSLES WHENEVER THEY ARE DEALING WITH BUREAUCRACY. THE BIGGEST PROBLEM WE USED TO SEE AROUND THE ISSUE OF GENDER MARKERS WITHIN SOCIAL SECURITY WAS NO MATCH LETTERS BEING ISSUED FOR BACKGROUND CHECKS. IT'S BEEN ABOUT A DECADE SINCE THAT POLICY WAS OFFICIALLY DONE AWAY WITH. I DO OCCASIONALLY HEAR THERE ARE PEOPLE WHO AS PART OF A BACKGROUND CHECK, THERE IS A NO MATCH LETTER THAT COMES BACK THAT FLAGS SOMEBODY'S GENDER MARKER AS BEING MISMATCHED BETWEEN THEIR SOCIAL SECURITY RECORD AND WHAT'S BEING PRESENTED ON THE OTHER DOCUMENTATION. [INAUDIBLE] I'M NOT REALLY CLEAR ON WHAT'S HAPPENED HERE BECAUSE USUALLY WHEN THIS IS COMING OUT, I'M REFERRING THEM OUT TO PRACTITIONERS WHO CAN HELP THEM IN THE FIELD TO DEAL WITH DISCRIMINATION PROBLEMS, ACTUALLY, IF THEIR DOCUMENT IS UPDATED. BUT THIS IS SOMETHING THAT STILL SEEMS TO COME UP FROM TIME TO TIME. BUT AGAIN, [INAUDIBLE] INCONSISTENT MARKERS ARE LEGALLY OKAY AND SHOULD BE TREATED LIKE THAT. THE OTHER PROBLEM THAT COMES UP A LOT IS THAT IN HEARINGS, SSA JUDGES AND OTHER FOLKS WORKING THROUGH THE HEARING AND APPEALS PROCESS DON'T ALWAYS KNOW HOW TO HANDLE TRANSPeople'S LIVES. THIS WILL COME UP A LOT IN DISABILITY HEARINGS EVEN WITH SO-CALLED BINARY TRANSPeople WHO IDENTIFY AS MALE OR FEMALE AND WILL HAVE AN M AND F MARKER -- M OR F MARKER ON THEIR DOCUMENTS WHERE THE JUDGES OR OTHER PEOPLE INVOLVED IN THE PROCESS WHO ARE HEARING THEIR CASE DON'T UNDERSTAND HOW TO DEAL WITH THAT, DON'T UNDERSTAND HOW TO PROCESS THAT INFORMATION, AND CAN'T

GET OVER THE MENTAL DISCONNECT OF WELL, THIS RECORD SAYS FEMALE AND THIS RECORD SAYS MALE. THE PERSON SAYS THAT THEY ARE MALE, HOW SHOULD I TREAT THEM? SO THIS IDEA THAT THERE NEEDS TO BE KIND OF AN APPROACH AT THE TRAINING LEVEL, JUST A BASIC UNDERSTANDING OF HOW TO INTERACT WITH THE TRANSPUBLIC, DOESN'T JUST EXTEND TO THE FOLKS WHO ARE DOING THE FRONTLINE WORK AT A SOCIAL SECURITY BRANCH OFFICE, BUT THROUGH THE ENTIRE AGENCY, EVERYBODY WHO IS GOING TO BE DEALING WITH THESE RECORDS NEEDS TO UNDERSTAND WHO TRANSPeOPLE ARE, WHAT OUR LIVES ARE LIKE, AND HOW, YOU KNOW, HOW THESE DOCUMENTS CAN IMPACT US, AND THE FACT THAT YOU KNOW, WHEN SOMEBODY SAYS THAT THEY ARE MALE, AND WANT TO BE REFERRED TO AS THE HE/HIM PRONOUNS, THAT'S WHO THEY ARE. THEY KNOW WHO THEY ARE BETTER THAN YOU DO. SO THAT'S A PROBLEM THAT COMES UP JUST WITH FOLKS WITH M AND F MARKERS IN THEIR DOCUMENTS. WHEN YOU HAVE FOLKS WHO ARE COMING IN WHO ARE NONBINARY OR GENDER FLUID OR OTHER IDENTITIES AND HAVE -- IF THEY HAVE AN X MARK ON THEIR DOCUMENT, PEOPLE WITHIN, NOT JUST SOCIAL SECURITY, BUT ALMOST ANY GOVERNMENT AGENCY THAT HAS TO DEAL WITH THIS, THEY ALWAYS TREAT THIS AS A COMPLETE OUTSIDE CONTEXT PROBLEM, SOME MASSIVE HURDLE THEY HAVE NEVER ADDRESSED BEFORE. SO THIS COMES DOWN TO, IT ALL NEEDS TO BE HANDLED AT THE TRAINING LEVEL. ON TOP OF THAT THEN -- WE NEED TO LOOK AT SOCIAL SECURITY RECORDS, DATABASES HOW THEY ARE PUT TOGETHER. OBVIOUSLY RIGHT NOW WE'VE GOT A SYSTEM WHERE, IF YOU COME IN WITH DOCUMENTATION THAT HAS AN X MARKER ON IT AND YOU'RE TRYING TO DO SOMETHING WITH YOUR SOCIAL SECURITY RECORD, YOU'RE STILL OBLIGATED TO HAVE AN M OR F MARKER ON YOUR RECORD. NOW CURRENTLY, WE HAVE GUIDANCE THAT SAYS, HEY, JUST BECAUSE

THEY HAVE AN X ON A RECORD DOESN'T MEAN THAT YOU HAVE TO REJECT THAT RECORD, BUT IT DOES MEAN SOMEBODY HAS TO PICK M OR F FOR THEIR SOCIAL SECURITY RECORD. ONCE WE HAVE A CHANGE IN PLACE WITH THAT THAT MATCHES WHAT'S GOING ON WITH THE STATE DEPARTMENT, THAT WILL BE AN EASIER PROCESS. BUT UNTIL THEN THAT'S A HURDLE BECAUSE EFFECTIVELY NOW THAT WE'VE GOT FIVE YEARS' WORTH OF X MARKERS FROM ID DOCUMENTS, STARTED IN D.C. IN THE SUMMER OF 2017. WE'RE NOW UP TO, I BELIEVE IT'S 15 STATES WITH BIRTH CERTIFICATE X MARKERS AND 21 STATES WITH GENDER MARKERS, 22 COUNTING D.C., WITH X GENDER MARKERS ON THEIR DRIVER'S LICENSES. THAT MEANS BY NOT HAVING AN X MARKER WITH THE SOCIAL SECURITY SYSTEM WE ARE CREATING AN INCONSISTENT DOCUMENT THAT DOESN'T NEED TO EXIST. BECAUSE RIGHT NOW SOMEWHERE BETWEEN A THIRD AND-A-HALF OF THE U.S. POPULATION LIVES IN A STATE OR D.C. WHERE THEY CAN HAVE AN X MARKER ON AT LEAST ONE OF THEIR DOCUMENTS. AND THAT'S JUST A REALITY THAT NEEDS TO BE ADDRESSED WITHIN THE RECORD KEEPING.

>> OLIVIA, SUCH AMAZING POINTS. SUCH AMAZING POINTS. ANDREW, DO YOU HAVE SOMETHING TO ADD HERE?

