



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# TRANSGENDER CAUCUS Virtual Meeting

Tuesday, March 23, 2021

10:00AM -12:00PM (PST)

\*Meeting Agenda + Packet will be available on our website at:  
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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# TRANSGENDER CAUCUS

## Virtual Meeting Agenda

March 23, 2021 | 10am-12pm

TO JOIN BY COMPUTER/SMART PHONE:

<https://tinyurl.com/5u3k2jx5>

TO JOIN BY PHONE: 1-415-655-0001

Event number (access code): 145 044 0998

1. Introductions
2. Co-Chairs Report
3. Executive Director/Staff Report
  - a. Commission on HIV Committee Updates
  - b. 2021 COH Master Work Plan – Updates/Group Discussion
4. Project Fierce
  - a. Presentation by WeCanStopSTDsLA
5. Public Policy Items – Discussion
  - a. SB 225 - the Bodily Autonomy, Dignity, and Choice Act
  - b. SB 225 – Sample Support Letter
  - c. LGBTQ Health Equity Fund
6. Meeting Confirmation and Agenda Development for Next Meeting
7. Announcements
8. Adjournment



**VIRTUAL MEETING—TRANSGENDER CAUCUS**  
**Tuesday, February 23, 2021 | 10:00am to 12:00noon**  
**MEETING SUMMARY**

**In attendance:**

Luckie Alexander	Oscar Arroyo	Lee Baker
Lashea Brown	Michelle Enfield	Vivian Gallardo
Joseph Green	Melissa Marquette	Zaya Mejia
Veronica Montenegro	Jose Ortiz	Frankie Darling-Palacios
Jamie Penn	Medici Rodarte	Isabella Rodriguez
Devan Rose	Mi Sa	Cheryl Barrit (COH Staff)
		Sonja Wright (COH Staff)

**1. Introductions**

Cheryl Barrit, COH Staff, welcomed participants and all attendees introduced themselves and their agency/organization affiliations.

**2. Co-Chair Report**

Ms. Barrit explained that 1.) each caucus has two co-chairs and 2.) caucuses are not subject to the Brown Act while the subcommittees are (i.e., Executive, Operations, Planning, Priorities, & Allocations, Standards and Best Practices, Public Policy, and the full Commission). Under the California Transparency Law, members of the public can attend and participate in commission meetings and agendas must be posted 72 hours prior to meetings. Although the caucuses are not subject to the Brown Act bylaws, the commission treats them in the same manner (i.e., formal notifications, agenda postings, and summaries/documentation of discussions and decisions made).

Ms. Barrit clarified that co-chairs lead the meetings while staff provides support behind the scenes in terms of creating agendas based on proposals and recommendations from previous meeting discussions. She also noted that the agendas are forwarded to the co-chairs prior to being posted, for their review and input.

Ms. Barrit concluded this topic by stressing the Transgender Caucus is a platform for the public to highlight and discuss issues affecting the transgender community. The Transgender Caucus can interact and collaborate with the commission, committees, and

other caucuses, as well as develop targeted recommendations by bringing up issues that are specific to the community which may not arise in other committees.

- The Transgender Caucus waived the formal 30-day nomination process and elected Alexander Luckie Fuller as the second co-chair.

### 3. Executive Director's Report

Ms. Barrit provided the following updates:

Commission on HIV: The commission has engaged the partnership of HealthHIV to do an assessment of the commission's effectiveness as a planning council body. In order for any health department to receive federal HIV care dollars, there has to be a local HIV planning council to help determine service priorities and how to allocate those funds by categories, (not by contracts); examples of service categories include oral health and psychosocial services.

There is an assessment process that the national organization performs to help improve efficiency, operations, and how the commission functions overall. The first step in the process requires all commissioners to complete the survey; the survey comes directly from HealthHIV, not commission staff. Participation from all commissioners is needed to conduct a thorough analysis of the operations and effectiveness of the commission; qualitative data will be extracted from a sizeable selection of commissioners to help inform the process. Key informant interviews will also be conducted.

It is anticipated that the assessment will take approximately six months and include periodic status reports to the Executive Committee and full commission. Once the report is completed, the commission can use this information to improve its functions; for example, the effectiveness of commissioners being successful in their roles.

From a historical perspective, in 2013 the commission became an integrated prevention and care body. When the group voted to integrate the bodies, they prioritized incorporating a thorough assessment and/or evaluation of how effective the body is.

The commission is also partnering with the County's Human Relations (HR) Commission as an effort to confront all the "-isms" circulating (i.e., racism, ageism, homophobia, etc.). How the commission engages in this process is through a good foundation of interpersonal and communication skills. The commission is working with HR to provide trainings for commissioners to set this foundation, thus creating an opportunity for conducive conversations around difficult issues.

At the February meeting, HR presented a format which allows for integration of these trainings at the full commission meetings in 30-minute increments, in addition to a 2-hour training on Implicit Bias. HR will participate in full body meetings for the next 10 months integrating the 30-minute skills building in addition to reading excerpts from the book, *So You Wanna Talk about Race?* This will help foster the conversation around race and racism that is encountered in the work that the commission does, as HIV exemplifies intersectionality. Overall, this should help commissioners navigate difficult conversations, not only within the commission but within their personal lives as well.

Standards and Best Practices (SBP) Committee: The service standards are intended to create a *minimum* set of expectations for when PLWH enter a clinic or healthcare setting funded by federal dollars.

There are three standards SBP will update for 2021:

- Home Based Case Management
- Benefits Specialty
- Substance Use and Residential Treatment

Last year, SBP completed the Emergency Financial Assistance and Psychosocial Services; last month they passed the Universal Standards of Care, of which they try to update yearly. Currently, they are trying to finalize Child Care Standards; they are awaiting feedback from the Division of HIV & STD Programs (DHSP).

Note: the Transgender Caucus is invited to provide feedback and recommendations.

Planning, Priorities, & Allocations(PP&A) Committee: Formed a work group called the *Prevention Planning Work Group*. Their first community meeting is March 22<sup>nd</sup>, 2021, from 5:30-7:00pm. During this meeting DHSP will present an overview of the local EHE plan and Dr. Michael Green (or a designee) will talk about the DHSP prevention portfolio. In subsequent meetings the group will focus on priority populations for prevention, in terms of what can be done to help support the EHE plan in Los Angeles County( LACO). The idea is to bolster how LACO plans for prevention, similar to the format for care planning.

