WEBVTT

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00:00:03.230 --> 00:00:05.349
Jim Pickett: So we are now recording.

2
00:00:05.560 --> 00:00:06.740
Jim Pickett: And…

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00:00:07.220 --> 00:00:25.199
Jim Pickett: I want to remind you of who our wonderful panelists are today, Asa, Joseph, Melanie, and Leanne. In a moment, I'm going to have each of them introduce themselves. Asa is going to run… then run through some slides to sort of level set and ground us in the discussion, and then we're going to open up

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00:00:25.200 --> 00:00:33.849
Jim Pickett: For, a very robust, brainstormy discussion where we can talk about strategies to rebuild.

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00:00:33.850 --> 00:00:44.380
Jim Pickett: how we sustain trust, how we continue doing our program in the face of all this decimation. This will be a very much an interactive discussion.

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00:00:44.670 --> 00:00:56.039
Jim Pickett: want to hear and see and feel all of your light bulb moments, and hopefully we'll all have lightbulb moments together. So, let me stop sharing my slides.

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00:00:56.670 --> 00:01:11.710
Jim Pickett: And before we go ahead and get started with the program, I'm going to go around and have each of the panelists introduce themselves quickly, and then we'll go to Asa's opening slides. So, I just said Asa's name, so Asa, how would you like to introduce yourself today?

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00:01:12.000 --> 00:01:28.929
Asa Radix: Yeah, hello everyone. My name is Asa Raddix. I use pronouns he or they. I'm a clinician and researcher in New York City, and my main focus is clinical care and HIV prevention for trans and gender diverse folk.

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00:01:29.040 --> 00:01:30.320
Asa Radix: It's great to be here.

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00:01:31.020 --> 00:01:51.020
Jim Pickett: Thank you so much, Asa. And I should say, Asa was a big inspiration for this webinar. I saw him present at a conference in June and got the wheels turning. So, thank you so much for turning those wheels with me, Asa, and all of our other speakers. So, we're gonna go to Leanne. Leanne, how about introducing yourself real quickly?

11
00:01:51.420 --> 00:02:08.160
L. Leigh-Ann van der Merwe: It's afternoon in South Africa, so I'll say good afternoon to everyone. So happy that you are able to join us. I'm Leanne van der Merva. I am a researcher, a scholar, and I'm the founder and director of

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00:02:08.460 --> 00:02:17.840
L. Leigh-Ann van der Merwe: social health and empowerment, and we work on issues that are near and dear to trans women. Thank you very much.

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00:02:18.120 --> 00:02:25.119
Jim Pickett: And thank you for joining us from the afternoon in South Africa, Leanne. Let's go to Melanie!

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00:02:25.120 --> 00:02:27.659
L. Leigh-Ann van der Merwe: Melanie, would you like to introduce yourself?

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00:02:27.840 --> 00:02:51.099
Melanie Thompson: Sure. Hi, everybody. Hi from Atlanta, Georgia. My name is Melanie Thompson. I use she, her pronouns. I'm a physician and have been doing HIV care, as well as care for LGBTQ plus people in general, since the 1980s, so, you know, that kind of dates me.

16
00:02:51.200 --> 00:03:13.470
Melanie Thompson: have over 30 years of experience in clinical research, developing new drugs for HIV treatment and prevention. I do guidelines work at the international, national level, including co-chairing the HIV primary care guidance, and I do strategic planning, especially at the local level.

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00:03:13.470 --> 00:03:21.099
Melanie Thompson: for Ryan White Part A, and I would say that part of my identity is as an advocate.

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00:03:21.760 --> 00:03:23.970
Melanie Thompson: So I'm really happy to be here today.

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00:03:24.500 --> 00:03:32.309
Jim Pickett: And we are really happy to have you. Thank you so much for joining us, Melanie. And last, but certainly not least, Joseph, go ahead.

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00:03:32.820 --> 00:03:51.699
Joseph Cherabie (they/he): Well, it's a hard act to follow all of these wonderful people. So, hi, Joseph Cherry, I use they, he pronouns. I am reporting from very rainy and gray St. Louis. But, I am an assistant professor in the Division of Infectious Diseases at WashU in St. Louis. I'm the medical director

21
00:03:51.700 --> 00:03:56.189
Joseph Cherabie (they/he): for the WashU Prep Clinic, and I'm part of the trans multidisciplinary team

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00:03:56.190 --> 00:04:12.120
Joseph Cherabie (they/he): Here at WashU. Also, I am the… I work across the Midwest, through the St. Louis, STI HIV Prevention Training Center, and I'm part of the board of directors for the HIV Medicine Association. So…

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00:04:12.120 --> 00:04:20.170
Joseph Cherabie (they/he): like Melanie, I consider advocacy a huge part of what I do, so, I am really excited to get to chat with y'all today.