>> THANKS, I JUST HAD A QUICK FOLLOW-UP. I AGREE 100% WITH EVERYTHING THAT OLIVIA SAID. I JUST WANT TO SAY THAT AS SSA LOOKS TO, YOU KNOW, IMPROVE AND POSSIBLY ROLL OUT AN X MARKER OF ITS OWN OR ELIMINATE SEX MARKERS ON SSA CARDS ALTOGETHER, JUST TO BE CONSISTENT, THERE WAS A POMS, PROGRAM OPERATION MANUAL SYSTEM, POLICY GUIDANCE PUT OUT JUST THREE WEEKS AGO THAT COMPLETELY ERASES NONBINARY FOLKS AND SAYS THAT GENDER IDENTITY IS ONLY THE INTERNAL SENSE OF BEING MALE OR

FEMALE. SO JUST, YOU KNOW, REVIEWING THE STUFF THAT YOU'RE PUTTING OUT THERE AND JUST MAKING SURE THAT IT'S CONSISTENT WITH THE WAY YOU WANT IT TO BE PRESENTED.

>> THANK YOU, ANDREW. SUCH AN IMPORTANT POINT. I'M GOING TO TURN OVER TO AIDEN. WHAT CAN SSA DO TO PREVENT IMPLICIT BIAS WHEN REVIEWING MEDICAL RECORDS OF LGBTQIA+ CLAIMANTS? AIDEN?

>> I'M STUCK ON THE QUESTION, HOW DO WE PREVENT IMPLICIT BIAS? SO, I DON'T KNOW, MAYBE NOTHING. SO, THAT SAID, I THINK THAT WHAT WE CAN DO IS HAVE OPPORTUNITIES AVAILABLE FOR PEOPLE TO KNOW WHERE TO GO IF THEY ARE ENCOUNTERING SOME DISTRESS. SO WHETHER THAT'S A WORKPLACE SUPERVISOR, WHETHER THAT'S A POINT PERSON IN A SCHOOL, ANY NUMBER OF THINGS LIKE THAT, AND, THAT THOSE FOLKS RECOGNIZE THAT IMPLICIT BIAS, EVEN IF THEY DON'T RECOGNIZE FULLY HOW IT'S AT PLAY, I WOULD LIKE THEM TO RECOGNIZE THAT IT IS AT PLAY. MY COMMENT BAROMETER IS TO SAY LOOK, IF YOU ARE HAVING AN INDIVIDUAL INTENSE RESPONSE, START WITH THE MIRROR FIRST. WHY AM I UPSET? WHY AM I ANGRY? WHY AM I FEARFUL? WHY AM I CONFUSED? WHY DO I FEEL ANY PARTICULAR THING? SORT THAT OUT FIRST. THAT'S BEEN A PERSONAL PART OF MY OWN JOURNEY AS MANY -- ANY OF US WHO HAVE GENDER OR SEXUALITY DIFFERENCES IN THE WAYS IN WHICH WE'RE QUIZZED ABOUT OUR LIVES. AT SOME POINT, I JUST STOP ANSWERING THOSE QUESTIONS AND THINKING WHAT'S GOING ON FOR THEM. SO I THINK THAT'S DEFINITELY A PRACTICE I EMPLOY IN MY OWN LIFE AND IT TAKES CONSTANT ATTENTION AND CONSTANT WORK. AND I THINK AS OLIVIA SAID, ABOUT THE IMPORTANCE OF EDUCATION. IMPLEMENTING POLICY AND GUIDELINES IN K THROUGH 12 SCHOOLS. WELL, THAT'S FANTASTIC. IT TELLS PEOPLE WHAT TO DO, BUT IT DOESN'T TELL THEM HOW AND IT

DOESN'T TELL THEM WHY. THAT IS THE AREA OF SIGNIFICANT WORK IN UNDERSTANDING WHAT THAT INCLUDES. SO THAT'S WHAT I WOULD ADD.

>> THANK YOU, AIDEN. SO IMPORTANT. SO IMPORTANT TO THINK THROUGH ALL THOSE DIFFERENT ITEMS THAT YOU MENTIONED. NIKKI, I'M GOING TO TURN IT OVER TO YOU HERE. SO HOW CAN SSA SHOW SENSITIVITY WHEN COMMUNICATING WITH LGBTQIA+ CLAIMANTS AND BENEFICIARIES? WE KNOW HOW IMPORTANT THAT IS. SO NIKKI, YOU WANT TO ANSWER THAT FOR US?

>> YEAH, NIKKI, THEY/THEM PRONOUNS. YOU KNOW, I THINK THAT THERE ARE TWO VERY STRAIGHTFORWARD, VERY EASY TO DO STEPS. USE THE RIGHT NAME. USE THE RIGHT PRONOUNS CONSISTENTLY. THE SOUND, I DON'T MEAN TO MAKE IT SOUND TRIVIAL, A LARGE NUMBER OF PEOPLE SEEM TO REALLY STRUGGLE WITH THIS. THE AMOUNT OF EFFORT IT TAKES TO DO THAT CORRECTLY COMPARED TO THE BENEFIT OF MAKING SOMEONE FEEL SAFE, SEEN, AND HEARD IS TREMENDOUS. IT IS A VERY SMALL STEP. IT IS ONE THAT CAN AND SHOULD BE ACCOMPLISHED THROUGH THE CORRECT KIND OF TRAINING AND ENFORCEMENT OR COMPLIANCE. IT IS NOT A HARD ADJUSTMENT TO MAKE. AND IT HAS A PROFOUND EFFECT IN PRESENTING YOUR ORGANIZATION, YOUR OFFICE, ET CETERA AS A PLACE WHERE SOMEONE IS SEEN, HEARD, AND SAFE. I DON'T ACTUALLY HAVE A TON MORE. I THINK IF WE COULD AS A SOCIETY GET ON BOARD WITH JUST DOING THOSE TWO THINGS IT WOULD BE A PROFOUND IMPACT. I THINK WE CAN TALK ABOUT MORE IN-DEPTH MEASURES. FOR ME IT'S LIKE IF WE CAN NAIL THOSE FIRST TWO, LIKE, WE'RE MILES AHEAD OF WHERE WE ARE COLLECTIVELY.

>> YEAH, I THINK THAT'S HUGE. AND SOMETHING ELSE I WILL JUST ADD IN THERE IS IT'S IMPORTANT TO CONSIDER METHODS OF COMMUNICATION THAT MAY NOT, YOU KNOW, HAPPEN IN SOCIAL INTERACTIONS, RIGHT? WHAT ARE YOUR FORMS COMMUNICATING, RIGHT? DOES IT HAVE LANGUAGE IN THERE THAT'S SPECIFIC TO THE GENDER BINARY? DOES IT MAKE ROOM FOR FOLKS WHO DON'T IDENTIFY WITHIN THE GENDER BINARY, RIGHT? IT'S IMPORTANT TO CONSIDER THOSE AS WELL. ALL RIGHT, SO THANK YOU TO ALL OF OUR PANELISTS TODAY FOR YOUR TIME AND THIS GREAT DISCUSSION. I AM SURE WE COULD CONTINUE THIS DISCUSSION ALL AFTERNOON. BUT WE'RE GOING TO OPEN THE CONVERSATION UP FOR AUDIENCE QUESTIONS. SO AS A QUICK REMINDER IF YOU WISH TO ASK A QUESTION, PLEASE INCLUDE YOUR NAME AND LOCATION IN YOUR EMAIL. THE APPROPRIATE EMAIL ADDRESS IS NATIONALDISABILITYFORUM, ALL ONE WORD, @SSA.GOV. AGAIN, THAT'S NATIONALDISABILITYFORUM, ONE WORD, @SSA.GOV. ALL RIGHT. SO WITH THAT, WE'RE GOING TO TURN INTO AUDIENCE QUESTIONS. WE ACTUALLY HAVE A GREAT FOLLOW-UP FOR YOU HERE, NIKKI. IF MULTIPLE GENDERS ARE IDENTIFIED IN MEDICAL RECORDS, HOW SHOULD SSA REPRESENTATIVES BE RESPECTFUL OF IDENTITIES IN WRITTEN COMMUNICATIONS WITH THE CLAIMANTS?

