QUEERING REPRODUCTIVE JUSTICE: A MINI TOOLKIT

JUNE 2019

For advocates who work on the intersecting issues of Lesbian, Gay, Bisexual, Transgender, and Queer Rights and liberation and Reproductive Health, Rights, and Justice.

Introduction

About the Task Force

The National LGBTQ Task Force works to secure full freedom, justice, and equality for lesbian, gay, bisexual, transgender, and queer ("LGBTQ") people. For over 40 years, we have been at the forefront of the social justice movement by training thousands of organizers and advocating for change at the federal, state, and local levels.

Reproductive Health, Rights & Justice at The Task Force

At the National LGBTQ Task Force, we recognize that everyone has a fundamental right to sexual and bodily autonomy, which includes the right to decide whether or when to become a parent, parent the children we have, and to do so with dignity and free from violence and discrimination. We support the reproductive health, rights, and justice ("repro*") movements because LGBTQ people need access to reproductive health care and services, but we face pervasive discrimination designed to block recognition of our identities and relationships and to hinder our ability to access gender-affirming care and comprehensive sexual and reproductive health care, including what we need to form, raise, and protect our families.

About this Toolkit

This toolkit is an updated mini version of the Task Force's larger Queering Reproductive Justice Toolkit. This toolkit is intended specifically for reproductive health, rights, and justice advocates who want to gain and further their understanding of repro* issues within an LGBTQ context.

This toolkit covers the fundamentals of both the reproductive health, rights and justice ("repro*") movements and LGBTQ movements and how they are intertwined and inseparable. The toolkit will cover LGBTQ reproductive health care needs, barriers to accessing care, a legal overview of LGBTQ rights and reproductive rights, and the opposition we all face in the form of religious exemptions. At the end of this toolkit, you will find a glossary of relevant LGBTQ+ terms you may come across in doing LGBTQ-inclusive repro* advocacy.

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This toolkit uses the term "repro*" to collectively refer to the reproductive, health, rights, and justice movements.

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Reproductive Health, Rights & Justice ("Repro*") Refresher

Reproductive Health, Reproductive Rights, and Reproductive Justice are three complementary, yet distinct, advocacy frameworks used to address people's reproductive healthcare needs and the larger systems that influence access to related services. These frameworks are collaborative but not interchangeable.

Reproductive Health ("RH")

Reproductive Health ("RH") focuses on the provision of healthcare services, health facilities, research, and a person's relationship with their provider. Particular attention is paid to expanding access to preventative care and culturally competent services. It includes different methods of birth control, fertility methods, abortion, and pregnancy.

Reproductive Rights ("RR")

Reproductive Rights ("RR") is an approach that centers and protects a person's legal rights to reproductive healthcare services, particularly the right to have an abortion, use birth control, and have affordable healthcare, adequate prenatal and pregnancy care, and sex education that is comprehensive and LGBTQ-inclusive. RR work is focused on administrative policy, legislation, and judicial decisions, at both the federal and state levels.

Reproductive Justice ("RJ")

Reproductive Justice ("RJ") merges reproductive rights and social justice and it does so through a human rights framework. RJ goes beyond considerations of biological reproduction and includes racial justice, LGBTQ liberation, economic justice, disability justice, immigrant justice, criminal justice, environmental justice, food justice, and housing justice. Ensuring access to reproductive healthcare and other critical resources is a major focus of RJ because having a legal right is meaningless without financial, geographic, and cultural accessibility.

The term "reproductive justice" was coined in 1994 by Black women in order to center the experiences and needs of Black women. Because the mainstream pro-choice movement did not meet the needs and lived experiences of women of color, Black women created their own space and movement. Adopting human rights, social justice and reproductive rights tenets, these women created a transformational and grassroots-based movement and framework. While the term was officially coined in 1994, women of color, including indigenous women, and LGBTQ individuals, particularly trans women, have been leading the struggle for reproductive equality and liberation for centuries.

Reproductive justice will be achieved when all people have the ability to determine if, when and how to not have a child, to have a child and to parent the children that they have in safe and healthy environments. Reproductive justice also includes access to gender-affirming care for all people.

