

## **LGBTQIA+ Abortion Access & Equity Panel**

**March 2, 2023**

### **Cadence**

I am going to go ahead and kick us off and get started. So my name is Cadence. I use they/them pronouns. I am the community educator at Triangle Community Center. We're an LGBTQ+ focused, nonprofit community center based physically in Norwalk, Connecticut, but we do work all over Fairfield County, Connecticut, sometimes beyond. And I am also a proud board member of The REACH Fund, which is Connecticut's abortion fund. And I will definitely let Gwendolyn say a little bit more about that as well. But I'm so excited to be bringing this webinar this conversation to folks. This is an event that I have wanted to put on for quite a while and I'm so excited that everyone is here. So I will pass it over to lovely panelists to introduce themselves. And I'll just go by who's on my screen first - Ace, do you want to go ahead and introduce yourself?

### **Ace**

First, so my name is Ace Ricker. I have been a public advocate educator for now the last 20 years, I have my own LLC, the acronym ACE: Awareness through Communication and Education, doing professional development, trainings, workshops, and so forth. And I'm happy to be here.

### **Gwendolyn**

Hi, everybody. My name is Gwendolyn Wallace, she/her pronouns are fine. And I'm also here representing The REACH Fund with Cadence, I'm also a board member. REACH stands for Reproductive Equity Access and CHoice and we fund abortions in Connecticut. Right now I'm in grad school in London, studying the history of imperialism and colonialism. But I was born and raised in Connecticut. And right now I'm also calling in from Morocco. So you see this, you know, this funky mood lighting?

### **Kirill**

Hi, my name is Kirill Staklo. I use he/him pronouns. I'm one of the founders of Peer Pride, which is an org that does consulting work around equitable and informed consent based crisis work and peer support work. And in Connecticut, we have a direct service, a series of programs called Trans Haven, which is 100% Trans-run. And we're happy to partner also with The REACH Fund to help abortion and reproductive healthcare providers provide more high-quality services to the trans community and also provide support to trans people who are seeking abortion, reproductive health care services in in Connecticut. So we do a lot of education work around that and peer support work around that as well.

### **Cadence**

Thank you all so much. And so throughout the conversation today, attendees, you have the ability to drop some questions using the q&a feature. So please feel free to do that throughout the conversation today. But I will go ahead and get us

started. So again, panelists, whoever wants to jump in first, however, however we feel as we move through the questions, but the very first question and I know you all share a little bit about this in your introductions, but thinking specifically about abortion access and equity for our LGBTQIA+ community, what brings each of us as panelists to this conversation? So anyone feel free to to take it away?

### **Ace**

I'll start off. For myself as an openly Black trans queer man, I have definitely been someone who has had to navigate conversations with medical providers and been the person that has been tokenized to start the conversations that are very...the lack of knowledge that is out there and to be an immediate resource even when not asked. So really being here on this panel brings about the conversation that really needs to be had, has not been had, and to bring confidence to those who are here to gain knowledge. To then in a sense, really kind of ripple that out in that confidence to bring it to others so that it isn't this taboo conversation where people don't react at all. And with no reaction and no action taken it can be a hindrance to the trans and non binary and queer community.

### **Gwendolyn**

I can hop in next. So I actually got my undergraduate degree in the history of science and medicine and I concentrated in race, gender and the body and so on. I think I've always been really interested in...I think my main academic interest is kind of the invention of race and gender and its connections to colonialism and imperialism. And I think that also something that really transformed me was learning about the organizing of Black queer women in the 80s. And learning about the start of the Reproductive Justice movement, and how Black women and Black gender nonconforming people have truly, you know, been at the forefront of reproductive justice. And so I think that that both for me that academic interest, and of course, a very personal interest in something very near and dear to my heart, as a Black queer woman. And also as a picture book author, I'm thinking about kids a lot, and childhood education and what we should be teaching our kids. I'm really interested in, you know, social justice focused early education as well, and what that looks like when it comes to gender when it comes to sexual education, etc.

### **Kirill**

For me, I have a kind of a similar personal impetus, as are other two panelists, as a biracial, intersex and trans man. I, you know, my own lived experience is very fraught in terms of access to competent care. And then in doing suicidology work in a more in depth way. A lot of a lot of the common ongoing traumas that people report in our communities have to do with medical abuse, and also concurrently often have to do with lack of access to necessary medical care, whether that be gender affirming care, reproductive health care, or anything else. So we have this kind of two prong problem. And with my lived experience, being very fraught with not just you know, incompetent care, but poorly trained doctors and poorly educated doctors, on intersex bodies, on trans bodies, and with the biases and just misinformation that comes with that.

I've felt often similarly to what I was describing being put in a position where I have to advocate for myself and advocate for other people, and educate people that make a lot more money than I do who are supposed to know what they're doing. So I think starting conversations around what is some misinformation around healthcare, especially in these fields, especially for our communities, makes a very big difference.

### **Cadence**

I super appreciate that. I know we have a lot of providers signed up to attend this conversation. So that's, that's really exciting to see. Because we know that that's, that's not something that is the norm, unfortunately, people who even take on that role, unfortunately, even if they want to, or not often trained to care for people with all different kinds of bodies and experiences. So really important part of the conversation.

So again, a little bit more into why is this a conversation we need to have specifically thinking about abortion access and equity as an LGBTQ plus issue. And of course, as you all already brought in is a multi-pronged issue and intersectional issue when we're thinking about individuals and communities of color, thinking about communities and individuals with disabilities and like all of these different intersections, but thinking about why abortion access and equity is an LGBTQ plus issue. Why is this something that we are needing to talk about? Why is this a conversation?

### **Ace**

I think especially navigating spaces where our sex ed is non-existent. And then going into, at least very much of my...starting off in a very predominantly white community in Shelton, Connecticut. I'm adopted. So born in DR, raised by two white individuals, and had no conversations on race, let alone sex and navigating conversations already feeling ostracized and different. I was just closed off and not having the ability to talk to individuals on how I identified and immediately being put into certain conversations where, when puberty hits, you're separated into two different rooms and you hope for the best. And then that information that's even disclosed, at least when I had that material given to me, was very diluted. It brought more questions and confusion. To then go into a world to not be given any more information, to go into college in particular where you're exploring yourself. And often times that goes into sexually exploring yourself as well. And I found with the lack of information at points, I was putting myself at risk, that I wasn't even acknowledging at points. I was fortunate to work with different organizations that I was able to obtain that material.