>> SO I THINK, ONE, THAT THERE NEEDS TO BE A WAY TO COMMUNICATE WITH SSA THE NAME AND GENDER MARKER THAT THE CLAIMANT OR BENEFICIARY IS. USING CONTEMPORANEOUSLY, LIKE NOW. AND THEN ALSO ACKNOWLEDGE -- I MEAN I DON'T -- OLIVIA PUT IT SO WELL, RIGHT, IT'S LIKE, FOR TRANS AND NON-BINARY FOLKS, LIKE, THERE IS A LIKELIHOOD THAT THERE IS A VAST MISMATCH IN THAT. SO I THINK THE ASSUMPTION OF FLAGGING THAT AS LIKE AN ERROR OR AS, YOU KNOW, A PROBLEM, RIGHT, THAT NEEDS TO BE

ADDRESSED. THAT THOSE THINGS ARE NOT INDICATIVE OF GAMING THE SYSTEM OR LIKE WHATEVER YOU WANT TO CALL IT OR, YOU KNOW, INAPPROPRIATE FORMS. ACKNOWLEDGING THAT THAT IS VERY MUCH SOMEONE'S REALITY. SO I THINK HAVING A WAY OF SPEAKING TO SOMEONE WITH BOTH THE PRONOUNS AND NAMES THAT THEY USE NOW AND MAKING SURE THAT THAT IS BOTH, LIKE, EASILY PROVIDED ON FORMS IS ALSO -- I MEAN, IF YOU'RE REVIEWING THIS INFORMATION, LIKE, THAT NEEDS TO BE SOMETHING THAT SOMEONE SEES AND HAS ACCESS TO THAT IS VISIBLE. IT'S NOT ENOUGH FOR IT TO BE BURIED, YOU KNOW, EIGHT PAGES DEEP ON A FORM THAT SOMEONE DOESN'T SEE WHEN THEY PULL UP YOUR RECORD. SO HOW IS THAT INFORMATION BEING DISPLAYED TO THE SSA AGENT, RIGHT? AND ALSO THEN COMMISERATE TRAINING OF, MAKE SURE YOU'RE LOOKING AT THAT BOX, MAKE SURE YOU'RE USING THAT CORRECT INFORMATION. AND ALSO AN UNDERSTANDING THAT DISCREPANCIES IN THESE RECORDS IS EXPECTED, IS UNDERSTOOD, AND SIMPLY CAN JUST BE PROCESSED. LIKE, THAT SHOULD NOT BE A BARRIER TO THIS APPLICATION PROCESS. AND IF IT IS, THEN WHAT YOU'RE LOOKING AT IS A DEEPLY DISCRIMINATORY PRACTICE THAT IS COMPLETELY OUT OF LINE WITH THE LIVE-IN EXPERIENCE OF THE TRANS AND NON-BINARY COMMUNITY. AND THAT IS A BARRIER TO ACCESSING BENEFITS AND CARE THAT SHOULD NOT EXIST. AND IT WOULD ONLY EXIST IF YOU'RE OPERATING FROM A CISGENDER -- LIKE A CISNORMATIVE PERSPECTIVE, THAT TRANS PEOPLE DON'T EXIST SO YOU DON'T NEED TO ADJUST YOUR SYSTEM.

>> I THINK THAT'S SUCH AN IMPORTANT POINT, NIKKI. IT'S SO IMPORTANT THAT EVERYONE CONSIDERS, YOU KNOW, WHAT IS IMPORTANT TO TRANS AND NON-BINARY FOLKS, RIGHT? SO I KNOW FOR ME, SIMILAR TO WHAT OLIVIA MENTIONED, I KNOW I WILL HAVE DIFFERENT

GENDERS ON MY DIFFERENT IDENTIFICATIONS BECAUSE I WANT TO MAKE SURE, WHEN I ENTER CERTAIN FACILITIES OR LOCATIONS THAT IF MY SAFETY IS JEOPARDIZED, I CAN USE THAT, RIGHT? SO WE KNOW THAT THIS IS IN LINE WITH THE TRANS AND NON-BINARY COMMUNITY'S LIFE. AND IT'S SO IMPORTANT TO BE MINDFUL OF THAT WHEN ADDRESSING THESE ITEMS. SO WE HAVE ANOTHER GREAT QUESTION HERE, AND I'M GOING TO TURN IT OVER TO AIMEE. MANY LGBTQIA+ INDIVIDUALS ARE ALSO HESITANT TO IDENTIFY AS LGBTQIA AND OUT THEMSELVES ON DISABILITY APPLICATIONS OR WHEN TALKING WITH PROVIDERS FOR FEAR OF DISCRIMINATION OR HOSTILITY. HOW CAN SSA ADDRESS THIS?

>> THANK YOU. THIS IS AIMEE, SHE/HER. PARTICULARLY WITHIN THE VA, THIS IS A CONCERN. YOU KNOW, IT'S ONLY BEEN SINCE 2010 THAT DON'T ASK/DON'T TELL WAS REPEALED. SO WE HAVE A FAIRLY SIGNIFICANT POPULATION OF VETERANS THAT SERVED UNDER, YOU KNOW, THIS RULE THAT TOLD THEM TO HIDE THEIR IDENTIFY IN ORDER TO KEEP THEIR JOB, BASICALLY. SO THAT KIND OF STIGMA IS REALLY HARD TO OVERCOME FOR SOME PEOPLE. IT'S HARD FOR THEM TO FEEL COMFORTABLE, YOU KNOW, EXPRESSING THEIR GENDER IDENTITY OR SEXUAL ORIENTATION WHEN PREVIOUSLY THEY'VE HAD TO GO TO, YOU KNOW, REALLY GREAT LENGTHS TO CONCEAL IT. IT ALSO MEANS THAT WAITING AREAS OF VETERANS CAN BE FULL OF, YOU KNOW, PEOPLE WHO ARE NOT LGBTQ+ AND ARE THEREFORE, YOU KNOW, NOT VERY WELCOMING OR FEEL THAT THEY HAVE TO RIGHT TO MAKE JOKES ABOUT TRANS PEOPLE OR SLURS ABOUT, YOU KNOW, LGBTQ PEOPLE. SO REALLY, THE THING THAT WE'RE WORKING ON THAT I THINK WOULD APPLY TO SSA IS TO CREATE THAT WELCOMING ENVIRONMENT THAT NOT ONLY MAKES SOMEONE FEEL WELCOME BUT ALSO THAT THEY'RE SAFE. YOU KNOW, THERE NEEDS TO BE -- WE USE A LOT OF VISIBLE COMMUNICATION LIKE SIGNAGE THAT, YOU

