

September 21, 2023

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

**RE: Agency Forms Undergoing Paperwork Reduction Act Review;
“National Survey of Family Growth” information collection request,
88 Fed. Reg. 56826 (30Day—23—0314)**

We are grateful for the opportunity to provide comments to the Centers for Disease Control and Prevention (“CDC”) of the U.S. Department of Health and Human Services (“HHS”) on proposed revisions to the National Survey of Family Growth (“NSFG”). *See* 88 Fed. Reg. 56,826 (Aug. 21, 2023).

The undersigned are scholars of law and public policy affiliated with the Williams Institute at the University of California, Los Angeles School of Law. The Williams Institute is a research center dedicated to conducting rigorous and independent academic research on sexual orientation and gender identity, including on health disparities facing LGBT people and experiences of discrimination related to sexual orientation and gender identity (“SOGI”).

We write to support the CDC’s proposal to add a question to the NSFG about unfair treatment based on LGBT status and to recommend that the CDC consider using a more effective module to measure experiences of unfair treatment, one that has been tested more extensively. We also recommend that the CDC consider including a gender identity measure in future versions of the NSFG, which would allow for identification of transgender and non-binary respondents and provide important information about their health and experiences of discrimination.

I. LGBT People Are a Significant Population in the US

LGBT people comprise approximately 4.5% of the U.S. adult population.¹ The Williams Institute estimates that approximately 11 million adults in the U.S. identify as LGBT,

¹ KERITH J. CONRON & SHOSHANA K. GOLDBERG, WILLIAMS INST., ADULT LGBT POPULATION IN THE UNITED STATES 1 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>.

including approximately 1.3 million adults who are transgender.² Younger Americans are more likely to identify as LGBT than older generations. At least 9.5% of the U.S. youth population (ages 13–17), or nearly 2 million youth, identify as LGBT.³ This estimate includes 300,000 youth in that age range who identify as transgender (1.4% of the youth population ages 13–17).⁴

LGBT adults in the U.S. are demographically diverse. Drawing from Gallup Daily Tracking data collected between 2015 and 2017, the Williams Institute estimated that 58% of LGBT adults are female.⁵ In terms of racial and ethnic diversity, 21% of LGBT adults identify as Latino/a or Hispanic, 12% as Black, 3% as Asian or Pacific Islander, 1% as American Indian or Alaska Native, and 5% as more than one race.⁶ And, a recent Institute study found that Latinx⁷ people, American Indian or Alaska Native people, and biracial/multiracial groups are more likely than white people to identify as transgender.⁸

Many LGBT people are living with same-sex partners and raising children. The Census Bureau recently estimated, based on 2019 data from the American Community Survey, that approximately 980,000 households were headed by a same-sex couple.⁹ The Census Bureau further determined that nearly 181,000 of those households were raising children under the age of 18.¹⁰ Since this statistic excludes LGB people who are not in same-sex partnerships or are single and raising children, the number of LGB households with children under the age of 18 is likely much higher. For example, using the CDC’s Behavioral Risk Factor Surveillance Survey, the Williams Institute recently reported that

² JODY L. HERMAN, ANDREW R. FLORES & KATHRYN K. O’NEILL, WILLIAMS INST., HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES? 4 (2022), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>.

³ KERITH J. CONRON, WILLIAMS INST., LGBT YOUTH POPULATION IN THE UNITED STATES 2 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>.

⁴ HERMAN ET AL., *supra* note 2, at 4.

⁵ *LGBT Demographic Data Interactive*, WILLIAMS INST. (2019), <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#demographic>.

⁶ *Id.*

⁷ The term Latinx is a gender-neutral alternative to Latino or Latina and has been used by LGBTQ people, young people, and others as an inclusive term that embraces “a wide variety of racial, national, and even gender-based identifications.” ED MORALES, *LATINX: THE NEW FORCE IN AMERICAN POLITICS AND CULTURE* (2018).

⁸ HERMAN ET AL., *supra* note 2, at 6.