But at a younger age, like I started my advocacy work with Planned Parenthood. And I remember marching on Washington, and being pulled aside by a cis white man, being like, this doesn't pertain to you - seeing me as another guy. I'm like, Hold on, wait, this isn't just a CIS type of conversation, not just for cis women. But this expands outside of just the small, very concentrated group. And the conversations haven't emanated where I was in a high-risk situation that I didn't consent to. And I needed resources, and navigating while in college, navigating the clinic (I went to UConn) and they definitely had

more knowledge than other spaces. But still, as a trans man going in there, depending on the staff, they're more educated, not as educated, it was me walking alone. It felt like glass tiles hoping none of them break.

And when you're already highly anxious, highly stressed out, because of the situation you're dealing with, I felt that my accessibility should have been a lot easier, especially when like, this is your job. And I'm the one having to navigate this conversation for you when I'm hoping you take the reins, because I'm the ignorant one. And that's where the conversation really needs to be brought, especially the accessibility because there isn't that accessibility. And walking into spaces, I already have fear. I have been physically attacked, verbally attacked. So now giving someone power to provide or not provide me access to something that is critical, just escalates that tenfold.

### **Gwendolyn**

I definitely resonate with a lot of what Ace is saying and I think, you know, as a queer Black woman, I definitely understand that feeling of fear, just even going into a doctor's office. You know, even like before the encounter even happens, you know, there's a kind of, you have to go through those questions of will I be listened to, you know. You have to do your own research before you even meet the provider in a space where, you know, you might have to advocate for yourself and your needs.

I think, in terms of why this is an important conversation to have, I can talk a little bit about kind of my background, and you know, what I mean when I say Reproductive Justice, right. Because I think that's, that's so important. And I follow, you know, the lineage of Black women who invented the term Reproductive Justice in 1994. And when they said that there were three tenants, and the first tenant is that we all have the right to have kids in the way that we choose. Tenant number two is we all have the right to not have kids in the way that we choose. And tenant number three is we all have the right to raise the kids that we would like to have in safe and healthy communities and in the ways that we choose. And so I think that as somebody who has been involved in so much, so many different reproductive, you know, pro-abortion spaces, that still think that the issue begins and ends with maybe abortion or begins and ends with, you know, being able to have, you know, sexual exams.

And I think that for me, what I think and why I love speaking about Reproductive Justice is because I think it makes room for so many different experiences, right? And if I can't be safe in my community, if I can't raise queer and trans kids, in my community, that's a Reproductive Justice issue. Right? If I'm afraid that my kids will be the victims of police brutality, that's a Reproductive Justice issue. And I think that for me, especially following this lineage of Black women, Black feminism, especially, I'm constantly asking myself the question and any organizing space out and about: how can we center the most marginalized people here? What does that look like? Who are they? And how can we do that effectively as a group, and you know, that isn't by any means, you know, The Oppression Olympics to say. That isn't pitting marginalized groups against each other to say that we're not all going to get free unless the most marginalized among us get free.

And I think especially in pro-abortion spaces, right, the most marginalized is not the straight woman, you know, with the pink hat. And so, to me, I'm thinking when I go into these spaces of who's the most marginalized, you know, and understanding that Black trans safety is a top priority, right, and at least in my Reproductive Justice conversations. And so that's why this conversation is really important to me. Yeah, I just I think it's so important. And we there's so many, there's a web of issues, right. It's not just one issue here. And we need to acknowledge that without just using straight women, as the face of that.

### **Kirill**

Yeah, I mean, everything, you know, everything everyone already said, I think to add an additional component. We get asked this question a lot around like, why, you know, why are these things important in their interconnectedness? And I think it's important for us to ask back, why is that even a question in the first place? Right? And the reason why part of the reason why it's a question in the first place is because the way that attacks on bodily autonomy happen. One of the ways that they happen is by dividing up bodily autonomy into falsely artificially disparate things, right? Bodily autonomy, for access to reproductive health care, bodily autonomy for access to gender affirming health care, bodily autonomy when it comes to walking down the street safely, bodily autonomy when it comes to being able to have autonomy over what kind of care happens to you, and bodily autonomy over being able to tell the world who you are. And being believed, and being affirmed in that all of those things are the same issue. And the target of, you know, individuals, institutions, and systems that try to attack any kind of bodily autonomy is all of those things, because they're all part of one thing, right?

So it's, to me, it's a symptom of, you know, anti-choice, anti-trans, anti-liberation systems, having their foot in the door, in our movements, when we talk about abortion and trans rights as two separate things. You can't you can't have one without the other because they're both issues of bodily autonomy. And we can't allow for movements to be like, Oh, well, you know, I'm focusing on this right now. You can't just focus on this right now.

To the other point, right. Why is this important? Because within systems providing care, right, even once we're able to access them, just like our other panelists said, there's a lot of risk in place for people. There is a reason why statistically, hospitals are one of the places that trans people are most likely to be sexually assaulted. Right? There is a reason why so many people of color, especially Black people die, because they were misdiagnosed or because their concerns were ignored, or anything like that. There's so many reasons why trans people either die or develop health complications, because people don't know what to do with trans bodies. The same thing happens for intersex people, right? There's so many risks that are in place, that our communities often form this protective shell, where we say we need to think two times, three times, four times before we're even going to go see your doctor. I'm going to ask a community member about something that's going on for me with my health care a lot of the time before I ask a doctor, because for me to find a non-

racist, non-xenophobic, non-transphobic, and intersex competent doctor is like finding a needle in a haystack. It's very, very difficult. And a lot of marginalized and oppressed communities have the same experience.

