THE TASK FORCE FOR GLOBAL HEALTH PRESENTS THE FACES OF GLOBAL HEALTH

FINDING PRIDE IN GLOBAL PUBLIC HEALTH

EVENT SUMMARY

TUESDAY, JUNE 29TH 2021 AT 1 PM E.S.T.
SOME LGBTQ+ HISTORY FACTS

WHY IS THIS CONVERSATION IMPORTANT?

In honor of Pride Month, we are excited to host "Finding Pride in Global Public Health" to highlight LGBTQ+ voices in global health. June is Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Pride Month, celebrated in honor of the 1969 Stonewall Uprising in Manhattan, which was a tipping point for the Gay Liberation Movement in the United States. Pride Month is a moment to celebrate the achievements of the LGBTQ+ community, but also to reflect on what still has to be done.

LGBTQ+ AROUND THE WORLD


- Many anti-gay laws have origins from colonial times.
- Out of the 53 countries in the Commonwealth -many of which were former British colonies- 36 have laws that criminalize homosexuality.
- According to the International Lesbian, Gay, Bisexual, Trans, and Intersex Association, out of the 124 UN member States there are 69 countries that have laws that criminalize homosexuality.
- 34 UN member States have actively enforced such criminalizing laws over the past five years, but the number is possibly much higher.
- So far, 28 countries in the world recognize same-sex marriages, and 34 others provide for some partnership recognition for same-sex couples, Ilga says.
- As of December 2020, 81 UN member States have laws protecting from discrimination in the workplace on the basis of sexual orientation: twenty years ago, they were only 15. Huge progress, but we still have a lot of work to do.

SOME LGBTQ+ RESOURCES

- Safe Zone Project: https://thesafezoneproject.com/resources/
- TED Talk: what it’s like to be LGBTQ around the world: https://www.ted.com/talks/jenni_chang_and_lisa_dazols_this_is_what_lgbt_life_is_li
- Being visible at work: https://www.ted.com/talks/morgana.bailey_the_danger_of_hiding_who_you_are
- Pronouns: https://www.mypronouns.org/
- Non-binary Adults in the U.S.: https://williamsinstitute.law.ucla.edu/publications/nonbinary-lgbtq-adults-us/
PURPOSE

THE FACES OF GLOBAL HEALTH

WHAT IS THE TASK FORCE FOR GLOBAL HEALTH?
The Task Force is a global health nonprofit working with partners in more than 150 countries to advance health equity so that all people can achieve their full potential. Learn more at https://taskforce.org/

WHY ARE WE DOING THIS?
The Task Force staff established the Council for Opportunity, Diversity, and Equity (CODE) after a June 2020 staff forum on racial injustice related to the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and others. CODE’s aim is for The Task Force to become a role model in our local and global communities by being actively engaged in equity efforts, and to help achieve equity in our organization and community through education, action and public health. CODE works both internally and externally to improve diversity and inclusion.

WHAT WE WANT YOU TO TAKE AWAY FROM THIS?
This is the fourth in a series of conversations called The Faces of Global Health. We want each of you to walk away from the session with the confidence that there is a place for everyone in global health, regardless of your background, knowing that success in global health is not limited to one specific group.

We want you to feel reassured that your experiences are not unique to you and that there are others with similar backgrounds in the field of global health, who have similar experiences, that you can lean on for support.
Finding Pride in Global Public Health

BY THE NUMBERS

157 REGISTERED
117 ATTENDED

75% ATTENDANCE RATE

FINDING PRIDE IN GLOBAL PUBLIC HEALTH
A panel in the The Faces of Global Health series

TUESDAY, JUNE 29, 2021 AT 1 PM E.S.T.
The five panelists included people with a variety of expertise working in different disease areas and varying geographies. To protect their privacy, since in some places where they work it is a crime to be gay, we are not identifying them here. These are direct quotes from the panel discussion.
Can you all recall a time when you realized your LGBTQ+ identity was going to affect your career in public health?

“Often in the Black community, and sometimes in Latin communities as well, there is an unspoken “rule” or expectation for men to be overtly masculine. Regardless of my orientation, having been raised by three women, I don’t always fit into that role or stereotype. After settling more with my identity, I felt that it could be an issue for my Black and Latin colleagues. When I started at the Task Force for Global Health, I was hired as a Spanish-speaking Program Assistant to support a Zika response portfolio. Naturally I would have to communicate, engage, give directives to, and request information from Latino partners. Knowing the “machismo” culture that exists across many Latin countries, I feared being ridiculed or not taken seriously, especially in times when I would have to travel to those countries. I knew this could be a potential issue when a Hispanic friend of mine who I was “out” to asked me if I was being treated differently from colleagues in those countries I supported. Small instances, I had been.

This type of almost toxic masculinity doesn’t create the most inviting workplaces, it creates the opposite – more hostile ones in certain situations that can break down an organization’s culture. Even outside of the LGBTQ+ scope, its truly women, racial and ethnic minority groups, and other marginalized individuals who must bear the brunt of the associated microaggressions and overtly dominant behaviors from machismo or toxic masculinity culture. I won’t go further there, as this dynamic of the issue clearly goes beyond simply the LGBTQ+ focus but should be mentioned here as it touches on today’s topic.