Public Policy (PP) Committee: Met on March 1<sup>st</sup>, 2021. They are in process of finalizing and voting on their 2021 policy priorities. The feedback from the Transgender Caucus in reference to tracking AB2218 is under their priorities. PP is also developing their 2021 docket and will spend the next couple of months determining whether to 1.) support a bill, 2.) oppose a bill, or 3.) recommend an amendment for a bill(s). In addition, PP makes recommendations to the Board of Supervisors (BOS) regarding the bills they are

tracking. The BOS will retain the rights to set policy for the County; however, the community aspect of providing recommendations (i.e., committees, caucuses, and the public) is important.

Operations-Draft Membership Application: Commissioner Joe Green of the Operations committee explained that the purpose of the updated membership application is to make it more concise, community-friendly, and more importantly sensitive and responsive around gender identification. Mr. Green asked the Transgender Caucus to review question 9 on page 8 of the application and to submit feedback and/or recommendations pertaining to the appropriateness of the gender identity category selections presented.

Recommendations set forth:

- Changing the order (i.e., placing male/female last)
- Adding gender queer
- Just a box; individuals can self-identify
- Including Two Spirit
- Including a line for tribal nation affiliation

Note: it was brought to the caucus' attention that the correct affiliation for individuals of indigenous ancestry is "nation", **not** tribe.

Co-chair Palacios recommended being mindful of the ever-changing and evolving terminology within the transgender community and as such, including a line for self-identification is important.

Commissioner Joe Green was asked to provide an update at the next Transgender Caucus meeting in response to the Operations committee discussion of the above-mentioned recommendations.

## **2021 Work Plan**

At the beginning of each year, a work plan is developed for the entire body, committees, and subgroups. Ms. Barrit provided an example of the full body's work plan highlighting key activities that include all members of the commission. Ms. Barrit extended the opportunity for the Transgender Caucus to develop their own work plan and assured the caucus that staff will help to facilitate the conversation. Ms. Barrit suggested based on the issues that surfaced last year, elevating policies which are specific to the transgender community would be appropriate. For designing the work plan, she provided the following examples: 1.) continued updates and discussions with the Public Policy committee co-chairs and ensuring that trans concerns are reflected in the policy priorities and 2.) outreach and engagement for trans community involvement and recruitment on the commission. Ms. Barrit noted that it does not have to consist of

multiple items, 3-4 is sufficient to have the effect of elevating trans issues within the infrastructure of the commission. She added that the tasks can be ongoing without the requirement of having a deadline, for example reviewing homelessness data.

A request was made to have the Public Policy co-chairs at the next meeting to provide an update of their policy priorities.

#### **4. Project Fierce / WeCanStopSTDsLA**

Lashea Brown (Project Coordinator) explained that WeCanStopSTDsLA is a collaboration of different partners all dedicated to protecting and eliminating barriers around reproductive and sexual health, specifically among young people. As an offshoot, Project Fierce (the actual Community Advisory Board-CAB), is focused on working with young people of color and is currently training young women to fill the seats on the CAB. There is room for 10-12 people of which they currently have 9. They are hoping to recruit cis- and transgender of different ethnicities and geographical locations in an effort to be reflective of Los Angeles County. They recently completed a training of 4 consecutive Saturdays, in which 12 different facilitators led sessions providing their expertise. Recruitment is still taking place and their first meeting was March 1<sup>st</sup> with bi-weekly meetings to follow.

Veronica Montenegro will provide a formal presentation at the next Transgender Caucus meeting.

#### **5. Meeting Confirmation and Agenda Development for Next Meeting**

Next meeting: Tuesday, March 23<sup>rd</sup>, 2021 from 10am -12pm.

- Agendize 2021 work plan
- Add the following items to the work plan:
  - AB2218: Transgender Wellness and Equity
  - SB225: Bodily, Autonomy, Dignity, and Choice Act
  - Ongoing collaboration with the Public Policy committee

#### **6. Announcements**

- Luckie Fuller nominated as a second co-chair
- Co-chair Palacios recognized and welcomed Isabella Rodriguez to the commission.
- Zaya from the Long Beach LGBTQ Center highlighted some of the features of their program: food delivery services, COVID support, and incentives for HIV & STI testing.
- Trans Day of Recognition (TDOV): March 31<sup>st</sup>, 2021

#### **7. Adjournment**

Meeting adjourned at 11:51am.



## Transgender Caucus Workplan 2021

*Draft 2-26-21*

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Consumer Caucus will lead and advance throughout 2021.

**PRIORITIZATION CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the local Ending the HIV (EHE) Plan, and 3) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	Activities & Lead/Champion(s)	Priority Level (High, Medium, Low)	Approach/Comments/Target Deadline
1	Track implementation and funding for AB2218	Ongoing	<ul style="list-style-type: none"> <li>Collaborate with TransLatin@ Coalition and Public Policy Committee</li> <li>Track Governor's Budget for full funding @ \$15M</li> </ul>
2	Track SB 225 - the Bodily Autonomy, Dignity, and Choice Act	Ongoing	Monitoring bill in collaboration with Public Policy
3	Track LGBTQ Health Equity Fund	Ongoing	Monitoring bill in collaboration with Public Policy
4	Collaborate with the Public Policy committee on policies specific to Transgender issues	Ongoing	



A CDC Funded Project

*Community-based Approaches to Reducing  
Sexually Transmitted Diseases (CARs)*

2020 - 2023



## **PROJECT FIERCE**

A Project of  
WeCanStopSTDsLA

03.23.2021



**WE CAN STOP  
STDs LA**  
— Let's Take a Stand —

# WeCanStopSTD'sLA 2.0



This grant is an opportunity to expand and deepen the work of WeCanStopSTDsLA

WeCanStopSTDsLA

Values

What We Stand For

- **Justice** Advocating for respect, dignity and fairness in systems, policies, and organizations' treatment of youth and young adults.
- **Compassion** Compassion for youth and young adults, without shaming, judging, blaming, or finger pointing.
- **Prevention** Promoting self-efficacy and the importance of preventing STDs through responsible decision making and behaviors.
- **Treatment** Assuring up-to-date and youth-friendly approaches to treatment, removing barriers to access, and encouraging testing and treatment.
- **Open Communication** Factual information and knowledge provided with cultural humility between youth and each other, and among those in the community who can support the health and wellbeing of youth and young adults (parents and family members, health care providers, faith and community leaders and others).