So in order to build that trust, and be able to provide those competent services, we need to see these issues as one in the same and we need to see providers being really committed to understanding we were educated incorrectly about how people's bodies work. We were educated incorrectly around what people need, and for our movements to really, really take that seriously. You know, right now we're seeing a shift in how people talk about reproductive health care and abortion. You know, you might see things like, God, what I did see recently, it was like women and "menstruators," right, which is like it sounds like a profession. Very, very strange, right? Like we're going to gender, you know, we're going to create this one gender category and also like this weird awkward other thing, right? There's a very big discomfort around saying men and non-binary people get abortions. I very rarely hear people say...there's always some kind of qualifier, right, we need to be very, very open about this. And that's why I think conversations around this and conversations about...I like to use the term accuracy rather than inclusivity. Because anything that you hear that's not inclusive is inaccurate information. We need to get each other up to speed in order to have a really strong movement around the stuff.

#### **Cadence**

Yeah, that's it. Yeah. Y'all making me think so many things and things are running through my head about even, you know, the simplest things around like language, right. And that was one of the things that drew me to REACH in the first place is, especially after the overturn of Roe v. Wade, I think so many people who I would trust it to know better saying "women, women, women, women, women, women", over and over and over again. And even when people say those things, you know, they're not thinking about trans women or non-binary people or women of color, or women with disabilities or, you know, anybody there but a specific set kind of person. And we are all harmed when we decide that that's who we're talking about only. And that's the case. And I really appreciate bringing in that conversation even about accuracy, because so many times we're having these conversations, and we're not being inclusive. I think you're right, it is about accuracy, because we're not talking about the realities of the world around us and other people, when we think of it is like just a checkbox, there's like, No, it's not even correct, to think about things in that way.

So, and again, I think you have already shared a lot about this. But potentially, if we want to say more about, what are those barriers that we see a lot of the time that LGBTQIA+ communities and individuals face when it comes to accessing abortion care, and also healthcare in general? And again, specifics, when it comes to trans and intersex and all gender diverse people, because it is also important to talk about those specifics. When we're thinking about this topic. I'm thinking about healthcare and abortion care, kind of wants to say any more about those barriers and what that looks like.

#### **Ace**

So I started off specially just in general for health care, when I have to call in and give my information to somebody or ask questions. Oftentimes, sometimes that will lead into providing a stranger on the other line information that often times will out me. Or, I'll have on some of the documentation, I'll have my dead name. And I have learned to navigate that, but also have been very cautious in regards because that can also be weaponized against me and has been weaponized in the past in a healthcare facility, because you, you have all this staff who sees pieces of your medical records. And all the staff have not been trained at the same level of being adequate with understanding the diversity of their clients, how the different terminology that's out there, how to have general conversations, or to even navigate conversation. And oftentimes, information that is being disclosed to a medical provider may be disclosed to a medical writer privately, and only to their medical provider.

And I personally, at one point before changing my name, before fully being out as trans, disclosed it to my previous medical provider, which then felt the need to tell everyone in that medical facility like oh, we have a trans individual. And it wasn't disclosed that everyone in this facility now knew that I was trans until people were trying to navigate in rescreening of pronouns and have me be an educator. I was like, okay, clearly my information has been spread around. But often times, that information for someone who just cautiously going in to have a conversation that then is emanated through the entire staff, you have lost the trust of that person that's never gonna come back. As well as that person has lost the trust of every medical provider they go to, again, that their relationship with any type of health care wrapped around it has already been wavered and cracked.

And so, like what was echoed throughout this conversation is that we're all right, we're going into conversations with these threats with these risks. And having this power dynamic where we may not receive any care, or inappropriate actions towards us, really then starts at the beginning, every single person, whether it's the physician, or the person, just checking somebody in, they all need to have adequate training, they all should have the understanding of even just the general documentation. Like, oh, if this individual comes in, and they use a different name that's specifically listed there, everyone should know how that documentation looks like. And where they should look for the accuracy of what they should be addressing the client has, what pronouns they should be using, because I've also they've, some systems have updated and change the way their documents are being displayed on their screens. And I'll notice the staff that are newer trying to like, Wait, is it this name or that like...so they have an understanding of it. But then now I'm having to teach again. I go in to be the patient, and I am now in a place of being an educator.

And I, I like doing that. But I don't want to always have to immediately turn that switch on. And that can be everything from just the acknowledgement of documentation to the pronouns that get displayed on badges, or, or, because just a rainbow sticker doesn't say you're inclusive, just the statement saying, Welcome all, whether it's in health care or not, doesn't mean you're inclusive. And it's very oftentimes, like was stated, we go to our friends to hear what spaces are safe. Because I've gone into spaces, whether it's religious spaces, whether it's corporate spaces, whether it's dentist spaces, like whatever

space you may be in, they might have, oh, we're safe space, or welcome all in the ad. And they have this like, fully inclusive dialogue, that is not even close to what they actually are promoting and presenting. And that's where we as individuals come coming into your office, we don't come into your office, because the adequate trainings, you don't you can't do this one training and be like that we've done Trans 101 for medical like, it's as, as I say, I'm a Life learner. I do this as a career, but I can clearly see the evolution of terminology, the growth and expansion of the needs that the LGBTQ plus community need, and the stuff I need to gain more knowledge on. So that there's not a stopping point for all of us, whether it's based on queer medical understanding, or anything else. And I think that it's like, oh, we finished college, and now we're educated like, it stops. And I think that's a big thing that we need to keep echoing out there and reiterating is that we need to continually train we need to continue to continually inform, and make sure that everyone feels confident in the materials and structures of facility, especially at every single level, from the person who's answering the phones to the person who's checking you in. So the person who's checking your blood pressure before the doctor comes in, like everyone should have some understanding, and then re like reiterate that the next year to make sure that everyone still has that understanding, and what has evolved or has grown in knowledge.

### **Gwendolyn**

I'm actually really enjoying this rotation because I feel like every time Ace speaks little light bulbs go off. And I'm like, okay, I have to add that I have to add that. But anyway, I was thinking about, you know, a lot of what you said and something I spent a lot of time thinking about, right, is that obviously proper medical training is so important. But it's also it's also not enough in that, right? Like I look at the history of the way that the US healthcare system has failed, and continues to fail, LGBTQ+ people, right, and I think a really important turning point for me is seeing these systems not as failing, but as succeeding in targeting the bodily autonomy of all marginalized people. Because of course, all of these barriers only increase when you add racism when you add classism when you add all kinds of barriers. And so these are systems that are working against us.