So, in many situations I found myself code switching and turning on my “machismo” tone, changing my voice a bit, making sure I use the correct phrases or idioms that were more manly in Spanish when speaking the language (same goes for any other language I speak) and just ultimately not being 100% myself, and in my identity. I did this so that I would still be viewed as professional and respected in work interactions. I knew that from that conversation with my Mexican friend, in addition to my actions, that my identity may affect my career in public health.”
“In my experience, I actually didn't start coming out and openly dating women until I was about 25. During this time, I was working as a research assistant a year before I went to the Peace Corps. When I arrived in country, and began going through security trainings where they were basically stating that in Senegal, it is criminalized to be homosexual and to have same sex relationships and it was up to your discretion to disclose that to others. After these trainings and interacting with Peace Corps staff, I realized that I would have to hide my identity again for the next two years, although I had recently started being more visibly my authentic self. I also had an unfortunate experience with one of my Peace Corps Medical Officers when expressing my sexuality to them. These micro aggressions almost solidified my thinking that I wouldn’t be able to be my full self in my village but also around my peers. Fortunately, I identified allies and others in the queer community amongst my peers. After I left Senegal, I really had to contemplate as a young, public health professional if I wanted to start my career, primarily abroad, specifically on the continent of Africa, or to build my career in America first. These experiences made me internalize and think about my sexuality in the global health sector, but also the intersectionality of my identity of being a Black and queer woman. Knowing that I would have to deal with certain situations, I’ve had to check in with myself and ask questions such as: Do I have the emotional energy for this discussion? Is it safe to have these discussions? How does that affect my work relationships?"

“I know for me, going to the airport has been a pretty traumatic experience being a transgender person but also as a trans Muslim and a trans brown person I can really feel those intersections of being multiple minorities that are underserved. My experience of airports are always traumatic because the TSA often doesn’t know what to do with my body when I go through the metal detectors.”
“My experience has been quite positive, at least in the workplace here, and I've been reflecting on the past three excellent panels and I think being a woman, and being white probably has a bigger impact on my day-to-day career than being a lesbian. I've been open with my identity since joining the organization and it's always just been a non issue. But where I think it does become an issue for me is with the global travel. As a cis-gender woman who fits a lot of the stereotypes of a heterosexual woman, it's not an issue of outward discrimination but of inner turmoil. Most places in Africa and Asia where I work, have anti sodomy laws but some also have laws against the expression of one's sexual orientation or gender identity. I always make sure to research the countries before I visit so that I am aware of the laws and know my rights. But to enter a lot of these countries there are visa forms and country entry forms and most of them asked if you're married, and some of them ask for the name of your spouse. My heart always races because I'm never sure if, it's better to lie, or better to be honest. Typically, I make the decision on a country-by-country basis, based on how I'm feeling and what I know about the laws in that country.

Another example is during breaks or dinners out with colleagues overseas when people unwind and share personal details; it's a really important bonding opportunity to create stronger relationships with colleagues. While I'm always really free sharing about my kids, I don't share information about my wife. If people ask about my husband I'll often lie and say he's fine. It's always awkward if I'm with colleagues from here and colleagues from overseas, where they have different knowledge about my truth and my identity. In those instances, I'll skirt the issue by talking about a spouse and what they like to do, keeping neutral so both sides hear what they think they want to hear. I always feel mad and ashamed of myself at the end of those interactions because I feel like I should be out and proud of who I am, but at the same time I don't want my personal world to get in the way of my professional world, nor do I want to put colleagues overseas in an awkward position, especially if my, lifestyle is illegal in their country.”
“I definitely can relate to that and so can the trans community with those visa forms, because many trans people have their sex assigned at birth in their travel forms and to get that changed is very expensive. I still haven’t changed my passport from female to male. When I travel that's definitely something I think about, you know, if it gets into the wrong hands with the wrong person is my life in jeopardy?"