The National LGBTQ Task Force intentionally works through all three frameworks. The Task Force is not a person of color founded and led organization and therefore does not claim to be an RJ organization. However, we are able to do our work through an RJ framework because the inclusivity of RJ allows and encourages all organizations to do their work through this framework and explicitly creates space for LGBTQ+ organizations like the Task Force to engage in repro* work with dignity and support.

The LGBTQ Movement(s)

Like the reproductive health, rights, and justice ("repro*") movements, the LGBTQ movement contains distinct frameworks that are distinct, complementary, and collaborative.

LGBTQ Rights & LGBTQ Equality

LGBTQ rights or LGBTQ equality refer to the movement to gain legal privileges that are currently denied to LGBTQ people and/or protections we need in the face of discrimination. This movement has the long-term goal of inserting LGBTQ people into existing social institutions and systems of power. Advocates using this approach, sometimes called the assimilation-based approach, have generally worked with and within existing systems to increase social acceptance, safety, and privacy for LGBTQ people by attempting to highlight the shared humanity of LGBTQ people and non-LGBTQ people.

LGBTQ Justice & LGBTQ Liberation

LGBTQ justice or LGBTQ liberation refer to the long-term goal of (re)creating or transforming social institutions and equitable systems that are supportive of LGBTQ people and allows us to live as our full, authentic selves. Advocates using this approach often work outside of existing systems and institutions to challenge the dominant culture and systems of oppression, celebrating and highlighting the uniqueness of LGBTQ people[1] and centering the most marginalized among us.

LGBTQ Rights & LGBTQ Liberation in Action

Throughout United States history, the LGBTQ rights framework and the LGBTQ liberation framework have and must continue to work together to achieve full freedom, justice, and equality for us all.[2] Here are a few key examples of the overlap:

In the 1950s, gay and lesbian civil rights groups formed to fight discriminatory laws and seek civil rights protections. For example, sodomy was still illegal in almost every state, and groups formally opposed these laws in state legislatures and through the courts.

At the same time, anti-LGBTQ violence was occurring across the country. Queer and trans people, especially transgender women of color, drag queens, and sex workers, were regularly fighting against police brutality. One well-known example is the Stonewall Uprising. After continuous instances of police brutality and raids on the Stonewall Inn in New York City, queer and trans people—including Marsha P. Johnson and Sylvia Rivera—fought against the police. These uprisings across the nation, and Stonewall in particular, are considered by many to be a key turning point of the LGBTQ liberation movement. Notably, Stonewall is often cited as a turning point because it was one of the first times that the dominant heteronormative culture began to recognize the queer movement.

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[1] *See* Jeff Steen, *Liberation v. Assimilation: Can the LGBT Community Achieve Both Equality and Cultural Identity?*, OutFront Magazine (Aug. 6, 2013), https://www.outfrontmagazine.com/trending/liberation-vs-assimilation-can-the-lgbt-community-achieve-both-equality-and-cultural-identity/.

[2] *See* Suzanne A. Kim, *LGBTQ Social Movements (Assimilation v. Liberation)*, The SAGE Encyclopedia of LGBTQ Studies 2 (2016), http://dx.doi.org/10.4135/9781483371283.n250.

After Stonewall and throughout the height of the HIV/AIDS epidemic, questions surfaced around whether a rights-based, assimilationist approach or a justice-based, liberationist approach would better serve LGBTQ people. For example, throughout the late 1900s and early 2000s, the larger LGBTQ movement was divided about pursuing legal rights to marry. On the one hand, LGBTQ rights advocates sought marriage equality as "key to eliminating discrimination against lesbians and gay people because of the special place of marriage in our social structure."[3] On the other hand, LGBTQ liberationists argued that seeking legal rights to marry for same-sex couples would not only force assimilation to heterosexual, patriarchal systems, but also failed to recognize other forms of relationships, including those involving bisexual, transgender, nonbinary, and gender nonconforming people, and the real needs of LGBTQ communities of color, people living with low income, and other marginalized queer and trans people.[4]

Throughout the years, many states and finally the Supreme Court of the United States recognized the legal right to marry for same-sex couples in the 2015 decision *Obergefell v. Hodges.*[5] While the right to marry has afforded many LGBTQ couples countless legal rights and privileges, marriage is only one civil right, which is insufficient at a time when LGBTQ people across the United States are still being fired from their jobs, kicked out of their homes and prohibited from using public spaces. Only after LGBTQ people secure nondiscrimination protections in employment, housing, public accommodations, and many other areas of life, will any semblance of equality be realized. Then, to ensure that these other civil rights are achieved in ways that center and benefit queer and transgender people and people of color, LGBTQ justice-based, liberationist strategies and tactics are necessary.