You know, even if we are having, you know, this isn't just a matter of homophobic or transphobic doctors, right, this is a matter of a homophobic and transphobic system that time and time again, has been shown wants to kill LGBTQ plus people. And you know, there's an endless list, you know that I could there's an endless list of barriers that would take this entire resume to even talk about, but some that come to mind, just when he was telling his stories, right is one, the fragmentation of healthcare services is unnecessary, harmful. And just totally, again, it's just not, it's just not accurate, right. And it just simply does not need to be that way that often LGBTQ plus services are separated from sexual health services, or sexual health and reproductive health services. I know when I you know, need to go get a pap smear something I go to a building called a women's center. That's just that's simply not accurate. Right? That's, that's wrong. Or even that so many doctors need to be in communication about your care, right, that things slip through the cracks, that you might have to go to a primary care physician, and then need to go to a sexual health physician, and then need to go somewhere else to get your blood drawn, and then need to go to the pharmacy. And these systems are not in communication, and they're not



connected. And the information that you're sharing with one is not shared with the other. And this is a very fragmented healthcare system that directly is targeting and most affecting LGBTQ plus people. So that's just one thing I can think of is the very way that the healthcare system set up, is set up is already out to destroy bodily autonomy of the most marginalized people.

And then another thing I think of as insurance, right, which people often don't see as part of the healthcare system, but LGBTQ plus people are more likely to be uninsured. And also, right insurance is based on categories. And often non binary or gender non conforming is not one of those categories. So if you don't, you know, fall into the category. You know, if you're talking to your insurance company, and they see something, and they don't think that you qualify for men's care, or women's care, that service is not being covered for you. Right, and that means you are not getting the health care that you deserve, and that you need. So I think, you know, as much as is important to talk about how individual doctors and nurses and hospital staff are treating patients, we also need to understand that these are systemic issues, that won't just change with proper training, because the systems are already working at every step to destroy bodily autonomy. And so when we think of fighting this, we think of fighting systems, right, and not just beliefs in individuals.

#### **Kirill**

Yeah. What, you know, again, what everyone said. I think that, gosh, I'm definitely, you know, definitely to your point, Gwendolyn, the fragmentation and the inaccessibility is. So first off, I just like maybe this is a sad thing. Maybe this is like something something happy. I'm not from the US originally. This is not normal. This is something that is very, like much cultivated here. You know, some other places you see similar things, but like, the US healthcare system is abnormally wild when it comes to how it treats people and how many loops it makes people jump through, right. So just like starting off with that. The other thing is there, you know, kind of like what y'all alluded to, you know, there are issues with lack of accurate knowledge. There's issues with lack of appropriate conduct. There is also a major issue of lack of enforceability of any of that. I, I don't, I I've had I've had very, very few experiences relayed to me of people. And this especially becomes impossible for trans people who live in poverty, which is a very large percentage of us, of people who have experienced discriminatory treatment, or had harm done to them in a in a medical setting, and were able to have any kind of recourse. So there's right we can say like, oh, yeah, we're going to train people and like, we do this all the time, right? Like we're all educators here. We all do this kind of stuff. We can come in and be like, this is the best practices. This is what you're supposed to do. When I train people I try to bring in you know, like this is this is what the law says, but the enforceability of it is absent. And a big part of that is that fragmentation that you were talking about Gwendolyn where it's very, very difficult to you know, make something work. On a universal level when it's not built to work on a universal level, and is built to be as inaccessible as possible and as fragmented as possible, right? You know, when healthcare is for profit, you see these kinds of problems.

But I mean, some examples, right? If people are looking for examples of barriers that people face, in terms of specifics, you brought up the insurance issue, that's a big one, you know, there had to be a fight, in order for people to not be excluded from coverage for certain things because of their gender marker. There used to be and you know, there's still people that are afraid to change their gender marker, because they're afraid they're not going to be able to access, you know, the health care that they need, which is disgusting, right? Like, shouldn't have to rely on insurance in the first place. But anyway, other things are like, the breadth of what doctors are allowed to do and tell people in the first place, the number of trigger warnings, the number of trans youth that I've heard, including in the state of Connecticut, who are told by their physician that they needed an invasive and very inappropriate genital exam before they were they would be able to be put on blockers. And this is not medically necessary whatsoever. This was a doctor being inappropriate with children. And these children don't know better. They're like, Oh, yeah, my doctor told me this has to happen. This type of thing happens to trans people all the time. I've heard trans adults being told that invasive, completely inappropriate things that constitute sexual assault need to happen to them in order for them to access care. They need to you know, disclose information about themselves and describe their bodies in detail. In order to access care, intersex genital mutilation for intersex infants is legal across the United States, there is not a state that bans a California, you know, recommends against it, New York recommends against it, it is legal across the United States, you can mutilate an intersex infant at birth. There's a lot of things, right. So we can talk about training, we need to do training. But we also need to talk about what the actual system permits people to do and encourages people to do.

When I went to college, I was taught about the false sex binary, you know, not that it was false. I was taught on that basis. And I was literally told that, you know, in a classroom, that people like myself, are an anomaly and a disorder. And that, you know, they don't count. You know, and there's, there's things like that all the time. And we, in our position, having done work within our communities, and having talked to a lot of people and educated a lot of people, and all of that, you know, maybe we're a little bit more comfortable doing that for ourselves. But the vast majority of our community are not able to do that. They will go in, they will hear something, and they'll be like, I'm not coming back here again, because this made me not want to be anywhere anymore. Right?

And then the last example that I want to give is specific, like, one of the things that I've been encountering with talking to actually abortion providers in Connecticut is that there are additional steps that are put in place. If somebody says that they don't mention it. In order to access abortion, one of those things, surprise, surprise, for a lot of for a lot of people accessing abortion care is an invasive, you know, tested invasive exam, an internal ultrasound. So you have a trans man, potentially somebody who has experienced something extremely traumatizing, like an assault, being told that, you know, potentially this is somebody with very bad body dysphoria around this entire experience being told that in order to access this care, you need to because you do not have a menstrual cycle, you need to go through this extremely traumatizing thing as well. And not one of the abortion providers that I talked to said we have an explicit policy of just asking people do you know when you got pregnant? They asked when was your last menstrual cycle? And we have to teach our community members

to say, you know, I know approximately when I got pregnant, but people don't know that. Right? So they're put through additional hoops. And this affects a lot of people it affects, you know, not just trans people, affects intersex people and affects people with any kind of hormone imbalance. So anything like that. Systems are not built for us.

