



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# Consumer Caucus Virtual Meeting

*Be a part of the HIV movement*

Thursday, April 8, 2021  
3:00pm to 4:30pm (PST)

Agenda and meeting materials will be posted on  
<http://hiv.lacounty.gov/Meetings>

**TO JOIN BY COMPUTER, REGISTER NOW:**

<https://tinyurl.com/d6w4r2sc>

Event number + Access Code: 145 933 7668

Meeting password: CAUCUS

**TO JOIN BY PHONE:**

1+415-655-0001

For a brief tutorial on how to use WebEx, please check out this  
video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

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Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance call (213) 738-2816.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**CONSUMER CAUCUS (CC) VIRTUAL MEETING  
AGENDA**

THURSDAY, APRIL 8, 2021

3:00 PM – 4:30 PM

**TO JOIN BY COMPUTER:** <https://tinyurl.com/d6w4r2sc>

Meeting password: CAUCUS

**TO JOIN BY PHONE:** 415.655.0001 **ACCESS CODE:** 145 933 7668

- |      |  |                 |
|------|--|-----------------|
| I.   | Welcome & Introductions (Co-Chairs)  | 3:00pm - 3:05pm |
| II.  | COH Meeting Debrief  | 3:05pm – 3:15pm |
| III. | Staff Report/Commission Updates  | 3:15pm - 3:20pm |
| IV.  | Co-Chair Report  | 3:20pm - 3:25pm |
|      | a. Co-Chair Vacancy  |                 |
| V.   | Parliamentarian Training: How We Run Our Meetings                                      | 3:25pm - 3:45pm |
| VI.  | Discussion:  |                 |
|      | • 2021 Priorities/Workplan Updates + Review  | 3:45pm - 4:25pm |
|      | • Ending the HIV Epidemic (EHE) Plan Overview (Julie Tolentino, EHE Coordinator, DHSP) |                 |
|      | • NMAC BLOC Training   UPDATE  |                 |
| VI.  | Announcements  | 4:25pm-4:30pm   |
| VII. | Adjourn  | 4:30pm          |



**VIRTUAL MEETING—CONSUMER CAUCUS**  
**Thursday, February 11, 2021 | 3:00-4:30PM**  
**MEETING SUMMARY**

**In attendance:**

<b>Jayda Arrington (Co-Chair)</b>	<b>Alasdair Burton (Co-Chair)</b>	Laurie Aronoff
Kevin Donnelly	Felipe Gonzalez	Bridget Gordon
Thomas Green	Jaylen Hibbert	Shellye Jones
Lee Kochems	Carlos Moreno	Katia Nelson
José Ortiz	Maritza Ramirez	Maria Scott
Jim Stewart (Parliamentarian)	Dawn Mc Clendon (COH Staff)	Cheryl Barrit (COH Staff)

**I. Welcome & Introductions (Co-Chairs)**

Alasdair Burton and Jayda Arrington called the meeting to order and led the Caucus in introductions.

**II. COH Meeting Debrief**

The Caucus debriefed on the earlier Commission meeting and shared feedback on the “So You Want to Talk About Race” reading activity and the Los Angeles County Human Relations Commission’s subsequent training discussion. The Caucus agreed that the discussion was a welcomed opportunity for the Commission to address the disparities and disproportionate impact that communities of color experience and expressed appreciation that the matter of race is being discussed in a constructive manner.

The Caucus discussed the March 4, 2021 letter to the Board of Supervisors and Governor Gavin Newsome’s office requesting people living with HIV be prioritized for the COVID-19 vaccination. Lee Kochems shared that he attended the latest BOS meeting where Dr. Barbara Ferrer, Director, Los Angeles Department of Public Health, stated that it is the State’s responsibility, not the County’s, to set guidelines on priority populations receiving the COVID-19 vaccination and that the County follows those guidelines while polling for and assessing community input.