⁹ LAQUITTA WALKER & DANIELLE TAYLOR, U.S. CENSUS BUREAU, SAME-SEX COUPLE HOUSEHOLDS: 2019 (2021), <https://www.census.gov/content/dam/Census/library/publications/2021/acs/acsbr-005.pdf>. Using data from the Current Population Survey, the Census Bureau also estimated that as many as 191,000 children may be living with same-sex parents. *Who is Living Together? Same-Sex Couples in the United States*, CENSUS.GOV (Nov. 19, 2019), <https://www.census.gov/library/visualizations/2019/comm/living-together-same-sex.html>.

¹⁰ *Id.*

27% of LBQ women, and 32% of LBQ women of color, had a child under 18 in their household.¹¹

II. The Proposed Discrimination Question Will Enhance the Quality and Utility of Information Collected

a. Prior Cycles of the NSFG Have Provided Important Information About LBQ People

The NSFG provides important information about LGB people, same-sex couples, and their families. In 2002, the NSFG became one of the first federal surveys to ask respondents about their sexual orientation.¹² In the two decades since, researchers, including researchers at the Williams Institute, have used NSFG data to publish hundreds of articles on LBQ families; parenting intentions among LGB people; rates of LGB identity versus same-sex behavior and attraction; economic and food insecurity among LGB people; sex education and HIV testing rates among men who have sex with men; adverse pregnancy experiences and contraceptive use among lesbian and bisexual women; and various other topics.¹³ For example, the Williams Institute used NSFG data from 2002 to produce some of the first estimates of gay men and lesbians who had, or wanted to have, children.¹⁴ Institute researchers have also used NSFG data to examine the percentage of the population that identifies as LGB, and their demographic characteristics such as gender, race, and educational attainment; as well as poverty in LGB communities.¹⁵

¹¹ BIANCA D.M. WILSON ET AL., WILLIAMS INST., HEALTH AND SOCIOECONOMIC WELL-BEING OF LBQ WOMEN IN THE US 8 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LBQ-Women-Mar-2021.pdf>.

¹² Fed. Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys, *Current Measures of Sexual Orientation and Gender Identity in Federal Surveys* (Aug. 2016), https://nces.ed.gov/FCSM/pdf/current_measures_20160812.pdf.

¹³ GARY J. GATES ET AL., WILLIAMS INST., ADOPTION AND FOSTER CARE BY GAY AND LESBIAN PARENTS IN THE UNITED STATES (2007); Casey E. Copen, Anjani Chandra & Isaedmarie Febo-Vazquez, *Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18-44 in the United States: Data from the 2011-2013 National Survey of Family Growth*, 88 NAT'L HEALTH STAT. REPORT 1 (2016); Caroline Violette et al., *Expectations for Family Building, Assisted Reproduction, and Adoption among Lesbians in the National Survey of Family Growth, 2017-2019*, 116 FERTILITY & STERILITY e49 (2021); Beena Han & Daphne C. Hernandez, *Sexual Orientation and Food Hardship: National Survey of Family Growth, 2011-2019*, 138 PUBLIC HEALTH REPORTS 447 (2023); Veronica Barcelona et al., *Adverse Pregnancy and Birth Outcomes in Sexual Minority Women from the National Survey of Family Growth*, 22 BMC PREGNANCY & CHILDBIRTH 923 (2022); Lauren Porsch et al., *Contraceptive Use by Women Across Multiple Components of Sexual Orientation: Findings from the 2011-2027 National Survey of Family Growth*, 7 LGBT HEALTH 321 (2020).

¹⁴ GATES ET AL., *SUPRA* NOTE 13.