“Our social expectations and acceptances are changing as well, I would say that there was definitely a time long before my career, where it was probably more implied or even explicitly said and understood that you shouldn't or couldn't be LGBTQ+ in the workplace. However, today I think that you can. I asked myself this really. I say what does that part of my identity have anything to do with my ability or inability to be professional, and then, pardon my French, be damn good at it right and be good at what I do. You could ask the same for race, creed, gender, you know who you love if we want to get down to the bare bones of it for today. The list goes on. And I'm having my small set of experiences I would honestly count myself as lucky but maybe some of you in the audience who are listening or know others that I don't might have not been so lucky. The challenge is for those who are trying to be allies, is to truly be more vocal and strive to make the workplace more comfortable for LGBTQ+ individuals so they can feel they can be themselves and not be fearful of being undermined, ridiculed, or considered less than, you know, something like that. So I encourage those who are senior or even junior to me to gain that confidence and bravery necessary to be yourself in the workplace. When you're ready, and I can say that it's a heck of a lot easier than you know then walking on eggshells and may prove to be, you know, a witness to someone else who's struggling. So that's what I would say about today's workplace, and trying to be yourself in it."
“This is the first panel where, if you are Black in global health, unfortunately, 99% of people probably can’t hide the fact that they are Black when they travel abroad. If you are a woman, 99% of you probably can’t hide the fact that you’re a woman or an Asian American, etc but I think sexuality is really the first time that you can choose, you have to make decisions about whether you actually want to tell others about your partner and who you love and things related to being a queer person. I’m also lucky in that I, at least, I like to think so that I present as this cisgender man with not very many non-binary or feminine sort of qualities. So, it’s like I can easily slip into sort of that machismo language if I’m in a room full of other men and they’re talking about things that men talk about. I had the conditioning to be able to sort of have those conversations and be comfortable with them. And also when people ask me about like, oh are you married, as someone who is bisexual. I also get an opportunity to not really lie because I can talk about women that I’ve dated or that I was dating at the time if I was. So it feels a little bit less like I’m having to hide all of my personality or all of my identity, but I still do have to hide a little bit about who I am and I don’t get to be sort of the true person that I am to all of my friends and family here in the United States. The other thing about sort of making this decision about coming out is that coming out, we sort of think about like, the movie Love Simon are all this sort of like queer narratives is, it’s all about that like one moment when you come out to everybody. And, I think, as queer people we don’t think about it as a single event but it’s something that we have to do basically every single day. Whenever we meet people, we are forced to make that decision every single day. When we meet someone new and make decisions about do we actually feel safe and do we feel that it’s a safe space and this person is the safe person that we can actually express something so intimate because again as mentioned before, a lot of the places that we work in do have sort of anti sodomy laws or anti homosexuality laws, so we have to be really careful about who we choose to come out to.

When I was in the Peace Corps, I was still sort of questioning my sexual identity, so it was easy for me in Togo to just sort of pretend to be straight and that was my identity and that was everything. But when I moved to Kenya in 2013 I’d had a series of life experiences and I just decided that I didn’t want to hide my sexuality to the people that were important to me. Luckily, there was sort of an expatriate community around me. I felt comfortable opening up to them but there were sort of Kenyan colleagues who I’m sure that they would have been perfectly fine with me making statements about a boyfriend or husband or etc....
....But you just, you just don't know. And it takes time to be able to sort of build that trust with people and be in a space where you feel like you can actually tell and express sort of more about your identity so there's definitely no hard and fast rule. I think everybody has to sort of make a decision for themselves on if the person they're speaking with is someone that they feel comfortable expressing their true identity as a queer person. It's a personal decision and I've always been lucky that I've had a very supportive expatriate community around me wherever, whenever I have lived abroad or traveled abroad. So sort of being able to have those conversations with confidence. Even if I don't feel comfortable talking about it with some of my sort of country partners being able to talk about it with some of the other expatriates has been great and I think as we move closer and closer towards more equality for queer people I think we're definitely seeing more and more people that we are able to be true and honest with."
“I’m going to talk a little bit from a different angle here because I am not working in global health. All of my experiences are domestic and in HIV. So by the time the epidemic unfolded in the early 1980s, I had already established my own sexual identity and came out in the 70s. It was sort of an exciting time 10 years after Stonewall. When the HIV epidemic hit the LGBTQ community, the LGBTQ community were sort of thrust into public health in very significant ways and I think that the angle that I want to talk about is not my experiences being in the workplace as a queer individual. But the impact that the LGBTQ community had on public health. In the United States, the impact that they exerted in the development of public health policy, the visibility of communities that had not been visible previously. One of the ways that happened was, through the development of community planning councils in the early 1990s up. CDC and HRSA (Health Resources Services Administration) in response to much advocacy by activists in the LGBT community in the late 80s did develop a model for community participation. And this unfolding epidemic, the need for services, the need to recognize different communities, marginalized communities. And I think their responsiveness to that was really admirable.

