



**Board of Commissioners of Cook County
Minutes of the Human Relations Committee**

1:15 PM

Wednesday, September 17, 2025

**Cook County Building, Board Room,
118 North Clark Street, Chicago, Illinois**

ATTENDANCE

Present: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

A motion was made by Vice Chairwoman Trevor, seconded by Commissioner Anaya, to allow for remote participation in meeting. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

PUBLIC TESTIMONY

Chairman K. Morrison asked the Secretary to the Board to call upon the registered public speakers, in accordance with Cook County Code.

- 1) Seth Moland-Kovash - Partners for our Communities
- 2) Nicholas Ramos - The Resurrection Project
- 3) Vanessa Mendoza - Concerned Citizen
- 4) Sara Reschly - Brighton Park Neighborhood Council
- 5) Channyn L. Parker - Equality Illinois
- 6) Stephanie Skora - Concerned Citizen

25-3768

COMMITTEE MINUTES

Approval of the minutes from the meeting of 7/23/2025

A motion was made by Commissioner Anaya, seconded by Commissioner Vásquez, to approve 25-3768. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

25-3451

Sponsored by: JESSICA VÁSQUEZ, ALMA E. ANAYA, KEVIN B. MORRISON, JOSINA MORITA, FRANK J. AGUILAR, SCOTT R. BRITTON, JOHN P. DALEY, BRIDGET DEGNEN, BILL LOWRY, DR. KISHA E. McCASKILL, DONNA MILLER, STANLEY MOORE, MICHAEL SCOTT JR., TARA S. STAMPS and MAGGIE TREVOR, Cook County Board Of Commissioners

PROPOSED RESOLUTION

DENOUNCING CALLOUS AND DECEPTIVE TACTICS OF FEDERAL AGENTS INCLUDING U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT AGENTS IN REGARD TO IMMIGRATION ENFORCEMENT

WHEREAS, the Homeland Security Act of 2002 created the U.S. Department of Homeland Security, unifying separate federal departments into one Cabinet-level department that oversees a range of topics including immigration, border security, trafficking, and terrorism; and

WHEREAS, Homeland Security established Immigration and Customs Enforcement (ICE) in 2003 with the mission of protecting national security and enforcing our borders; and

WHEREAS, ICE has more than 20,000 law enforcement officers in more than 400 offices in the United States and around the world, counts with an annual budget of \$8 billion, and whose work is carried out by units such as Homeland Security Investigations (HSI) and Enforcement and Removal Operations (ERO); and

WHEREAS, under the Trump Administration, ICE agents have increasingly used deceptive tactics and in some cases, brutal force to separate and intimidate immigrant families and individuals, many of whom do not have a criminal record; and

WHEREAS, attorneys, nonprofit organizations, and media outlets have reported agents using deceitful practices to arrest and detain individuals without a warrant; and

WHEREAS, it has been reported that ICE is arresting and detaining residents seeking legal status who are lawfully abiding by immigration procedures set forth by federal officials; and

WHEREAS, it has been reported that such arrests have occurred at immigration court hearings even after cases get dismissed upon ICE motions and at short-notice check-ins; and

WHEREAS, ICE agents have also engaged in “collateral arrests” that include individuals with lawful work permits, student visas, legal permanent residency, and in some cases, tourists, reporters, and U.S. citizens; and

WHEREAS, in their efforts to detain immigrants, ICE agents have engaged in physical altercations with peaceful protestors, many of whom are Cook County residents; and

WHEREAS, many ICE agents have resorted to using face coverings and refusing to provide identification while in their official capacity; and

WHEREAS, ICE agents have appeared in plain clothes and in unmarked cars without law enforcement insignia; and

WHEREAS, the use of plain clothes, unmarked cars, and lack of identification could lead to individuals impersonating ICE and federal authorities; and

WHEREAS, the tactics used by ICE agents are eroding public trust in local law enforcement and have undermined the safety and well-being of County residents; and

WHEREAS, Cook County is a Welcoming and Fair and Equal County; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Commissioners of Cook County, on behalf of the 5.2 million residents of Cook County, denounce the increasingly deceptive and callous tactics of ICE agents in its immigration enforcement and call for strong congressional oversight; and

BE IT FURTHER RESOLVED, that a suitable copy of this Resolution be spread upon the official proceedings of this Honorable Body and that an official copy of the same be tendered to Kristi Noem, United States Secretary of Homeland Security, Tom Homan, Acting Director of the U.S. Immigration and Customs Enforcement, Sam Olson, Chicago Immigration and Customs Enforcement Director, and the Illinois Congressional delegation.