KNOW, SAYS WE WELCOME ALL OF OUR VETERANS, WE, YOU KNOW, HAVE PLEASE TELL ME YOUR PRONOUNS SIGNS THAT WE PUT UP SO WE'RE NOT JUST RELYING ON PROVIDERS TO DO THAT. WE'RE ACTUALLY INVITING ANYONE THAT WALKS IN, LETTING OUR POPULATION OF PATIENTS KNOW THAT WE DON'T TOLERATE ABUSIVE OR DISCRIMINATORY BEHAVIOR IN THE WAITING ROOMS. SO IT'S REALLY ABOUT CHANGING THE WHOLE CULTURE OF THE FEDERAL ENTITY. AND THAT CAN BE TRICKY. YOU KNOW, IT IS THE FEDERAL GOVERNMENT. SO THOSE KIND OF ROLL OUTS ARE REALLY SLOW. IN TERMS OF PRONOUNS AS WELL, YOU KNOW, WE HAVE EIGHT DIFFERENT DATABASES THAT ALL HAVE DIFFERENT INFORMATION IN THEM. AND WE'RE 20 YEARS BEHIND THE CURVE IN UPDATING THOSE SYSTEMS SO THAT THEY SPEAK TO EACH OTHER PROPERLY. BUT IT IS, I THINK, REALLY IMPORTANT TO MAKE ALL OF OUR PATIENTS, BUT IN PARTICULAR LGBTQ PEOPLE, FEEL AS THOUGH THEY'RE SAFE IN THE ENVIRONMENT THAT THEY'RE COMING INTO.

>> YES. I THINK THAT'S SO IMPORTANT. YOU KNOW, THERE'S A QUOTE BY GARY MELON THAT SAYS, YOU KNOW, AS A GAY PERSON, WHEN I ENTER AN ENVIRONMENT, I'M ALWAYS SCANNING IT FOR SIGNS THAT I'M WELCOMED, RIGHT? AND WHEN I DON'T SEE THAT, I ASSUME THAT I'M NOT, RIGHT? SO IT'S REALLY IMPORTANT TO ENSURE THAT THE LGBTQIA+ CLIENTS THAT YOU'RE SERVING CAN SEE THAT. AND ALSO THE NON-LGBTQIA+ CLIENTS, RIGHT? BECAUSE WHEN THEY SEE THAT, THEY KNOW, OKAY, WELL THIS IS PART OF THE AGENCY'S CULTURE, THIS IS PART OF THEIR POLICY. AND IF I, YOU KNOW, SAY A SLUR OR SOMETHING LIKE THAT, IT'S OUT OF LINE WITH HOW THIS AGENCY FUNCTIONS, RIGHT? THAT'S SO IMPORTANT. AND I THINK SOMETHING TO KEEP IN MIND HERE IS THAT IT'S NOT JUST THE ENTITY ITSELF THAT CAN DO THIS WORK. EVERYONE AT THE ORGANIZATION CAN PUSH THE

ORGANIZATION TOWARDS BEING WELCOMING AND INCLUSIVE. SO WHAT DO I MEAN BY THAT? THAT MEANS MAYBE IN YOUR OFFICE YOU PUT UP A VISUAL CUE OF LGBTQIA+ INCLUSION, RIGHT? IF IT'S TAKING TOO LONG FOR YOUR ORGANIZATION TO DO IT, HOW CAN YOU BEGIN THAT WORK IN YOUR PERSONAL WORK SPACE, RIGHT? EVEN IF IT'S YOUR ZOOM, RIGHT? HOW CAN YOU PUT SOMETHING BEHIND YOU THAT REPRESENTS THAT YOU'RE WELCOMING AND INCLUSIVE, RIGHT? AND WHAT WE FIND IN THE ALL CHILDREN/ALL FAMILIES PROGRAM, WHEN WE DO THIS WORK WITH CHILD WELFARE AGENCIES IS THE MORE THEY MAKE THEIR COMMUNICATIONS AND MESSAGING EXPLICIT ABOUT THEIR LGBTQ+ INCLUSION EFFORTS, THE MORE THEIR CLIENTS FEEL COMFORTABLE SHARING THEIR SEXUAL ORIENTATION, GENDER IDENTITY, ET CETERA, RIGHT? BUT WHEN FOLKS DON'T KNOW IF THEY'RE WELCOME AND THEY DON'T KNOW IF THEY'RE GOING TO BE AFFIRMED, THAT'S WHEN THERE'S OFTEN THE ASSUMPTION THAT THERE'S GOING TO BE DISCRIMINATION OR HOSTILITY, RIGHT? SO THANK YOU SO MUCH FOR THAT, AIMEE. I APPRECIATE THAT. ALL RIGHT. SO I'M GOING TO TURN TO ANOTHER QUESTION. HOW CAN SSA TAKE STEPS TO MAKE THE PROCESS EASIER AND MORE EQUITABLE FOR THESE INDIVIDUALS WHO HAVE LEGALLY CHANGED THEIR NAME AND GENDER MARKERS? DO I HAVE ANYONE WHO WANTS TO TAKE THAT QUESTION?

>> EARLIER I SPOKE ABOUT TRAINING, GETTING PERSONNEL UP TO SPEED ON TRANS ISSUES. AND AIMEE JUST SPOKE ABOUT CREATING A CULTURE THAT IS ACCEPTING AND UNDERSTANDING. LET'S TALK PROCESS. THAT'S REALLY KIND OF THE OTHER SIDE OF THINGS HERE. SO THE BEST WAY TO MAKE THE PROCESS FOR BOTH ACCESSING SOCIAL SECURITY AND ALSO UPDATING YOUR INFORMATION GENERALLY WITH SSA MORE EQUITABLE FOR FOLKS WHO ARE CHANGING THEIR IDENTITY DOCUMENTS IS TO STREAMLINE THAT PROCESS TO

CHANGE IDENTITY DOCUMENTS. RIGHT NOW, OBVIOUSLY, WE'RE DEALING WITH COVID RESTRICTIONS RIGHT NOW. SO A LOT OF PEOPLE ARE IN A SITUATION WHERE THEY'RE GOING TO HAVE TO TRY TO CHANGE THEIR SOCIAL SECURITY RECORD BY MAIL. THAT GETS INTO, YOU KNOW, DO YOU SUBMIT YOUR DRIVER'S LICENSE TO THE TENDER MERCIES OF THE U.S. POSTAL SERVICE RIGHT NOW? DO YOU HAVE OTHER DOCUMENTATION YOU COULD FIND? PROPER MEDICAL RECORDS TO PROVE YOUR IDENTITY? HOW WILL THOSE BE RECEIVED? ESPECIALLY IF THERE'S SOME MISMATCH ON THE GENDER MARKERS ON THOSE RECORDS. THERE ARE A LOT OF QUESTIONS AND UNCERTAINTIES ABOUT THAT PROCESS. BUT EVEN PRE-COVID, IT WAS ALWAYS A BIT OF A CONCERN OF WHETHER YOU WERE GOING TO GET THE RIGHT DOCUMENTATION, WHETHER THE LETTER WAS GOING TO SAY THE RIGHT THING, THE LETTER THAT YOU HAVE TO SUBMIT FROM YOUR DOCTOR APPROVING YOUR GENDER MARKER CHANGE WITHIN THE SOCIAL SECURITY RECORDS, THINGS LIKE THAT. SO PROCESSES THAT WOULD ELIMINATE UNCERTAINTY IN THIS WILL BE MUCH SIMPLER. ONE OF THE BEST ONES WOULD BE MOVING AWAY FROM ANY SORT OF MEDICAL VERIFICATION OF YOUR GENDER MARKER, OF YOUR GENDER IDENTITY, TO A SIMPLE SELF-ATTESTATION PROCESS WHICH IS, YOU ARE WHO YOU SAY YOU ARE. AND THEN, YOU KNOW, STREAMLINING THE PROCESS FOR UPDATING YOUR NAME WITH SOCIAL SECURITY WOULD BE EASIER TOO. AND THIS CERTAINLY - - IT DOESN'T JUST AFFECT TRANS FOLKS, ALSO -- BUT A LOT OF FOLKS WHO CHANGE THEIR NAME INCIDENT TO MARRIAGE OR DIVORCE; OR JUST A LOT OF PEOPLE WHO CHANGE THEIR NAME JUST BECAUSE. HAVING A STREAMLINED PROCESS WOULD MAKE THINGS MUCH FASTER FOR EVERYBODY ONBOARD -- INVOLVED IN THIS TRYING TO GET THEIR RECORDS UPDATED. AND THAT ALSO BECOMES A HURDLE THAT OUR CURRENT SYSTEM THAT RELIES ON THE REAL

