

H*yas for Choice's grading of the candidates' responses are here. Their exact responses are below.

Kamar and Jessica – B+

1. SHC – B-/B
 - a. HIV screening – A
 - b. STI screening – C+
 - c. Accessibility – B
 - d. Problems – C
2. ACA – B
 - a. BC on insurance – B
 - b. BC at SHC – A
 - c. Pressure President's Office – C
3. Menstrual hygiene products – A-
 - a. Availability – A
 - b. Pressure – B+
 - c. Distribution – A
4. Access to benefits
 - a. Tabling zones – A
 - b. GEMS spaces – D
 - c. Storage – A
 - d. Point person – A+
5. Public Support – B+

Garet and Habon – A-

1. Student Health Center – A-
 - a. HIV screening – A
 - b. STI screening – A
 - c. Accessibility – A
 - d. Problems – B
2. ACA changes - A
 - a. BC on insurance – A
 - b. BC at SHC – A
 - c. Pressure President's Office – A
3. Menstrual hygiene products - A
 - a. Availability – A
 - b. Pressure – A+
 - c. Distribution – B+/A-
4. Benefits – A-
 - a. Tabling zones – B
 - b. GEMS spaces – A-
 - c. Storage – A
 - d. Point person – A
5. Public support – B-

Garet and Habon's responses

Student Health Center reform. HFC and members of GUSA have met with Student Health Center administrators several times over the past two semesters and hope to maintain our progress and momentum going forward with GUSA's support.

1. Do you support free and anonymous HIV screening once a semester? This happened for the first time this December, advertised primarily by HFC. How will you work to institutionalize this event?

We definitely support free and anonymous HIV screenings for students at least once a semester from the Student Health Center. We will work with HFC and other student groups on campus, such as GUPride and GUQPOC, to advertise these programs. Our GUSA administration will include a Health and Wellness policy team focused on a broad range of health issues, and will work with the new Student Health Advisory Board to ensure that this necessary health program is continued.

2. Do you support free and anonymous STI screening once a semester? The Student Health Center is resistant to this due primarily to cost. Can you commit to investigating outside funding sources (e.g., grants) to fund a pilot STI screening event? If not, how else will you work to secure this service for students?

As with HIV screening, general STI screenings for students are necessary for student health. While we will absolutely support the search for outside funding resources, we will work with University Administration to subsidize the cost of an initial program, but plan to advocate that the University Administration funds these resources internally in the long-term. We are willing to work with HFC and other student organizations on a pilot program similar to the HIV testing program that happened late November/early December at the Student Health Center. In the long term, we also plan on advocating for year-round access to free and anonymous STI testing on campus.

3. How do you plan on increasing Student Health Center accessibility and inclusivity for students of diverse and intersecting identities?

To address the many overlapping and intersecting identities of students on campus, our administration plans to work with students groups on campus such those in the LGBTQ community, communities of color, and students of low-income, first-generation backgrounds (such as students in GSP) to better inform our advocacy with administrators. We plan on using the new Student Health Advisory Board to emphasize the importance of institutionalized cultural competency training for staff at the Student Health Center and at CAPS, as well as the need for hiring practices that are more in tune with student needs around diversity and intersectionality. We also will advocate for the expansion of the current model used by GSP with Dr. Phillip, and by CMEA with Dr. Wright, to other offices around campus. This is a fantastic way to increase

student engagement with clinicians, and address the stigma associated with accessing mental health care, because of the direct outreach that happens as clinicians support students in the campus spaces they feel more comfortable.

Affordable Care Act alterations. Student health insurance currently covers contraceptives as designated by the FDA because of a provision in the ACA. If that provision of the ACA is repealed, students on student health insurance will be unable to access contraception free of cost. In addition, the Student Health Center may stop prescribing and providing contraception for non-contraceptive purposes if the ACA is repealed. Students on Georgetown's health insurance will be left without any access to birth control.