A motion was made by Commissioner Anaya, seconded by Commissioner Vásquez, to accept as substituted 25-3451. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

A motion was made by Commissioner Anaya, seconded by Commissioner Vásquez, to recommend for approval as substituted 25-3451. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

Sponsored by: KEVIN B. MORRISON, MAGGIE TREVOR and DR. KISHA E. McCASKILL, Cook County Board Of Commissioners

PROPOSED RESOLUTION

REAFFIRMING COOK COUNTY'S SUPPORT FOR YOUTH'S ACCESS TO GENDER AFFIRMING CARE AFTER UNITED STATES V. SKRMETTI

WHEREAS, gender dysphoria is a feeling of distress that describes when a person's gender identity differs from the sex assigned at birth and is a diagnosis included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association; and

WHEREAS, the diagnosis was created to help people with gender dysphoria get access to the healthcare and treatment that they need; and

WHEREAS, the American Psychiatric Association (APA), notes that gender identity can run anywhere along a continuum that includes man, woman, a combination of those, neither of those, and/or is fluid; and

WHEREAS, for the majority of transgender and/or nonbinary individuals, gender dysphoria is only alleviated through medical interventions; and

WHEREAS, gender-affirming care, as defined by the World Health Organization, encompasses a range of social, psychological, behavioral, and medical interventions “designed to support and affirm an individual’s gender identity” when it conflicts with the gender they were assigned at birth; and

WHEREAS, the interventions help transgender people align various aspects of their lives - emotional, interpersonal, and biological - with their gender identity; and

WHEREAS, for children, the timing of the interventions is based on several factors, including cognitive and physical development as well as parental consent; and

WHEREAS, according to the Williams Institute, there are about 300,000 people between the ages of 13 and 17 and 1.3 million adults who identify as transgender in the U.S; and

WHEREAS, according to the Office of Population Affairs, the majority of gender-affirming care options available to youth are reversible and include social affirmations, puberty blockers, and/or hormone replacement therapies; and

WHEREAS, social affirmations include adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms, and other facilities; and

WHEREAS, puberty blockers were originally approved by the FDA to treat precocious puberty in cisgender youth in 1993, citing minimal side effects and high efficacy, and are a type of fully reversible medication that can temporarily pause puberty and remains the gold standard treatment for precocious puberty in cisgender youth; and

WHEREAS, puberty blockers are a typical step for minors receiving gender-affirming care, with the exact age to start puberty blockers as part of gender-affirming care varying but should align with the first signs of puberty, according to the World Professional Association of Transgender Health (WPATH) guidelines; and

WHEREAS, youth go through an intentionally lengthy process to access puberty blockers, with guidelines highlighting that blockers should only be taken by youth who have already started puberty, and not by prepubescent youth; and

WHEREAS, hormone replacement therapy uses hormones (testosterone and/or estrogen) to bring a person closer to their identified gender physically and is widely accepted as an effective course of treatment for gender dysphoria; and

WHEREAS, according to the Association of American Medical Colleges (AAMC) among the criteria that are typical for providing hormone-related therapies for youths include finding that the youth has experienced several symptoms of gender dysphoria listed in the DSM for at least six consecutive months, a letter of support from the youth's licensed therapist and written concurrence from a mental health professional for the provider, parental consent for those under 18, and ongoing psychotherapy; and

WHEREAS, guidelines are clear that when providing gender-affirming treatment to adolescents, WPATH advises doctors to ensure that the youth has expressed sustained gender incongruence, that they have the emotional and cognitive maturity to provide informed consent, that mental health concerns have been addressed, and that the youth is informed of reproductive health effects; and

WHEREAS, interventional surgery, including "Top" surgery - to create male-typical chest shape or enhance breasts, "Bottom" surgery - surgery on genitals or reproductive organs, facial feminization, or other procedures, is rarely provided to people under 18; and

WHEREAS, the National Library of Medicine's 2024 article 'Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US' found that in 2019 the rate of undergoing a gender-affirming surgery for transgender and gender diverse individuals was 5.3 per 100,000 total adults compared with 2.1 per 100,000 minors aged 15 to 17 years, 0.1 per 100,000 minors aged 13 to 14 years, and 0 procedures among minors aged 12 years or younger; and