WeCanStopSTDsLA

Values

What We Stand Against

- **Bias** against any person based on age, race, gender, sexual orientation, beliefs, income or faith
- **High Rates** of STDs among young women and men

# Project Staff & Key Collaborators

## Community Health Councils Inc.

- **Veronica Montenegro**, *Project Manager*
- **Lashea Brown**, *Project Coordinator*
- **Sonya Vasquez**, *Chief Compliance and Operations Officer*
- **Sheila Mix**, *Chief Financial Officer*
- **Veronica Flores**, *CEO*

## Coachman Moore & Associates Inc.

*(WeCanStopSTDsLA's backbone entity)*

- **Kiana Dobson**, *Project Coordinator*
- **Jim Rhyne**, *Senior Associate*
- **Kathleen Chuman**, *Senior Associate*
- **Valerie Coachman-Moore**, *President & CEO*

# Veronica Montenegro – Project Manager Background

- Teen Canteen
- Bienestar
- CHLA (Risk Reduction Program)
- House of Ruth
- NLAAD
- Planned Parenthood
- SPA 6 Network
- Training and Development
- Licensing
- Human Resources – Employee Relations
- HR Business partner
- Prayer and Women's Ministry (SET FREE)

# Project FIERCE

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# Our target population

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Young women of color (YWOC) ages  
18 -24 from Los Angeles county

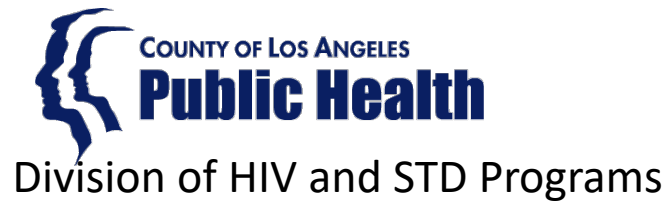


**OUR VISION** Is to identify the social determinants of health (SDOH) most impacting young women of color, and help design interventions that address those SDOH, provide recommendations to larger bodies, and collaborate with clinics, organizations, and stakeholders to increase linkages to resources and care.

# 2021 Proposed deliverables

1. Increase the number of young women of color (YWOC) CAB members who actively participate from 5 to 10
2. Increase the number of social determinants of health prioritized by the CAB, from 0 to 3
3. Increase the number of CAB-designed STD interventions for YWOC, from 0 to 3
4. Increase the number of clinical resources identified by the CAB from 0 to 5
5. Increase awareness of STD disparities among YWOC
6. Increase awareness of personal health issues affecting YWOC and community resources
7. Increase the number of new stable partnerships to address community needs from 0 to 6

# Project Partners



## Three lead project implementing partners

- **CHC** – Lead applicant to CDC. Provides fiscal, HR, and other operational oversight. Project Manager and Coordinator staffed through CHC.
- **CMA** – Guidance and vision for the project, programmatic direction and oversight, along with support fostering key relationships through WeCanStopSTDsLA partners and throughout the community. Develops and implements sustainability plan.
- **CHLA** – Develops and supports key activities for CAB development and training. Assist in recruitment and identifying key partners and YCABs in the community.

## Four Supporting Partners:

- \*Center for Health Equity
- \*Commission On HIV
- \*Division of HIV and STD Programs
- \*Essential Access Health

Supporting partners have agreed to support in the following ways:

- CAB development/evolution and training;
- Recruitment
- Development of an Assessment of Community Strengths and Needs, including identification of key Social Determinants of Health (SCH);
- Development of CAB-designed interventions
- Identifying appropriate partners across the County  
Continuing to support the evolution of WeCanStopSTDsLA 2.0
- Assist with information dissemination information about successful project strategies and “lessons learned.”



# Community Partnerships

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# Gate Keepers

- Bridging current and new stakeholders
  
- Identifying key leaders in the community
  - Education
  - Health Care
  - Social Services
  - The Arts
  - Social Media

# Transgender Caucus & Project Fierce

- Networking opportunities
- Data Sharing
- Accountability



Project Updates

Lashea Brown  
Project Coordinator

## Lashea Brown Project Coordinator Background

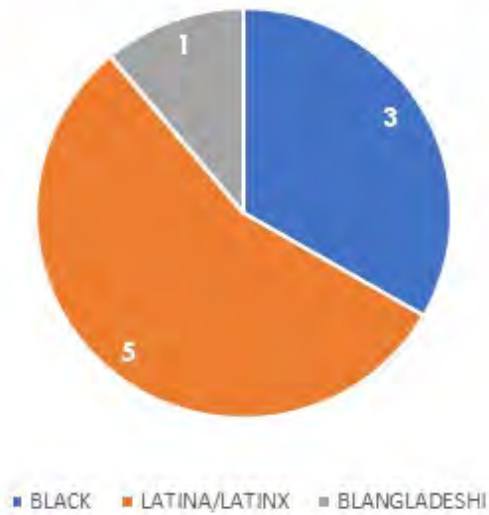
- **Pan African Studies-Dr. Melina Abdulla**
- **Media Done Responsibly**
- **Black Women for Wellness-Get Smart B4U Get Sexy**
- **Los Angeles Coalition for Reproductive Justice**
- **Black Aids Institute**
- **Black Infant Health**

# Demographics

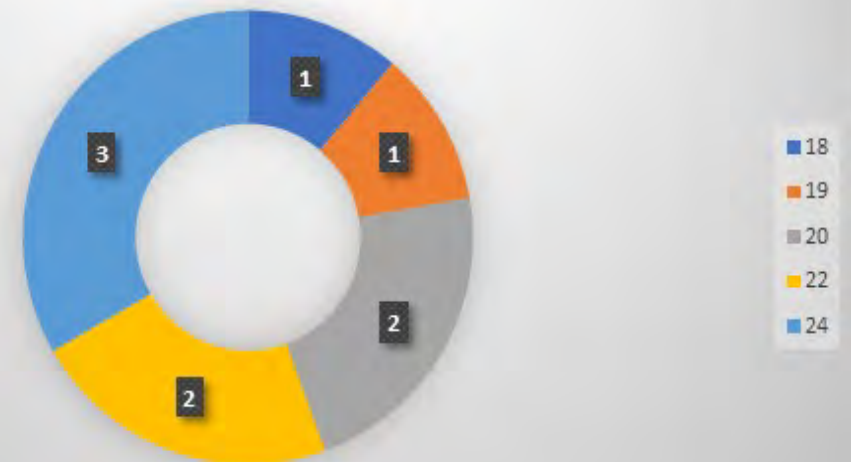


# CAB Demographics

RACE-ETHNICITY



AGE



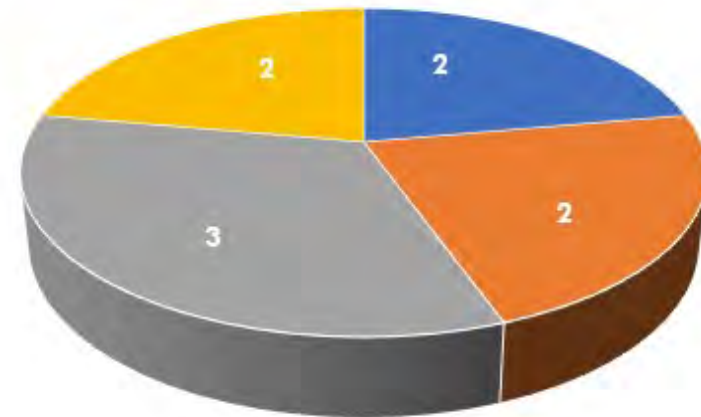
# CAB Demographics

IDENTIFY AS



■ CIS ■ TRANS ■ QUEER ■ GNC

SPA



■ SPA 2 ■ SPA 4 ■ SPA 6 ■ SPA 7

# Training Overview

# Facilitators and Speakers

## **Childrens Hospital of Los Angeles**

- Miguel Martinez – CHLA
- Mia Humphreys – CHLA
- Bo Herrera – CHLA
- Grissel Granados – CHLA
- Bianca Salvetti, NP – CHLA