1. Do you support continued coverage for contraception (the status quo) for students on student health insurance, regardless of changes to the ACA?

Yes, we absolutely support the inclusion of contraception for students on student health insurance. Many students at Georgetown, particularly low-income students, rely on student health insurance and contraception is a necessary part of health coverage for those students.

2. Do you support the Student Health Center continuing to prescribe birth control for non-contraceptive purposes, regardless of changes to the ACA?

Yes, for students with student health insurance the Student Health Center is one of the only nearby options for obtaining prescriptions for a variety of health concerns. As described in our Health and Wellness Platform, we believe that contraception should be included as a part of the larger offering available to students. We plan to advocate for the universal institutionalization of the Student Health Center's policy to prescribe students contraceptives for non-reproductive purposes, and will push to expand the range of contraception the Student Health Center provides (including implants and IUD's).

3. How will you pressure the President's office and other relevant administrators to continue providing coverage for students on Georgetown's health insurance?

Working with Dr. WinklerPrins, Assistant Vice President for Student Health, GUSA will maintain a strong presence in discussions surrounding issues of health, particularly around contraception access for Georgetown students. In the event that government provisions for contraceptive coverage are repealed, as reflected in our platform, we will advocate that University administration provide all necessary resources for students to obtain reproductive health care and contraception. We would be willing to work on a public campaign in partnership with HFC and other student groups about the provision of resources for contraception access on campus, culminating, if need be, in student protests.

Menstrual hygiene product campaign. HFC is working on providing free menstrual hygiene products to students on campus. The Corp is implementing a pilot program this month, and paying for facilities workers to supply products in bathrooms, but lacks the funds to fully institutionalize.

1. Do you support free menstrual hygiene products for students on campus?

Yes, we fully support the provision of free and accessible menstrual hygiene products and disposal receptacles for students throughout campus. It is important for students to get access to menstrual hygiene products because not all can afford to pay for them. Students should not have to weigh the cost of these products against their health.

2. How will you pressure Health Ed or other relevant offices to commit to funding menstrual hygiene products on campus?

Health Education Services and other health offices on campus, which provide valuable health resources to the Georgetown community, are under-resourced and under-staffed. Apart from advocating for greater institutional support for these offices, we would be willing to work with HFC and other student groups to create comprehensive, well-researched proposals for this cause. We are aware that there is some amount of institutional support for such an initiative. But in the event that there is a lack of movement on the issue, we would begin a public campaign in partnership with HFC and other student groups about the importance of menstrual hygiene products, culminating, if need be, in student protests.

3. Do you support free products in bathrooms on campus, a “hub” style where students can go to one location (e.g. Health Ed) and receive supplies in bulk, or both? Which do you favor achieving in the short term, and which in the long term?

We support having free products in bathrooms, as well as the creation of “hubs” for these products. Both options are viable and necessary for the campus community. In the short term, we would push for having free products, as well as disposal receptacles, in all bathrooms on campus. It is much easier to go to any bathroom and get a product rather than go to a specific location to get menstrual products. In the longer term, we would also be supportive of hubs on campus at different locations (Health Education Services, Student Health Center, HFSC, Yates, Women’s Center, LGBTQ Center, CMEA, and more) that provide menstrual hygiene products in bulk.

Access to benefits policy changes.

1. Do you support the expansion of tabling zones on campus? If so, where? How do

Spaces, such as Healy Circle, are often not considered tabling zones because of aesthetic and optics reasons. We reject the notion that these are valid reasons for suppressing student speech. However, the University will resist changing these procedures, so we support a compromise: event-specific speech zones closer to event spaces. When there are events held in spaces like Gaston there should be a free speech zone in a relatively close location - like Healy Circle - and the student organizations involved (protesting organizations, as well as those that plan events) should have a voice in deciding where these free speech zones are. Protests and tabling in relation to controversial events allow for much greater dialogue on controversial issues.