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00:04:21.470 --> 00:04:37.920
Jim Pickett: Thank you so much, Joe, and again, thank you all for being here. Maybe when we get the conversation rolling, we'll ask the panelists for their favorite swear word substitutes. I don't remember any of them saying that in their introductions. So we'll spice things up in a little bit.

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00:04:38.120 --> 00:04:49.119
Jim Pickett: To get things rolling, I'm going to now turn over to Asa. Asa, you should be able to share your screen, and go ahead and help us get some level setting here before we move into our conversation.

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00:05:03.010 --> 00:05:04.929
Jim Pickett: And Issa, you are on mute.

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00:05:09.360 --> 00:05:10.850
Asa Radix: Okay, how's that?

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00:05:11.160 --> 00:05:12.310
Jim Pickett: It is beautiful.

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00:05:12.310 --> 00:05:24.190
Asa Radix: Okay, perfect. Great. So, my role, really, on behalf of the team was just to reflect on some of the, you know, the early days in January, and

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00:05:24.380 --> 00:05:37.130
Asa Radix: focusing a little bit on executive orders and the impact on delivery of trans healthcare and research, and everyone's going to chime in, hopefully, along the way. We're not very scripted today, so,

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00:05:37.690 --> 00:05:39.460
Asa Radix: Okay, so…

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00:05:40.270 --> 00:05:49.900
Asa Radix: Yeah, so, I mean, I think that, many of us expected there would be a somewhat of an upheaval after the presidential inauguration in,

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00:05:50.060 --> 00:05:58.570
Asa Radix: in January. But, this went beyond all, I would say, beyond all…

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00:05:58.890 --> 00:06:04.419
Asa Radix: expectations. Within hours, there was a release of more than 25 executive orders.

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00:06:04.420 --> 00:06:21.319
Asa Radix: And I really wanted to focus on this one, which was the executive order defending women from gender ideology, extremism, and restoring biological truth to the federal government. Really was one of the most sweeping federal rollbacks of protections for trans and gender diverse people, I think, in U.S. history.

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00:06:22.600 --> 00:06:47.540
Asa Radix: you know, the order explicitly defined just two sexes, male and female, and declared these categories were incontrovertible, effectively erasing recognition of gender diversity. It mandated federal agencies to remove materials referencing gender, trans people, LGBTQ issues, and really, the implications go beyond semantics. It's already translated into widespread

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00:06:47.540 --> 00:06:51.130
Asa Radix: Leadership of health, information and research content.

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00:06:51.240 --> 00:07:01.310
Asa Radix: The consequences, you know, really within a day were immediate and far-reaching across multiple agencies. So, you know, CDC withdrew materials referencing gender.

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00:07:01.310 --> 00:07:15.289
Asa Radix: Hhs reissued binary, sex definitions, eliminating recognition of intersex and gender diverse people. The State Department suspended gender market changes on, you know, passports and

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00:07:15.290 --> 00:07:17.190
Asa Radix: You know, ex-passports.

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00:07:17.760 --> 00:07:29.160
Asa Radix: And really, I would say all of this really erased decades of progress, in inclusive data collection and recognition of trans folk.

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00:07:29.160 --> 00:07:38.130
Asa Radix: The policy also impacted incarcerated populations. You know, trans people were transferred based on their sex assigned at birth.

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00:07:38.130 --> 00:07:42.650

Asa Radix: And they also halted, care in… in prisons.

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00:07:42.810 --> 00:07:47.130
Asa Radix: Healthcare systems also saw attempts to defund,

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00:07:47.560 --> 00:07:59.550
Asa Radix: you know, systems that were offering gender-affirming care to youth. I mean, there have been injunctions, and we can talk about that, but I think just in those first few days, it was… seemed to be a lot of chaos.

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00:07:59.550 --> 00:08:13.800
Asa Radix: And a lot of fear. And I think that was the point. Just some examples, you know, Melanie, worked on the guidelines for HHS, and, you know, the section on trans people just, you know, disappeared.