¹⁵ M.V. LEE BADGETT, LAURA E. DURSO & ALYSSA SCHNEEBaum, NEW PATTERNS OF POVERTY IN THE LESBIAN, GAY, AND BISEXUAL COMMUNITY (2013), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Poverty-LGB-Jun-2013.pdf>; GARY J. GATES, WILLIAMS INST., LGBT DEMOGRAPHICS:

b. Including a SOGI Discrimination Question Will Provide Important and High-Quality Information about LGBT People

Together with questions about gender identity, the proposed discrimination question would be the first of its kind on a federal survey, making the NSFG the only federal government survey to provide information about LGBT people's experiences of unfair treatment. Although dozens of federal surveys now collect information about respondents' sexual orientation and gender identity,¹⁶ no regular, recurring federal survey collects information about unfair treatment based on sexual orientation or gender identity. As a result, researchers studying LGBT populations have had to rely on non-governmental surveys to provide information about experiences of discrimination based on sexual orientation and gender identity. Studies using data from these non-governmental surveys have found that significant proportions of LGBT people have experienced discrimination across a range of settings including employment, housing, health care, public accommodations, and other areas. While this research has provided vital information about LGBT populations, informed policymaking, and impacted service provisions, among other outcomes, there are some limitations associated with non-governmental data collection. Non-governmental surveys that gather information about LGBT people tend to be expensive and burdensome to conduct, are rarely administered on a longitudinal study designs (making it difficult to study changes and trends over time), and are often not representative. Inclusion of a SOGI discrimination question on the NSFG, a recurring and representative government survey, will provide reliable, current, and publicly accessible information about LGBT people's experiences of unfair treatment.

Inclusion of a SOGI discrimination question will not only provide important information about the proportion of LGBT people who have experienced mistreatment, but also about the relationship between discrimination and other outcomes for LGBT people. The NSFG includes questions in a broad range of topic areas including sexual and reproductive health, general health, access to health care, employment, housing security, relationship status and family formation, and more. Inclusion of a SOGI discrimination question in a survey of this breadth will allow researchers to study how experiences of mistreatment are related to other outcomes for LGBT people. The Williams Institute has invested significant time and resources in studying these relationships using data collected through non-governmental surveys. The Williams Institute's Distinguished Senior Scholar Ilan H. Meyer developed the concept of minority stress, which describes how prejudice and

COMPARISONS AMONG POPULATION-BASED SURVEYS (2014), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Demographics-Comparison-Oct-2014.pdf>.

¹⁶ NAT'L ACADS. SCIENCES., ENGINEERING, MED., CONSENSUS STUDY REPORT: MEASURING SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION (2022), <https://nap.nationalacademies.org/catalog/26424/measuring-sex-gender-identity-and-sexual-orientation>.

stigma against LGBT people leads to excess stressors experienced by LGBT people. In turn, this stress leads to increased risk for adverse health outcomes.¹⁷ Williams Institute researchers have studied the impact of discrimination on suicidality, employment, and other measures of wellbeing among LGBTQ people.¹⁸

The proposed measure would support further development and expansion of this area of research by providing an opportunity for researchers to examine potential links between experiences of unfair treatment and an array of other outcomes.

III. Recommendations

a. Adjustments to Phrasing of Proposed Discrimination Question

We recommend that the CDC consider revising the proposed discrimination question to further enhance the utility, quality, and clarity of the data collected.

To that end, we encourage the CDC to replace the proposed question¹⁹ with one of the following more extensively tested modules designed to measure specific forms of unfair treatment (Option 1) or “everyday discrimination” (Option 2). These options are drawn and adapted from other surveys that have asked respondents about experiences of unfair treatment and are recommended by scholars working in this field. For more information about these measures, see Harvard Professor David R. Williams’ recommendations for collecting information about discrimination.²⁰ Williams Institute scholars used a version of Option 2 in two NIH-funded national probability studies of LGBT people (HD078526, HD090468).²¹

¹⁷ Brief for Ilan H. Meyer and Other Social Scientists and Legal Scholars Supporting Respondents at 14, 203 *Creative v. Elenis*, No. 21-476 (U.S. Aug. 2022), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Amicus-303-Creative-SCOTUS-Aug-2022.pdf>.