People with disabilities will be eligible for the COVID-19 vaccination beginning March 15, however, it was reminded that HIV is not explicitly included in the risk factors for disabilities. Mr. Kochems encouraged all members to share the Commission’s letter with their networks, providers, and city representatives to advocate prioritizing people living with HIV in the COVID-19 vaccine rollout. Mr. Kochems reported that while some providers are prioritizing PLWH on their own, many still need guidance and the

Commission's letter can assist in that effort. Mr. Kochems encouraged members to attend the next BOS meeting on March 16 @ 9am and attend the Health Deputy meetings to highlight the importance of this matter. Katja Nelson, Co-Chair, Public Policy Committee indicated that she is more than happy to help coordinate the Caucus' efforts.

III. **Executive Director/Staff Report:**

Cheryl Barrit announced that a date has been confirmed for the NMAC BLOC training in Los Angeles for May 17-20, 2021. A meeting will be held with the NMAC BLOC team and the Caucus Co-Chairs to confirm logistics and other details.

Ms. Barrit shared the outcome of the recent All Caucus brainstorming session which was designed to discuss issues that intersect across caucuses and task forces to create potential collaborative opportunities to work together. The overall feedback was that the timing was not right, and it was suggested that the training by the LAC HRC be conducted in its entirety before the Caucuses move forward with collaboration. However, all Caucus and Task Force Co-Chairs were encouraged to attend each other's meetings to become familiar with their colleagues and learn more about each other; focus should be centered around relationship building. It was agreed to revisit the All Caucus brainstorm at a later time.

Ms. Barrit reminded the Caucus to provide feedback on upcoming service standard reviews by the Standard and Best Practices Committee, to include current reviews of Home-Based Case Management, Benefit Specialty, Substance Abuse Residential Treatment standards of care.

Ms. Barrit also reminded the Caucus of opportunities to strengthen their advocacy efforts around prioritizing COVID -19 vaccination for people living with HIV to include attending the Board of Supervisors meetings and expressing their concerns.

IV. **Co-Chair Report**

Co-Chair Vacancy. The Caucus allows for three Co-Chairs, leaving one vacancy currently. If a Caucus member utilizing HIV care or prevention services is interested in serving as Caucus co-chair to please inform Co-Chairs and/or staff.

IV. **Parliamentarian Training: How We Run Our Meetings**

James Stewart, Parliamentarian, provided a refresher training on parliamentarian procedures; see PowerPoint (PPT) slides.

V. **DISCUSSION:**

- (1) 2021 Priorities & Work Plan | UPDATES & REVIEW  
*The Caucus reviewed the work plan and made no updates.*
- (2) All Caucus/Task Force Meeting to Foster Collaboration + Build Relationships | UPDATE. *See Ms. Barrit's report provided above.*
- (3) Schedule NMACBLOC Training | UPDATE. *See Ms. Barrit's report provided above.*

Carlos Moreno indicated that at a previous Caucus meeting, he suggested a tracking tool to monitor outreach activities of Commission members to help with outreach and engagement and would be happy to share at the next meeting for consideration.

VI. **Announcements**

- Katja Nelson announced that the California Department of Public Health released its Master Plan on Aging and that an advisory committee will meet on March 16, 2021 at 2-4pm; see Ms. Nelson for more information.
- Kevin Donnelly noted that the Presidential Advisory Council on HIV/AIDS (PACHA) held its virtual Annual Meeting on March 8-9, 2021 and discussed aging and health disparities, among other topics. The meeting is available on YouTube at <https://www.youtube.com/watch?v=sWkyisSPvhk>.
- Women's Caucus have scheduled a special virtual presentation in commemoration of National Women and Girls HIV/AIDS Awareness Day at its next meeting on March 15, 2021 @ 2pm on advocacy, presented by Venita Ray, Co-Executive Director, Women's Positive Network-USA and Caucus members Shary Alonzo, Jayda Arrington and Shonte Daniels; all are encouraged to attend.

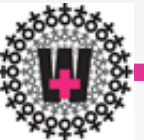
VII. **Adjournment**

# Embodying Meaningful Involvement of People Living with HIV

**Nothing About us Without Us!**

Venita Ray, Co-Executive Director

March 15, 2021





The only national organization in the US led by and for women and trans people living with HIV  
Founded in 2008 by 28 diverse women living with HIV, including women of trans experience

**Our mission:** To *prepare and involve* women and people of trans experience living with HIV in all levels of policy and decision-making.

Our work is grounded in racial justice, gender justice and economic justice.