The liberationist approach helps to challenge the rights-based approach by determining our best route towards liberation and whether or not we should work within and without institutions to achieve our true goals: full justice, equality, and freedom for LGBTQ individuals, our families, and our communities.

[3] *Id.* at 4.

[4] *Id.* at 4-5.

[5] 135 S. Ct. 2584 (2015).

Queering Reproductive Justice

The reproductive health, rights and justice ("repro*") and LGBTQ rights and liberation movements are inseparable. Reproductive justice acknowledges the ways that all people, including LGBTQ people, are impacted by intersecting forms of oppression and when those oppressive systems play out in laws and policies that affect our daily lives.

Queer and Trans Reproductive Health

LGBTQ people need access to reproductive health care. We need access to contraception, abortion, assisted reproductive services, HIV care, pregnancy care, parenting resources, and more.

Although many people consider abortion, contraception, and pregnancy to be "women's issues," many LGBTQ people—including lesbian and bisexual women, transgender men, two-spirit, intersex, nonbinary and gender nonconforming individuals—can get pregnant, use contraception, have abortions, carry pregnancies, and parent.

Barriers to Accessing Care

LGBTQ people, and especially queer and trans people of color, face unique barriers to accessing health care.

LGBTQ people are more likely to be underinsured and uninsured, and cost is a major barrier to accessing care. This is especially true for transgender and nonbinary people. According to the 2015 U.S. Transgender Survey ("2015 U.S. Trans Survey") conducted by the National Center for Transgender Equality, a third of respondents could not afford healthcare services when they needed them. Trans people of color, including multiracial (42%), American Indian (41%), Black (40%), and Latin[x] (37%) respondents, were more likely to not have seen a health care provider in the past year due to cost.[6]

When we can access health care spaces, we often experience rampant discrimination, harassment, lack of provider knowledge, and even refusals of care. A 2017 report from the Center for American Progress found that 8% of LGBQ respondents and 29% of transgender respondents were outright refused healthcare related to their sexual orientation or gender identity.[7]

Additionally, 9% of LGBQ people and 21% of transgender people said that providers used "harsh or abusive language" when treating them. 7% of LGBQ respondents said that a provider refused to recognize their family status.[8] 23% of transgender respondents reported that a provider intentionally misgendered them or used the wrong name.[9] Roughly a quarter of respondents to the 2015 U.S. Trans Survey had to teach their provider about transgender people in order to get appropriate care.[10]

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[6] Nat'l Ctr. for Transgender Equality, Report Of The 2015 U.S. Transgender Survey 98 (2017), https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf.

[7] Shabab Ahmed Mirza & Caitlin Rooney, Discrimination Prevents LGBTQ People from Accessing Health Care (2018), https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/ html.

[8] *Id.*

[9] *Id.*

[10] Report Of The 2015 U.S. Transgender Survey, *supra* note 6, at 97.

Queering Repro* Justice: Shared Legal Background

The history of LGBTQ rights in the United States is intertwined with the history of reproductive rights. Examining case law reveals many parallels between the two movements and our fights to gain access to fundamental freedoms. These freedoms, as defined by the Supreme Court over the years, are based upon two different legal concepts—the right to privacy and the Equal Protection clause of the Constitution.

The Right to Privacy

The right to privacy protects individuals against government intrusion in intimate personal decisions and activities, including sexual activity and medical information. Although the Constitution does not explicitly name such a right, the Supreme Court has repeatedly held that it nevertheless guarantees this fundamental right.

Privacy as a constitutional right has been successfully used by the reproductive rights movement in important cases leading up to and including *Roe v. Wade*, the landmark decision that recognized an individual's constitutional right to terminate their pregnancy. The right to privacy has been a relatively successful argument in the reproductive rights realm.