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00:08:13.990 --> 00:08:18.999
Asa Radix: it seemed like within hours, and I'm sure you all noticed

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00:08:19.230 --> 00:08:25.390
Asa Radix: pages, on CDC, you know, were, missing.

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00:08:26.450 --> 00:08:45.419
Asa Radix: you know, the executive order, protecting children from chemical and surgical mutilation, you know, followed quickly, also intensifying the rhetoric and policy restrictions. It framed gender-affirming care as mutilation. It also labeled,

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00:08:45.630 --> 00:09:03.599
Asa Radix: WPATH, the World Professional Association for Transgender Health as Junk Science, and rescinded all reliance on WPATH standards, which had been, you know, in documents before. Really discredited international… internationally recognized clinical guidelines.

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00:09:05.120 --> 00:09:09.879
Asa Radix: The other,

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00:09:13.550 --> 00:09:29.459
Asa Radix: You know, the hospitals had also become direct targets. There were federal subpoenas issued requiring facilities to disclose,

actually, identifiable patient data for youth who had been prescribed puberty blockers or hormones.

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00:09:29.520 --> 00:09:43.099
Asa Radix: And, you know, there were so many threats, that as a result, more than 20 hospitals so far have suspended or closed their gender-affirming programs for youth.

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00:09:43.100 --> 00:09:54.650
Asa Radix: I'll say also that individuals, providers have also felt, you know, quite threatened. There are providers who are now facing punitive measures and under threats,

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00:09:54.650 --> 00:10:14.580
Asa Radix: threats were being reported for providing care. There was a FBI set up a whistleblower line, and something that I think a lot of people didn't know, but, for any clinicians who depend on loan forgiveness programs, these programs were actually rescinded for clinicians working in institutions.

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00:10:14.580 --> 00:10:28.730
Asa Radix: that provided so-called, child mutilation or, you know, DEI programs. Which, of course, you know, discourages clinicians from, doing this care, which I think, again, was the intent.

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00:10:30.370 --> 00:10:47.869
Asa Radix: Not quite lost, but I think we all recognize that the research impact, was devastating. You know, in those early days, over $800 million in research cuts, you know, affected projects linked to gender, sexuality, or DEI.

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00:10:48.030 --> 00:10:56.570
Asa Radix: And studies on HIV prevention among trans populations, social determinants of health were systematically defunded.

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00:10:56.570 --> 00:11:10.219
Asa Radix: And, you know, even though there have been injunctions, I just want to say that, you know, especially for, like, my institution, when this happened, we actually had to let people go. Like, we had to,

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00:11:10.220 --> 00:11:18.250
Asa Radix: you know, we didn't have money to pay them. So, you know,

even when the grants came back later on, we then didn't have staff, so…

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00:11:18.360 --> 00:11:28.330
Asa Radix: And now we see that researchers are being forced to, you know, reframe or anonymize their projects to avoid detection under the gender ideology clause.

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00:11:29.740 --> 00:11:40.870
Asa Radix: And the last EO that I really wanted to talk about was, the one called Re-Evaluating and Realigning U.S. Foreign Aid, and

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00:11:41.910 --> 00:11:44.130
Asa Radix: This one…

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00:11:44.160 --> 00:12:04.689
Asa Radix: you know, basically pause new and existing U.S. foreign development assistance programs with really only limited humanitarian exemptions. But I want to say, you know, the important thing is that programs that were related to gender equality, DEI, or trans rights were not exempted, meaning that

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00:12:04.690 --> 00:12:21.819
Asa Radix: many international trans-led organizations lost critical funding streams. And again, this, you know, really represents a rollback not only of domestic protections, but also of U.S. global commitments to human rights and inclusive development.

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00:12:21.830 --> 00:12:39.960
Asa Radix: And I just wanted to put a quote here from TGEU, which is Transgender Europe, that caused, called this, PEPFAR freeze, you know, a dire threat to trans communities and the global, HIV response. And I think we'll hear a lot more about that, especially, from Leanne.

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00:12:40.190 --> 00:12:42.240
Asa Radix: So I'm gonna go ahead and…

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00:12:42.870 --> 00:12:47.370
Asa Radix: Stop sharing, so we can start on our… Q&A.