## **Los Angeles County of Public Health**

- Heather Northover – LAC PH
- Pamela Ogata - LAC PH

## **Coachman Moore & Associates/ WeCanStopSTDsLA**

- Kiana Dobson
- Valerie Coachman-Moore

## **HOMEplxce**

- Lakhiyia Hicks –

## **Essential Access Health**

- Marina Quintanilla

## **TransLatin@ Coalition**

- Michaé de la Cuadra

# FYI

Area	Topic	Objectives	Presenter(s)
<p><u>Internal</u> – Geared toward supporting the internal development and structure of the CAB.</p> <p>vs.</p> <p><u>External</u> – Geared toward capacity building (gaining knowledge about a topic and/or practicing with tools/skills) to achieve their purpose in the community.</p>	<p>Chosen based on experiences running CABs as well as the information/tools necessary to achieve the CAB’s purpose.</p>	<p>Desired outcomes for CAB members.</p>	<p>Women and Femmes of Color Knowledgeable on Subject Area.</p> <p>Also chosen to increase CAB’s network of professional connections &amp; promote potential mentorship opportunities.</p>



# DAY 1

Time	Area	Topic	Objective(s)	Presenter(s)
10 am - 11 am	Internal / External	Overview: Introduction to Project	<ol style="list-style-type: none"> <li>1. Describe purpose and deliverables of the project;</li> <li>2. Understand their roles as Cab members and facilitators; and</li> <li>3. Describe the timeline, resources (e.g. budget), and roles of collaborative partners.</li> </ol>	Valerie Coachman, Kiana Dobson
10 am – 12 pm	Internal	Developing a Foundation PT. 1: Community Agreements, Communication, and Building Relationships	<ol style="list-style-type: none"> <li>1. Establish community agreements;</li> <li>2. Explore Communication styles; and</li> </ol>	Mia Humphreys, Bo Herrera
12 pm – 12:30 pm	LUNCH BREAK			
12:30 pm – 1:30 pm	Internal	Developing a Foundation PT. 1: Community Agreements, Communication, and Building Relationships	<ol style="list-style-type: none"> <li>3. Inventorying one another’s strengths.</li> </ol>	Mia Humphreys, Bo Herrera
1:30 pm – 1:45 pm	BREAK			
1:45 pm – 3 pm	External	Health Equity and SDH: Setting a Frame for Addressing Sexual and Reproductive Health	<ol style="list-style-type: none"> <li>1. Define social determinants of health and health equity; and</li> <li>2. Define reproductive justice framework.</li> </ol>	Heather Northover (LAC PH)
3 pm – 3:15 pm	Wrap Up and Evaluation			

# Day 2

Time	Area	Topic	Objective(s)	Presenter(s)
10 am – 10:15 am	Welcome / Check- In			Lashea Brown Kiana Dobson, Bo Herrera
10 am – 11:15 am	Internal	Exploring the Intersection of Our Lives	1. Define the concept of intersectionality; 2. Explore their understanding of gender expression and gender identity; and 3. Examine personal views on the intersection of gender and race/ethnicity.	Lakhiyia Hicks (HOMEplxe)
11:15 pm – 12:15 pm	Internal	Developing a Foundation PT. 2: Decision-Making and Negotiating Conflict	1. Explore decision-making strategies; 2. Introduce and define restorative justice; and	Grissel Granados (CHLA) Marina Quintanilla (Essential Access)
12:15 pm – 12:45 pm	LUNCH BREAK			
12:45 pm – 1:45 pm	Internal	Developing a Foundation PT. 2: Decision-Making and Negotiating Conflict	3. Develop Initial Protocol	Grissel Granados (CHLA) Marina Quintanilla (Essential Access)
1:45 pm – 2pm	BREAK			
2 pm – 3 pm	External	Introduction to STDs	1. Name common STDs, including transmission modes; 2. Define role of SDH in STD prevention, diagnosis, and treatment; and 3. Explore the impact of and strategies to combat stigma.	Bianca Salvetti, NP (CHLA)
3 pm – 3:15 pm	Wrap Up and Evaluation			