The Court has been more resistant to extending this right to privacy to relationships among LGBTQ people. In its *Bowers v. Hardwick* decision in 1986, the Court upheld anti-sodomy laws, reserving privacy rights for familial and heterosexual marital relations. It took seventeen years for the Court to reverse this decision in *Lawrence v. Texas*, in 2003. In *Lawrence*, the Court recognized that it had interpreted the right to privacy too narrowly in *Bowers* and extended the constitutional protection to intimate consensual sexual conduct. The same-sex marriage case, *Obergefell v. Hodges,* also relied in part on the right to privacy.

The Equal Protection Clause

The Equal Protection Clause of the Fourteenth Amendment guarantees "the equal protection of the laws" to all citizens. Unlike the general right to privacy, the Equal Protection Clause is explicitly mentioned in the Constitution. Nevertheless, the Supreme Court has interpreted the Equal Protection Clause very narrowly. Interestingly, courts have been more open to equal protection arguments in cases recognizing and protecting LGBTQ people and their families than they have in recognizing reproductive rights.

In 2013, in *U.S. v. Windsor*, the Supreme Court struck down Section 3 of the Defense of Marriage Act ("DOMA"), holding that its definition of marriage as between "one man and one woman" violated the equal protection clause. The decision allowed same-sex couples who were married in states where same sex marriage was legal to become eligible for over 1,100 federal laws and programs.

In 2015, the Court affirmed the fundamental right to marry for same-sex couples in all 50 states, citing the equal protection clause, as well as the constitutional right to privacy. *Obergefell v. Hodges* was a monumental win for the LGBTQ community, made possible by precedent developed in earlier cases concerning both LGBTQ and reproductive rights.

Queering Repro* Justice: Shared Opposition

Controlling sexuality and gender expression usually share an agenda with controlling reproductive choices. Most recently, our opponents have been misusing religion and "conscience" as a guise for discrimination against LGBTQ people and people seeking access to reproductive health services.

Since 2017, The Department of Health and Human Services ("HHS") has vastly expanded religious and "moral" exemptions. For example, HHS issued rules expanding religious and moral refusals for birth control coverage[11] and rules expanding opportunity for religious organizations to discriminate against LGBTQ people, people who have had abortions, and people living with HIV.[12] In January 2018, HHS announced a new division, the Conscience and Religious Freedom Division, tasked "to protect doctors, nurses, and other health care workers who refuse to take part in procedures like abortion or treat certain people because of moral or religious exemptions."[13]

Heath Care Denial Rule

In May 2019, HHS issued a final rule that will allow healthcare entities and workers to refuse to do anything for patients that violates their personal beliefs. The new rule dangerously compounds already existing barriers to accessing care by granting new rights to anyone working in the healthcare system who believes their personal beliefs should determine whether someone receives care and what kind of care they receive.

The rule allows doctors, nurses, pharmacists, EMTs, receptionists, schedulers, insurance companies, pharmacies, and hospitals to refuse to provide, participate in, pay for, provide coverage of, give information about, or refer patients to certain services that go against their personal beliefs. This could mean refusing to help someone based on who they are or on the type of care they are seeking, including contraception, HIV medications, gender-affirming care, assisted reproductive treatments like infertility treatments, and more.

The rule points out specific services that can be refused, such as abortion, assisted suicide, and services that result in sterilization. Because some gender-affirming care can lead to infertility, transgender and nonbinary people could be also be refused coverage and care on this ground.

Ultimately, this rule will affect all LGBTQ people, particularly transgender, nonbinary, and gender nonconforming people, and all people seeking reproductive care, including LGBTQ people.

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[11] Moral Exemptions and Accommodations for Coverage of Certain Preventative Services Under the Affordable Care Act, 83 Fed. Reg. 57,592 (Nov. 15, 2018), https://www.federalregister.gov/documents/2018/11/15/2018-24514/moral-exemptions-and-accommodations-for-coverage-of-certain-preventive-services-under-the-affordable?utm_campaign=subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=email.

[12] Dan Diamond & Jennifer Haberkorn, *Trump to overhaul HHS office, shield health workers with moral objections*, Politico (Jan. 16, 2018), https://www.politico.com/story/2018/01/16/conscience-abortion-transgender-patients-health-care-289542.

[13] Alison Kodjak, *Trump Admin Will Protect Health Workers Who Refuse Services on Religious Grounds*, NPR (Jan. 18, 2018) https://www.npr.org/sections/health-shots/2018/01/18/578811426/trump-will-protect-health-workers-who-reject-patients-on-religious-grounds.