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00:12:48.600 --> 00:12:49.450

Asa Radix: But…

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00:12:49.670 --> 00:13:00.120
Jim Pickett: Thank you so much for that, Asa, and I think, just want to open up to see if, Leanne, Melanie, or Joe want to add any kind of background.

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00:13:00.120 --> 00:13:10.020
Jim Pickett: To what Asa has already laid out. Like we said, this is very unscripted, but, wanted to just offer you a chance to add in any color commentary.

72
00:13:12.060 --> 00:13:15.470
L. Leigh-Ann van der Merwe: Helenia, Joe can go first?

73
00:13:15.900 --> 00:13:18.080
Jim Pickett: How nice of you, Leanne!

74
00:13:19.520 --> 00:13:38.930
Melanie Thompson: Well, I'll… I'll jump in with a couple of comments, and first of all, regarding the federal guidelines, you know, kudos to ASA and others for really leading the development of a robust section for,

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00:13:38.970 --> 00:14:01.830
Melanie Thompson: trans and gender-diverse individuals in the HHS guidelines, and they did disappear from the guidelines, but they are not gone. You can find them on the Wayback Machine. In fact, many of the pages that have been taken down have been preserved. There was a huge scramble.

76
00:14:01.830 --> 00:14:03.460
Melanie Thompson: among,

77
00:14:04.040 --> 00:14:26.560
Melanie Thompson: people in all sorts of agencies and health professions to preserve these, so… so they have been preserved. They're a little more difficult to get to. But I also just want to point out that, you know, as we have seen with our vaccine guidelines, which have been just a disaster.

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00:14:26.560 --> 00:14:50.549
Melanie Thompson: professional societies, I think, are working to pick up the… fill in the gaps, so that we actually have science-based, evidence-based guidelines to go by. An example is that ASA led the section in the HIV primary care guidance about, trans and gender diverse individuals, and

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00:14:50.550 --> 00:15:03.820
Melanie Thompson: You know, at that time when we wrote it, we thought, okay, you know, we're referring to other places, and, you know, we may have to go back and revise that section and make it more robust so that people can get more advice.

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00:15:03.820 --> 00:15:16.290
Melanie Thompson: But, you know, I do think that, these have been devastating actions, and we have to look at each one and see what we can mitigate.

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00:15:18.100 --> 00:15:20.389
Jim Pickett: Thanks for that, Melanie. Go ahead, John.

82
00:15:21.140 --> 00:15:24.320
Joseph Cherabie (they/he): I will also just add, like, there's… so…

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00:15:24.660 --> 00:15:30.949
Joseph Cherabie (they/he): in addition to the HIV guidance, with respect, I work in the STI sphere as well.

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00:15:30.960 --> 00:15:47.350
Joseph Cherabie (they/he): trans guidance on the STI guidelines has been completely removed. The National HIV curriculum, STI curriculum, have all had their transgender sections removed through guidance from, you know, HRSA, as well as other things.

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00:15:47.350 --> 00:16:08.460
Joseph Cherabie (they/he): I need you all to understand a little bit of the context here, which was what makes our… which is what has made this so difficult for many of us, right? Which is that, you know, for years, we have been asked on NIH grants, CDC grants, any federal grant to include sections on how we will be inclusive of certain communities that have been marginalized.

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00:16:08.460 --> 00:16:11.639
Joseph Cherabie (they/he): And, you know, historically neglected.

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00:16:12.330 --> 00:16:33.799
Joseph Cherabie (they/he): That has now been used to target these exact grants, and to remove them, oftentimes with certain, you know, like, they might not even be related to gender-diverse communities in any way, but, you know, certain grants have been completely removed or restricted from the federal government purely because of inclusion of these populations.

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00:16:33.800 --> 00:16:34.800
Joseph Cherabie (they/he): And then.

89
00:16:34.800 --> 00:16:46.110
Joseph Cherabie (they/he): I will also say that the government, they… they… Trump 2.0 is very organized. We all know this, you know, they had Project 2025, they came at this with a very clear vision.

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00:16:46.110 --> 00:17:05.489
Joseph Cherabie (they/he): And what terrifies me is, you know, I notice that there's some, you know, comments about, you know, certain places like Fenway, and certain places like Whitman Walker, and other places that have restricted access to youth gender-affirming care, but you have to understand that these are federally qualified health centers. All of their funding is being threatened

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00:17:05.740 --> 00:17:17.079
Joseph Cherabie (they/he): for all of the services they provide, based off of their provision of youth gender-affirming care. And from the discussions with these organizations, they did not make this decision lightly.