# Day 3

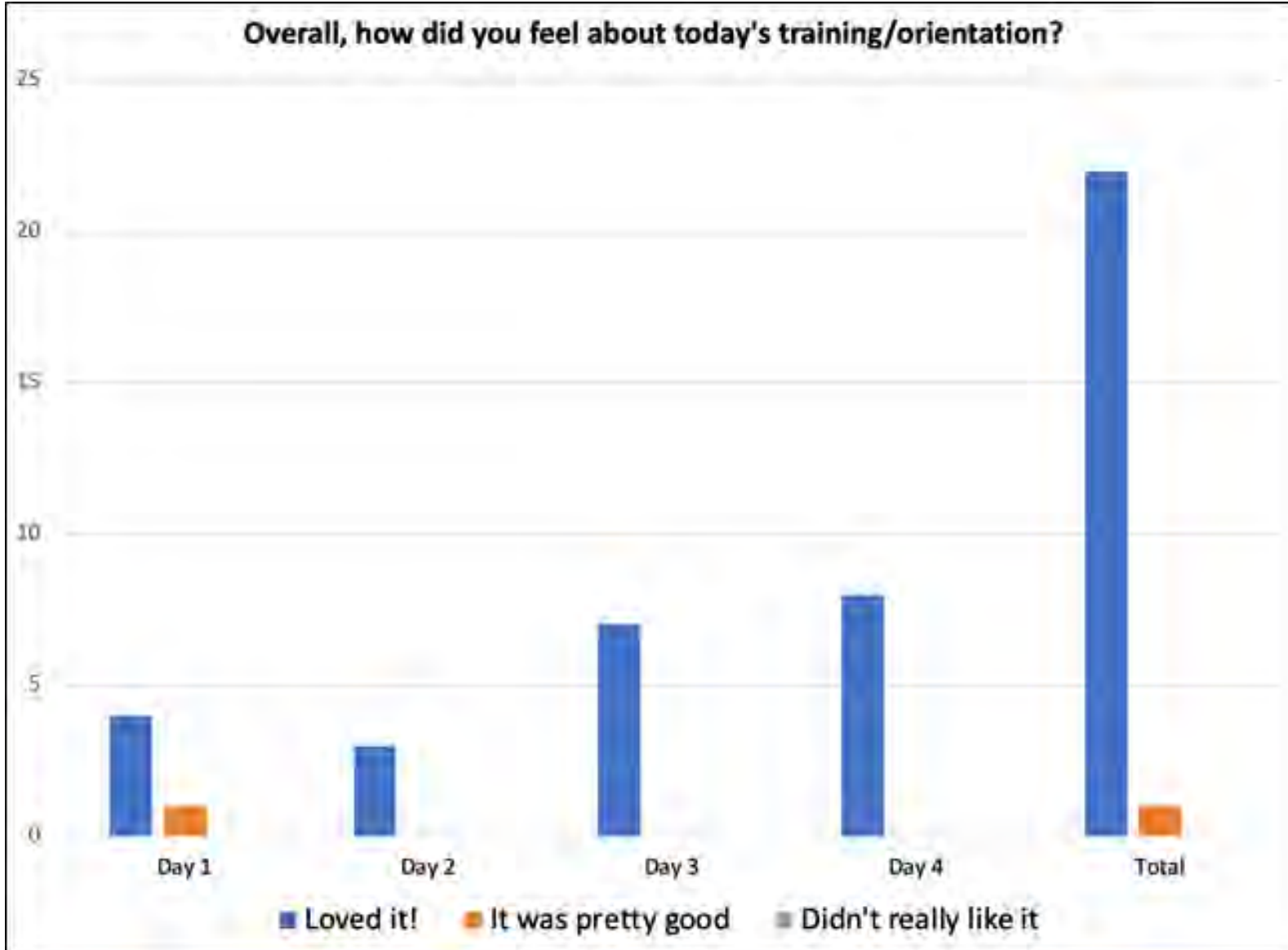
Time	Area	Topic	Objective(s)	Presenter(s)
10 am – 10:15 am			Welcome / Check- In	Lashea Brown Bo Herrera
10 am – 12 pm	Internal	Introduction to Structural Change and Community Mobilization	<ol style="list-style-type: none"> <li>1. To develop a working definition of structural change;</li> <li>2. To become familiar with tools for actional planning; and</li> <li>3. To identify initial areas of focus.</li> </ol>	Mia Humphreys, Bo Herrera
12 pm – 12:30 pm			LUNCH BREAK	
12:30 pm – 1:30 pm	Internal	Developing a Structure	<ol style="list-style-type: none"> <li>1. Explore key components of a YCAB protocol;</li> <li>2. Utilize a youth-adult partnership lens to inform protocol; and</li> <li>3. Identify future trainings for internal development.</li> </ol>	Grissel Granados (CHLA) Bo Herrera
1:30 pm – 1:45 pm			BREAK	
1:45 pm – 3 pm	External	Understanding Public Health Data	<ol style="list-style-type: none"> <li>1. Identify strategies for effectively using data in decision-making;</li> <li>2. Identify challenges and barriers with public health data (collection, analysis, interpretation); and</li> <li>3. Explore public health ethics.</li> </ol>	Pamela Ogata (LAC PH)
3 pm – 3:15 pm			Wrap Up and Evaluation	

# Day 4

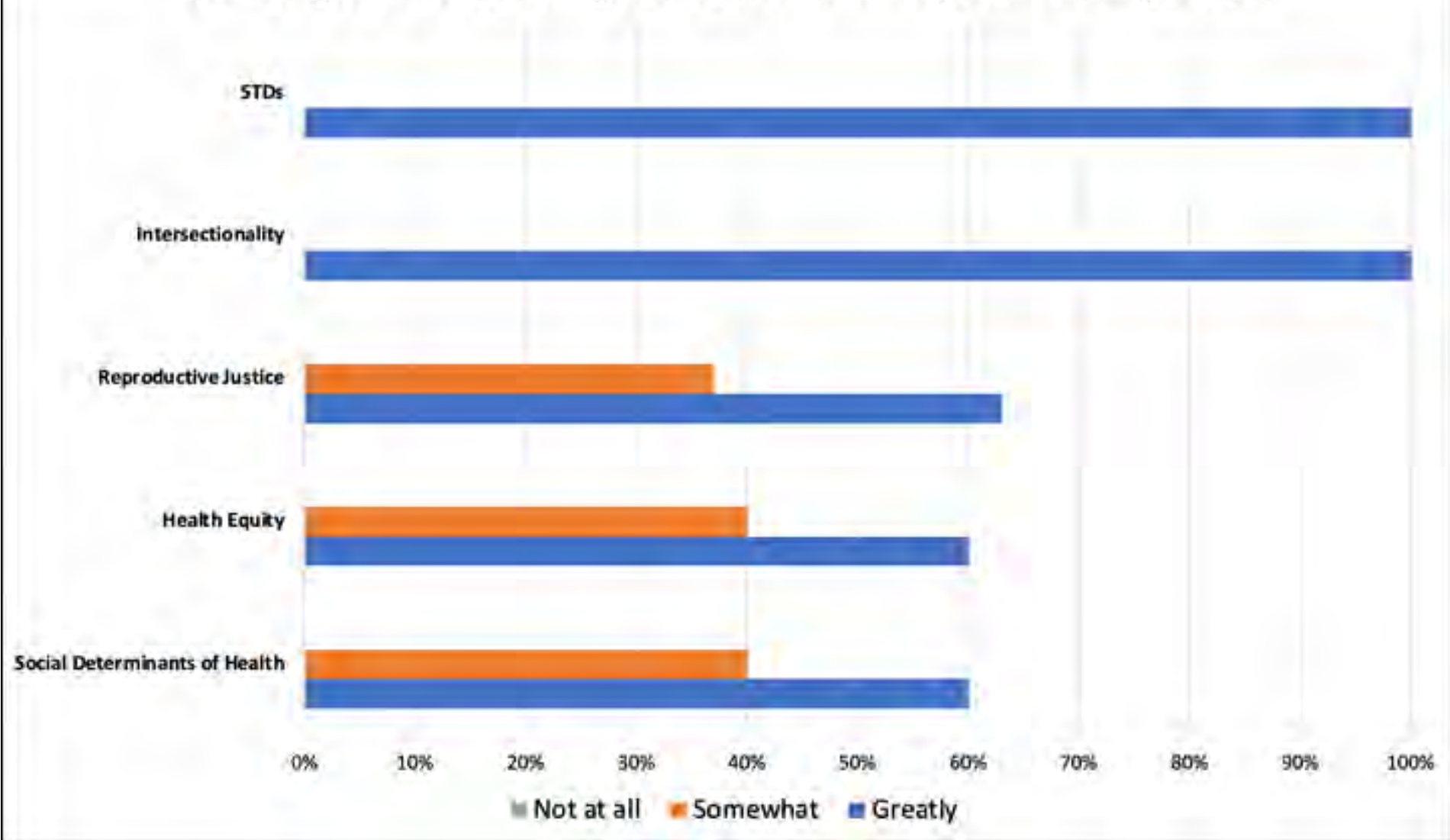
Time	Area	Topic	Objective(s)	Presenter(s)
10 am – 10:15 am			Welcome / Check- In	Lashea Brown, Veronica Montenegro, Bo Herrera
10:15 am – 12:15 pm	Internal	Telling Your Own Story	1. Identify and practice public speaking skills; and 2. Become familiar with trauma-informed approaches to testifying or speaking on an issue.	Michaé de la Cuadra (TransLatin@ Coalition)
12:15 pm – 12:45 pm			LUNCH BREAK	
12:45 pm – 2:45 pm	Internal	Youth-Adult Partnership	1. Define adultism and its intersection with other oppressions; and 2. Explore effective skills for developing and maintaining youth-adult partnerships.	Lakhiyia Hicks (HOMEplxce)
2:45 pm – 2:45 pm			Wrap Up and Evaluation	