¹⁸ JODY L. HERMAN, TAYLOR N.T. BROWN & ANN P. HAAS, WILLIAMS INST., *SUICIDE THOUGHTS AND ATTEMPTS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S TRANSGENDER SURVEY* (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>; CHRISTY MALLORY, TAYLOR N.T. BROWN & BRAD SEARS, WILLIAMS INST., *THE IMPACT OF STIGMA AND DISCRIMINATION AGAINST LGBT PEOPLE IN VIRGINIA* 49 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Impact-LGBT-Discrimination-VA-Jan-2020.pdf>.

¹⁹ The proposed measure is similar to the “felt discrimination” measure originating from the “Expanded ACEs” questionnaire developed in 2015 for use in community-based samples to assess discrimination in childhood based on race/ethnicity. Peter F. Cronholm, Christine M. Forke, Roy Wade, Megan H. Bair-Merritt, Martha Davis, Mary Harkins-Schwarz, Lee M. Pachter, & Joel A. Fein, *Adverse childhood experiences: Expanding the concept of adversity*. 49 *AMERICAN JOURNAL OF PREVENTIVE MEDICINE*, 354–361 (2015), <https://doi.10.1016/j.amepre.2015.02.001>.

²⁰ David R. Williams, Harvard Univ., <https://scholar.harvard.edu/davidrwilliams/node/32777> (click on document to access Discrimination Resource) (last visited Sep. 17, 2023).

²¹ ILAN H. MEYER ET AL., *GENERATIONS STUDY BASELINE QUESTIONNAIRE AND MEASURE SOURCES* (2016),

We note this because these questions capture information about various forms of discrimination, both the proposed sexual orientation question and the race discrimination question can be replaced with either of these options.

Option 1: Unfair Treatment in a Range of Settings

In the following questions, we are interested in your perceptions about the way other people have treated you. Can you tell me if any of the following has ever happened to you:

1. At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion?
2. For unfair reasons, have you ever not been hired for a job?
3. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
4. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?
5. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
6. Have you ever been unfairly denied a bank loan?
7. Have you ever been unfairly denied medical care or provided medical care that was worse than what other people get?

Follow-up questions after items endorsed by the respondent:

1. Would you say these experiences happened because of your . . . *Please mark all that apply.*
 - a. Age
 - b. Sex (being female or male)
 - c. Being transgender
 - d. Gender expression or appearance
 - e. Race/ethnicity
 - f. Income level or education
 - g. Sexual orientation
 - h. Physical appearance (e.g., weight, height)
 - i. Religion/spirituality
 - j. Disability

2. When was the last time this happened?
 - a. Past week
 - b. Past month
 - c. Past year

https://static1.squarespace.com/static/54f4cc0be4b0014ec19fcbab/t/5b845e68c2241b8b623239f3/1535401577846/Generations+Study+Baseline+Questionnaire+and+Measure+Sources_WEB.pdf

- d. More than a year ago
3. How many times has this happened during your lifetime?
- a. Almost every day
 - b. At least once a week
 - c. A few times a month
 - d. A few times a year
 - e. Less than once a year
 - f. Never

As this question appears in Professor Williams' recommendations, it was adapted from the National Survey of American Life for the Chicago Community Adult Health Study. Williams Institute scholars further modified the question as it is presented here. The scale is publicly available; no permission is required for use.

Option 2: Everyday Discrimination

In your day-to-day life over the past year, how often did any of the following things happen to you?

- 1. You were treated with less courtesy than other people.
- 2. You were treated with less respect than other people.
- 3. You received poorer service than other people at restaurants or stores.
- 4. People act as if they thought you were not smart.
- 5. People acted as if they were afraid of you.
- 6. People acted as if they thought you were dishonest.
- 7. People acted as if they were better than you.
- 8. You were called names or insulted.
- 9. You were threatened or harassed.