# Session Goals

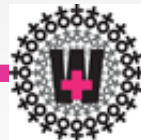
Learn about the history of MIPA and why it is important from the perspective of PLHIV

Learn what MIPA is and what is not MIPA

Discuss barriers to MIPA

Share ways to practice MIPA in your organization

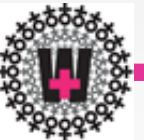
Share perspective on why Black women are most impacted by HIV





# Take the Poll

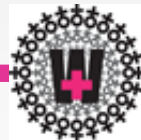
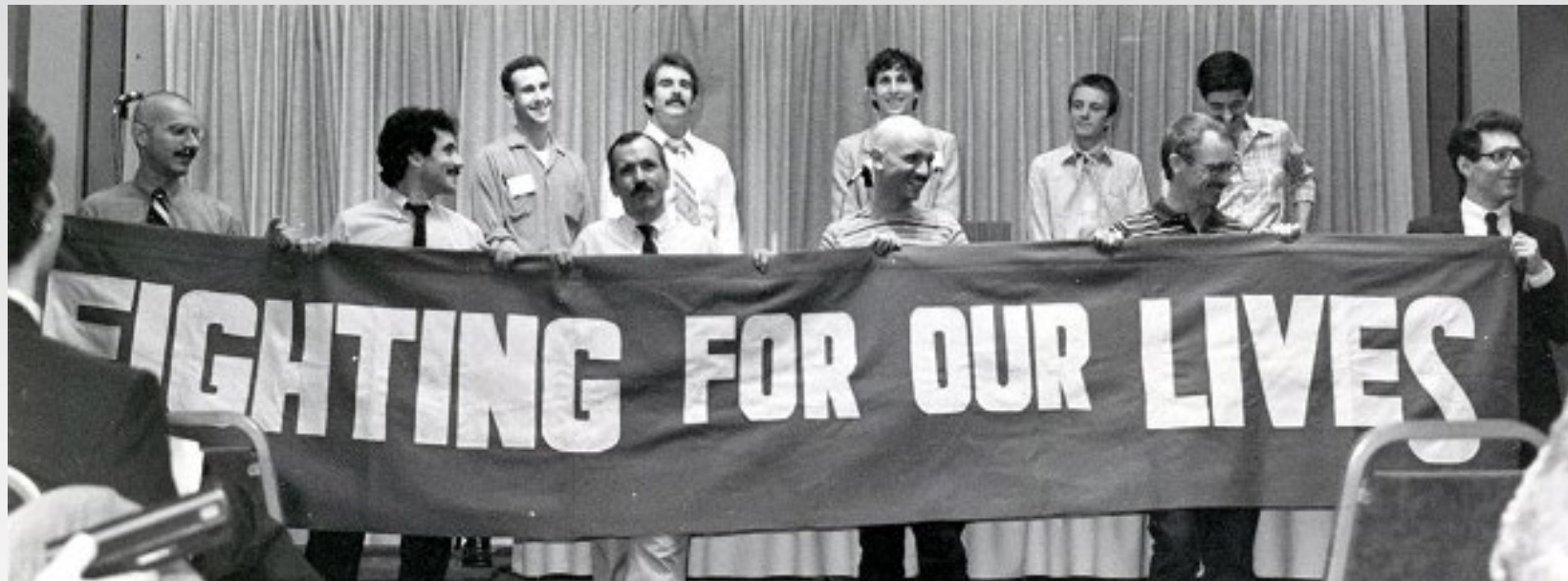
1. Do you know what MIPA is? YES//No
1. What does meaningful involvement of people with HIV mean?
  - A. Being supportive and providing supportive services
  - B. Community advisory board create own agenda and impact decision making
  - C. Providing employment for PLHIV
  - D. None of the above
  - E. All of the above
1. Have you ever been involved in meaningful HIV decision making? YES/NO



# ***MIPA: history & context***



# In the beginning...



**HIV**  **Empowerment** Know the Denver Principles.

When a group of people with AIDS met at a hotel room in Denver in 1983 and wrote a manifesto outlining the rights and responsibilities of people with AIDS,

## the Denver Principles,

it was the first time in the history of humanity that people who shared a disease organized to **assert a collective political voice.**

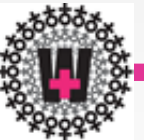
Michael Callen,  
1955 -1993  
AIDS Activist & Co-Author  
of the Principles.

