

The Honorable Joseph R. Biden, Jr.  
President of the United States  
1600 Pennsylvania Ave NW  
Washington, D.C. 20500

September 22, 2022

Dear President Biden:

The undersigned 115 LGBTQ+ advocacy organizations write to express our deep concerns regarding the continued spread of the Monkeypox Virus (MPXV) and the lack of resources available to equitably address this public health emergency. A multifaceted approach is necessary to combat MPXV that requires action from Congress, the administration, states, and municipalities. Key components include funding, vaccine acquisition and distribution, and access to data. Each step must be accomplished utilizing an equity lens.

Recognizing that it can be difficult and cumbersome to change a name, especially when a name is used across the world, including by the World Health Organization, it is incumbent upon all of us to acknowledge that monkeypox has racist connotations which influence how many people, especially Black people (who are disproportionately impacted by the virus) will associate with MPXV and the solutions connected to it. We appreciate the Biden administration's embrace of alternative language and request that the administration work to educate those still using the problematic name. There is not currently uniformity in alternative names with different jurisdictions embracing different acronyms including MPV and MPOX, but the original name must be rejected as the standard.

The harmful rhetoric used to discuss the high prevalence of MPXV amongst gay, bisexual, and other men who have sex with men is driving and intensifying stigma against the LGBTQ+ community. The LGBTQ+ community has for decades faced stigma in the health care system and the media alike just because of who we are. This reality is compounded for people of multiple marginalized identities. Causing unnecessary fear by allowing this harmful rhetoric to persist will potentially endanger lives and lead to destructive policies. Care providers, public health officials, and the media should be encouraged to continue to provide clear, scientific, evidence-based responses to prevent the spread of misinformation.

#### *Increased and Transparent Funding*

Congress must approve increased funding through the appropriations process to meaningfully address MPXV. The administration has requested from Congress \$4.5 billion to respond to the MPXV outbreak. We urge the administration to request the full amount necessary to combat this problem rather than a piecemeal approach that would fall short of the real community health needs. Simultaneously, it is imperative that the administration be transparent in providing the data that undergirds its recommendations as well as provide a more substantive breakdown of how it proposes the money be apportioned. We ask that a minimum of \$100 million be allocated to sexual health clinics to help eradicate MPXV for this appropriations cycle.

Last month, Congressman Sean Patrick Maloney introduced H.R. 8693, the *No Cost for MPV Testing Act*. This legislation would ensure that individuals experience no out of pocket costs for MPXV testing. Economic barriers reduce testing and can lead to increased transmissions. In

addition, administration of the vaccine as post-exposure prophylaxis should occur within four days of exposure to be most effective in preventing illness. The White House should endorse this legislation and implement this policy using its public health emergency authority.

The Department of Health and Human Services should redirect existing funds to help contain the crisis until Congress acts. We recognize that redirecting funds is an inadequate substitute that places strain on other important programs; however, the urgency of the situation demands immediate action. Knowing that hard choices will have to be made, we exhort the Department to leave in place funding for programs designed to support the most marginalized including funds earmarked for HIV prevention and treatment.

### *Prioritization of Funding*

Current and future funds should be prioritized to reach communities most impacted by MPXV. This includes funding of sexual health clinics and community-based organizations, particularly those that work with gay and bisexual men, other men who have sex with men, transgender women, some nonbinary people who have sex with men, and those in Black and Latinx communities. Money must be made available for no-cost testing, treatment, contact tracing, training, and hiring of medical professionals, and data collection. Money should also be proactively extended to territories and tribal communities.

Community education initiatives with culturally competent educators operating from a stigma-free, scientifically accurate approach should receive adequate funding to help decrease transmission and encourage uptake of vaccines. Failure to couple funding of community education initiatives with funding of clinics will result in underutilization of resources that undermines efforts to stop the spread of MPXV.

Lack of education combined with stigma has led some health care providers to refuse to test and treat individuals. Resources should be made available to better reach providers in communities with high transmission rates as well as those who are likely to encounter the next wave of transmission, such as those on college campuses. Providers who do take seriously the need to test and treat patients should be reimbursed for costs related to administering the vaccine, including personal protective equipment.

The CDC recommends that people with MPXV isolate for the duration of the illness – typically two to four weeks. For many, complying with this important recommendation is unfeasible even if they do qualify for FMLA and many do not. Financial assistance needs to be provided to individuals with MPXV for whom isolating will result in lost income or necessitate alternative housing.

### *Prioritization of Vaccine Distribution*

Early indicators show that Black and Latinx people have less access to vaccines and are contracting MPXV at higher rates. According to the CDC, as of July, Black and Latinx people accounted for 64% of all infections in the United States but make up only 32% of the population. In addition, among those seeking treatment who reported a “sex at birth,” 98.4% were male.

Distribution of the vaccine should be prioritized to health care providers in Black and Latinx communities as well as those who work with gay and bisexual men, transgender women, and some nonbinary people. In addition, congregate care settings such as prisons, jails, halfway houses, and homeless shelters should receive all needed vaccines and treatments. This

distribution must be accompanied by tailored educational materials. The Biden administration should issue guidance to state and local governments for equitable vaccine distribution as well as for streamlining the process for registering and accessing the vaccine. Vaccine distribution must also include the US territories and the Administration needs to ensure access for tribal communities and continue to support and expand global efforts. The administration should also encourage states to appoint a MPXV coordinator and establish regular meetings with state coordinators to support best practices and information sharing.