### **Cadence**

And I think it just adds such an important piece to the conversation even bringing up intersex individuals and intersex community, right, even thinking about all of these bills that are being passed are trying to be passed, especially thinking about gender affirming care for young people. So many of those bills literally have passed versions that say, intersex mutilation is allowed, just not gender affirming surgery, that is the choice of a young person. Like literally so many of them have provisions to say things like that. So it's literally just another piece of this idea of like all of these interconnections of bodily autonomy, right? If you care about choice, if you are pro abortion, and you are not educated around the things that gender diverse people need, if you are not invested in disrupting white supremacy, if you are not invested in disrupting ableism, and disability and justices, if you are not invested in mutual aid and supporting low-income people in your own communities, you again, are just so fragmented in where you are, and thinking about moving things forward.

And oftentimes, especially as an educator, I'm trying to frame it in a way that is not going to be overwhelming for people, some of them think it needs to be overwhelming for you to get the idea of, like, why you need to care. Sometimes I think that's okay. But another piece that I always try to throw in is like, if you were approaching this with an intersectional perspective, and you have expertise, or the ability to chip away at one piece, you can think about it as chipping away at all of it. And that's how I tried to frame it in a positive way. I don't always feel the most positive about it. I work on that a lot. But I think that's another way to frame it for folks, as well as like, you get you don't get to just care about one piece of it. Because that's not again, reality and accuracy as part of this conversation.

So, thinking specifically about Connecticut, and what we got going on here, if anyone wants to add anything thinking about what is unique about Connecticut when it comes to abortion access, reproductive health care, as well as LGBTQI plus justice and rights, thinking specifically about our state.

### **Gwendolyn**

Something I was thinking about, because we were talking about it as an organization and outreach, right, is how often people say to us, well, abortion is legal in Connecticut. So, what what's the point? Right, what's the issue? And I think like Cadence was just saying, that shows a lack of people's desire to care about more than one piece of that puzzle. And I think that, especially for those of us who are most marginalized, right, I think Black women, trans people have heard time and time again: Oh, well, your issues are a little bit too complicated. You know, let us let us get abortions for white cis women, and then we'll get to you, then we'll get to all of your issues. You know, and we've seen that with quite literally every social group that we stood up with voting, with white racial justice, we've seen this with health care and health organizing, right?

Is it always the most marginalized people? It's a little too complicated, you know, we'll do the most important stuff, and then we'll get to that. But the fact of the matter is they never get, and they don't intend to.

And so I think that, right, it's such it's already like a little red flag in my head, where people are like, Oh, well, why do you need, you know, an abortion funding Connecticut. And it's like, because there are poor people in Connecticut, because there are still access issues. Because just having abortion be legal does not mean that is accessible, does not mean that is an option for everybody, and does not mean that everybody is educated on their options. And so, I think that's just something that I didn't even realize, I didn't even realize the true depth of that issue until I kind of joined REACH. And that was the reaction of so many people like, Connecticut is not a state that needs help, that needs this, and how much that shows who they think needs help, and who they think is deserving of the help now. Which again, shows me that it's not people like and if it's not me, then it's certainly not Black trans people.

### **Ace**

And that's where I'm kind of...to continue on that conversation is, if we don't have confidence in being able to talk it out with a provider, we're not going to be able to have confidence with ourselves navigating the ability to say, Hey, these are things we actually need, because we're never taught that, you know, we should take care of our bodies. There are certain things that we have never been taught. They're like, things we should check up on, or we've been taught to be scared about them. So like pap smears for one of those things. I remember the first time I had to go for a pap smear, I would talk with a large group of people that were cis women that were my friends. And they were like, I've never gone for a pap smear. Or like, I don't, I don't know, I don't know much about like, I was trying to be so ready to go in to have information. And I couldn't, I could barely find it. And the internet, you can look up a bunch of stuff, but you're gonna have 100 different answers. And you're gonna go in there more confused than ever. And navigating those conversations with people who I assumed already have the access, because this is the community that is the only focus of this access in this care, yet. I couldn't get that information.

And on top of it with just like anyone else, it's not one glove fits all, one size fits all type of dynamic. Everyone on this panel, everyone outside of this panel has their own story about how they're navigating. Their bodies will access they are looking for. And for me, I haven't changed my gender marker, big reason I haven't changed my gender markers because of codes like what's going on with saying, I go in for a pap smear. And I have an M on my license, the insurance and on all my documentation. They're going to, why is this dude getting a Pap smear, like, denied, then I have to talk to like every single person like, so yes, I'm a trans man, I was born a woman. I have a vagina. Now I'm just having to talk to random strangers to advocate for myself, which I shouldn't have to do. And it's, it's not even I know that there have been some physicians that have said, well, I can't even get to the critical conversations because I'm like, tiptoeing. I'm like, I can't, if there's no real like confidence even going in, like, hey, like visible pronouns, any type of thing that says, I'm open, I might not be entirely knowledgeable of the queer community and the terminology. Other individuals who are like, well, do they know even about

pronouns? Like, I may use someone who's non binary, well, am I going to even be comfortable to use they/them pronouns in this space, let alone talk about me physically in this space, to be able to be confident to have questions and actually have a dialogue.

Usually, I have some individuals who will come to me, that will be like, Okay, I'm going for a Pap smear, what do I have to be ready for? And like, going through scenarios, because it's already overwhelming. And if we're already overwhelmed at the front desk, where we just were dead named, or they're confused about our charts, how are we going to be able to step foot and say, Yeah, I need to get pap smear. Or I was, I had sex with three different partners, because I'm polyamorous, that's a whole other thing is that we still have the monogamous dynamic where you only have one partner. And if you have multiple partners, well, that might be problematic. And people then start talking about that being taboo and judging you on those spaces. And not having even just the forefront conversation of just being like, okay, there are different bodies, there are different identities, there are different. There's different ways, like, as a trans man, I go into a conversation, oftentimes not saying I'm trans, because it becomes an educational piece. They're like, wow, I didn't think I knew any trans people, because you don't look trans. And I'm like, what does that what does that even mean? Like, what is it? Like, I pay taxes? I have a mortgage, like, what? There's these very outlandish, these images that just need to be just closed down in a lot of ways. And, and having these individuals here are starting the conversation to continue the conversation. And that's where we need to go.