⇒ WORLD AIDS DAY: **DEC. 1** 

**SEANSTRUB.COM** 

- 12 “people with AIDS” who met for the first time at the 5<sup>th</sup> annual Gay & Lesbian Health Conference, held in Denver, CO, June 1983

- Manifesto outlines rights and responsibilities of “PWAs” as well as healthcare providers and care providers



## **THE DENVER PRINCIPLES**

Statement from the  
Advisory Committee  
of People with AIDS

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."



### Recommendations for people with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.



# So... What *is* MIPA?

MIPA = **meaningful** involvement of people living with HIV/AIDS

GIPA = **greater** involvement of people living with HIV/AIDS



GIPA means meaningfully involving people living with HIV in the programmatic, policy and funding decisions and actions that impact on our lives by ensuring that we participate in important decisions.

- *Global Network of People Living with HIV/GIPA Report Card*



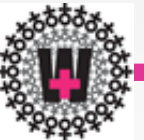
# So why does MIPA matter?

- Those most impacted by a decision should lead decision-making
- It leads to better decisions and responsive planning
- Real connection to community
- Reduction in stigma and discrimination
- Increased effectiveness of policies & programs
- Building sustainable, shareable power in communities
- Holds organizations that serve us accountable to us
- What else?



# Early challenges with MIPA

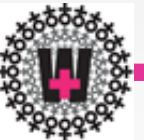
- Cis white gay male dominance in visibility and power
- Leadership by Black/Brown communities, women, folks of trans experience, others often not visible
- Death, poor health, burn-out, trauma
- Pressures of “professionalization” had consequences for community engagement
- As the demographics of the epidemic visibly shifted, commitment to PLHIV leadership did the same
- Resulted in the whitening of the movement





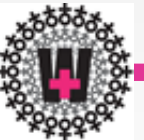
# MIPA or Not?

What is meaningful involvement and what is not?



# MIPA is...

- Centering PLHIV in all decision-making
- Recognizing value of lived experience and that PLHIV are subject matter experts
- Seeing important contribution PLHIV can have on program design/implementation
- Staff reflects diversity of community being served
- Ensuring PLHIV involvement is meaningful and not tokenism or “check the box”



# What's NOT MIPA?

There's a person  
with HIV on the  
board!

Let's ask X  
what to do.  
He's living with  
HIV.

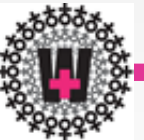
Well, we  
already have a  
CAB...

We can't find the  
right people!



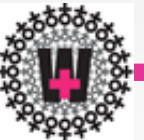
# MIPA is not...

- Expecting PLHIV to be permanent volunteers
- Support services are not necessarily MIPA
- Meetings set for times folks can't make unless they are employed in the field
- The “community panel” and “sand box”
- Invitations to be the “face” of a campaign... after the messaging has already been defined
- Getting information that we don't have time to process
- Race/gender/class-neutral PLHIV representation
- Gatekeeperism: “I can represent PLHIV/POC/Black folks/women all by myself, forever!”
- Using the same “go to PLHIV” all the time



# Your turn...

## What is not MIPA?



# Barriers to MIPA: organizational examples

- Hiring practices that prevent clients/PLHIV from applying – arbitrary degree requirements – no considering lived experience
- Lack of board bylaws that require PLHIV or most impacted participation
- Disempowered CABs – no input on agenda - tokenism
- Programming FOR PLHIV not by PLHIV
- PLHIV that are speaking do not reflect those most impacted by the epidemic
- Language (monolingual) and stigma



# Other Barriers to MIPA

- **Lack of clear commitment to address racism, classism, educational privilege, cis privilege, patriarchy etc**
- **Creating “safe space” does not mean that everyone has to be comfortable**
- **Don’t believe our voice matters**
- **Lack of confidence**



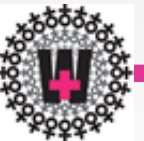
# Which one is MIPA?