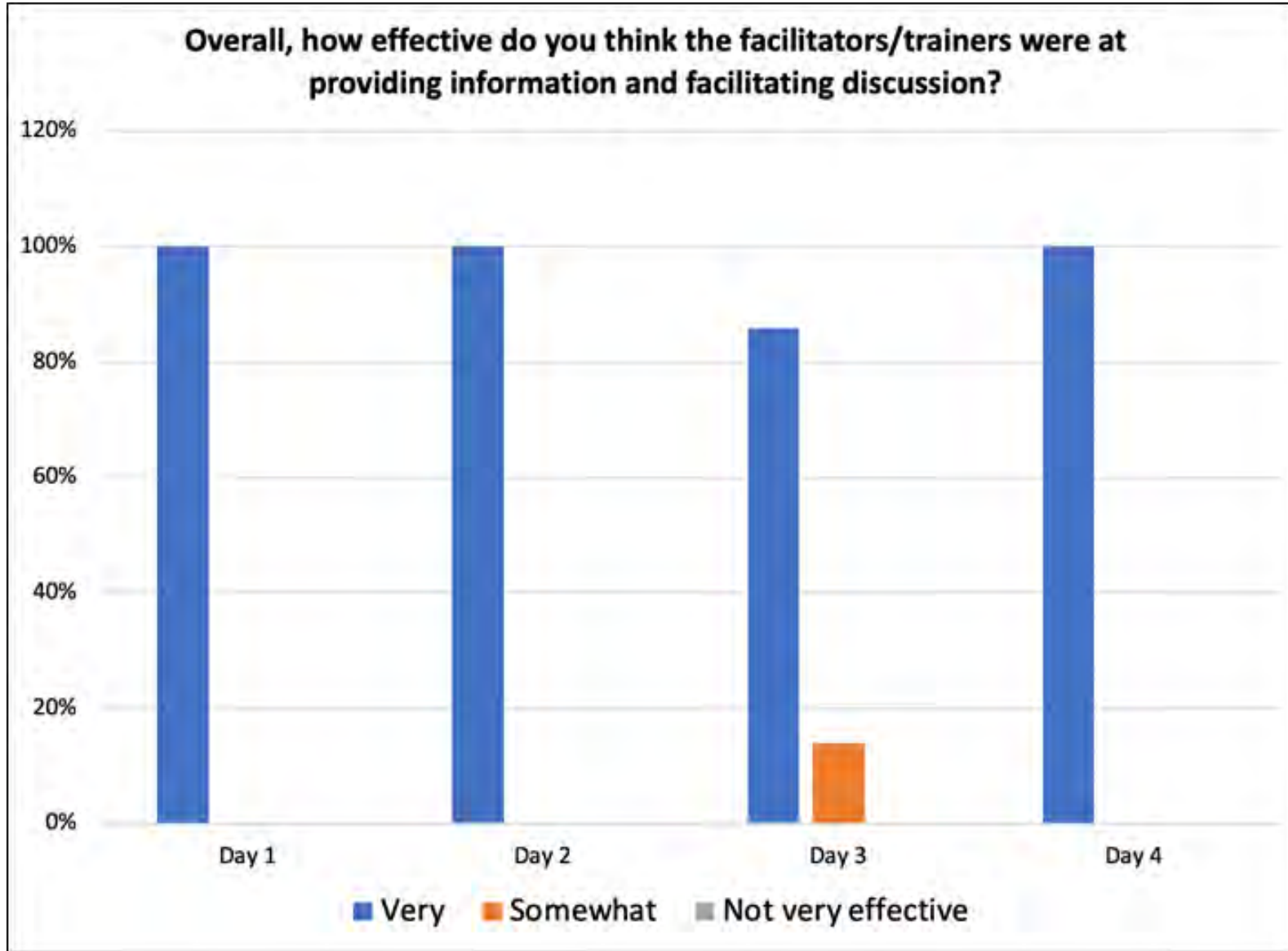
# Evaluations





To what degree did today's training increase your understanding of the following concepts:







## Space for Improvement

"There was nothing that I disliked about the training, but I do hope that everyone learns to use nongendered language, I understand it is the norm, but it does often make me uncomfortable being looped into that."

"There were some triggering moments during this session and a couple of questions presented that were slightly insensitive. I know this was not intentional, maybe just a lack of awareness."

# Potential Training Opportunities

- STD surveillance
- Public Health Ethics
- Governmental Policies and Impact on Access
- Gender, sexual and relationship orientation.
- Describe issues that LGBTQI youth face in a heteronormative society.
- Intimate Partner Violence and Healthy Relationships
- Intersection of Environmental & Reproductive Justice
- Presentation Skills
- Communications
- Social Media as a tool



# Questions and Discussion

# Project Staff Contact Information

## **Veronica Montenegro**

Project Manager

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## **Lashea Brown**

Project Coordinator

Email: [lbrown@chc-inc.org](mailto:lbrown@chc-inc.org)

Phone: 323-451-1970



## Senator Scott Wiener, 11<sup>th</sup> Senate District

### SB 225 –Bodily Autonomy, Dignity and Choice Act

#### SUMMARY

Senate Bill 225 stops medically unnecessary genital surgeries on infants and children under the age of 12 who are born with variations in their physical sex characteristics. The bill exempts procedures required to address an immediate risk of physical harm, does not remove parents or doctors from the medical decision-making process, and only prohibits the surgical procedures listed in the bill.