ID ACT, BECAUSE YOU NEED TO UPDATE YOUR SOCIAL SECURITY RECORD BEFORE YOU CAN EVEN ACCESS AN UPDATED DRIVER'S LICENSE OR STATE ID OR PASSPORT. SO OBVIOUSLY, WHEN WE TALK ABOUT NAMES, NOT GENDER MARKERS -- LIKE I SAID EARLIER, GENDER MARKERS CAN BE INCONSISTENT, BUT IT STILL FORMS A MAJOR HURDLE. NEXT STEP ON THAT WOULD BE LOOKING AT WAYS THAT YOU CAN REMOVE QUESTIONS ABOUT GENDER MAKERS FROM DOCUMENTS AND RECORDS THAT DON'T NEED THEM. YET YOU ARE GOING TO HAVE SOME STATUTORY REQUIREMENTS TO COLLECT, YOU KNOW, CERTAIN INFORMATION ON PEOPLE THAT ARE GOING TO REQUIRE A GENDER MARKER BE RECORDED. YOU ARE GOING TO HAVE CERTAIN PROGRAMMATIC NEEDS, YOU KNOW, ESPECIALLY IF YOU'RE FOCUSED ON COLLECTING PUBLIC HEALTH INFORMATION OR OTHER DEMOGRAPHIC DATA WHERE YOU'RE GOING TO NEED TO COLLECT THAT. BUT YOU DON'T NEED TO COLLECT IT ON EVERYBODY EVERY SINGLE TIME. SO JUST REMOVING THAT SIMPLIFIES THE PROCESS BECAUSE IT DOESN'T PUT SOMEBODY IN THAT SITUATION WITH HAVING TO LOOK AND SAY, WELL, DO I PUT X, DO I DEAL WITH THE POTENTIAL DISCRIMINATION OUT THERE? DO I PUT F? DO I DEAL WITH, YOU KNOW, WHAT IS MY MEDICAL RECORD -- IF YOU JUST ELIMINATE THAT FROM THE QUESTION ON EVERY SINGLE FORM THEY HAVE TO FILL OUT, IT SIMPLIFIES THINGS FOR A LOT OF PEOPLE. AND THEN HONESTLY, THE BEST PART ABOUT IT TOO IS MAKE IT AN EASY PROCESS TO UPDATE YOUR RECORD AGAIN. WHEN YOU UPDATE YOUR RECORDS MULTIPLE TIMES, PEOPLE TEND TO LOOK AT THAT AS SOMEHOW SUSPICIOUS, STRANGE, WEIRD. YOU'RE CLEARLY CREATING A PROBLEM HERE. YOU'RE DOING THIS FOR SOME SORT OF NEFARIOUS END. AND REALLY SIMPLIFYING THAT PROCESS IS KEY TO MAKING PEOPLE ABLE TO INTERACT WITH SYSTEMS. ONE OF THE BEST EXAMPLES I CAN THINK OF IS HEY, WHAT IF YOU DON'T NECESSARILY WANT

TO GO THROUGH THE PROCESS OF UPDATING YOUR ACTUAL GENDER MARKER, YOUR SOCIAL SECURITY RECORD, YOU JUST WANT TO HAVE A WAY TO COMMUNICATE TO THE PEOPLE THAT YOU'RE INTERACTING WITH THAT HEY, YOUR TERM OF ADDRESS HAS CHANGED. I DON'T WANT TO BE CALLED MS. ANYMORE ON MAILINGS, I WANT TO BE CALLED MX, M-X. CREATE A SIMPLE PROCESS WHERE THAT CAN JUST BE FILLED OUT ON A FORM AND SUBMITTED. LIKEWISE, HEY, THE PRONOUNS I'M USING ARE HE AND HIM. WRITE THAT DOWN AND SUBMIT IT. AND CRUCIALLY, DON'T TIE THESE THINGS TO THE GENDER MARKER. HAVE IT AS A SEPARATE THING THAT YOU CAN UPDATE SEPARATELY. THAT WAY, PEOPLE CAN EASILY JUMP -- NOT HAVE TO JUMP THROUGH THE WHOLE HOOPS OF UPDATING GENDER MARKER RECORDS IN THE CURRENT PROCESS. THEY CAN JUST NOTIFY THE PERSON WHO'S INVOLVED IN HEARING THEIR APPLICATION FOR WHATEVER BENEFIT THAT IS THEY'RE SEEKING, HEY, BY THE WAY, PLEASE REFER TO ME IN THIS FASHION. AND THEN SUBMIT THAT AND MOVE THROUGH THE PROCESS. SIMPLIFYING THESE THINGS, STREAMLINING THEM IS WHAT MAKES THE PROCESS MORE EQUITABLE FOR FOLKS WHO ARE DEALING WITH ID DOCUMENTS ISSUES.

>> ABSOLUTELY AGREE WITH YOU, OLIVIA, THERE. THERE'S ACTUALLY A FOLLOW-UP QUESTION THAT ALIGNS GREATLY WITH WHAT YOU WERE JUST SHARING. SO NOT EVERY STATE IS WELCOME TO CHANGING GENDER MARKERS. HOW COULD SOMEONE GET AROUND THAT TO GET A GENDER MARKER CHANGED ON THEIR BIRTH CERTIFICATE? ANY THOUGHTS ON THAT?