### *Data Collection*

The lack of comprehensive data on MPXV hampers both public education efforts as well as the development of solutions that reduce disparities. As of last reporting, data share agreements have been signed by 51 jurisdictions to provide a nationwide look at distribution of infections and vaccine uptakes. The administration must encourage the remaining jurisdictions to execute their agreements to ensure a whole of government approach.

Knowledge available as a result of data collection is only as good as the instrument design. The National Academies of Sciences, Engineering, and Medicine's (NASEM) 2022 report on Measuring Sex, Gender Identity, and Sexual Orientation recommends measures of sexual orientation and gender identity in the context of surveys as well as clinical contexts. All data collection instruments utilized to capture data related to MPXV should be required to obtain information related to sexual orientation and gender identity as well as sex and race, while protecting respondent privacy. Data should be made publicly available on a dedicated dashboard that disaggregates data by key measures including sexual orientation and gender identity.

### *Public Education*

The roll out of any guidance should provide context and be accompanied by educational efforts to combat misinformation. For instance, providing education that the current vaccine provides the correct and appropriate dose for the way that it is administered combats the narrative that the population is receiving 1/5 of a dose of vaccine. In addition, community education initiatives should be provided by culturally competent educators operating from a stigma-free, scientifically accurate approach. Best practices should be provided to ensure that education materials are tailored to key populations.

We urge you to swiftly deploy resources and guidance to end the MPXV public health emergency. For any questions, please contact David Stacy, Government Affairs Director at the Human Rights Campaign ([david.stacy@hrc.org](mailto:david.stacy@hrc.org)) or Julie Gonen, Federal Policy Director at the National Center for Lesbian Rights ([jgonen@nclrights.org](mailto:jgonen@nclrights.org)).

Sincerely,

A Better Balance  
ADAP Advocacy Association  
Advocates for Youth  
AIDS Alabama  
AIDS Alabama South  
AIDS Foundation Chicago  
AIDS United  
APLA Health  
Atlanta Pride Committee

Bayard Rustin Center For Social Justice  
CA LGBTQ Health and Human Services Network  
Callen-Lorde Community Health Center  
Center for LGBTQ Economic Advancement & Research (CLEAR)  
Center on Halsted  
CenterLink: The Community of LGBT Centers  
COLAGE  
Community Access National Network  
Compass LGBTQ Community Center  
Disability Rights Education & Defense Fund  
Eastern PA Trans Equity Project  
Equality California  
Equality Federation  
Equality Nevada  
Equitas Health  
Fast-Track Cities Institute  
Federal City Performing Arts Association  
Fenway Health  
FORGE, Inc.  
GLMA: Health Professionals Advancing LGBTQ+ Equality  
Great Lakes Bay Pride  
Haus of a Stranger  
Henderson Equality Center  
HIPS  
Hispanic Federation  
Housing Works  
Howard Brown Health  
Hudson Pride Center  
Hugh Lane Wellness Foundation  
Human Rights Campaign  
Imperial Valley LGBT Resource Center  
Indivisible  
International Association of Providers of AIDS Care  
JASMYN  
Jewish Women International  
Justice in Aging  
Lancaster LGBTQ+ Coalition  
Lancaster LGBTQ+ Community  
Latino Equality Alliance  
LGBT Center of Greater Reading  
Los Angeles LGBT Center  
Lyon-Martin Community Health Services  
Mazzoni Center  
Metropolitan Community Church of the Lehigh Valley  
Metropolitan Community Churches  
Minority Veterans of America  
MomsRising  
Movement Advancement Project  
MPact Global Action  
National Center for Lesbian Rights  
National Coalition of STD Directors  
National Health Law Program  
National LGBT Cancer Network  
National LGBTQ Task Force Action Fund  
National Women's Law Center  
National Working Positive Coalition

Network Lobby for Catholic Social Justice  
New Haven Pride Center  
North County LGBTQ Resource Center  
North Las Vegas Equality Center  
North Shore Alliance of GLBTQ+ Youth, Inc.  
Oakland LGBTQ Community Center  
Oasis Legal Services  
one-n-ten  
OutReach LGBTQ+ Community Center  
OutRight Action International  
Parable of the Sower Intentional Community Cooperative  
PFLAG National  
PlusInc  
Positive Women's Network-USA  
PrEP4All  
Pride Center of Staten Island  
Pride Community Center of North Central Florida  
Pride Community Center, Inc (Brazos Valley, Texas)  
Rainbow Center  
Resource Center  
Resurrection Metropolitan Community Church  
Sacramento LGBT Community Center  
San Francisco Community Health Center  
San José State University PRIDE Center  
Silver State Equality-Nevada  
SOJOURN: Southern Jewish Resource Network for Gender and Sexual Diversity  
Solano Pride Center  
St. John's MCC  
Stonewall Columbus, Inc  
Synergía, initiatives for human rights  
The Center: 7 Rivers LGBTQ Connection  
The DC Center for the LGBT Community  
The International Institute on Race, Equality and Human Rights  
The LGBTQ Community Center of the Desert  
The LOFT LGBTQ+ Community Center  
The Pride Center at Equality Park  
The Rainbow Bridge Community Center, inc.  
The Source LGBT+ Center  
The Spahr Center  
Transhealth  
Transinclusive Group  
Tranzmission, Inc  
Treatment Action Group  
Union for Reform Judaism  
Uptown Gay and Lesbian Alliance (UGLA)  
Washington County Gay Straight Alliance, Inc.  
Waves Ahead Corp Puerto Rico  
We Are Family  
Whitman-Walker Institute