Case in Point: Medicaid, the Hyde Amendment & LGBTQ Access to Abortion

After the Supreme Court constitutionally protected the right to abortion in *Roe v. Wade in 1973*, the federal Medicaid program covered abortion. But in 1976, Republican Congressman Henry Hyde proposed an amendment, to the Medicaid funding bill, or appropriations bill, that would prohibit federal Medicaid funding from going to abortion services.

Now known as the Hyde Amendment, this policy rider initially only blocked Medicaid funding for abortion services, with later added exceptions for rape, incest, and when the life of the pregnant person was in danger. The Hyde Amendment has been unnecessarily approved in Medicaid appropriations bills every year since 1976. In the years since the Hyde Amendment was first approved, similar policy riders have been approved in a variety of federal funding bills, limiting coverage of abortion for a wide range of people.[14] However, these coverage restrictions are not the law. Congress must vote to approve them every year during the federal budget, or appropriations, process.

The LGBTQ community in general is more vulnerable to living with no and low income. Therefore, LGBTQ people are more likely to rely on Medicaid for healthcare than the overall U.S. population. In a 2018 survey by the Center for American Progress, 20% of LGBTQ people reported receiving Medicaid benefits compared to 12.9% of non-LGBTQ people.[15] LGBTQ people of color reported receiving Medicaid benefits at a rate of 24% compared to 18.8% of white LGBTQ people.[16] LGBTQ with disabilities reported receiving Medicaid benefits at a rate of 44.4%, as compared to 11.8% of non-disabled LGBTQ people.[17] Additionally, 21.4% of transgender people reported that they or their family received Medicaid benefits, compared to 13.4% of cisgender people.[18]

As a result, we are less likely to be able to afford an abortion out of pocket.[19] Poverty rates on average are higher among people in our community that could need access to abortion, including lesbian and bisexual women, transgender men, and nonbinary and gender nonconforming people assigned female at birth. More than 28% of lesbian and bisexual women are living in poverty,[20] and 29% of transgender, nonbinary, and gender nonconforming people overall are living in poverty.[21]

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[14] Since the Hyde Amendment was passed in 1976, anti-choice federal politicians have added abortion coverage and funding bans to programs affecting: Medicaid, Medicare and Children's Health Insurance Program enrollees; Federal employees and their dependents; Peace Corps volunteers; Native Americans; People in federal prisons and detention centers, including those detained for immigration purposes; Military servicewomen, veterans and their dependents; and Low-income people in the District of Columbia.

[15] Caitlin Rooney, Charlie Whittington & Laura E. Durso, Ctr. for Am. Progress, Protecting Basic Living Standards for LGBTQ People (2018), https://www.americanprogress.org/issues/lgbt/reports/2018/08/13/454592/protecting-basic-living-standards-lgbtq-people/.

[16] *Id.*

[17] *Id.*

[18] *Id.*

[19] According to data from the Guttmacher Institute and abortion providers around the country, medication abortion (the abortion pill), ranges in cost from $75 to $1,633 or higher, with an average cost of $535. Surgical abortions range in cost from $435 to $3,000 or more, depending on the timing. Charlotte Cowles, *How Much Does an Abortion Cost? Learn the Facts.*, The Cut (Nov. 20, 2018), https://www.thecut.com/2018/11/how-much-does-an-abortion-cost.html.

[20] *The Kaiser Family Foundation, "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S." (June 2016), available at http://files.kff.org/attachment/Health-and-Access-to-Care-and-Coverage-for- LGBT-Individuals-in-the-US.*

[21] Report of the 2015 U.S. Transgender Discrimination Survey, *supra* note 6, at 144. Notably, this statistic is an average for all respondents and could be lower or higher for people assigned female at birth.