## Organization A

- Led by non-POC HIV neg person
- PLHIV do not lead CAB
- Provides great social support for PLHIV
- PLHIV give input on website, graphics, webinars, and programs

## Organization B

- Founded and run by Black WLHIV
- Has PLHIV on staff
- All programs designed by and for PLHIV
- All governance boards are led by PLHIV





# MIPA in Practice

Commit to MIPA principles by acknowledging room for improvement  
- evaluate how programs are developed

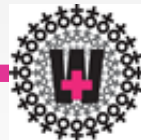
Be explicit about committing to MIPA - tell the world!

Train staff and the people you serve on MIPA

Require PLHIV to serve on governance boards

Pay PLHIV for participation - it shows value; sharing our story  
requires emotional labor

MIPA is not race/gender neutral



# MIPA in Practice

Involve PLHIV in the planning, design and implementation

Programs/services should be developed by and for PLHIV

Expand leadership beyond your “go to” HIV leadership

Restructure and empower CABs

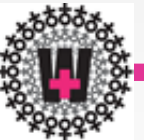
Watch the use of stigmatizing language and images

Commit to building leadership and power of the people you serve by offering:

- Professional development opportunities
- Advocacy/leadership/mentorship
- Trainings and support



# Katrina Haslip



# March 12, 2021

Celebrate & Honor Black Women in the HIV Movement  
Town Hall



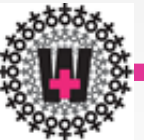
# Thank you!

Nothing About us Without Us!

Venita Ray

PWN - USA Co-Executive Director

[venita@pwn-usa.org](mailto:venita@pwn-usa.org)



# Parliamentary Procedure

James H. Stewart, PRP

[www.mr-parliamentarian.com](http://www.mr-parliamentarian.com)

Jim@mr-parliamentarian.com



“Collective decision-making evokes different sorts of preferences, because an individual's response depends on the institutional environment in which it was asked “

Robert E. Goodin, 1986

University of Essex

Foundations of Social Choice Theory



# WHY Parliamentary Procedure?

- ❖ Protects the rights of the members and of the minority
- ❖ Provides a effective, efficient decision making process that can be trusted.

# MOTIONS

The way you take action

# MOTIONS IN AGENDA

- Most motions come to the Commission via a committee action
- Spelled out in the agenda
- All motions in the agenda are 'made' by adopting the agenda, no second needed
- Amendments or Process motions may be made by the members

# PROCESSING MOTIONS

- 1) Member raises hand
- 2) Member is recognized by the Chair
- 3) Member says "I Move..."
- 4) Another member seconds
- 5) Chair states the motion "It is moved and seconded that..."
- 6) Chair asks for Public Comment, if required
- 7) Chair asks for debate (list of speakers)
- 8) Chair takes vote
- 9) Chair states if motion passed or lost
- 10) Chair goes to next business in order

# MYTH or FACT?

- There can only be one motion on the floor at a time
- FALSE – There can be several motions on the floor at the same time – but the body only debates and votes on one at a time
  - Main Motion
  - Amendment
  - Postpone
  - Refer
  - Previous Question

# Main Motion

- A motion which brings a NEW piece of business before the assembly

# POSTPONE INDEFINITELY

Not used in committee

- **ACTION:** To stop consideration of a pending question without voting on it; kills it for that meeting
  - Must be Seconded
  - Debatable on the merits of the question
  - Majority Vote

# Lay on the Table

- ACTION: Lay a matter aside temporarily, while something of more importance is done
  - Must be seconded
  - Not Debatable
    - Chair can ask for explanation
  - Not Amendable
  - Majority vote
  - Must vote to take from the table



# AMEND

- ACTION - To alter words in a motion
  - Insert or Add words
  - Remove words (**strike out**)
  - Remove and add words in the same place (**strike and insert**)
  - Move words
  - Substitute motion

# AMEND

- Must be seconded
- Is debatable
- Is amendable (once)
- Adheres on referral to committee
- Majority vote

# SUBSTITUTE MOTION

- Amend by striking all words and inserting a new paragraph/motion.
- Used when several changes are needed in a paragraph/motion
- The original and the substitute are open to debate and amendment at the same time.
- Vote twice: vote on the substitute, and, if passed, vote to approve (more debate and amendment can happen in between).

MYTH or FACT?