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00:17:17.250 --> 00:17:30.710
Joseph Cherabie (they/he): You know, this is really, really hard stuff, because at the academic level, at the community-based organization level, at any charity level that has a federal designation and tax status.

93
00:17:30.710 --> 00:17:43.840
Joseph Cherabie (they/he): They can use this to leverage against us and our status in order to try to shut some of these organizations down completely, and remove access to all healthcare that these places

provide.

94
00:17:43.840 --> 00:17:44.790
Joseph Cherabie (they/he): So…

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00:17:44.890 --> 00:18:00.889
Joseph Cherabie (they/he): It is a constant moving goalpost that keeps us in anxiety. You know, we're worried about Ryan White access. We provide gender-affirming care in our Ryan White Care Clinic, so if they say no Ryan White Care Clinic can provide any transgender healthcare.

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00:18:01.100 --> 00:18:02.360
Joseph Cherabie (they/he): What do we do?

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00:18:02.490 --> 00:18:06.209
Joseph Cherabie (they/he): Right? What… what… what would you… what would the decision be?

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00:18:06.210 --> 00:18:25.650
Joseph Cherabie (they/he): Do you restrict access to a little bit and try your best to take care of that community while also taking care of the majority of your other patients that don't happen to be gender diverse? It is a really, really hard decision, and the goalposts are constantly moving, so I wanted to set that context a little bit, because it's very easy to say, you know.

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00:18:25.650 --> 00:18:35.849
Joseph Cherabie (they/he): This is unfair. We all agree, all of us on this panel are in agreement that this is ins… you know, we wake up in constant fear of what the new day will bring.

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00:18:35.860 --> 00:18:36.890
Joseph Cherabie (they/he): But…

101
00:18:37.210 --> 00:18:45.859
Joseph Cherabie (they/he): we have to make some decisions, and honestly, we're playing defense here. We are not even at the point where we are able to play offense, so…

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00:18:46.450 --> 00:18:52.950

Joseph Cherabie (they/he): Keep reading up on this stuff, and keep reading up on all of the different contexts that go into all of these things.

103
00:18:53.950 --> 00:19:11.699
Asa Radix: Yeah, and Joe, thanks for saying that. I do think a lot of the anger is completely misdirected. We need to focus on the fact that this is the federal government who has caused this to happen, and I think that many organizations are

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00:19:11.880 --> 00:19:28.579
Asa Radix: yes, one, making difficult decisions, but it's very hard to, you know, second guess when you're not there in the situation. But I think that there's a lot that's happening behind the scenes that people can't even talk openly about, because they will become targets of the

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00:19:28.580 --> 00:19:32.340
Asa Radix: federal government. So I would say,

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00:19:32.360 --> 00:19:39.470
Asa Radix: You know, give these organizations a bit of time, because they really are trying to do the right thing.

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00:19:41.980 --> 00:19:47.619
Jim Pickett: Thanks, Asa. And Leanne, do you want to jump in with some background and context to share here?

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00:19:48.180 --> 00:20:00.729
L. Leigh-Ann van der Merwe: Yes, thank you so much. For me, the frustration lies at the point where, for us at the moment in South Africa as a trans community, it's not just

109
00:20:01.050 --> 00:20:03.950
L. Leigh-Ann van der Merwe: about USAID PEPFA.

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00:20:04.560 --> 00:20:09.750
L. Leigh-Ann van der Merwe: The Global Fund has also been impacted by these funding cuts.

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00:20:10.320 --> 00:20:15.870

L. Leigh-Ann van der Merwe: South Africa as a country is, you know, key population funding.

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00:20:16.210 --> 00:20:21.820
L. Leigh-Ann van der Merwe: is almost… exclusively, externally funded. And so.

113
00:20:22.010 --> 00:20:27.560
L. Leigh-Ann van der Merwe: There lives, you know, there is a very big vacuum.

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00:20:27.980 --> 00:20:35.820
L. Leigh-Ann van der Merwe: But… You know, what makes my blood boil in this particular moment is the fact that

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00:20:35.950 --> 00:20:43.840
L. Leigh-Ann van der Merwe: We've lost USAID funding, which funded four trans-specific clinics in the country.