Under SB 225, decisions about procedures to reduce a clitoris, create a vagina for penetrative sex, remove hormone-making organs, or move a working urinary opening must be delayed until the child is at least 12 years old. This important measure will ensure that people born with variations in their physical sex characteristics, many of whom identify as “intersex,” will not have essential choices about the most intimate parts of their bodies made for them in infancy by parents and doctors when those life-altering decisions could instead be safely delayed. SB 225 will allow families to support their child’s bodily autonomy prior to making irreversible, life-long surgical decisions.

#### BACKGROUND/PROBLEM

Approximately 1-2% of people are born with variations in their genitalia or other physical sex characteristics. Although a small percentage of individuals born with these variations may require immediate surgery — for example, the small number who are born without the ability to pass urine — the vast majority of these variations do not cause any harm that would warrant urgent modification of the genitals or gonads, and most children born with these differences are able to live healthy, rich, fulfilling lives with the support of their families.

Beginning in the mid-twentieth century, however, American physicians began performing non-consensual surgeries on children with variations in their physical sex characteristics to make their bodies conform to social norms. These surgeries, usually performed on infants, have

included reducing the clitoris, creating vaginas for penetrative sex, moving a working urinary opening so that the child can urinate standing up, and removing gonadal tissues that are responsible for hormone production and fertility. A number of doctors continue to perform these irreversible and often harmful procedures in infancy based on gender stereotypes or the speculation that they will help individuals feel more “normal” later in life and avoid shame and social stigma. However, these ideas are not supported by data or research. In fact, many people subjected to these surgeries experience significant distress and anguish. Not only are these surgeries irreversible, but they often result in extreme scarring, chronic pain, chronic incontinence, sterilization, post-traumatic stress disorder, loss of sexual sensation, and the need for additional surgeries to treat complications from the original surgery. These surgeries can also effectively assign a child a gender with which the child ultimately does not identify.

One Stanford-educated urologist explains: “I know intersex women who have never experienced orgasm [and] people who had ... vaginas created that scarred and led to a lifetime of pain during intercourse...the psychological damage caused by intervention is just as staggering, as evidenced by generations of intersex adults dealing with post-traumatic stress disorder, problems with intimacy, and severe depression. Some were even surgically assigned a gender at birth, only to grow up to identify with another gender.”

Mounting evidence suggests that these well-intentioned but misguided infant genital surgeries violate the basic medical injunction to “first, do no harm.” In a letter released June of 2017, three former United States Surgeons General called for an end to involuntary medical procedures on intersex babies and children absent a need to ensure physical health. They wrote, “In the meantime, babies are being born who rely on adults to make decisions in their best interest, and this should mean one thing:

When an individual is born with atypical genitalia that pose no physical risk, treatment should focus not on surgical intervention but on psychosocial and educational support for the family and child.”

Since 2017, there has been a growing professional consensus in support of delaying these procedures rather than rushing to perform them on infants, which is also in line with the recommendations of top human rights organizations and LGBTQ+ advocacy groups. Within the last year, leading pediatric hospitals in the U.S. have begun to institute partial moratoriums on these surgeries on patients who are too young to participate in a meaningful discussion of the implications and risks, including the teaching hospitals of Harvard University and Northwestern. Groups as varied as Human Rights Watch, the World Health Organization, the American Academy of Family Physicians, and the Cato Institute have also condemned the continued performance of these surgeries on young children. Not unlike the victims of LGBT conversion therapy, individuals with variations in their physical sex characteristics living with the results of childhood surgeries often deal for the rest of their lives with the emotional and physical consequences of harmful attempts at the needless “correction” of difference. Original medical literature even promotes these surgeries out of a desire to avoid homosexuality and prevent the development of certain gender identities in individuals born with variations in sex characteristics.

California has a compelling interest in equality, which includes protecting the physical and psychological well-being of children born with variations in their physical sex characteristics. The enactment of legislation is necessary to safeguard their bodily autonomy and to ensure patient-centered care that conforms to best practices in the medical profession regarding decision-making around surgeries to alter these variations.

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### SOLUTION

Not all people born with variations in their physical sex characteristics need or desire the genital or gonadal surgeries that may be recommended or performed on them in infancy. SB 225 prohibits specified surgeries on children under the age of twelve and clarifies the limited exceptions where the

procedures are required to address an immediate risk of physical harm.

SB 225 centers the bodily autonomy of Californians born with variations in their physical sex characteristics. This legislation provides the opportunity for parents to observe their child’s development and perspective on their own body, provides physicians with clearer guidelines, allows children to develop sufficiently to provide their own input, and ultimately serves the goals of the affected community, parents, doctors, and the state of California by reducing preventable harm to children born with variations in their sex characteristics.

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### SUPPORT

- Equality California (co-sponsor)
- interACT: Advocates for Intersex Youth (co-sponsor)
- National Center for Lesbian Rights (co-sponsor)
- ACLU California Action (co-sponsor)

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### FOR MORE INFORMATION

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## **How to Submit Position Letter**

**Create an account with California Advocates:** The California Legislature will only accept letters received through an online portal system called California Advocates.

- Create an account here, if you do not already have one.
- Follow the prompts and fill out the necessary information to set up your account.
- Once you've set up your account please follow the steps below to begin the letter submission process.

**Create a letter of support:** There is a sample letter on the next page for your reference. Please place the content of the sample letter on your own organizational **letterhead**, include a **signature**, and **tailor** as desired to reflect the perspective of your organization and/or why this bill is necessary. Personal stories are important!

**Submit a letter of support:** Once signed into the portal:

- Select the “Submit a Letter” (top left corner).
- Enter the bill number (SB 225) and session type (Regular). Select “Search.”
- Ensure that the proper bill has populated and select “Next.”
- On the “Submit Letter as” page, either select or enter your organization.
- Ensure that “Senate Business, Professions and Economic Development Committee” is selected. This will ensure that the appropriate legislative staffer will receive a copy of your letter. Select “Next.”
- Upload your letter, select “Support” under “Stance,” and enter a subject line.
- You will be prompted to a final “Review Your Submission” page where you can make sure the information you entered is accurate.
- Once you've done so, select “Submit.”

**Help keep the author’s office and sponsors updated** by emailing a copy of your letter directly to the author’s office ([severiano.christian@sen.ca.gov](mailto:severiano.christian@sen.ca.gov)), and to the sponsors ([tami@eqca.org](mailto:tami@eqca.org)).

