

From the Jim Crow era until today, Black Americans have been the target of racism and bigotry, treated as second class citizens, denied opportunity, and subjected to countless violent attacks by racist mobs and individuals.

Over the last year, the United States has experienced the most intensive reckoning with slavery and its legacy since the Civil Rights Movement of the 1960s.

The Black Lives Matter movement and nationwide protests following the death of George Floyd have cast a light on the disparate outcomes that persist for Black people in education, employment, interactions with the police, and numerous other aspects of everyday life.

These disparities contribute to—and are influenced by—the intergenerational racial wealth gap. Recent studies show that Black children face significantly higher rates of downward economic mobility and lower rates of upward mobility compared to white children.

For instance, a Black child born into a high-income family is as likely to end up in the bottom 20 percent of earners as an adult as they are to remain in top 20 percent. In contrast, a white child born to parents with the same income is five times more likely to remain in the top income quintile as they are to fall to the bottom of the income distribution.

The systemic racism ingrained in American society must come to an end. As Members of Congress, we need to face this challenge head on, with clear eyes, open minds, and full hearts. Making Juneteenth a national holiday is a start, but our constituents have shown us that sustained Congressional inaction is no longer an option.

This is the moment to pass comprehensive policing reform, protect and expand voting rights, and remove the vestiges of slavery from our social fabric for good.

In the last two years, the House has passed the George Floyd Justice in Policing Act and the Voting Rights Advancement Act. The Commission on the Social Status of Black Men and Boys Act was signed into law in December after passing both chambers with overwhelming bipartisan support.

This is the kind of legislation we need to begin unwinding the political, economic, and societal policies that have disadvantaged Black Americans since Reconstruction.

This Juneteenth, I hope my colleagues join me in reflecting on the myriad barriers to opportunity that exist for far too many Black Americans and in promoting concrete actions Congress can take to remove them.

CONGRESSIONAL LGBTQ+ EQUALITY CAUCUS IN COMMEMORATION OF PRIDE MONTH

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 22, 2021

Ms. JACKSON LEE. Madam Speaker, as our country celebrates Pride Month this June, I rise as a Senior Member of the House Judiciary Committee to affirm a basic truth: that we are all equal.

I want to thank my colleague, the gentleman from Rhode Island, Mr. CICILLINE, and the Congressional LGBTQ+ Equality Caucus for organizing this special order in commemoration of Pride Month.

This month serves as an opportunity to recommit ourselves to making equality in every aspect of American life real for members of the LGBTQ+ community.

It also serves as a reminder of both the shared struggle and collective joy found in the history and life experiences of queer and gender non-conforming members of our society.

Our country has come a long way in the fight for justice for all the queer and gender non-conforming members of our society.

The Stonewall Uprisings in Greenwich Village marked a watershed moment in the LGBTQ+ movement, reigniting the fight for justice and signaling a new chapter of progress in our country's quest to ensure that fair treatment is the rule, never the exception.

The Supreme Court's 2015 decision in *Obergefell v. Hodges* enshrined fair treatment as the rule when the court affirmed same-sex couple's right to marry the person they love, regardless of where they lived.

Our country's commitment to justice has been maintained by the tireless work of advocates and communities at the forefront of social change.

We know, however, that this work is unfinished.

As with every social movement, progress is met by resistance, and that resistance can only be overcome with unmatched persistence and fidelity to a basic truth enshrined in our belief: that all are created equal and worthy of human dignity.

In keeping with this belief, we cannot forget the great champions of this cause, many of which I am proud to claim as fellow Texans.

Sarah Fernandez, Judy Reeves, Tommy Ross, JD Doyle, Dalton DeHeart, Judge Jerry Simoneux, Judge Fran Watson—I thank them for their unwavering advocacy.

I also want to recognize a few organizations that continue to do the hard and necessary work of keeping our communities safe, making them feel seen, and pushing our country towards equality.

The Houston GLBT Political Caucus, Save Our Sisters United, Montrose Grace Place, and the Montrose Center—their work is important and valued.

Lastly, I wish to pay tribute to Monica Roberts and Ray Hill.

Monica Roberts, whose death leaves a gaping hole in the hearts of the LGBTQ+ community in Houston.

Monica worked as a trailblazing journalist and advocate, never failing to center the stories of Black trans people and shining light on the issues often ignored by the media.

Ray Hill co-organized the first gay rights organization in Houston in 1967, fiercely advocated for those living with HIV and AIDS, and always sought to advance the cause of equality, despite the hardships.

There are more than 46,000 same-sex couples in Texas, and about a third of LGBTQ+ Texans are raising children.

According to an analysis by the Williams Institute at the UCLA School of Law, approximately 930,000 Texans identify as lesbian, gay, bisexual, transgender or queer.