And one of the things I want to just point to specifically, is that I don’t think a community previously had as much influence directly not only on public policy, but on sort of teaching public health, how to be LGBTQ centered in the way that services were provided, and I think that this had a definite impact on the way that public health policy, the way that systems that care, particularly for on the direct services side unfolded. And these planning councils, were responsible for actually directing health departments, rather than for responding to health departments and this model has been flourishing since the early 90s and has been changing, and it has resulted in an expansion of service to be beyond just HIV. And one example of that is in San Francisco, the Tom Waddell clinic, which serves transgender people. The transgender community was not a large service organization in prior to HIV and HIV funding through Ryan White allowed that organization to really expand in ways that they might not have previously so I think, from my perspective you know I didn’t walk into public health worrying about my identity I, I mean I started working at Gay Men’s Health crisis so there wasn’t really kind of any coming out in the workplace for me and I’m fortunate for that.
So, and I think all of us who worked in public health at that time, we're sort of you know in your face about our sexuality and the way that we pressured government to respond to us through public health so you know I'm fortunate to have had that experience. And I think that that representation, through those planning groups is really unique and, and I hope that it continues.
"We know that queer people, and people who identify as queer already have increased risk of poor health outcomes. That's in behavioral and physical health. Either way, and then when you put on top of that discrimination that they face and delaying care because of fear of discrimination, to actually find those resources and services. I'm just exactly yet exacerbates that issue. I think, specifically working at a local health department. Those voices are not heard unless you have a strong ally who works in that position, or if you have a queer person who works in that position as well who's pushing those efforts forward. I think nationally. We have had smaller wins, whether that's in schools that has the GSA, the Gay Straight Alliance groups or in workplaces by providing gender neutral bathrooms and including pronouns in emails and trying to normalize that shift. But overall, a larger effort needs to happen and it needs to be infiltrated more as in for public health departments, what are you specifically doing for LGBTQ community? Are you reaching out to advocacy groups to see how you can implement those strategies into your communities? And not always putting the brunt of that work on those individuals because it definitely depends on where you're working internationally, but also nationally and the difference across our nation with representation, I think is important. I think some things that need to really be studied are the strategies and implementing and seeing that in our communities, as well as I guess issues such as with teachers in school sexual education around LGBTQ information, advocacy groups as well as I said earlier health departments really implementing that into their building that into their actual work that they're doing on the ground. I know some small things that I did when I was at the health department which seems kind of small but I think in a larger scale and was pretty important that I manage our disease investigation group, and we would have to interview everybody who had COVID or was a close contact the COVID so we built these scripts to talk to these individuals, and I realized that there was no box for non-binary when you're getting normal demographics, that's information that goes to the state and to the CDC and that's something that we weren't collecting at all. So I kind of pushed for that and I actually put it in our actual scripts to say hey, make sure that you're asking all of these identifying genders, so that we can actually start to collect that data so small pieces can move us forward but overall, I feel like there is still not enough representation."
“It is important to separate, what we should be doing nationally to reduce discrimination and improve equity for LGBTQ populations, from what we should do internationally. As we’ve said already, where sexual orientation is a crime that carries anywhere from two years to life in prison, or even the death penalty, it's important that we be cognizant of the safety of our LGBTQ peers and not do anything that would out them publicly in their communities or with healthcare workers if it’s not safe for them. But because they do represent an important vulnerable population that is likely being missed by health interventions or receiving inadequate care, I think we need to work through the ‘Vulnerable Populations’ lens to see that they’re included. What we can do as global health leaders is just to call. For example, we can call out this group, among other groups, by working with partners to advocate that health interventions we support need to reach everyone regardless of gender, ethnicity, religion, sexual orientation, etc...Calling attention to the LGBTQ+ population as one deserving of equal access, while refraining from calling attention to individuals.”

“You really have to be intentional about the work that you are doing, not just checking off a checkmark on your list of to do things. You have to be intentional about the interventions that you are doing to make spaces more inclusive, for LGBTQ folks, for transgender folks. Especially the murders of trans women is a public health crisis. In 2020, there were 44 transgender and non-binary folks that were murdered primarily Black and Latinx transgender woman, so that speaks more a lot on both gender based violence and violence against queer folks, and 350 transgender killings around the world happen majority in Central and South America.

And I also want to be very vulnerable but last month, I attended a vigil for a transgender woman who was murdered less than five miles away from me so this is my lived experience. I do not show fear in my face but I do live in fear when I go walk around in Atlanta because I do not know if I will be a victim of transphobia. And one thing that we can do is intentionally include trans and queer non-binary people in our research, include them in our sex education, make kids understand that being attracted to a queer person, being attracted to a transgender person is okay because a lot of these murders happen because there's this idea that transgender people are not human and they don't deserve their lives.”
WILL WE EVER BE INCLUSIVE TO NON-BINARY AND TRANS FOLKS AND I WOULD REALLY LIKE TO HEAR FROM YOU ALL?

“I think we have to really remember that it's taken a lot of conversations and discussions and sort of advocacy from different groups that we've moved from sort of sex differentiation of like male versus female to thinking about things from a gender lens. And when we think about gender, While most of us think about gender from masculine versus feminine, male versus female, we do have to remember that gender is a spectrum, and it's something that is a construct that we are socialized to when we are very young based off of how our communities talk about sex and gender. So, I, I definitely want to say that we are not there yet, unfortunately. But I do think that we are making progress towards being more inclusive towards non-binary and trans folks. And I would liken this back to sort of the early 90s when some of the initial conversations around gender and women's issues and the idea of power - power dynamics between men and women were starting to be really important, sort of construct and understanding why certain things were happening the way that they were in global health. I think we are starting to see some of those same conversations now happening with thinking about sort of what is the impact within the queer population.

Just an example from my Peace Corps experience was, I was in the Peace Corps from 2008 to 2010 so a little over a decade ago. And at that time, I was a male volunteer trying to talk about reproductive health in a very sort of patriarchal society, and I was having trouble being able to have conversations about sex and about family planning, with many of the women's groups that I was working with, and I discovered this program Men as Partners, which was about, how do we sort of involve men in a way that allows brings them into the conversation of understanding why gender equality is important. And what is the role of gender equality has in sort of different health outcomes that we were seeing whether it relates to community health HIV/AIDS family planning malaria, alcoholism, etc.? And one thing that I really liked about this program was that part of the program at the very beginning was having people sort of really try to understand this idea of gender norms and where did these gender norms come from, and they introduce some sort of language around sexuality, and while it definitely was a little bit uncomfortable. You also start to realize that because I was working in such a community level with some of these educational topics.....
...I think even though the topics went over the heads, probably have some of the students that I was working with. They didn't they weren't necessarily hostile to it the way that I expected them to when I was talking about things like homosexuality and someone being non-binary. So I think gender is a really great way for us to use it as sort of an open like a slight crack in the door for us to be able to have started having these conversations and I think it's just important that if we can reframe gender as a power dynamic, I think that will also pave the way for us to be able to have more conversations and be more inclusive of the non-binary and of, including transgender folks in the conversations around gender."