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00:20:44.780 --> 00:20:48.920
L. Leigh-Ann van der Merwe: But we continue to be patronized, because…

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00:20:49.570 --> 00:20:57.930
L. Leigh-Ann van der Merwe: The Global Fund implementation is starting any day now, and of course, we've regressed back 10 years.

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00:20:58.540 --> 00:21:06.700
L. Leigh-Ann van der Merwe: None of the Global Fund key populations recipients includes trans-led programs.

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00:21:07.800 --> 00:21:22.429
L. Leigh-Ann van der Merwe: They… it is implemented by three organizations that are essentially organizations serving… one is a big public health institution, the others… other two are organizations that are

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00:21:22.430 --> 00:21:29.610
L. Leigh-Ann van der Merwe: developing and implementing programs for men who have sex with men. So, none of the translate

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00:21:29.820 --> 00:21:33.420
L. Leigh-Ann van der Merwe: Organizations have made the cut.

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00:21:33.710 --> 00:21:48.870
L. Leigh-Ann van der Merwe: And that's what's so particularly painful for the trans community at this moment, is that we've regressed back 10 years. 10 years ago, in fact, 15 years in 2010, we issued a statement

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00:21:49.050 --> 00:21:57.280
L. Leigh-Ann van der Merwe: in which… we made it clear that trans people will not be the stepchildren of the HIV movement.

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00:21:57.450 --> 00:22:00.890
L. Leigh-Ann van der Merwe: That we want to be upfront and center.

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00:22:01.130 --> 00:22:10.199
L. Leigh-Ann van der Merwe: I don't know how the Global Fund can allow that in 2025, against the backdrop.

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00:22:10.570 --> 00:22:18.829
L. Leigh-Ann van der Merwe: of trans programs being shut down overnight. The global fund continues to drive that.

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00:22:19.300 --> 00:22:37.679
L. Leigh-Ann van der Merwe: That isolation continues to drive that exclusion in which they expect of trans bodies to go in certain programs that are designed and implemented for men having sex with men. Not in 2025. I'll say that over.

128
00:22:39.420 --> 00:22:46.689
Jim Pickett: Thank you, Leanne, and thank you again to the speakers for sharing more background.

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00:22:46.910 --> 00:22:50.069
Jim Pickett: We, we weren't intending on this to just, sort of.

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00:22:50.520 --> 00:22:55.370
Jim Pickett: be a webinar that catalogs everything. We wanna… we wanna…

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00:22:55.980 --> 00:23:01.199
Jim Pickett: I obviously acknowledge how terrible everything is, and what has happened, but…

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00:23:01.410 --> 00:23:10.539
Jim Pickett: really start putting our heads together to think about what we can do, and I appreciate everyone. We appreciate everyone who shared comments and questions when you registered.

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00:23:11.030 --> 00:23:23.840
Jim Pickett: Brian Managa just put something great in the chat, and really pulling out what Asa and everyone has been saying around our anger, and we have a lot of anger, and justified anger, and…

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00:23:23.840 --> 00:23:33.189
Jim Pickett: you know, I think there's a tension, how do we hold… I don't think… and also Brian pointed it out, like, how do we hold each other accountable?

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00:23:33.550 --> 00:23:39.460
Jim Pickett: And support each other at the same time, and direct our anger appropriately.

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00:23:39.700 --> 00:23:45.269
Jim Pickett: I think this is a… I would love to explore this, and how we actually navigate this.

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00:23:45.490 --> 00:24:04.370
Jim Pickett: You've all laid out, like, how tricky this is, and how many of us don't know the conversations happening in the back rooms, but what seems to be an issue that I've been noticing for the last several years, and it's been never more apparent, is we have…

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00:24:04.520 --> 00:24:17.050
Jim Pickett: very few people, advocate-wise, who are in the outside game. So many of us are in the inside game, inside and various tables inside, but there's not enough of us

139
00:24:17.090 --> 00:24:35.500
Jim Pickett: I think throwing rocks from the outside to drive change, and that's how we made things change back in the day. There were crazy

people on the outside, and there were sober people on the inside, and we all worked together to somehow move forward before the government cared about any of this stuff, so…

140
00:24:35.530 --> 00:24:43.340
Jim Pickett: How do we do this? How… who wants to jump in and start thinking about, with us, how we… how we,

141
00:24:43.710 --> 00:24:54.330
Jim Pickett: Hold each other accountable and are critical with each other, even as we're on the same team, and moving forward, hopefully in the same way, and directing our anger appropriately.