2. Do you support groups without access to benefits acquiring the ability to reserve OCAF/GEMS spaces? If so, how do you plan to overcome administrator resistance?

We support continued discussions between the University and unrecognized student groups about acquiring access to spaces. However, anticipating significant University pushback, we also support the continuation and expansion of the current partnership where access to space and other benefits is extended to unrecognized student groups through GUSA.

3. Do you plan to maintain GUSA storage for unrecognized student groups? Do you plan to maintain a policy team/policy chair/other designated point person for unrecognized student group concerns?

In the absence of necessary storage space for unrecognized student groups like H*yas for Choice, it is the responsibility of GUSA to make accommodations for them. A significant number of students at Georgetown are involved with unrecognized groups and ensuring advocacy efforts on their behalf will be a priority for our administration. We will maintain the current liaison position and leave open the possibility for the development of a policy team depending on interest from unrecognized student groups.

Kamar and Jessica's Responses

Student Health Center reform.

1. Do you support free and anonymous HIV screening once a semester? This happened for the first time this December, advertised primarily by HFC. How will you work to institutionalize this event?

- a. Increasing access to student health services is one of the three core tenets of our platform and one of the key ways that we believe GUSA can improve student life on campus. We commit to working tirelessly to ensure the continuation of free and anonymous HIV screening once a semester because this falls in line with our priority of promoting a healthier student body, and that includes promoting safe intimate relationships. This is also an issue that intersects with affordability and access because healthcare services that go beyond what the University evaluates to be the standard are among some of the hidden costs of Georgetown.

2. Do you support free and anonymous STI (Sex) screening once a semester? The Student Health Center is resistant to this due primarily to cost. Can you commit to investigating outside funding sources (e.g., grants) to fund a pilot STI screening event? If not, how else will you work to secure this service for students?
 - a. We believe that free and anonymous STI screening is a right for every college student. The unfortunate reality of Georgetown is that the best way to protect this right is to ensure that funding does not come from the university itself. There are federal resources that can be looked into (<https://www.aids.gov/federal-resources/funding-opportunities/how-to-get-funding>) and screenings once a semester don't have to be quite the financial burden on GUSA, the SHC, or the university especially if an organized approach to feeling out the demand for such services on campus is taken ahead of scheduled screenings.

3. How do you plan on increasing Student Health Center accessibility and inclusivity for students of diverse and intersecting identities?
 - a. CAPS clinician John Wright has developed a cultural competency training for direct service providers. We will advocate for SHC staff members to partake in the training he has developed as a first step towards cultural competency. We will open dialogue with affinity organizations to identify unique challenges that affect different communities on campus and cause barriers to access at the SHC. We expect that the result of this conversation will be that we need to reevaluate SHC staff hiring protocols to ensure that students feel supported in their healthcare environment. We also note that medical professionals should be more equipped to address the health and

sexual health needs of queer and trans students. Many healthcare professionals lack the language and resources to competently and respectfully create safe, inclusive environments for their queer and trans patients and we should also look into implementing trainings with the LGBTQ Resource Center or other external LGBTQIA+ initiatives.