~~FRIENDLY  
AMENDMENTS~~

# REFER TO COMMITTEE

- ACTION: Sends the Main Motion and all adhering motions to a committee (or back to a committee) for consideration and recommendation
- Must be seconded
- Debatable
- Amendable
- Majority Vote

# POSTPONE DEFINITELY

- **ACTION:** Postpones further consideration until a specific time and/or next meeting
  - Must be seconded
  - Amendable as to time
  - Majority vote

# CALL THE QUESTION

not used in committee without special rule

- ACTION: Ends debate, proceed to vote on the pending question
- Formal motion is **Move the Previous Question**
  - Must be seconded
  - Not debatable
  - Not amendable\*
  - Requires 2/3 vote

# Requests and Inquiries

- Parliamentary inquiry
  - How do I do this
  - Was that done right
- Request for information
  - ASK A QUESTION
- Point of Privilege
  - I cant hear, I do not have the document etc.



# Suspend the Rules

- Action: To allow the assembly to do something outside the rules.
- Can be applied to Adopted Agenda, or any Standing Rule for a meeting
- Bylaws **CANNOT** be suspended

# Suspend the Rules

- Must be seconded
- Not debatable
  - Brief explanation allowed
  - Usually a two-part motion
    - I move to suspend the rules and ....
- Not amendable or debatable
- 2/3 vote

# POINT OF ORDER

- **ACTION:** A member alerts the chair that a improper procedural action may have taken place
  - Does not require a second
  - No vote is taken
  - Not debatable
  - Chair decides if point 'well taken'
  - Can be appealed

# APPEAL FROM THE DECISION OF THE CHAIR

- **ACTION:** Causes to ruling of the chair to be decided by the assembly
  - Must be seconded
  - May be debatable
  - Majority in the negative to overturn the ruling of the chair

DEBATE

# DISCUSSION V. DEBATE

- Discussion is a free flowing exchange of ideas which may or may not lead to an action
- Debate is a formal process of pro and con statements about a specific proposition (motion)

# WHY RULES OF DEBATE?

## ➤ **ISSUES – NOT PEOPLE**

### ➤ **WHAT was said, not WHO said it**

- To allow even the most contentious issue to be debated in a controlled and civilized manner
- Gives all members equal rights
- Gives order to an inherently chaotic process

# Basic Rules of Debate

- No debate without a motion pending,
- Debate only the IMMEDIATELY PENDING question
- All remarks addressed to the Chair
- No one speaks without being recognized by the Chair
- Do not question the motives of another speaker
- Remain quiet while others speak
- Do not refer to members by name
- You may make a motion after your remarks (limits)
- Time limits may be imposed



# Basic Rules of Debate

These rules do not apply in committee

- No one speaks twice till all have spoken once
- No one speaks more than twice without the approval of the assembly
- Time limit may be imposed

**VOTING**

# TWO TYPES OF VOTES

- Uncounted
- Counted
- Several ways to accomplish both
- Brown Act only allows two
  - Unanimous/General Consent
  - Roll Call

# PROCESS: GENERAL CONSENT

- Chair asks “Are there any objections to...?” or “Without Objection we will...”
- If no objections, chair says “Adopted without objection”
- If Objection –a roll call vote is taken

# PROCESS: ROLL CALL

- Chair asks Parliamentarian to call the roll
- Parliamentarian calls the names in alphabetical order (Co-Chairs last) and members answer Aye, No, or Abstain as their name is called
- Parliamentarian gives totals to the Chair
- Chair announces totals and if measure passed/failed.