If LGBTQ+ Texans were a city unto themselves, they'd be the 5th most populous municipality in the state, just behind Austin, and significantly larger than El Paso.

These families and these individuals all benefit from the incredible advocacy and sacrifice of the aforementioned organizations and individuals.

From the Ryan White Care Act to the Matthew Sheppard Act passed by Congress to the *Lawrence v. Texas* and *Obergefell v. Hodges* decisions announced by the Supreme Court, it is clear that social change cannot simply be hoped for—it must be codified, protected, and expanded to account for the real discrimination still shouldered by the LGBTQ+ community.

In particular, I want to underscore the importance of intersectionality, and recognize that queer people of color face disproportionate burdens ranging from violence against transgender people to higher rates of youth homelessness and HIV infection.

On behalf of LGBTQ+ Texans and all Americans, I call upon the Senate to follow the House's example and pass H.R. 5, the Equality Act now.

I call on my colleagues in Congress to move forward with key legislative priorities ranging from ending HIV criminalization, passing the HIV epidemic plan, and enacting criminal justice reform that puts a stop to policies, which above all harm incarcerated transgender people.

For LGBTQ+ communities to be truly seen—to be valued—in our country, they must be accounted for in our policies and actions, not simply tokenized in political rhetoric and corporate merchandise.

It is time to go beyond political rhetoric and make real the promise of equality, opportunity, and justice for every American—irrespective of who they are and who they love.

Let us be unequivocal in our support and love for the LGBTQ+ community, not just in words, but in actions.

[From the Texas Tribune, April 20, 2021

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TEXAS LAWMAKERS ADVANCE BILLS BLOCKING ACCESS TO GENDER-AFFIRMING HEALTH CARE DESPITE OPPOSITION FROM LGBTQ+ TEXANS, MEDICAL ASSOCIATIONS

(By Megan Munce)

Equality Texas CEO Ricardo Martinez said Texas has filed more anti-LGBTQ bills this session than any other state legislature.

Before undergoing gender confirmation surgery at age 17, Indigo Giles had to get approval from a doctor, a therapist and the hospital where the surgery would be performed to ensure there were no options left besides surgery. To even get to that point, Indigo's father Neil said it took time-consuming research and several reflections as a family before going forward with the process.

The surgery's impact was immediate, said Indigo, now 19, who identifies as nonbinary. They were able to wear the clothes they wanted to, and their confidence in school and with friends significantly increased. Most significantly, the surgery helped alleviate their severe depression caused in part by gender dysphoria—discomfort related to feeling a disconnect between one's personal gender identity and the gender assigned to them at birth.

But under a slate of legislation moving in the Texas Senate and House, Indigo wouldn't have been able to make such a decision until their 18th birthday. In fact, no transgender child in Texas would be able to pursue puberty blockers, hormone treatment or surgery for the purpose of gender confirmation.

Transgender Texas children, their parents, medical groups and businesses have vocally opposed many of the bills lawmakers are pursuing. Equality Texas CEO Ricardo Martinez said Texas has filed more anti-LGBTQ bills this session than any other state legislature.

"It's insulting," Indigo said. "These lawmakers think that we don't know what we

want with our own bodies and we're not able to say what we want and mean it."

House Bill 1399 would prohibit health care providers and physicians from performing gender confirmation surgery or prescribing, administering or supplying puberty blockers or hormone treatment to anyone under the age of 18. The House Public Health Committee advanced the bill Friday.

Senate Bill 1311 by Sen. Bob Hall, R-Edgewood, would revoke the medical license of health care providers and physicians who perform such procedures or prescribe such drugs or hormones to people younger than 18. The Senate State Affairs Committee advanced that bill Monday.

The Senate last week passed Senate Bill 29, which would prevent public school students from participating in sports teams unless their sex assigned at birth aligns with the team's designation. While that bill would only affect students in K-12 schools, two similar bills in the House would include colleges and universities in that mandate.

SB 29 has been referred to the House Public Education Committee, which is slated to meet Tuesday and hear testimony on identical legislation that was introduced in the lower chamber. On Wednesday night, the chair of that committee told the Houston Chronicle that the companion legislation, House Bill 4042, is likely dead.

"That bill is probably not going to make it out of committee," state Rep. Harold Dutton, D-Houston, told the Chronicle. "We just don't have the votes for it . . . But I promised the author that I'd give him a hearing, and we did."

Last session, Dade Phelan, the Beaumont Republican who is now House Speaker, demonstrated a lack of appetite for bills restricting rights for LGBTQ Texans.

"It's completely unacceptable," he said at the time. "This is 2019."