### **Kirill**

Thank you. Yeah, I don't have a whole lot. Again, I'll find things to say. No, I'm getting, I think, right, going back to Connecticut specific things. So I can't speak to this quite as much for reproductive health care. I think it would extrapolate to reproductive health care, but I will say for all other health care access, things that I've done advocacy around and we've seen issues around. So Connecticut is a state that's a lot like the churches and the, the institutions and the schools and stuff that Ace described earlier, where the state really likes to stick a rainbow sticker on itself, and be like, we're good. This is our identity that like, we're good. And like it's really not good. It's just like not absolute, like horrific atrocities happening right, in a public way in terms of the state announcing it.

But for example, right, Connecticut Medicaid recently had to backpedal something that they did, where they very quietly changed the requirements for somebody to access top surgery. Did not like announce this anywhere. It was in the legalese of their policy very, very quietly done. Um, that made it like near impossible to get top surgery, definitely made it impossible to get top surgery, if you're, and I specifically I'm talking about just masculinization mastectomy. But it would also translate over into breast augmentation. But it was it specifically banned anybody under the age of 18 from getting top surgery. It also required multiple additional letters, one of which, being from a Ph. D. who is qualified to diagnose psychiatric comorbidities, specifically a PhD, they specified that they didn't say somebody with any doctor, they say PhD, so that like narrows the field down even more, right. And they did this very quietly.

And so what I see happen a lot in our state is attacks on marginalized people attacks on vulnerable communities don't happen in the loud ways that we see it happen in other states that proudly proclaim transphobia and homophobia and racism to be a big part of their identity. And like, this is a we are blah, blah, blah. This is who Connecticut is to that they do very quietly. So as a result, advocates, community members, anybody who might be impacted by this has to watch this microscopic crap very, very closely. And we're very glad that a group of Progressive Mental Health Professionals caught this, who are you know, who are paneled with Medicaid? And they were like, What is this like we write, we write letters for people for top surgery, why are there all these additional things and people started digging. And there was a month long advocacy campaign of people badgering elected officials and badgering Medicaid, and being like, what is going on here, this is completely not appropriate, and they walked it back. But people are still experiencing barriers. And they did an analogous thing for facial feminization surgery.

So you see this type of issue manifesting in a lot of different ways, not just with policy, but like, with anything, right? If you go for mental health, right? If you go on Psychology Today, like the vast majority of providers in Connecticut are gonna say that they have like LGBTQ as some kind of competency, when they've never met a trans person that they know of, and definitely don't know how to, you know, support somebody adequately, right. And you wouldn't know that because you expect this type of information to be accurate, right? You expect people to be accurate about their competencies. But what they're actually doing is, you know, slapping a rainbow sticker on themselves and being like, you know, this is a population that I don't overtly have a problem with, even if you do, actually. But it's unpopular to say that in Connecticut, so the issues that we see are very, they're very subtle, they are not loudly proclaimed, they're things that we have to dig for. They're things that we as communities know, are happening all the time. But because there isn't that loud proclamation of this kind of things, we have to like often be told, like, why are you know, why are you yelling about this? You're so lucky, you're in Connecticut, it's a much better place to be. When here we have a very, very high rate of LGBTQ youth homelessness, we have a very high rates of trans people not being able to access housing. We have a very high rate of people not being able to access adequate health care. But we're always told that in Connecticut, you should feel like you're lucky. And that's just you know, that's not accurate again.

### **Cadence**

Yeah. And again, stepping on those rainbow stickers, who are people thinking about when they're slapping on those rainbow stickers? A lot of times cisgender white folks, right? All of that stuff as well is huge. And it's funny, it's, I've been back in in Connecticut for two years. I grew up in New Hampshire, but I before this, I was down in Mississippi for three years working at the University of Mississippi. And many people are a lot more blatant about a lot of their hate and cruelty and it's just kind of done in a different way and it's something I've had to really like, relearn what it's like honestly, moving back up to New England of like, all of the little things people, quote unquote little things that people try to get away with here because again, we're doing good. And it just, not only does it ignore and villainize, like people who live in other areas of the

country like, I don't know about y'all, but saying you don't care about those people is not a flex to me. No, no, that's not how that works it and to ignore all of the people who live there and are doing incredible work and like fighting like that, it's just so wrong.

And it's something I truly have had to get really accustomed to and learn how to kind of move around and communicate around. A lot of it is calling it out directly of like, we don't get to pretend we don't got stuff going on here we share we share don't, especially when it comes to racism, like the stuff that fellow white people will like, lean in and say to me, I'm like, Ah, no, no, no, no, no, not doing it.

So I'm looking at time here. And I think the last kind of set question I had was how do we have conversations about abortion access and equity, and inclusive and intersectional ways? And I think we've said a lot about that. I want to note that some of the questions that we had sent in for folks who signed up, we had a lot of questions about things like advanced provision abortion pills, the potential ban of mifepristone, and we're seeing, as well as more path about more about securing abortion as a federal right again. And I will just say those are all important parts of the conversation. But again, our goal for this specific panel was to think specifically from a reproductive justice framework, rather than a reproductive rights framework, which is really just concerned with the law and legality. And again, that is an important part of the conversation. But it's not the only part. Because it again ignores things like equity access and choice. So that was the framework we were focusing on today. So additional resources will be going out after this this conversation. So I'll be able to share more about that. So again, looking at the questions that we had sent in, especially because we've talked so much, and folks, you all supported such like good context about the medical system, and what that can really look like. I'd love to ask like, what are some good things that providers can be doing? What are some positive things, again, especially working within a system that is not set up for providers to be able to provide the care that even they want to be providing, but love to hear what are some things that providers health care providers can be doing to fight against that system and provide accurate care? I know, this is the first time in my life that I've had, specifically an LGBT care, LGBTQ plus primary care physician. And it's like the best thing ever. Like I literally like I will go every week if you want me to come every week. So I'd love to hear some more some things, what can providers be doing? What are some positives? What are some things that folks can do in their day to day to fight against these systems that don't serve any of us?