Unintended pregnancies are equally as common, if not more common, for cisgender[22] lesbian and bisexual women as for cisgender heterosexual women.[23] A majority of cisgender lesbian and bisexual women have reported having had intercourse with people who could get them pregnant, at least 30% have been pregnant,[24] and at least 16% have had one or more abortions.[25] Additionally, transgender men and nonbinary and gender nonconforming people assigned female at birth experience unintended pregnancies.[26] Many trans, nonbinary, and gender nonconforming people have intercourse with partners who have the ability to get them pregnant.[27] For example, in one study of almost 200 transgender men, 17% reported having experienced a pregnancy and roughly 12% of those who became pregnant reported having an abortion.[28]

Graphic: All* Above All

The EACH Woman Act would end the Hyde amendment—ensuring that everyone who receives care or insurance through the federal government will have coverage for abortion services. The Act also prohibits political interference with decisions by private health insurance companies to offer coverage for abortion care. In 2019, a group of women of color, including Congresswoman Barbara Lee, Senator Kamala Harris, Senator Tammy Duckworth, and Senator Mazie Hirono, led the first-ever bicameral introduction of the EACH Woman Act in Congress. In addition, this introduction was likely the first time ever that nondiscrimination language about the impact on LGBTQ people has been included in the findings of a bill focusing on abortion access.

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22 A cisgender person is a person whose gender identity matches with the sex they were assigned at birth. In this case, a person who was assigned female at birth and whose gender identity is female.

23 Caroline S. Hartnett, Lisa L. Lindley and Katrina M. Walsemann, *Congruence across Sexual Orientation Dimensions and Risk*, Women's Health Issues Journal (2016).

24 J.M. Marrazzo & K. Stine, *Reproductive Health History of Lesbians: Implications for Care*, Am. J. of Obstetrics and Gynecology (2003).

25 Elizabeth M. Saewyc, Linda H. Bearinger, Robert Wm. Blum & Michael D. Resnick, *Sexual Intercourse, Abuse and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference?*, 31 Family Planning Perspectives 127 (1999).

26 Porsch, L. M., Dayananda, I., & Dean, G., *An Exploratory Study of Transgender New Yorkers' Use of Sexual Health Services and Interest in Receiving Services at Planned Parenthood of New York City*, Transgender health, Vol. 1 (1) (2016), https://doi.org/10.1089/trgh.2016.0032; *see also* Obedin-Maliver, J., & Makadon, H. J., *Transgender men and pregnancy*, Obstetric Medicine, Vol. 9(1) (2015), https://doi.org/10.1177/1753495X15612658.

27 Porsch, et al., *supra* note 26.

28 Alexis Light, et al., *Family planning and contraceptive use in transgender men*, Contraception Journal, Vol. 9 (4) (2018), https://doi.org/10.1016/j.contraception.2018.06.006.

Glossary of Terms

The following definitions are a non-exhaustive list of terms that advocates may come across in doing LGBTQ-inclusive reproductive health, rights, and justice work.

Agender: An identity under the nonbinary and transgender umbrellas. Some agender individuals have no gender identity, although some define agender as having a gender identity that is neutral.

Aromanticism or Aro: A romantic orientation where a person experiences little to no romantic attraction and/or has no desire to form romantic relationships. Like asexuality, it exists on a spectrum which involves a range of identities characterized by varying levels of romantic attraction. This spectrum is called the aromantic spectrum. Aromantic people can identify with any sexual orientation along with their aromantic identity, or they may just identify as aromantic.

Asexuality or Ace: A sexual orientation where a person experiences little to no sexual attraction to anyone and/or does not experience desire for sexual contact. Asexuality is a spectrum, and there are some people who may not fit the strictest definition of the word asexual, but feel their experience aligns more with asexuality than with other sexual orientations.

Bigender: An identity under the nonbinary and transgender umbrellas. Bigender individuals identify with more than one gender.

Biphobia: The hatred or fear of bisexual people - sometimes leading to acts of violence and expressions of hostility, often manifesting as the erasure of bisexual identities, experiences, and voices.

Bisexual: A person whose romantic, emotional, or sexual attraction is towards same and/or different genders.

Cisgender: A person whose gender identity matches with the sex they were assigned at birth.

Gay: A person whose romantic, emotional, or sexual attraction is towards their own gender, most commonly used for men. Men-loving-men (MLM) is a term with a similar meaning coined by communities of color.

Gender expression: How a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice, or body characteristics. All people have a gender expression.

Gender fluid: Refers to an identity under the nonbinary and transgender umbrellas. Genderfluid individuals have different gender identities at different times. A genderfluid individual's gender identity could be multiple genders at once, and then switch to none at all, or move between single gender identities. For some genderfluid people, these changes happen as often as several times a day, and for others, monthly, or less often.