>> THAT IS AN INCREDIBLY COMPLICATED QUESTION IN A LOT OF WAYS. SO THE BASIC ONE IS, OBVIOUSLY, IF YOU DON'T HAVE -- IF YOU'RE FROM A STATE THAT DOESN'T ALLOW YOU TO UPDATE YOUR BIRTH CERTIFICATE AT ALL OR ALLOWS YOU TO DO IT BUT REQUIRES MEDICAL PROCEDURE YOU DON'T WANT -- USUALLY SOME SORT OF SURGERY -- OR ALLOWS YOU TO DO

IT BUT DOESN'T ALLOW AN X MARKER, YOUR FIRST CHOICE HERE IS OFTEN JUST ACCEPT WHAT YOU CAN TAKE, WHAT YOU CAN GET ACCESS TO, AND TRY TO MAKE IT WORK FOR YOU. THE SECONDARY OPTION IS TO TRY TO CHANGE THAT LAW WHICH NOW THERE'S BEEN SOME IMPACT LITIGATION THAT'S RESULTED IN A FEW STATES ADOPTING -- REMOVING THEIR SURGICAL RESTRICTIONS ON BIRTH CERTIFICATE UPDATES. THERE HAVE BEEN SOME THAT HAVE INTRODUCED X MARKERS. THERE'S BEEN A LOT OF PEOPLE WHO'VE WORKED BEHIND THE SCENES WITHIN VARIOUS ADVOCACY PROCESSES, INCLUDING MYSELF AND MY COWORKERS, TO TRY TO GET THESE CHANGES MADE WITHIN VITAL RECORDS. THERE ARE A LOT OF WAYS TO WORK WITH PEOPLE TO TRY TO GET THAT CHANGE IN PLACE. AND OFTENTIMES, WHAT IS NEEDED TO GET THOSE CHANGES MADE IS SOMEBODY WILLING TO COME FORWARD AND BE -- I'M WILLING TO BE THE PERSON WHO PUSHES THIS BECAUSE THAT'S OFTEN THE FIRST STEP TO GETTING CHANGES IN PLACE. BUT LET'S SAY THAT YOU DON'T WANT TO JUST LIVE WITH IT AND YOU DON'T JUST WANT TO BE THE PERSON WHO MAKES THE CHANGE. THERE AREN'T REALLY A TON OF OPTIONS TO WORK AROUND. THE BEST ONE THAT I'VE GIVEN, WHEN I'VE WORKED AS A PRACTITIONER HELPING PEOPLE UPDATE THEIR IDENTITY DOCUMENTS, IS IF YOU CAN'T GET YOUR BIRTH CERTIFICATE FIXED, GET A PASSPORT UPDATED. BECAUSE THE PASSPORT UPDATE IS ALMOST AS GOOD IN MOST CONTEXTS. NOT ALL CONTEXTS BUT MOST CONTEXTS, FOR PROVING YOUR IDENTITY, FOR PROVING YOUR CITIZENSHIP, AND SO ON. BEING ABLE TO GET A PASSPORT HAS BEEN AN EASIER PROCESS THAN GETTING A BIRTH CERTIFICATE UPDATED FOR MOST PEOPLE IN THE UNITED STATES FOR MOST OF THE PAST DECADE. EVER SINCE THE RULES GOT CHANGED IN, I THINK IT WAS MID-2012, TO MAKE IT EASIER TO UPDATE THAT PASSPORT GENDER MARKER.

THAT'S USUALLY THE GO-TO ADVICE AND THE BEST SOLUTION THAT PEOPLE HAVE. THAT'S GOING TO BE AN EVEN BETTER OPTION FOR FOLKS IN HOPEFULLY A FEW MONTHS WHEN WE HAVE THAT X MARKER COMING OUT ON PASSPORTS ONCE THAT BECOMES AN OPTION, BECAUSE THEN IT BECOMES POSSIBLE FOR EVERYBODY IN THE UNITED STATES WHO IS A U.S. CITIZEN, ABLE TO HOLD A U.S. PASSPORT, TO OBTAIN A PASSPORT WITH THEIR CORRECTED NAME IF THEY'VE GONE THROUGH A NAME CHANGE PROCESS BUT ALSO WHICHEVER GENDER MARKER THEY WOULD PREFER OF F, M, OR X. AND THAT'S GOING TO BE -- I HESITATE TO SAY ALMOST AS GOOD, BECAUSE REALLY EVERYBODY SHOULD BE ABLE TO GET THEIR BIRTH CERTIFICATE UPDATED. BUT OFTENTIMES, WE HAVE TO MAKE COMPROMISES WE DON'T WANT TO MAKE JUST TO LIVE DIGNIFIED LIVES. AND GETTING THAT PASSPORT, BEING ABLE TO SHOW THE PASSPORT, IS OFTEN THE BEST OPTION THAT PEOPLE HAVE.

>> THANK YOU, OLIVIA. THAT'S VERY HELPFUL. WE HAVE ANOTHER AUDIENCE QUESTION. AND THIS ONE IS A BIT NUANCED. SO LET ME KNOW IF ANYONE WANTS TO TAKE ANY PORTION OF THIS QUESTION. SO ACCEPTING BOTH THE PERILS OF A PROFIT DRIVEN MEDICAL SYSTEM AND THAT UNDEREMPLOYMENT IN THE LGBTQIA+ COMMUNITY CAN LIMIT BOTH ELIGIBILITY FOR SSA BENEFITS AND ACCESS TO MEDICAL CARE WHERE INSURANCE IS FREQUENTLY TIED TO EMPLOYMENT, HOW SHOULD SSA ENTER DUE PROCESS FOR MEMBERS OF THE LGBTQIA+ COMMUNITY? SHOULD SSA ORDER AGENCY FUNDED CONSULTATIVE EXAMINATIONS IN CASES OF COMMUNITY MEMBERS? THAT'S A GREAT QUESTION RIGHT THERE. ANYONE WANT TO TAKE THAT ONE ON?

>> I'LL TAKE A STAB AT IT, IF THAT'S ALL RIGHT. I'LL TRY AND KEEP IT QUICK.

>> THANK YOU.

>> NIKKI, THEY/THEM. SO ONE OF THE THINGS I THINK THAT'S REALLY IMPORTANT TO NOTE IS THAT, FOR FOLKS WHO ARE NOT GETTING HEALTH INSURANCE THROUGH EMPLOYMENT, TYPICALLY WE'RE LOOKING AT MEDICAID AND MEDICARE. NOW, THOSE ARE -- I MEAN, MEDICAID IS A STATE AND FEDERAL JOINT PROGRAM. MEDICARE IS A FEDERAL PROGRAM. THOSE ARE PLACES IN WHICH, YOU KNOW, TO THE EXTENT THAT SSA CAN COOPERATE WITH CMS, CAN ESTABLISH A MORE ROBUST SAFETY NET. I DO THINK THAT IT IS A PROFOUND IMPORTANCE FOR ALL AMERICANS, PARTICULARLY MARGINALIZED AMERICANS, TO HAVE ACCESS TO A ROBUST SAFETY NET THAT PROVIDES COMPREHENSIVE HEALTHCARE WITH A MINIMUM OF BARRIERS. PARTICULARLY IF WE'RE TALKING ABOUT DISABLED TRANS FOLKS, THE FACT THAT THEY'RE DISABLED MEANS THEY'RE MOST LIKELY ON MEDICARE. THE FACT THAT MEDICARE HAS AN ABYSMAL STATE OF COVERAGE FOR GENDER AFFIRMING CARE MEANS THAT IF YOU'RE DISABLED AND TRANS, YOU CANNOT ACCESS GENDER AFFIRMING CARE IN A MEANINGFUL WAY OR WITHOUT INCURRING A LOT OF RISK OR TREMENDOUS AMOUNTS OF DIFFICULTY. BUT FOR MOST FOLKS, IT'S JUST NOT AVAILABLE. SO I THINK THAT IF WE'RE TALKING ABOUT STEPS THAT SSA CAN DO IS TO ACKNOWLEDGE THAT, FOR FOLKS WHO ARE MARGINALIZED AND THUS LIKE UNDEREMPLOYED, THE SOCIAL SAFETY NET BENEFITS MUST BE ROBUST. OTHERWISE, WE ARE LEAVING OUR COMMUNITY WITHOUT CARE AND WITHOUT BENEFITS. I MEAN THAT'S A SMALL FIX, BUT I THINK IT IS RECOGNIZING THE WAYS IN WHICH OUR PUBLIC HEALTH PROGRAMS NEED TO BE STRENGTHENED AND HAVE BETTER FUNDING AND BE MORE RESPONSIVE TO THE NEEDS OF MARGINALIZED FOLKS, I.E. THE FOLKS WHO ARE MOST LIKELY TO USE THIS CARE. THAT'S JUST A QUICK ONE. BUT THANK YOU.