**You're done!**

The Honorable Scott Wiener  
State Capitol, Room 5100  
Sacramento, CA 95814-4900

**RE: SB 225 (Wiener) – Bodily Autonomy, Dignity, and Choice Act – SUPPORT**

Dear Senator Wiener:

On behalf of [ORGANIZATION], I am writing to express our support for Senate Bill 225, which will prohibit specified surgeries on children born with variations in their physical sex characteristics who are under 12 years old unless required to address an immediate risk of physical harm.

[INSERT SENTENCE OR SHORT PARAGRAPH ABOUT YOUR ORGANIZATION AND/OR YOUR REASONS FOR SUPPORTING SB 225]

Beginning in the mid-twentieth century, American physicians began performing surgeries on infants born with variations in their physical sex characteristics – some of whom later identify with the term “intersex” – to make their bodies conform to stereotypical notions of male or female. These surgeries have included infant vaginoplasties, clitoral reductions, and removal of gonadal tissues that can result in extreme scarring, chronic pain, incontinence, lifelong loss of sexual sensation, sterilization, post-traumatic stress disorder, and surgically cementing an incorrect gender assignment. While a number of doctors continue to perform these irreversible surgeries on infants based on the theory that typical-appearing sex characteristics are necessary for a child’s “normal” psychosocial and gender development, that claim is based on assumptions about how individuals relate to their bodies, and no research supports that claim. All major community-led groups condemn the practice of surgically erasing variations in children’s sex characteristics when performed without centering the input of the individual involved.

Mounting evidence suggests that performing these surgeries on young children’s genital and gonadal variations in the absence of an urgent medical need violate the basic medical injunction to “first, do no harm.” Multiple leading pediatric hospitals are halting these surgeries in recognition of this fact. Not unlike the victims of LGBTQ+ conversion therapy and forced sterilizations, individuals living with the results of these surgeries deal with the harmful emotional and physical consequences of medically unnecessary attempts at “treatment” for the rest of their lives.

SB 225 prohibits specified surgeries on children under the age of 12 except when required to address an immediate risk of physical harm. Prohibiting these non-essential surgeries on children younger than 12 provides the opportunity for Californians born with variations in their physical sex characteristics to participate in important decisions about their bodies while also allowing parents to observe their child’s development and perspective on their own body instead of making a rushed choice in infancy with little information. The bill also provides physicians with clearer guidelines and ultimately serves the goals of the affected community, parents, doctors, and the state of California by reducing preventable harm to children born with variations in their sex characteristics.

[ORGANIZATION] is proud to support SB 225 and hopes the Legislature will take the opportunity to lead the country in supporting children born with variations in their physical sex characteristics and their families.

Sincerely,

[SIGNATURE]  
[NAME]  
[TITLE]  
[ORGANIZATION]



## Assembly Bill No. 2218

### CHAPTER 181

An act to add Division 119 (commencing with Section 150900) to the Health and Safety Code, relating to access to health services.

[Approved by Governor September 26, 2020. Filed with  
Secretary of State September 26, 2020.]

#### legislative counsel's digest

AB 2218, Santiago. Transgender Wellness and Equity Fund.

Existing law establishes an Office of Health Equity in the State Department of Public Health for purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to health equity and protecting vulnerable communities. Existing law requires the office to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified.

This bill would establish the Transgender Wellness and Equity Fund, under the administration of the office, for the purpose of funding grants, upon appropriation by the Legislature, to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares the following:

- (a) At least 218,400 people in California identify as transgender.
- (b) In California, 27 percent, or 796,000, of youth 12 to 17, inclusive, years of age are viewed as gender nonconforming by their peers at school.
- (c) An estimated 1.7 percent of the population is born with intersex traits.
- (d) One in five transgender adults in California have attempted suicide—a rate six times that of the state's adult cisgender population.
- (e) Transgender adults are significantly more likely to report having a disability due to a physical, mental, or emotional condition, 60 percent compared to 27 percent of cisgender adults.
- (f) Transgender adults are more likely to delay or not get needed doctor-prescribed medicine, at a rate of 32 percent compared to 11 percent of cisgender adults.

(g) Transgender, gender nonconforming, and intersex (TGI) people face serious barriers to care. Transgender patients report that the largest barrier to care is a lack of transgender-competent providers.

(h) TGI people's inability to access care paired with a high risk of serious COVID-19 complications has resulted in an urgent need for TGI-competent health care.

SEC. 2. Division 119 (commencing with Section 150900) is added to the Health and Safety Code, to read:

#### DIVISION 119. TRANSGENDER WELLNESS AND EQUITY

150900. (a) The Transgender Wellness and Equity Fund is established in the State Treasury.

(b) The State Department of Public Health's Office of Health Equity shall administer the Transgender Wellness and Equity Fund for purposes of funding grants to create programs, or funding existing programs, focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI).

(c) Upon appropriation by the Legislature, moneys in the Transgender Wellness and Equity Fund may be used to fund grants for the following purposes:

(1) The grants shall be available to TGI-serving organizations for the purpose of increasing the capacity of health care professionals to effectively provide TGI health care and institute TGI-inclusive best practices. This includes the creation of educational materials or facilitation of capacity building trainings.

(2) The grants shall be available to TGI-serving organizations for the purpose of facilitating therapeutic arts programs, such as dancing, painting, or writing.

(3) The grants shall be available to TGI-serving organizations for purposes of assisting, identifying, and referring TGI people to access supportive housing. This includes case management opportunities, financial assistance, and assisting TGI people in receiving and utilizing housing vouchers. If a TGI-serving organization has already implemented a TGI-specific housing program, funding may be utilized to maintain or expand existing housing programs.

(4) The grants shall be available to a hospital, health care clinic, or other medical provider that currently provides gender-affirming health care services, such as hormone therapy or gender reassignment surgery, to continue providing those services, or to a hospital, health care clinic, or other medical provider that will establish a program that offers gender-affirming health care services and has an established relationship with a TGI-serving organization that will lead in establishing the program.

(d) A hospital, health care clinic, or other medical provider that applies for a grant must apply in partnership with a TGI-serving organization and

consult with the TGI-serving organization throughout the process of creating and implementing its trans-inclusive health care program.

(e) This section does not limit or impact payer coverage requirements of health care or other social services.

(f) For purposes of this section, the following definitions apply:

(1) “Health care” means all of the following:

(A) Medical, behavioral, and spiritual care, which includes, but is not limited to, guided meditation and nondenominational therapy.

(B) Therapeutic arts programs, which includes, but is not limited to, dancing, painting, and writing classes.

(C) Services related to substance use disorder or substance abuse.

(D) Supportive housing as a mechanism to support TGI-identified individuals in accessing other social services.

(2) A “TGI-serving organization” is an organization with a mission statement that centers around serving transgender, gender nonconforming, and intersex people, and where at least 65 percent of the clients of the organization are TGI.