### **Ace**

The biggest things at the location I go to is even before they when they buzz me in, they ask who it is they don't say, Oh, are you so and so. So I then state my name. But then when going up to the counter to check in before anything else is asked they say is any of your information changed? Now, when they're saying this, this is pronouns? This is my name, this is anything before they openly state something because it's a waiting room and like you're as close to the glass as possible. Tell other people around, it has been something very positive. It's like, is there anything on this outside of your insurance and stuff that you would like me to change prior to your checkup? So that it's not the response of like, Oh, my pronouns

have changed, or oh, I've changed my name, I would like to be addressed as such. Because it very much so can do this trickle down effect if that name that you do not use anymore is used, and then someone else is using it because they just hear them using it, and so forth. So that's something at least I have found, especially with also just documentation, there shouldn't just be an M and an F, and I still see a ton of it and there shouldn't just be an other. It doesn't just fill in the blank for everything else. You should have the option to write in. Have an option for multiple lines for an individual to write in information and yes, like there is legal base stuff but there's also information that you can obtain from your client, from your patient, from the individual you are serving, that will bring confidence to whatever conversation whether it's in the medical field itself, or just navigating conversations in general to really have the writer have more information that you can even ask for, and have the ability to say, okay, so we have have not just an M and F box, it also informs them that we have built some, and acquired some knowledge that there's not just this by an airy and so forth. So really looking at the documentation and the way you market yourself without just a random rainbow sticker.

### **Gwendolyn**

Yeah, I think absolutely, yes. Yes. To all of that. And I think that, you know, I think Ace was talking about earlier, right? You're saying that, you know, often when providers hear this, I think anyone who's not from a marginalized group hears people from a marginalized group speak, and there isn't a sense of like, oh, I don't want to tiptoe around these things. You know, it makes me scared to have this conversation. I think what I always tell people is like, well, you have you considered asking questions, you know, that, like, people, people forget the importance of asking open ended question. And I think, especially when I'm getting medical care, I was taught, like a lot of people talk, right, and that the doctor patient relationship is one way that you tell the doctor things, and then they tell you what to do, and then you do it. And I think when a provider just asks me things that allow me to describe my experience and my body, on my own terms, and in my own language, like I immediately feel more comfortable. And that just means right like asking, How do I want my body parts referred to? Right? How I want to feel that are not feeling now asking for consent, before and after different types of types of examinations.

And I think that that kind of open-endedness, right, I think anything that a provider can do to make the interaction feel like a two way street, to make it feel like we are collaborating, you know, on the health care I want, rather than you are telling me to do this, and you may or may not know, you know, me, and I may or may not trust you. And I think I've always felt most cared for by medical practitioners, when I feel like they're asking me questions that allow me to describe what I want, using my own words. And I know we've kind of all alluded to, like different forms of, like sexual education in schools. And I know, I'm sure we all have a lot to say about that. But I think to me, right, because the importance of just teaching people the right words for their parties, because it allows these conversations to happen in ways that they can't, when people feel like the doctors have all the information and you have not.



## **Kirill**

Yeah, I would definitely second everything that's said, I think that the one thing that I would add, and this is a part of like the kind of the kind of education that I do a lot around trans and intersex competency. If there's anything that like, I want people to carry out of here is a at least trying to understand how much medical trauma our communities carry. And how little reason people have to trust medical providers. And what Gwendolen is saying, right, like giving back autonomy. That is an unrightfully taken from us all the time, right? Pausing and thinking, do I actually have information about this? Or am I talking out of a body part that I shouldn't be talking out of? Right? Am I making assumptions about people that are inaccurate, and that's the other thing that I wanted to really like, take home is the way that people are educated to be medical providers. I find maybe I'm wrong, maybe somebody's had a different experience is precipitated on the idea that one thing equals the presence of another. So for example, like, you know, if somebody has one body part, it means that they have another body part, people are a mixed bag of all kinds of cool jelly beans, and no presence of one thing indicates the presence of another or a need for another thing. You know, like that's, it's just absurd.

So the more we are able to learn about the specific needs of a given person, right? And really find that out in advance in a way where a person has power and is not just like they're suddenly ambush and a face to face conversation. Right? I love what Ace said about providing your information about like, This is who I am, this is my name, these are my pronouns. And then separately from that this is my insurance information, right, and nobody gets to see your insurance information except, you know, whoever deals with your insurance, everybody else in the medical office should only see your correct name and gender information, right? Nobody except people managing insurance should see the other stuff. That's, that's a systemic fix that you could advocate for in the institutions that you work in. So that that privacy is in place. Because no one needs to know, like, that somebody is trans unless that's relevant to their care. And a lot of the time it's not.

So really like taking a step back. And being like, a person is comprised of a lot of different things that yes, they do all work together, but I'm not entitled to information about the people that I am, you know, taken care of, if it's not relevant to what I'm doing. So really giving people their privacy, giving people their dignity, and giving people their autonomy. Um, and you know, if there's something that you don't know, and you encounter a person that is looking for care from you, and you don't know how to navigate that, being vulnerable and honest about that, rather than guessing. And, of course, you know, it's frustrating for us to hear, and yet another doctor saying that they have never encountered somebody like me, but I'd rather somebody say that, then give me wrong information, or then act like they can treat me in a competent way, and then not.

And of course, always pursue more education for yourself. That isn't, isn't on top of information that you received when you went through medical training, but really to replace a lot of it, because a lot of it is very inaccurate, and really, really cheeky, takes you down a wrong path when it comes to, you know, trans intersex bodies. And that's not your fault, right?

That's not anybody's fault, except people who choose to, you know, implement systems that educate people that way. And understanding that that's not your fault, but it is your responsibility as a provider to make sure that you do get accurate information. Also, like, don't create more barriers for people. If somebody needs something be like, How can I assist you with that? Like, is there a letter I can write you? Is there anything else? Like? How can I help? You know, do away with the gatekeeping? There's always ways in every institution.