>> NO, I APPRECIATE THAT, NIKKI. AND WE'RE GOING TO FINISH WITH MAYBE A QUICKER CLARIFYING QUESTION, RIGHT? SO SOMEONE IS ASKING ARE THERE SURGERIES THAT ARE CONSIDERED TO OBTAIN GENDER MARKERS ON DRIVER'S LICENSES AND ID CARDS, SUCH AS TOP SURGERY? DOES ANYONE WANT TO SPEAK TO THAT QUESTION, WHETHER SURGERIES ARE CONSIDERED WHEN OBTAINING GENDER MARKERS?

>> SO, THIS IS ANOTHER SITUATION WHERE THE ANSWER IS, IT'S COMPLICATED, LARGELY BECAUSE WE HAVE 50 STATES, FIVE TERRITORIES, AND ONE FEDERAL DISTRICT, ALL OF WHICH HAVE THEIR OWN RULES ON HOW YOU CHANGE YOUR GENDER MARKER ON YOUR ID. RIGHT NOW, IT'S KIND OF SPLIT. A LOT OF STATES AND THE DISTRICT OF COLUMBIA WILL JUST ALLOW YOU TO CHANGE YOUR GENDER MARKER ON YOUR ID BASED ON SELF-ATTESTATION. THAT IS, YOU GO IN AND YOU JUST TICK WHICHEVER BOX YOU WOULD LIKE ON YOUR LICENSE. AND THEY WILL ISSUE IT IN THAT GENDER MARKER. AND THEY DON'T REQUIRE YOU TO PROVIDE ANY SORT OF PROOF. IN A LOT OF STATES, IT WAS RECENTLY ROUGHLY ABOUT A THIRD/THIRD/THIRD SPLIT. IN THE NEXT GROUP OF STATES, YOU JUST NEED SOME SORT OF DOCUMENTATION FROM YOUR DOCTOR SAYING THAT YOU ARE TRANS OR THAT YOU'VE RECEIVED SOME TREATMENT. OFTEN THEY'LL BE FRAMING IT AS, YOU KNOW, HORMONE THERAPY OR SOMETHING LIKE THAT, OR JUST THAT YOU'VE RECEIVED A "DIAGNOSIS" -- I SAY WITH AIR QUOTES -- OF BEING TRANSGENDER. OTHERS WILL REQUIRE ATTESTATION, YOU'VE RECEIVED SOME PARTICULAR TREATMENT SHORT OF SURGERY. OTHER JURISDICTIONS WILL REQUIRE PROOF OF SURGERY WHICH OFTEN THEY'RE INTENDING IT TO BE GENITAL SURGERY. SOMETIMES YOU'LL BE ABLE TO GET THROUGH THAT HOOP WITH PROOF OF, YOU KNOW, FACIAL SURGERY OR TOP SURGERY OF SOME SORT OR SOME OTHER TRANSITION-RELATED

SURGICAL PROCEDURE. BUT THAT'S REALLY GOING TO VARY A LOT, DEPENDING ON THE STATE, ESPECIALLY BECAUSE IN A LOT OF THOSE STATES THAT STILL HAVE A SURGICAL REQUIREMENT, THE ADDITIONAL HOOP THAT YOU HAVE TO JUMP THROUGH IS YOU HAVE A GO TO COURT AND GET A COURT ORDER CHANGING YOUR GENDER MARKER WHICH REQUIRES PRESENTING WHATEVER EVIDENCE YOU HAVE TO THE JUDGE WHO, AGAIN, DEPENDING ON THE STATE, MAY HAVE A LOT OF DISCRETION ON DETERMINING WHETHER OR NOT YOU'VE SATISFIED THE CRITERIA THERE. SO ONCE YOU GET INTO THAT QUESTION OF WHAT SURGERY IS REQUIRED, IT REALLY GETS DIFFICULT TO ANSWER BECAUSE IT COMES DOWN TO WHAT JUDGE DO YOU HAVE, WHAT DOCUMENTATION DO YOU HAVE, AND WHAT CAN YOU PROVE. IN A LOT OF STATES THAT HAVE SURGICAL REQUIREMENTS, THE WAY THAT THEY IMPLEMENT THAT ALSO IS WELL, WE WILL CHANGE YOUR BIRTH CERTIFICATE WITH PROOF OF SURGERY AND YOUR DRIVER'S LICENSE ID IS BASED ON WHATEVER IS ON YOUR BIRTH CERTIFICATE, WHICH MEANS THAT PEOPLE WHO WERE BORN IN THAT STATE AND LIVE IN THAT STATE ARE LOCKED OUT OF CHANGING THEIR DRIVER'S LICENSES SHORT OF SURGERY. BUT FOLKS WHO LIVE IN THAT STATE WHO WERE BORN IN OTHER STATES CAN CHANGE THEIR BIRTH CERTIFICATE, YOU KNOW, IF [INAUDIBLE] STATE ALLOWS THEM TO DO THAT IN THEIR ORIGINAL STATE AND THEN CHANGE IT ON THE STATE THAT THEY LIVE IN. SO THESE GET TO BE INCREDIBLY COMPLICATED. AND GENERALLY SPEAKING, ONE OF THE THINGS, WHENEVER A QUESTION LIKE THIS COMES UP IS -- MY USUAL RESPONSE IS, LOOK, I'M SORRY, I'M GOING TO HAVE REFER YOU TO A LOCAL PRACTITIONER WHO CAN ANSWER THAT IN A LOT MORE DETAIL. BECAUSE THIS STUFF GETS INCREDIBLY PICKY AND INCREDIBLY NUANCED IN A WAY THAT DOESN'T OFTEN COME UP WHEN YOU'RE DEALING WITH THIS AREA OF LAW.

>> OLIVIA, THANK YOU SO MUCH FOR WRAPPING UP THE PANEL WITH THAT GREAT RESPONSE. SO WITH THAT, I JUST HAVE TO GIVE A HUGE THANK YOU TO ALL OF OUR PANELISTS: NIKKI, ANDREW, AIDEN, OLIVIA, AND AIMEE, FOR YOUR VALUABLE TIME AND THE FEEDBACK YOU PROVIDED TO ASSIST SOCIAL SECURITY STRENGTHEN THEIR DISABILITY PROGRAMS. I TRUST EVERYONE JOINING US TODAY FOUND IT BOTH BENEFICIAL AND INFORMATIVE. I WANT TO THANK SOCIAL SECURITY FOR THE INVITATION AND ALLOWING ME TO PROVIDE YOU WITH SOME IMPORTANT INFORMATION. NOW LET ME TURN IT OVER TO ERIK JONES, ASSISTANT DEPUTY COMMISSIONER FOR OPERATIONS AT THE SOCIAL SECURITY ADMINISTRATION AND ALSO THE EXECUTIVE CHAMPION FOR THE NATIONAL LESBIAN, GAY, BISEXUAL AND TRANSGENDER ADVISORY COUNCIL AT THE SOCIAL SECURITY ADMINISTRATION FOR CLOSING REMARKS. THANK YOU AGAIN, EVERYONE. ERIK?