4. What problems do you see at the Student Health Center and how can best resolve those problems?

a. There are two chief problems at the student health center from a *logistical*

standpoint that have multiple negative ramifications: 1) the lengthy amount of

time that students have to wait in line in order to reach the desk and be placed on the waitlist and 2) the delay of multiple days or even a week that it often takes to get an actual appointment with a nurse or doctor. Not only do these have the immediate effect of lengthening the amount of time that students are sick, but they also make students (who may be busy and stressed already) less likely to utilize the Student Health Center when they become sick or get injured. One recent way that the University has pushed back against this problem is by hiring new SHC staff members; however, that is not a long-term fix, and it is definitely not the most efficient way to handle the problem. Two improvements that our campaign will advocate for are 1) to replace the written check-in process with a digital check-in system on computer screens, similar to the what the Financial aid office implemented to help streamline its check-in process and 2) to begin using basic data-mining tactics to predict the number of doctors and nurses that we need to have on staff in order to provide care for students. For the non-computer science majors, this would entail collecting anonymous data on patients such as the type of disease(s) they come in with as well as the residence hall where they live and analyzing that data with upcoming weather patterns. This allows us to predict with a high degree of accuracy the number of students that are likely to fall ill. As an illustration, if a student living in New South comes into the SHC with the Flu and next week's weather predictions show cold and rain, that should put off red flags in the SHC's data-mining software which should staff more for the

immediate future. Compare this to a case when a student from a Vil A apartment comes in with the Flu and upcoming weather predictions being moderate. This process which is relatively simple given today's technology would allow us to staff accordingly and prepare for surges in appointment requests, without wasting resources during days that are more slow. Also along the lines of logistics, we will advocate that SHC staff consider blocked schedules for the nursing staff's lunches to make waiting times shorter and the overall process of visiting the SHC more efficient and accessible. Lastly, as recent HFC surveys have shown that students have been treated inappropriately by staff, judged for their sexual practices, and had overall negative experiences in the SHC, GUSA should look into conducting surveys to follow up on what HFC has found and help advocate for investigations and changes within the Center.

Affordable Care Act alterations.

1. Do you support continued coverage for contraception (the status quo) for students on student health insurance, regardless of changes to the ACA?
 - a. We believe that, per the ACA, contraception should be a component of every insurance plan. We will advocate to Dr. WinklerPrins that this be implemented at Georgetown. In answering this question, we had trouble finding out the *full* details of Georgetown's health insurance plan, even though many of us have the university plan ourselves. Therefore, we believe it is imperative that GUSA engage in education about what plans entail and do not entail so that students can make informed choices.

2. Do you support the Student Health Center continuing to prescribe birth control for non-contraceptive purposes, regardless of changes to the ACA?
 - a. Yes. From treating depression to preventing cancer, birth control is an imperative component of women's health. Its accessibility should not be questioned regardless of external factors that we can not control. As this is the status quo at Georgetown, we will work with administrators to ensure this is maintained regardless of national policy changes.

3. How will you pressure the President's office and other relevant administrators to continue providing coverage for students on Georgetown's health insurance?
 - a. We believe that effective pressure begins with understanding. We will work with the administration and the new Student Health Advisory Board to identify their concerns with the insurance plan. Using this knowledge, we will work to alleviate those concerns from the student perspective to ensure that students do not have to revert to outside insurance. If compromise does not produce solutions amenable to student partners, we will engage more aggressive ways of vocalizing student concerns.

Menstrual hygiene product campaign.

1. Do you support free menstrual hygiene products for students on campus?
 - a. We believe that in addition to the menstrual hygiene products currently available in some ICC women's restrooms, there should be products made available in *all* gender restrooms in communal bathroom **residential halls and student-life buildings** (such as the Healey Family Student Center, the Leavey Center, etc.)

2. How will you pressure Health Ed or other relevant offices to commit to funding menstrual hygiene products on campus?
 - a. It is disappointing that this is a conversation that needs to be had, but we will do our best to engage with administration and make them aware that menstrual hygiene products are a necessity for many students of different gender identities. These are not luxury items, these are not "perks," no one would question whether or not toilet paper should be provided by the university, and we believe the same mindset should apply to menstrual hygiene products. A university that commits itself to "caring for the whole person" must recognize the importance of providing such provisions to ensure the health, comfortability, and wellness of all students.

3. Do you support free products in bathrooms on campus, a "hub" style where students can go to one location (e.g. Health Ed) and receive supplies in bulk, or both? Which do you favor achieving in the short term, and which in the long term?
 - a. We believe that students must have access to these resources as soon as possible. Considering the extent of advocacy necessary for each option, we believe that creating a hub should be first, then free products should be rolled out in bathrooms. But what must also follow is thorough, strategic marketing that ensures the student body actually knows where these products are.