Gender identity: A person's internal sense of being male, female, or something else such as agender, binary, gender fluid, gender nonconforming, genderqueer, or nonbinary. Since gender identity is internal, one's gender identity is not necessarily visible to others. All people have a gender identity.

Gender nonconforming (GNC) or Genderqueer: Terms for people whose gender identity and/or expression is different from societal expectations related to gender.

Gender-affirming care: An inclusive term for treatments and procedures that help an individual align their physical and/or other characteristics with their gender identity, often called transition-related care. This term moves beyond the term "transition," which implies a singular rather than an ongoing process, and is more inclusive of agender, bigender, gender fluid, gender nonconforming, genderqueer, and nonbinary people. Often, accessing gender-affirming care is extremely difficult due to cost and other barriers.

Homophobia: The hatred or fear of lesbian, gay, and same-gender loving people, sometimes leading to acts of violence and expressions of hostility. Homophobia is not confined to any one segment of society and can be found in people from all walks of life.

Intersex: Refers to a person who is born with sexual or reproductive anatomy that does not fit within the sex binary of male or female, encompassing a variety of sex expressions.

Latinx: Pronounced "Latin-ex," is a gender-neutral way to describe people of Latin American descent. The "x" makes *Latino*, a masculine identifier, gender-neutral. It also moves beyond *Latin@* to encompass genders outside of the limiting male-female binary.

Lesbian: A woman whose romantic, emotional, or sexual attraction is towards other women. Women-loving-women (WLW) is a term with a similar meaning coined by communities of color.

LGBT or LGBTQ: Shorthand for lesbian, gay, bisexual, transgender, and queer people.

Nonbinary (NB): A term used by people who identify as neither entirely male nor entirely female. This can include people who are agender, bigender, genderfluid, gender nonconforming, and genderqueer, among others. Some nonbinary people identify as transgender, while others do not.

Person/People Living with HIV (PLHIV): A term to identify a person who has a positive HIV diagnosis. The term is indicative of the people-first language used in HIV advocacy to combat the stigma and discrimination surrounding HIV/AIDS and its portrayal as a deadly disease. The term highlights the fact that a person with a positive diagnosis can live a long and healthy life with the right treatment and care. This term should be used instead of HIV-infected person, HIV-positive person, or AIDS patient, all of which are potentially stigmatizing.

Pronouns: Terms used to substitute a person's name when they are being referred to in the third-person. Some common pronouns include he/him/his, she/her/hers, and they/them/their(s). A person's gender should not be assumed based on their pronouns.

QTPOC: A term meaning queer and trans people of color. Queer and trans people of color are impacted by multiple systems of oppression, including racism, xenophobia, homophobia, transphobia, and more.

Queer: An umbrella term which embraces a variety of sexual preferences, orientation, and habits of those who are not among the exclusively heterosexual and monogamous majority. Although the term was once considered derogatory and offensive, the community has reclaimed the word and now uses it widely as a form of empowerment. Younger generations tend to use the term "queer" for reasons such as the fact that it does not assume the gender of the queer person or the gender of any potential romantic partners, and/or in order to make a political statement about the fluidity of gender.

Same-gender loving (SGL): An affirming term coined by communities of color to describe sexual orientation.

Sexual Orientation: A person's identity in relation to whom they are attracted to. All people have a sexual orientation. Sexual orientation, gender identity, and gender expression are distinct components of a person's identity.

Straight/Heterosexual: A person whose romantic, emotional, or sexual attraction is towards people of a different gender, usually used in the context of the binary genders of male and female.

Transgender: A broad term for people whose gender identity or expression is different from those typically associated with their sex assigned at birth. "Trans" is shorthand for "transgender." (Note: Transgender is correctly used as an adjective, for example: "transgender people," "people who are transgender," "a woman who is transgender," etc. However, "transgenders" or "transgendered" are incorrect and disrespectful.)

Transphobia: The hatred or fear of transgender, nonbinary, and gender nonconforming people. This sometimes leads to acts of violence and expressions of hostility. Transphobia is not confined to any one segment of society and can be found in people from all walks of life.

Two-Spirit: Contemporary umbrella term that refers to the historical and current First Nations people whose individual spirits were a blend of female and male spirits. This term has been reclaimed by Native American LGBTQ communities in order to honor their heritage and provide an alternative to the Western labels of gay, lesbian, or transgender.

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