>> THANK YOU, PHII. LET ME FIRST THANK YOU FOR MODERATING TODAY'S DISCUSSION. I THINK IT WAS REALLY TREMENDOUSLY HELPFUL, USEFUL, ENLIGHTENING. I COULD USE MANY OTHER WORDS. AND MY THANKS AS WELL TO AIDEN, AIMEE, ANDREW, NIKKI, AND OLIVIA. JUST GREAT DISCUSSIONS, GREAT INSIGHT. I REALLY APPRECIATE IT. LET ME INTERNALLY THANK KILOLO KIJAKAZI, OUR ACTING COMMISSIONER, STEPHEN EVANGELISTA, STEVEN ROLLINS, AND ALL THE FOLKS IN OUR OFFICE OF DISABILITY POLICY AND THE OFFICE OF COMMUNICATION. THEY TAKE A LOT OF EFFORT AND A LOT OF PRIDE IN PUTTING THESE DISCUSSIONS TOGETHER. THEY ARE INFORMATIVE AND REALLY HELPFUL TO US IN, YOU KNOW, PUTTING POLICY TOGETHER, HEARING FROM TREMENDOUS FOLKS AND ADVOCATES LIKE YOURSELVES IN TERMS OF HOW WE NEED TO LOOK AT THE FUTURE, LOOK AT THE COMMUNITY, LOOK AT THE ENVIRONMENT, AND PUT GOOD POLICY TOGETHER AND

UNDERSTAND HOW WE CAN PROVIDE AND EXPAND OUR SERVICES. AS YOU SAID, I'M ERIK JONES, ASSISTANT DEPUTY COMMISSIONER FOR OPERATIONS. ALSO VERY PROUD TO BE THE EXEC CHAMPION FOR OUR NATIONAL LESBIAN, GAY, BISEXUAL & TRANSGENDER ADVISORY COUNCIL. MY PRONOUNS ARE HE/HIM. I JUST WANT TO REFLECT, AGAIN, ON HOW IMPORTANT IT IS THAT WE EXPAND OUR ACCESS TO SSA'S SERVICES THROUGHOUT THE LGBTQIA+ COMMUNITY. I THINK ONE OF THE THINGS THAT YOU REALLY LEFT ME WITH IS JUST HOW IMPORTANT THOSE FIRST TOUCH POINTS CAN BE IN CREATING A WELCOMING AND SAFE ENVIRONMENT FROM THE START TO ENSURE EVERYONE FEELS SECURE IN ENGAGING WITH US, THAT THEY FEEL SECURE IN OBTAINING THE SERVICES AND BENEFITS THAT THEY DESERVE AND HAVE EARNED. AND WE NEED TO LEARN FROM THAT. SO AGAIN, I WELCOME ALL OF THE COMMENTS AND THE INSIGHTS THAT YOU'VE GIVEN US. I KNOW IT OFTEN SEEMS THAT WE IN GOVERNMENT DON'T MOVE FAST ENOUGH IN IMPLEMENTING THE NEEDED CHANGE TO ADAPT TO SOCIETY AT TIMES. BUT WE DO LIKE TO LEARN. AND WE ARE TRYING TO TAKE A STEP FORWARD, EVEN THOUGH SOMETIMES IT FEELS LIKE WE REALLY AREN'T MOVING QUITE FAST ENOUGH. EVEN THE MOST PROGRESSIVE COMPANIES ARE STILL FIGURING OUT HOW TO CREATE BETTER SYSTEMS AND PROCESSES. AND THIS SHEDS LIGHT ON A GREATER TRUTH: THERE'S NO END POINT TO FOSTERING INCLUSION, THERE WILL ALWAYS BE MORE TO DO AND MORE TO LEARN. AND I THINK WE LEARNED THAT TODAY. SO THE MOST IMPORTANT THING I THINK WE CAN DO AS ADVOCATES IS TO VIEW THIS AS A LONG-TERM PROJECT, ONE THAT WILL NEED CONTINUOUS NURTURING AND DEDICATION. WE ARE EXCEPTIONALLY ELATED ABOUT THESE FORUMS SUCH AS THE NDF WHERE A DIVERSE GROUP OF INDIVIDUALS WHO CARE ABOUT SOCIAL SECURITY AND OUR PROGRAMS ARE COMMITTED TO FURTHERING THE

DISCUSSION ON HOW WE CAN MAKE OUR DISABILITY PROGRAMS MORE ACCESSIBLE AND
EQUITABLE FOR THE LGBTQIA+ COMMUNITY. OUR ACCESSIBLE REQUIRE A SAFE ENVIRONMENT
WHERE PEOPLE FEEL VALUED FOR WHO THEY ARE, NOT FEARFUL OF BEING JUDGED,
INVALIDATED, OR DISCRIMINATED AGAINST. AND SOCIAL SECURITY IS COMMITTED TO
ENSURING OUR PROGRAMS ARE OPEN TO ALL ELIGIBLE INDIVIDUALS, REGARDLESS OF ACTUAL
OR PERCEIVED SEXUAL ORIENTATION OR GENDER IDENTITY. WE WILL CONTINUE TO WORK
WITH YOU, OUR STAKEHOLDERS, TO ADVANCE THESE EFFORTS AS WE IMPROVE THE
ACCESSIBILITY OF OUR SERVICES BY ADDRESSING BARRIERS THAT HINDER PARTICIPATION IN
OUR PROGRAMS. IN CLOSING, I WANT TO REMIND YOU THAT YOU WILL RECEIVE AN EMAIL
WITH A LINK AND AN EVALUATION FOR TODAY'S FORUM. WE VERY MUCH APPRECIATE YOU
TAKING THE TIME TO COMPLETE THE EVALUATION. WE LEARN FROM THAT AS WELL. AND IT
JUST HELPS US TO CREATE BETTER AND MORE INFORMED FORUMS IN THE FUTURE. THE EMAIL
WILL ALSO INCLUDE A LINK TO OUR ONLINE FORUM, THE ENGAGE SSA. THIS IS AN
OPPORTUNITY FOR YOU TO CHIME IN WITH ADDITIONAL THOUGHTS OR COMMENTS AND TO
VIEW INPUT FROM OTHERS. I WANT TO THANK YOU AGAIN FOR JOINING US AND PROVIDING
SUGGESTIONS ON HOW WE CAN MAKE OUR DISABILITY PROGRAMS MORE ACCESSIBLE AND
EQUITABLE FOR THE LGBTQIA+ COMMUNITY. PLEASE CONTINUE TO BE SAFE, AND ENJOY THE
REST OF YOUR DAY. THANK YOU.

>> THIS CONCLUDES THE SOCIAL SECURITY ADMINISTRATION'S NATIONAL DISABILITY FORUM
ON EQUITABLE ACCESS TO SSA DISABILITY PROGRAMS FOR LGBTQIA+ COMMUNITIES. THANK
YOU FOR JOINING US TODAY. STAY SAFE, AND HAVE A WONDERFUL DAY.