“You know, your question regarding being inclusive to non-binary and trans folks at base level is really an issue about all types of inclusiveness, not just LGBTQ+. My hope is that one day, yes, we will be more inclusive to non-binary and trans individuals. We can simply ask ourselves, if we as individuals and as an organization are moving to be more inclusive, clearly, we’re talking about diversity, then why should that exclude non-binary and trans individuals? We should be in the same business of including them, protecting them, fighting for their health and wellness as well.

If we at the Task Force truly believe in our own mission that we “value the lives of all people and believe that they should have equitable access to the services that lead to healthier lives”, then why wouldn’t we act at home and values even just the mental health aspect alone of being LGBTQ+ in 2021? The same goes for any other type of marginalized group across a space that doesn’t otherwise include them. Squeezing people into these holes of silence to feel the anxiety of not being included is a bit absurd, honestly. In summary, again, I think that yes, we can move to be more inclusive one day to non-binary and trans individuals just like we’re doing with women in public health, being Asian in public health, and being Black in public health; whatever the demographic. Just look at the series we’ve hosted so far this year."
“I also want to emphasize that including trans people in global public health is imperative to make sure that those communities also included in our public health initiatives such as the Hijra community in India, the Fa’afafine in Samoa, Two-Spirit individuals in indigenous communities, and the Māhū of Hawaii are all in the trans third gender spectrum and they should be included because they are a community in these globally diverse cultures that have their unique global health needs.
DO YOU FEEL THAT WE HAVE ALLIES IN SOCIETY AT THIS POINT? IN THE WORKPLACE? IS IT POSSIBLE TODAY TO BRING ATTENTION TO QUEER PEOPLE AROUND THE WORLD?

“I think I’d like to go back to, to sort of the the 70s, and the development of a truly identifiable queer community and how that development over years. resulted in sort of the resilience of fighting battles and winning victories, and also having setbacks, I mean, you know, we had to fight Anita Bryant in the 70s. At the same time, having a wonderful exuberant experience of Harvey Milk being elected to the Board of Supervisors in San Francisco in like 1977 and, him being murdered, so the gay community has had to fight for visibility has had to fight for rights, up until today. So in terms of allies we’ve had allies throughout that process. I think we’ve had strong allies some in Congress, Nancy Pelosi, who helped us pass the Ryan White Care Act and was influential and forcing the CDC, or not forcing but working with CDC, to be, to develop a community planning model for services. So I think there have been allies throughout but I think that, you know, our resilience, made that transition for public health, more significant, and I think of my own experience that there’s sort of an assumption that everybody in San Francisco knows somebody who’s gay, and that’s not necessarily true. And just a quick story, I taught a course at San Francisco State University called AIDS contemporary health crisis to undergraduates, and it’s mainly 1995. And one thing that they had not actually been exposed to were people in the LGBT community, and their life experiences. And so when I brought in speakers, particularly a transgender woman who was working at the health department. You know, people of color who were starting their own HIV programs. This was really eye opening to them. They had never really had that kind of personal experience, and that kind of personal experience, does create allies as well.”
“I feel blessed to have had lots of allies in my life. One story that has stuck with me in particular is from the Peace Corps. It was very clear from the beginning of my service that I was going to have to go back in the closet, which was incredibly difficult. Nonetheless, during training I had a really close relationship with my host family. They were devout Catholics, she was an ex-nun, and embraced having me as another daughter in their household. We had three months living together that were really wonderful and then I went off to my desert village, where I would serve as a health volunteer for two years. During this time it was really hard to keep so much of myself hidden from everybody else. One day my host mom from training traveled all the way up to my village (12 hours by bus) to come check on her American daughter. We were just chatting together in my kitchen and she could tell I wasn't happy and she said, you know I'll love you no matter what, even, even if you're not Catholic or if you don't believe in saints which to her was unthinkable. And then she went on and said you know I would even love you if you were lesbian. At that point I just started crying. I don't know how she had figured it out. That day we went on to have a conversation about love and same-sex relationships and having children and laws and discrimination.