Recommended response categories for all items:

- 1. Almost every day
- 2. At least once a week
- 3. A few times a month
- 4. A few times a year
- 5. Less than once a year
- 6. Never

Follow-up questions after each item:

- 1. Would you say these experiences happened because of your . . . *Please mark all that apply.*
 - a. Age
 - b. Sex (being female or male)
 - c. Being transgender
 - d. Gender expression or appearance
 - e. Race/ethnicity

- f. Income level or education
- g. Sexual orientation
- h. Physical appearance (e.g., weight, height)
- i. Religion/spirituality
- j. Disability

This scale was used in the NIH-funded Generations and TransPop Studies (HD078526, HD090468) and was modified from Williams, D.R., Yu, Y., Jackson, J.S. & Anderson, N.B (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. *Journal of Health Psychology*, 2(3). doi: 10.1177/135910539700200305). The scale is publicly available; no permission is required for use.

We recommend these measures in place of the proposed measure for several reasons.

1. These measures have been widely used and tested. For example, a recent meta-analysis of articles using the everyday discrimination scale (EDS) identified over 400 published articles using the scale.²² Research has also explored the validity of responses to the EDS and the major experiences of discrimination scale (MEDS).²³ Researchers have concluded that the EDS and MEDS are “well-known, validated instruments that measure a variety of dimensions and domains of discrimination” and lend themselves for use in “omnibus public health surveys.”²⁴
2. Adopting a measure used on other surveys will allow for comparisons between datasets.
3. These questions allow respondents to provide much more detailed information about where they experienced discrimination. As a result, the data will be more useful for researchers studying LGBT people’s experiences in various settings and

²² Jourdyn A. Lawrence et al., *A Systematic Review and Meta-analysis of the Everyday Discrimination Scale and Biomarker Outcomes*, 142 *PSYCHONEUROENDOCRINOLOGY* 105772 (2022).

²³ Giyeon Kim, Martin Sellbom & Katy-Lauren Ford, *Race/Ethnicity and Measurement Equivalence of the Everyday Discrimination Scale*, 26 *PSYCHOLOGICAL ASSESSMENT* 892 (2014); Rebecca F. Berenbon, *Using Rasch Analysis to Investigate the Validity of the Everyday Discrimination Scale in a National Sample*, 25 *J. HEALTH PSYCH.* 2388 (2020); Bryce B. Reeve et al., *Comparing Cognitive Interviewing and Psychometric Methods to Evaluate a Racial/Ethnic Discrimination Scale*, 23 *FIELD METHODS* 397 (2011); Ye Fang et al., *Multilevel IRT analysis of the Everyday Discrimination Scale and the Racial/Ethnic Discrimination Index*, 33 *PSYCHOLOGICAL ASSESSMENT* 637 (2021); David R. Williams et al., *Research on Discrimination and Health: An Exploratory Study of Unresolved Conceptual and Measurement Issues*, 102 *AM. J. PUBLIC HEALTH* 975 (2012); Monica E. Peek et al., *Adapting the Everyday Discrimination Scale to Medical Settings: Reliability and Validity Testing in a Sample of African American Patients*, 21 *ETHN. DIS.* 502 (2011).

²⁴ Salma Shariff-Marco et al., *A Mixed-Methods Approach to Developing a Self-Reported Racial/Ethnic Discrimination Measure for Use in Multiethnic Health Surveys*, 19 *ETHN. DIS.* 447 (2009).

for policymakers and service providers seeking to develop interventions aimed at reducing SOGI discrimination and protecting LGBT people.