WHEREAS, guidelines further detail that, when considering surgery, adolescent patients should be on hormone therapy for no less than 12 months unless hormone therapy is not needed or medically contradicted; and

WHEREAS, the Journal of the American Medical Association's 2024 article 'Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US' took a cross-section of U.S. medical data from 2019 to examine the overall rates of gender-affirming surgeries and found that of the roughly 150 cases in which a minor received a gender-affirming care surgery, about 97% were actually chest reduction surgeries performed on cisgender male youth; and

WHEREAS, the National Library of Medicine's 2022 article 'Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care' found that gender-affirming medical interventions were associated with lower odds of depression and suicidality over 12 months, and that the data adds to existing evidence suggesting that gender-affirming care may be associated with improved well-being among transgender and nonbinary youths over time, which is important given mental health disparities experienced by this population, particularly given the high levels of self-harm and suicide they experiences; and

WHEREAS, A 2021 survey by the Trevor Project, an LGBTQ+ youth crisis organization, found that among trans kids 18 and under, a year of hormone therapy correlated with 40 percent lower odds in recent depression or attempting suicide; and

WHEREAS, despite the overwhelming evidence found by medical and psychological experts detailing the importance of providing gender-affirming care to youth to better their quality of life, mental health, and overall well-being, as of July 2025 there have been over 900 anti-trans bills introduced across the country that seek to block trans people from receiving basic healthcare, education, legal recognition, and the right to publicly exist; and

WHEREAS, in 2023, the State of Tennessee passed SB1, which prohibits health care providers from performing surgical procedures and prescribing, administering, or dispensing puberty blockers and hormones for the purposes of (1) enabling a minor to identify with, or live as, a purported identity inconsistent with the minor's sex, or (2) treating purported discomfort or distress from a discordance between the minor's sex and asserted identity; and

WHEREAS, the law authorizes Tennessee's attorney general to enforce SB1 by bringing actions against individuals who violate its provisions, permits the relevant state regulatory authorities to discipline health care providers who violate the law's prohibitions, and creates a private right of action enabling an injured minor or nonconsenting parent of an injured minor to sue a health care provider for violating the law; and

WHEREAS, in response, on April 26, 2023, the Department of Justice (DOJ), under former President Joe Biden's administration, filed its federal lawsuit against Tennessee, naming Tennessee Attorney General Jonathan Skrmetti; and

WHEREAS, in December of 2024, the DOJ argued that the law violates the equal protection clause of the 14th Amendment in part because the same medications and treatments that are banned for minors with gender dysphoria, are permitted for other purposes, such as minors with conditions like endometriosis and early or late onset puberty

WHEREAS, however, soon after President Trump took office, the Justice Department told the Court its position had changed; and

WHEREAS, on June 18, 2025, the Supreme Court of the United States ruled in *United States v. Skrmetti* that Tennessee's ban on gender-affirming care for transgender youth should remain in place; and

WHEREAS, in his 24-page majority opinion for the Court, Chief Justice John Roberts rejected the DOJ's original arguments, writing that laws like Tennessee's that turn on age or medical use are not subject to the kind of heightened legal scrutiny that courts use to look at issues like sex discrimination; and

WHEREAS, instead, the court applied the lowest level of legal scrutiny, called rational basis, meaning that if there is any rational justification for the law, it passes constitutional muster; and

WHEREAS, Chief Justice Roberts decided to acknowledge what he called "the fierce scientific and policy debates about the safety, efficacy, and propriety of medical treatments in an evolving field," stating that it is not the court's job to judge "the wisdom or fairness" of Tennessee's law; and

WHEREAS, it should be emphasized that multiple expert, professional, medical, and mental health organizations filed an amicus brief in support of the United States original arguments against SB1 including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Pediatric Society, the American Psychiatric Association, the Endocrine Society, and the National Association of Pediatric Nurse Practitioners; and

WHEREAS, in Justice Sonya Sotomayor's dissent, joined by Justices Ketanji Brown Jackson and Elena Kagan, she highlights how the Court's opinion "contorts logic and precedent," and retreats from meaningful judicial review "exactly when it matters most."; and

WHEREAS, Justice Sotomayor further noted that judicial scrutiny has long played an essential role in guarding against legislative efforts to impose the state's view on how people of a particular race or sex should live; and

WHEREAS, Justice Sotomayor's dissent details how the majority's arguments mirror those made in

defense of banning interracial marriage in the *Loving v. Virginia* case, writing “In a passage that sounds hauntingly familiar to readers of Tennessee’s brief, Virginia argued in *Loving* that, should this Court intervene, it would find itself in a ‘bog of conflicting scientific opinion upon the effects of interracial marriage’; and