Last week, Rep. Bryan Slaton, R-Royse City, tried to amend a bill on the House floor that would fund prescription drugs for uninsured Texans so that it would exclude hormone and puberty suppression treatments. That amendment failed after it was noted that existing bills were addressing such treatments.

MEDICAL ASSOCIATIONS UNITE IN OPPOSITION TO BILLS

In public testimony this year, transgender Texans and their parents have testified in near unanimous opposition to the bills. Several parents described their experience testifying as "terrifying," worrying their testimony would be used against them should the bills' penalties become law. Under Senate Bill 1646, which the Senate State Affairs Committee passed Tuesday night, they could be labeled child abusers for allowing their children to receive gender affirming treatment.

That bill comes after Jeff Younger attracted the attention of Gov. Greg Abbott and other top Texas Republicans in 2019 after a dispute between him and his ex-wife turned into a court battle over whether he could oppose his child's transition. Younger, among others testifying in support of these bills, emphasized young children's lack of brain development and claimed parents and social media pressure children into identifying as transgender.

But experts say social media and social pressure have nothing to do with it.

"There's literally zero evidence or research to suggest that that's true," said Megan Mooney, past president of the Texas Psychological Association.

According to Mooney, children as young as 2 or 3 can develop ideas about gender identity. By 6 or 7, she said, their sense of gender identity is relatively stable.

Lisa Stanton, a Houston mother, said her daughter Maya began expressing her gender identity as soon as she could talk. Lisa said Maya would speak about a fairy who would use magic to turn her into a girl.

Maya had no access to social media, Lisa said, and neither of them even had the language to discuss gender dysphoria or being transgender. What's more, Maya has a twin brother who Lisa said has been raised exactly the same way as his sister, but has never expressed gender dysphoria.

At 10 years old, Maya hasn't received any medical treatment yet. Lisa said in the future, she may have to use puberty blockers—a medical treatment legislators want to ban, but experts say is completely safe.

Marjan Linnell, a general pediatrician, testified on behalf of six different state and national medical associations and said in committee that "organized medicine stands united to strongly oppose both SB 1646 and SB 1311."

In an interview with The Texas Tribune, Linnell explained that puberty suppression treatment has been used for decades to prevent children from going through puberty too soon. Once those children reach an appropriate age, their treatment stops and natural puberty occurs. Linnell said the same is true for transgender children, for whom puberty can often exacerbate poor mental health.

"The point is to have a reversible treatment that can give them some time," she said. "That not only helps to gain some time to make sure we're making an appropriate and best practice medical decision for these kids and families, but we also know it can be incredibly important for preserving the mental health of our kids that are going through gender affirming care."

THE MENTAL HEALTH TOLL OF GENDER DYSPHORIA AND SOCIAL MARGINALIZATION

Hall, the Edgewood Republican, argued during a committee hearing that gender dys-

phoria would pass after puberty for many children. He claimed that children feeling like they're in the wrong body is akin to them being "tomboys" and "sensitive kids" who could later turn into the "best looking cheerleaders" and "toughest football players" by high school.

But both Mooney and Linnell said puberty can increase rates of anxiety, depression and suicidal ideation for transgender children, and delaying treatment until 18 could worsen the existing disproportionate rate of transgender children who consider suicide.

Indigo described the process of testifying alone as "exhausting and upsetting" after they and other transgender children were faced with legislators and protesters who opposed giving them access to gender confirmation care. The week after Texas considered a bill restricting public bathroom access for transgender Texans in 2017, the Trevor Project reported that the amount of transgender children calling or messaging their national suicide hotline dramatically increased.

Legislators voiced particular concern over whether these treatments may cause irreversible infertility for young children. Experts that lawmakers specifically invited to testify cited disputed statistics and stirred fears that procedures such as mastectomies could be performed on prepubescent children—a claim Linnell called "disheartening," given that breast tissue does not develop until after puberty.

While hormone treatments may cause infertility in some cases, Linnell said it varies and is always discussed with patients prior to undergoing treatment. Surgery, she said, would rarely or never be used until after puberty, and requires several consultations with doctors and psychologists before being approved. According to Mooney, surgery is only recommended when a patient is experiencing so much psychological distress that the only way to resolve it is surgery.

While each bill would only delay treatment until age 18, Mooney said medical treatment is often necessary for transgender children just to make it to their 18th birthday.

In committee testimony, 17-year-old Charlie Apple said the combination of gender dysphoria and social marginalization made him feel uncomfortable with both his body and his own existence. Receiving gender confirmation surgery and hormone treatment, he said, has helped him start to change that.

"I've made friends, I've played in sports. I've had the kind of stupid fun you're supposed to have as a kid, but most importantly, I survived," Apple said. "Without these treatments, I would have most likely been with the majority of trans children not standing here before you, but under a grave-stone."