For this woman, who had never known a gay person in her life, it was a really open and honest conversation. And as anyone who has been in the Peace Corps knows, news travels quickly. As soon as the training staff figured out that my host mom was accepting of me as a lesbian, she got sent every queer female volunteer to stay at her house for training. To this day, she must have a warped idea about the prevalence of lesbians in the US! During training she started to host these meetings with the other training families where she would lecture them about how to accept their American volunteers, even if they aren't white, even if they are not Christian, even if they are gay. She became not just an ally but an advocate, not just for queer volunteers but for anyone who didn't fit the local 'norm'. For me, her transformation was probably the biggest inadvertent impact of my Peace Corps service."
“I think that there has been an influx of allies in our society because more individuals know somebody who is a part of the queer community whether that's a friend, family member, or a colleague, so now more individuals have interacted with and have people in their lives that they support and respect. The increase of visibility and the LGBTQ movements that have occurred has created more conscious allies who understand the struggles within our community. However, in the workplace, I still think that it's a mixed bag and it really depends again on location, the generation of your workforce, and their exposure to the LGBTQ community. As a young public health professional, when I started working at the health department, I was the only Black woman there and I was the only queer person in a workforce of cisgender, heterosexual white people. So some small things that really made me feel more comfortable in coming out to colleagues was seeing safe space stickers in the office. In my mind I thought, okay, maybe they are open and they have educated themselves to a certain level about LGBTQ community issues. Then about six months after starting, two of our public health nurses working in the family planning clinic made a presentation at our all staff meeting regarding the use of pronouns, and really encouraged others to include it in their email signatures. It still occurs that when I come out to a colleague, I brace myself for the subtle shocked look because you don't know how people are going to respond to you. But I think that in the area that I was in (Western Wisconsin), and the homogeneity of the environment, still being able to express myself made me feel that there was space for me.”
Finding Pride in Global Public Health

WHAT DOES AN LGBTQ+ INCLUSIVE WORKSPACE LOOK LIKE?

“For me as a trans person. It includes correcting people's pronouns if someone says they use someone else's pronouns incorrectly, and a really great way to approach that if you are the person that has used incorrect pronouns for someone else is instead of saying sorry because that absolves your own guilt and puts pressure on the trans person to say it's okay. One thing you can do is be like, oh right, and then continue to use their correct pronouns. Don't make it awkward because making it awkward just makes the environment, a little bit more hostile than you want it to be. There's almost an art to being affirming to your trans colleague and just get used to it. Don't try to make excuses, oh I'm not used to using this set pronoun, just admit that you've made a mistake and move on from it and that's the best way to handle that situation."

“I think we need to go back to what does it mean to be an ally to the queer population or really to anyone. And I think it starts off with being being supportive of issues related to LGBTQIA+ populations. It means standing in solidarity with queer and trans people when they have national or local community level issues that are affecting them. But I think also it includes a level of understanding consent and privacy and confidentiality. Being an ally means not just using your words and saying, "I'm an ally" but like actually showing it through your actions. I actually want to bring up an example of someone. There was someone in my life who I thought was an ally, but they turned out not to be an ally because they did something that was sort of very uncomfortable for me. I had a mentor who basically outed me to another colleague. I'm sure that this person did not mean any sort of malice in what they were doing. I think they had the best of intentions, but they also used my sexuality as a way to imply some assumptions about who I was that was not at all appropriate. This is someone that I would have considered to be an ally to be someone who was like, progressive and would have gone to all of the marches for Black Lives Matter and the Women's March etc so I think it's important or that being an ally and being in an inclusive workspace means also including making sure that you are respecting the privacy and confidentiality of people who are queer and just because someone comes out to you and feels comfortable expressing that they are a member of the LGBTQ+ community does not necessarily mean that you have the right to be able to share that information with others, unless they have specifically given you that permission to do so."
“I think that I have been fortunate to have worked in organizations, even that university level and in hospitals and different HIV programs where the issue of being out LGBTQ was not necessarily that prominent. There was an expectation that there would be this diversity of thought, diversity of participation, diversity of staff within these organizations. So, you know it’s hard to say one specific thing but I you know I think I want to just relay a story from when I was working at Gay Men’s Health Crisis in New York, not everyone was out so there was still the necessary sensitivity to people who are out at the workplace, but not out in their actual lives. So there had to be some protection for them and that was us being an ally to those people who were in that situation, but also in the late 1980s and early 90s when we were becoming a very visible organization Gay Men’s Health Crisis, some of our straight colleagues were uncomfortable marching with us in gay pride parades, so we also had to do sort of protection of them. They didn’t want people to know that they were working at an organization that was gay identified. So I think it goes, not just having our allies for us but us being allies for different people in different situations in the workplace.”

“IT’d be really helpful to have some guidance on the laws and the countries we are traveling, and then advice on how to respond to those laws, whether it’s filling out forms or if you get in a sticky situation or how to present yourself or what not to do. I did have an employer whose advice to me back in the day was if something happens to you in another country related your identity. Run to the embassy and get inside like that that was the best advice that could come up with so knowing who to call what to say, would be really helpful in the event of something and certainly I know would put me at a greater ease when traveling.”
Finding Pride in Global Public Health

**HIGHLIGHTS**

**HOW DO WE RECONCILE NOT WANTING TO SIMPLIFY GENDER INTO A BINARY AND ERASING THE COMPLEXITY AND GENDER AND SEX, WHILE ALSO HAVING A SMALLER SAMPLE FOR ROBUST RESEARCH, ESPECIALLY IN A SOCIETY WHERE NON TRADITIONAL GENDER IDENTITIES CAN BE TREATED SO BADLY?**

"I've done a lot of research, a lot of public health research looking at demographics and population health on both sides gendered people and trans people, and I want to really emphasize the fact that there are so little trans people in the general population that we will not make data inconclusive or hard to find because we represent so little of the US population we make up 0.5 to 1% of the US population so when you are doing research and you are including trans identities and we do get those responses from trans people, it's not this you're still going to get that bell curve, it's not going to skew your data one way or the other and it's really important to be aware of that being inclusive does not mean it's affecting the data that you have. And, yeah, that's that's my advice."