WHEREAS, with the passage and upholding of SB1, Tennessee joins 26 additional states that have restricted gender-affirming care in some form, including Alabama, Arkansas, Arizona, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia, and Wyoming; and

WHEREAS, in contrast, Illinois Governor JB Pritzker signed the Patient and Provider Protection Act into law in 2023, solidifying access to abortion and gender-affirming care in Illinois and further reinforcing protections for Illinois health care providers and patients travelling here to access abortion or gender affirming health care; and

WHEREAS, additionally in 2023, Cook County passed updates to its Human Rights Ordinance to include protections for bodily autonomy and included updating definitions pertaining to sexual orientation, gender identity, unlawful discrimination, bodily autonomy, reproductive health care, and gender-affirming care, prohibitions against discriminating against individuals and/or their family members who exercise their bodily autonomy in both employment and housing decisions, and prohibitions against accessing information about an individual’s and/or their family members’ decision regarding the exercise of bodily autonomy without proper consent; and

WHEREAS, the current national political environment has created very real legal and physical dangers for the transgender and nonbinary community; and

WHEREAS, Cook County continues its commitment to the work of uplifting and protecting transgender, non-binary, and gender-nonconforming people as we continue to work toward enacting equitable policies to uplift marginalized citizens and eliminating violence toward them;

NOW, THEREFORE, BE IT RESOLVED, that the Cook County Board of Commissioners does hereby reaffirm its stalwart commitment to the protection of transgender and non- binary youths’ inherent right to bodily autonomy and gender-affirming care within Cook County, Illinois, and across the nation; and

BE IT FURTHER RESOLVED, that the Cook County Board of Commissioners does hereby condemn any and all political, legislative, and judicial actors across the county who baselessly deprive transgender and non-binary youth of their right to make healthcare decisions that should explicitly be between them, their guardians, and their medical teams; and

BE IT FURTHER RESOLVED, that this text be spread upon the official proceedings of this Honorable Body, and suitable copies be tendered to President Donald Trump, Vice President JD Vance, Attorney General Pam Bondi, Chief Justice John Roberts, U.S. House Speaker Mike Johnson, U.S. House Minority Leader Hakeem Jeffries, U.S. Senate Majority Leader John Thune, U.S. Senate Minority Leader Chuck Schumer, U.S. Senator Dick Durbin, U.S. Senator Tammy Duckworth, Tennessee Governor Bill Lee, Tennessee Attorney General Jonathan Skrmetti, Alabama Governor Kay Ivey, Arkansas Governor Sarah Huckabee Sanders, Arizona Governor Katie Hobbs, Florida Governor Ron DeSantis, Georgia Governor Brian Kemp, Idaho Governor Brad Little, Indiana Governor Mike Braun, Iowa Governor Kim Reynolds, Kansas Governor Laura Kelly, Kentucky Governor Andy Beshear, Louisiana Governor Jeff Landry, Mississippi Governor Tate Reeves, Missouri Governor Mike Kehoe, Montana Governor Greg Gianforte, Nebraska Governor Jim Pillen, New Hampshire Governor Kelly Ayotte, North Carolina Governor Josh Stein, North Dakota Governor Kelly Armstrong, Ohio Governor Mike DeWine, Oklahoma Governor Kevin Stitt, South Carolina Governor Henry McMaster, South Dakota Governor Larry Rhoden, Texas Governor Greg Abbott, Utah Governor Spencer Cox, West Virginia Governor Patrick Morrisey, Wyoming Governor Mark Gordon, the Illinois House Congressional Caucus, the U.S. House LGBTQ+ Caucus, Illinois Governor JB Pritzker, Illinois Senate Leader Don Harmon, and Illinois House Speaker Emanuel Welch.

A motion was made by Vice Chairwoman Trevor, seconded by Commissioner Vásquez, to recommend for approval 25-3489. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

ADJOURNMENT

A motion was made by Vice Chairwoman Trevor, seconded by Commissioner Vásquez, to adjourn the meeting. The motion carried by the following vote:

Ayes: K. Morrison, Trevor, Anaya, Stamps and Vásquez (5)

Absent: McCaskill and Miller (2)

Respectfully submitted,



Chairman



Secretary

A complete record of this meeting is available at <https://cook-county.legistar.com>.