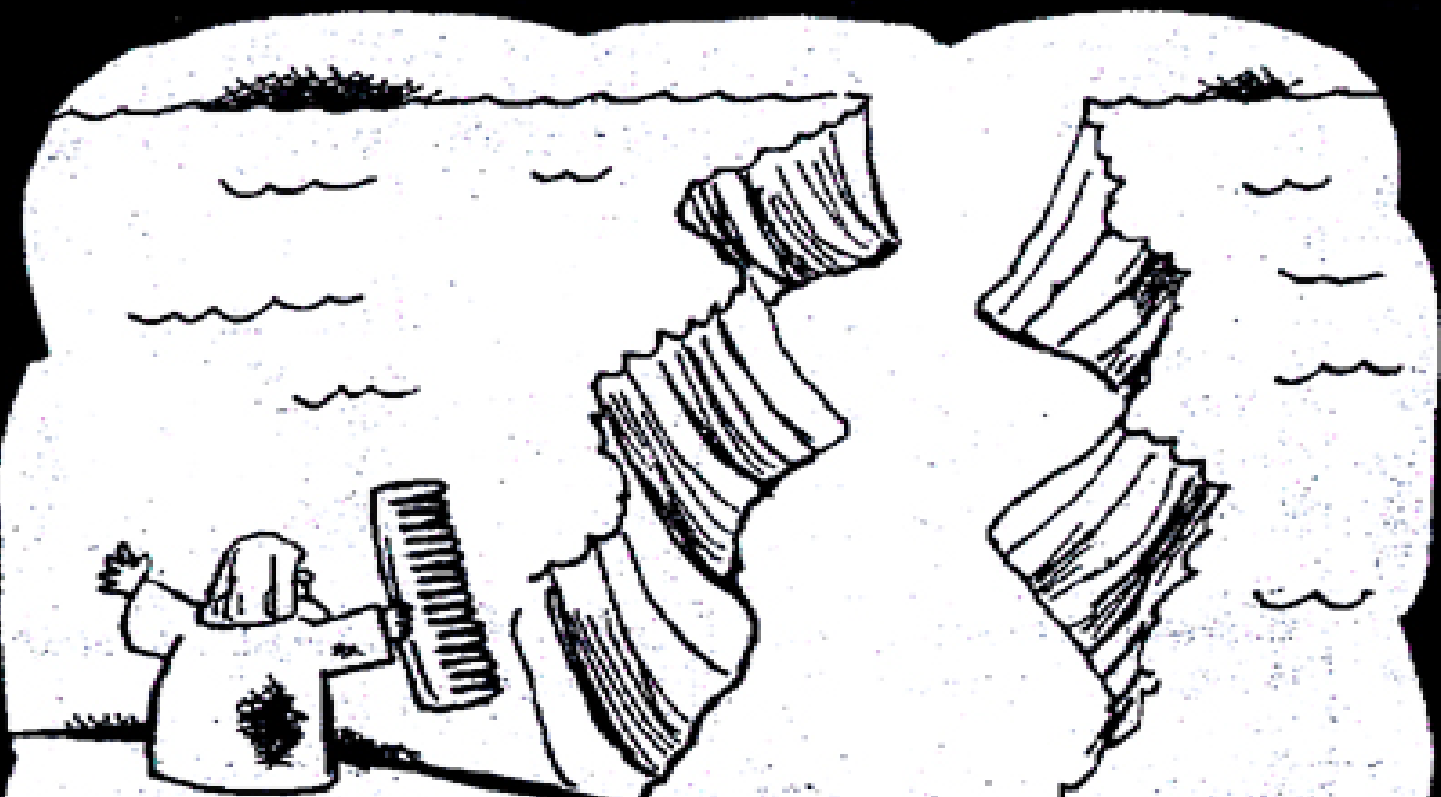
# VOTING PROCESS ISSUES

- Voters are not allowed to explain a vote – that constitutes debate
- No comment AFTER the vote is taken – also constitutes debate
- Vote may not be interrupted until complete
- A member may change their vote up until the time the result is announced by the Chair, thereafter only with unanimous consent of the body

# ABSTENTION

- Everyone has a duty to vote, but no one can be compelled to vote
- Abstention is NOT a vote – it does not count . . . ever
- Normally not asked for
- Only recorded in a Roll Call Vote or with permission or by special rule of order
- Required in Conflict of Interest

# RANDOLPH ITCH 2 a.m.



Moses  
tried all morning  
to get the part straight.



# LA County Commission on HIV Outreach Form

Use this form to document any COH outreach conducted during virtual or in person events and on social media

\* Required

First and Last Name \*

Your answer

Outreach Date \*

Date

mm/dd/yyyy

Outreach Event (Online/In Person) \*

Your answer

Number of Attendees/People Spoken To \*

Your answer

Notes \*

Your answer

Submit



Never submit passwords through Google Forms.