### **Cadence**

Yeah, and it's funny as an educator, so often people approach me and will say, well, this person said this to me the other day, and I wasn't sure what it meant. And then I was confused. I didn't know how to help them. And then my always what I immediately, did you ask them what it meant? Did you ask them what that meant for them? Did you and again, even if someone use the same term that you heard another person use last week could be entirely different person to think that that person has a good day, the other person, right? So I find like that is a response to like, probably half the questions that I get of like, did you ask them people are so scared to ask, right? It's like if that person shared that with you, the trolley, something important, and as long as you ask in the way of like, Hey, tell me more what this means for you. So I can provide the care that is going to be best for you. Right, as long as we ask questions.

And that way, again, working within the systems that we all have to live within and letting people know, I think that's another thing I feel like I've seen is it comes from the instincts to want to be helpful and not to put things on people. But if you're not honest with them about the realities of what that looks like, like, Hey, I know what your correct name is, and your correct gender designation is but your insurance is kind of a different system. And you might get a letter that says your dead name or incorrect name on it, letting people know upfront what to expect, lets them know that you have their back. It also helps them advocate for themselves. Right. So I think so often, my answer to those questions is did you ask them what that meant for them? And what that looks like for them, as well.

So again, I know we got so many questions. And I think so many of the ones that we got for folks who submitted ahead of time definitely were answered and in the amazing conversation that we had in the panel today. And again, I'm looking at time. So I think that's about all we have for today. Again, additional resources will be provided as a follow up in all sorts of different ways that again, because they were questions that we couldn't get to, I would love to talk more about sex education. I know Gwendolyn you love talking about that, too, because it's such an important piece of this conversation. And we had a good question about that. And to me that goes beyond, you know, bodily autonomy goes beyond that, right? It goes into all sorts of it. Under the related things like, don't push someone in a wheelchair without asking them if they help first, like don't touch somebody's hair, like all of those things go into bodily autonomy. So there's a conversation and resources about that will go on. But I want to thank everyone so much for being here today. Contact information for all of the organizations and the work that we do will also be shared out with those additional resources. But I will open up and

see if any of my panelists would like to say anything as a wrap up as well. But I really, really appreciate you all. My head is like going a mile a minute, like thinking about all of the amazing things that you all shared?

### **Ace**

For me, it's just, this is the start of a conversation. And conversations have to lead to other conversations that they can't just link up, we've had a conversation. And I think it's definitely when you get the resources like we as we as individuals, were advocates to continue these resources and continue these conversations. And to provide that I know that sometimes it's hard to start those conversations. But if you if you come into a conversation asking a question with empathy, and not direct blade aggression, you're going to get that back your that's going to be seen as a provider, as an individual in general, for any type of conversation, whether it's LGBTQ plus based or not just having vulnerability and empathy going into conversation. And then the last thing that before passing it over, I didn't know Cadence if the thing you posted in our chat as panelists was supposed to go out to the person who asked about the outreach that was going to everyone, right? Yeah.

### **Cadence**

I think I think it went to everyone. But yes, the question, again, was from Rachel, who's on our board, so thank you, Rachel. But it's about abortion funding and Connecticut. So again, REACH partners directly with all of the clinics that provide in clinic abortion and Connecticut, all you would need to do is let your provider know that you are someone who needs financial support, and they can apply the funds directly to you.

### **Gwendolyn**

I guess, two things I think I want people to take away from this conversation. And, you know, it felt it felt so short. Because I think, you know, we all have so much more to talk about. But I think obviously this conversation even entitled right was centered on abortion and abortion care. But I think understanding that even though abortion is a super like hot button issue right now, and a crucial, important, and a crucial, crucially important issue, that for marginalized people, abortion and the right, and accessibility to an abortion is not the most important reproductive health concern, right, that we've talked about so many different barriers and so many different concerns. And I feel like it's because, you know, white, straight women have so often been the head of reproductive health movements, that abortion always is issue number one, in community, especially in right in black communities where being sterilized is also a huge issue. Right? Where in transmitters we're not feeling safe walking on the street is a big issue. Right? Abortion doesn't cover it all. And I think, also understanding that, like cadence was saying, I think one of the reasons I really appreciate REACH and reproductive justice spaces is the acknowledgement that there is no single issue that can make every other issue go away, because none of us live single issue lives. And so understanding that, as I hope, you know, everybody who is participating, and who came here to listen to us, you know, is interested in reproductive justice and reproductive health and reproductive rights, understanding that you can't fully be for all of those. And also not be not just thinking about actively doing things in your community, to fight environmental racism, to fight police brutality, to make sure that trans people in your community feel

safe. That advocating for abortions is just a very, very small part of reproductive health and reproductive justice, even though it was kind of at the center of our conversation today.

### **Kirill**

At the risk of repeating myself what everyone said. And I think I think what I would want to reiterate is like, if you want to really think about systems change, right. One of the biggest questions that we should always be asking ourselves is What is the enforceability of the thing that I'm trying to implement? Right so for example, like right in Connecticut, you know, you can't be fired for being trans but you can be fired for no reason whatsoever because this is an at-will state. I've had people, you know, very openly just fire me for being trans. They didn't say that it was because I was trans. Right? So thinking about like, right and the institutions that we that we operate in, that we work in, that we that we float in the social circles, how am I going to not just make a nudge, but actually ensure that people's needs are met? How am I going to ensure that people have recourse if something happens to them? How am I going to make sure that that happens in a way that's beyond just giving people information and hoping that they do the right thing with it? Right? And that's a big question. Because a lot of the time it feels like we don't have power. But that's why, you know, so much of these things have so much overlap, right? Like bodily autonomy, labor law, you know, access to health care, access to, you know, a safe and good job with good pay, and good benefits, right, access to housing, all of these things are intertwined. Because the system works to erode all of them at the same time. And we can't, we can't afford to let ourselves get, you know, picks apart and then picked off. And if you're not listening to trans people of color, then you're doing something wrong.

### **Cadence**

Thank you all so much. And thank you for everyone for joining us. I again, I'm just so, so happy that this is a conversation we were able to make happen and so grateful to each of you for being here with us. Again, additional resources will be shared. I have a whole list. Probably Monday, because I'm busy day tomorrow. But we'll have more things shared and, again, contact information for our incredible panelists. So with that, I want to thank everyone so much, and I will we'll let you go for the evening. Please. Take care of each other. Stay safe and listen to folks around you.