Access to benefits policy changes.

1. Do you support the expansion of tabling zones on campus? If so, where? How do you plan to overcome administrator resistance, e.g. for tabling in Healy Circle?
 - a. Our campaign supports the expansion of tabling zones for recognized and unrecognized groups on campus. With the recent passage of the campus plan, there will be multiple new areas of student life for which our administration will advocate that new space be allocated to tabling. The most exciting opportunity lies on the Leavey esplanade because with bookstore's plans to expand into the esplanade with the addition of shopping space and a cafe, that will quickly become a vibrant area of student life during daytime hours. We will push for dedicated space to place tabling stations in the sunny area outside of their cafe entrance. Additionally, we will advocate to **REMOVE** the long gray couch in the Healey Family Student Center next to the outer wall of Bulldog Tavern that **does not have any functional outlets**. We will then push Student Center Director Patrick Ledesma to dedicate that space for tabling stations in the HFSC to replace that relatively useless couch. These two initiatives would be relatively easy to do because both Leavey and HFSC are already designated as "public squares" in the University's speech and expression policy. In response to any resistance from the the Division of Student Affairs, we will negotiate with those administrators who would push back against expanding tabling zones by offering compromises such as establishing dead periods for times such as parents weekend or big tour weekends during which tabling in any newly proposed areas such as Healy circle could be off limits for student groups.

2. Do you support groups without access to benefits acquiring the ability to reserve OCAF/GEMS spaces? If so, how do you plan to overcome administrator resistance?
 - a. We understand that in the current status quo, unrecognized groups generally conduct meetings and other group gatherings in classrooms because GEMS allows individual students to reserve those spaces. However, if an unrecognized group is looking to book a larger space such as an auditorium or a lounge such as McShain, that process must occur through a cosponsorship. We recognize the pros and the cons of this process. On the positive side, an unrecognized group can utilize the full breadth of resources that Georgetown has to offer without the regulations and oversight that come from being an ATB organization. On the negative side however, the cosponsorship process can be difficult to coordinate because it requires organizing two or more student groups at once in order to

plan the event and because the approval process can take a bit longer. After many conversations with previous members of GUSA that have worked with unrecognized student group policy (both Greek and non-Greek) to facilitate these cosponsorships, there is a consensus that proposing radical changes to the cosponsorship policy could antagonize administrators and result in more oversight in the current space reservation process. The clear reason lies in the limited amount of space that we have on campus accompanied by the huge number of space requests. And so, during our administration we will advocate for deliberate, strategic changes in the GEMS reservation policy such as pushing for the classification of key spaces such as fancy conference rooms as classrooms in order to give unrecognized groups access to them without going through a cosponsorship. We will also ensure that the cosponsorship process is advertised better to both ATB and unrecognized groups so that organizations are not only aware that the option is there but also know how to use it.

3. Do you plan to maintain GUSA storage for unrecognized student groups? Do you plan to maintain a policy team/policy chair/other designated point person for unrecognized student group concerns?
 - a. Yes, we will absolutely maintain GUSA storage for unrecognized groups as well as student entrepreneurs. This is a key resource for unrecognized groups that need to store their tables, banners, etc.
 - b. We plan to have a designated point person for general unrecognized student groups and a designated point person specifically for Greek life. This distinction has played out well simply because the needs of the types of unrecognized groups are so different. We also will ensure that these leaders are appointed who have executive experience within these spaces. We will also engage leaders of non-Greek unrecognized groups (such as you!) and determine whether it would be beneficial to further separate non-Greek organizations by whether or not they are an advocacy organization. For example, from an outside perspective we believe that the needs of HFC differ from an unrecognized group such as GCI, and we are open to having separate point people to coordinate each.

John and Nick chose not to respond to HFC's questionnaire