"Studies have shown that LGBTQ+ people are at an increased risk for certain conditions, have less access to health care, and have poor health outcomes in areas of behavioral and physical health compared to heterosexual people. For example, gay and bisexual men are more like to contract HIV/AIDS, lesbian and bisexual women have higher rates of breast cancer, and LGBTQ+ people are at a greater risk of suicide, substance abuse and anxiety. When you introduce the discrimination that they face in delaying care because of fear of discrimination to actually find health resources and services it only exacerbates the issue. Working at a local health department, I think those voices are not heard unless you have a strong ally or a queer person who works in that position and is pushing those efforts forward. Nationally we’ve had smaller wins, whether that's the Gay Straight Alliance groups in schools, workplaces with gender neutral bathrooms and including pronouns on emails to normalize that shift. But overall, a larger effort needs to happen and be integrated more in public health departments. It is not uniform across the US which increases health risks in certain areas of the country who feel they have no representation. I mention Public Health departments because they have the ability to implement program into the community whether that means attending schools and speaking about LGBTQ sexual education, partnering with advocacy groups to leverage information to healthcare providers, and implement studies testing the best strategies to improve the health of the queer community. Research and data is lacking which directs change."
I know some small things that I did at the health department was incorporating all gender identities in the interview scripts for everybody who had COVID or was a close contact to a person with COVID19. Building this into the script one, causes people to think either if you’re the interviewer or interviewee but this demographic information is also shared with the state and the CDC who had not been collecting this data. Inclusion is the key, but also making sure queer community members aren’t doing the brunt of the work is also important. The opportunity to include LGBTQ+ voices is present; you just have to provide the space.”

“How can we be allies without taking from or dominating the voice of LGBTQ+ colleagues peers and stakeholders? How can we be supportive to give a voice and not force a voice, if that makes any sense?”

“I think that the question boils down to what’s a good ally, and this idea of allyship goes across many different areas but some of the best examples of a good ally in my opinion for the LGBTQ+ population are those that are willing to make mistakes and keep trying. What’s key here in that statement is the aspect of trying, so being an ally is more than just being sympathetic because sympathy doesn’t necessarily require action. This goes for any type of discrimination; we can look back to last year with the Black Lives Matter movement, very similar in terms of being an ally or being comfortable even being an ally. More simply, allyship is about positioning oneself to be supportive of a cause and outwardly showing that belief and the equality necessary. That right there is what’s most important.

In the workplace that could look something like developing understandings at the individual level of heterosexualism and the challenges faced by LGBTQ+ people, while being backed by organizational education opportunities as well for employees. Another aspect of being a good ally, of a different demographic, is understanding the history of an issue to help shape one’s voice while not necessarily forcing it.
I read an article that described allyship as different steps. For example, there’s the person who’s “not really an ally but is willing to listen anyway”. There’s the type of ally who says to themselves, “okay, I’m kinda starting to get it” whatever “it” may be. There’s the next step when a person openly admits and says, “yes, I am an ally, and this is okay”. Then we move forward and there’s the person who says, “I’m an ally and I’m focusing my time on learning about this issue while committing to continuously grow/increase my knowledge to try and be an even better ally”. Another step is when they graduate to putting details into their allyship and say things like, “I’m talking directly about LGBTQ+ equality and I’m doing so fervently in every appropriate opportunity” without forcing the topic down listener’s throats; so that it’s still palatable. Then finally there’s the super ally who says things like, “let’s work on changing some laws for equality purposes”. Now I think that’s where I find myself on many discrimination issues, also why I want to focus my JD on health policy to increase access. If you’ve thought of any of those, then I think you’re on the right track and you should continually position yourself to vocalize your truth or a truth that you believe in. Be mindful however to always use proper tone and it won’t come off as forceful or taking away from any else’s right to express their own. Truthfully, to navigate the issue it boils down to being able to “massage your message”. I challenge you all to do this across any issue when trying to be a good ally, and it won’t come off as forceful while remembering that there’re millions of ways you can say the same thing."
"I actually really love that question because when I was trying to understand how and who I was going to come out to, I couldn't find content that was focused specifically towards me as a queer black woman. What I saw was a lot of representation for other lesbians and bisexuals people across the queer spectrum. And so I started to read more about Audre Lorde and Roxane Gay to find representation and I came across a TED talk called, “the danger of hiding who you are” in which the speaker is a lesbian women coming out to her entire company in the audience. Which although she wasn’t an African American woman it gave me joy to see her bravery. More recently, there was a Tik Tok compilation of Gen Z folks coming out to their friends in a song, and it’s so beautiful to see their reaction to each other and see that instantaneous acceptance of the of them. In some of the videos the individuals share mutual feelings for each other and the experience spurred a kiss. I’m was overwhelmed by their instantaneous joy and love it was so great. Other moments of queer black joy have been Queen Latifah coming out at the BET awards, Lil Nas X expressing his sexuality in his music, and the fabulous moments that Billy Porter continuously provides breaking gender norms in fashion and speeches on large platforms. It has gotten easier to find content that represents my intersectional identity and I’m grateful that it’s contributed to my comfortability in expressing who I am, and being able to show up fully in spaces even though I might be the only person in the room with that identity."