4. These questions will allow all people—not just LGBT people—to report discriminatory experiences based on their personal characteristics. As a result, the data produced will be useful to a much larger group of stakeholders, including researchers study discrimination based on race, disability, religion, and other characteristics; as well as policymakers and service providers seeking to develop responses to all forms of discrimination.
5. Including all respondents in the questions would allow researchers to study disparities in the experiences of discrimination across different groups included in the NSFG survey (e.g., by race/ethnicity, gender, sexual orientation, socioeconomic status).
6. This series of questions may limit the risk of undercounting reports of discrimination as the scale starts by simply allowing respondents to report experiences that they have had regardless of whether they are clear on the driving form of bias or biases. This approach has the potential to improve our understanding of intersectional discrimination over questions that reduce the question of discrimination to specific attributes as it provides an assessment of the rates of general discriminatory experiences that can then be compared across social groups (singular and intersectional), rather than relying on their knowledge of the sources of bias alone.
7. To the extent that some respondents can report the sources of bias related to discriminatory experiences, these questions also provide important information about experiences of intersectional discrimination. For example, these questions would allow a Black lesbian respondent to identify experiences of employment discrimination that were motivated by her employer’s disapproval of her race, sexual orientation, and gender. Such data would provide valuable insight into this understudied issue and inform the development of policies that address intersectional discrimination. Such information would be particularly helpful for federal government agencies that enforce non-discrimination laws. In a 2021 executive order, President Biden directed all federal agencies to develop policies to address “overlapping forms of discrimination,” another term for intersectional discrimination.²⁵

²⁵ Exec. Order No. 13,988, 86 Fed. Reg. 7,023 (2021).

b. Addition of a Gender Identity Measure and Development of Trans-Inclusive Questionnaires

We recommend that the CDC consider adding a gender identity measure to the NSFG, allowing for the identification of transgender and non-binary respondents. As currently administered, the NSFG does not allow respondents to identify as transgender or non-binary and forces trans and non-binary individuals to select either “male” or “female” as their sex. Depending on their selection, respondents will be given either a survey designed for “females” or a separate survey designed for “males,” and questions in each survey align with the medical and health care needs of cisgender men and women. Given that transgender and non-binary individuals answer a sex question in different and unknown ways—some according to their sex assigned at birth and others according to their gender identity—it is likely that many transgender people are receiving surveys that do not align with their health care needs.²⁶ Moreover, trans and non-binary people who are receiving surveys that might align with their health care needs (according to sex assigned at birth) are confronted with misgendering language throughout the survey. For example, the “female” version of the survey states that “[s]ometimes when a woman has her uterus removed, she also has her ovaries or tubes removed in the same operation” (DA-4, p 58) which assumes that the respondent is a cisgender woman, while transgender men and non-binary people who were born with uteruses may also be taking this survey.

The current design likely results in poor quality data with several limitations. First, researchers and other analysts are unable to study transgender and non-binary populations using NSFG data because there is no way to identify these respondents in the data. Second, the quality of the data—even as it relates to cisgender men’s and women’s experiences—is likely diminished to some degree due to transgender and non-binary respondents receiving surveys that are not appropriate for them, which makes it impossible for them to provide accurate information. Third, some transgender and non-binary people may decline to participate in the survey—even one that matches their health care needs—because of the gendered language.²⁷ These problems would likely be eliminated or reduced if the CDC designed separate questionnaires, or modified existing questionnaires, for example, using a skip pattern, to be appropriate for transgender and non-binary respondents.

In order to enhance the quality and utility of data collected through the NSFG, we encourage the CDC to consider adding a question allowing for the identification of transgender and non-binary respondents and to develop questionnaires that are inclusive

²⁶ Kristen Schilt & Jenifer Bratter, *From Multiracial to Transgender?: Assessing Attitudes Toward Expanding Gender Options in the US Census*, 2 *Trans. Studies Q.* 77 (2015).

²⁷ Jennifer M. Staples et al., *Considerations for Culturally Sensitive Research with Transgender Adults: A Qualitative Analysis*, 55 *J. SEX RES.* 1065 (2018).

of transgender and non-binary respondents. With respect to the gender identity measure, we recommend that the CDC follow the guidance and best practices for gender identity data collection laid out in the National Academy for Sciences, Medicine, and Engineering's Consensus Study Report, Measuring Sex, Gender Identity, and Sexual Orientation.²⁸ Williams Institute researchers would be happy to provide additional technical guidance related to gender identity data collection and revising current instruments to be inclusive of transgender and non-binary respondents.

Thank you for your consideration. Please direct any correspondence, including questions, to mallory@law.ucla.edu.

Sincerely,
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²⁸ NAT'L ACADS. SCIENCES., ENGINEERING, MED., *supra* note 16.