"I've really appreciated the celebrating Black joy movement, I've been seeing the last past few years on Twitter, the idea of balancing out the also very important stories of racism derive trauma and pain. I would love the panel's thoughts on the importance of similar stories of LGBT joy and if there are any joyful representations of LGBT identities in the media that you find particularly resonate?"
“From my personal perspective, I think every single queer identifying person has to sort of find the language that is right for them. The word queer historically has had sort of a very negative connotation. And it was sort of through the gay liberation movement that we were able to reclaim the word queer as something positive and uplifting. But I think in terms of how to identify communities, I think, if you want to be safe. I think it's easy just to say the LGBTQ community. And I think in terms of the individual people that you're speaking to you should ask them how they choose to identify and I think that's probably the best approach. who don't like the word queer. But I think there's not much that we can really, I mean you just sort of have to find what people are comfortable with. And if someone says hey that's a word that I don't like to hear, then just be respectful of that person's request, but I think if you're just sort of talking about populations in general I think saying LGBTQ+. I think the actual acronym is like 37 letters long and no one's expecting you to say the full LGBTQ+, whatever it is, I've never even learned the full acronym. But if you're saying LGBT Q+ or queer, if you just want to know for shorthand I think it's perfectly acceptable but at an individual level definitely ask people how they choose to identify, so.”

“I am part of the younger queer revolutionary radical political crowd and we have reclaimed the word queer because it was originally a word that was derogatory, but lately the younger generation has started reclaiming it as both sexual identity but also a political identity that we are, we're going to fight for our rights."
WHAT ADVICE DO YOU HAVE FOR OTHER QUEER FOLKS? WHAT ARE SOME ACTIONS THAT SHOULD BE CONSIDERED AS NEXT STEPS FOR CREATING AN INCLUSIVE WORKPLACE?

"I think, you know, one of the ways that coming out in the workplace, can be made easier is to find another career, I'm going to use the word queer because that's something that I doesn't bother me. But I do recognize that it is, you know, for my generation queer, a long time ago was definitely a stinging violent term. And I do remember when and I'm going on a tangent here, then real quickly, but I do remember in the queer, kind of, we're here, we're queer in your face movement when young people did try to start to take that work back and I'm so proud of that. And so happy that that's happened but I think in the workplace coming out in the workplace. I think you know it helps to have another queer ally who's been there, who's done it that can really be a mentor and share with you what that kind of experience was like."

"I think that being an active ally and having that in the workplace is always great when somebody else is advocating for you. It's very warming for that person. If you're not clear if you're able to advocate and spark that dialogue with other people who are not in our community. It's amazing, and will help to push forward, advancing health equity and inclusion of LGBTQ+ people. And then for all of my fellow LGBTQ+ public health professionals, it's always your choice on when and where and how to share your identity when you feel safe, but it is powerful to choose yourself and living in your authenticity provides others the courage to do the same."
"For the LGBTQ+ folks, I believe it’s important to be yourself, whether that’s with your identity or anything else you support that lies on a spectrum. Since we’re discussing LGBTQ+ today, if that’s not you who identifies in that space, but you meet someone who is, then I challenge you to remember what you’ve learned today while moving to express openly and honestly what you stand for. On the other hand, if it is you and you’re not ready to openly identify, then that’s okay. Rest assured that a safe space at the organizational level is being created for you.

Above all, as professionals, if we’re compassionate enough to support racial equality, gender equality, talking about health disparities then we should be able to similarly position ourselves to create inclusive workplaces for LGBTQ+ individuals. All these issues relate in some way to public health, and we’re all in it together as public health professionals.

Furthermore, even outside the realm of public health, we share the same environmental space and planet. With that, we should be called to stand up for our neighbors with integrity while being authentically who we are, in and out of the workplace. A next step for workplaces, above all identities, is to raise the bar of mutual respect and professionalism as we focus on writing hard policies and putting into place other tangible aspects that’re reflective of an inclusive workplace."
“I put out a call to all leaders and managers, supervisors out there to be proactive in making it in a safe space and the way you can do that is, you know, use inclusive terms. We talked about the Safe Space sticker and what that means. You know on top of being inclusive and talking about partner spouse if somebody tells you that they did something with their significant other use they until you know the pronoun of their significant other, don’t make the assumption that they are straight, or that they are gay. And I just wanna say that as a queer person, we will pick up on those words if you make that slight effort to be, you know, gender neutral or to be inclusive and say, you know, husband or partner significant other, we pick up on it and you know that this is a person who doesn’t just say that they’re open but shows that they’re open and welcoming.”

“I'm so just sort of speaking to anybody who is in attendance who is part of the LGBT community or still trying to make a decision about where they fit in in this world and if you’re trying to make a decision, and you don’t know whether global health is a space for you I just want to say, global health is the space for you. You will definitely be able to find allies and find people who are supportive of you, I definitely don't want you to think that you are not able to work in global health just because of your identity. We have all, everybody here on the panel, has had incredibly successful careers. And we've had to navigate queer issues on a day-to-day basis but we've figured it out and we've made it work and we've done it because we've all been supportive of each other and things are continuing to change positively so.”