142
00:24:54.860 --> 00:24:57.199
Jim Pickett: What did someone want to jump in on that?

143
00:24:57.560 --> 00:24:58.150
Joseph Cherabie (they/he): I'll do it.

144
00:24:58.150 --> 00:25:00.240
Jim Pickett: Joe does! Yay!

145
00:25:00.640 --> 00:25:08.599
Joseph Cherabie (they/he): As the… as the Arab on this panel, let me tell you, about harnessing anger in the form of

146
00:25:08.600 --> 00:25:28.299
Joseph Cherabie (they/he): protest. And so, what I will say is this, is that, you know, all of us are angry right now. Let's set that as a tone, right? We're all angry. Many of us happen to be part of the communities that are being targeted, and there is a lot of grief, there is a lot of mourning, there is a lot of…

147
00:25:28.350 --> 00:25:39.789
Joseph Cherabie (they/he): fear, right? And this is all valid, and I want to emphasize this, that, you know, like, I want, you know, I want to say that everyone should go to the streets and protest, but some people

148
00:25:39.790 --> 00:25:58.179
Joseph Cherabie (they/he): don't necessarily feel comfortable or safe

doing that, right? They have family on the line, people have been doxxed, there have been direct targets of things. We have to understand that there is danger in addition to all of this. So, I wanna… I wanna say that each and every one of us should

149
00:25:58.180 --> 00:26:07.709
Joseph Cherabie (they/he): Take a level set of, like, what we feel we are comfortable with in terms of our level of participating publicly in protests.

150
00:26:07.710 --> 00:26:25.720
Joseph Cherabie (they/he): or if you want to take things behind the scenes as well, and try to work on, you know, I always say advocacy can be one-on-one level advocacy. It can also be at a systems level. It could be at a regional level, state level, national level, international level. All of that advocacy is valid.

151
00:26:25.760 --> 00:26:31.539
Joseph Cherabie (they/he): But I also want to emphasize here that we, as healthcare providers who work in these communities.

152
00:26:31.670 --> 00:26:56.269
Joseph Cherabie (they/he): Oftentimes, we find ourselves in a situation in which we are the only person from that community that is being targeted in the large room, right? And we need to do a better part of engaging community, making sure that we move beyond community advisory boards and all of this stuff, and actually put people in community in positions of power so that they may have a say at the table behind these closed doors.

153
00:26:56.500 --> 00:27:07.039
Joseph Cherabie (they/he): Now, I will also put a call out to healthcare providers, which is that we cannot pretend that we just need to survive the next 4 years, and that things are going to return back to normal.

154
00:27:07.340 --> 00:27:11.160
Joseph Cherabie (they/he): We need to stop that. It's not gonna return back to normal.

155
00:27:11.410 --> 00:27:24.439
Joseph Cherabie (they/he): that it's easy to destroy, it is hard to rebuild. And so us, as healthcare providers, we need to do our part in

trying to reformulate this, but also go out and protest and find a way to protest.

156
00:27:24.440 --> 00:27:34.550
Joseph Cherabie (they/he): That is the hardest part, I think, for us, is we're trying to figure out what best way can we protest as healthcare providers that also doesn't massively affect

157
00:27:34.550 --> 00:27:50.240
Joseph Cherabie (they/he): the already neglected populations that we aim to serve, right? Like, I can say we can all walk out, but that means that the hospital may not have someone to take care of patients. So, I would love that, but we need to find more creative ways to hit our hospital systems, to hit our,

158
00:27:50.240 --> 00:28:02.410
Joseph Cherabie (they/he): our academic institutions and make sure that they know that we disagree with what's going on. I'm from WashU. We are actively participating in negotiations to join the Trump Compact.

159
00:28:02.410 --> 00:28:08.769
Joseph Cherabie (they/he): We are literally protesting on the Faculty Senate side. We are flooding

160
00:28:08.770 --> 00:28:25.219
Joseph Cherabie (they/he): letters to our chancellor and all this stuff to try to prevent this from happening. But again, we have to figure out what happens if that does happen. How do we protest? Do we hit them financially? Do we hit them in recruitment? Do we hit them in many other ways? There are so many ways that we can protest.

161
00:28:25.220 --> 00:28:30.669
Joseph Cherabie (they/he): But again, I want everyone to kind of feel what their litmus test is as their comfort level.

162
00:28:30.670 --> 00:28:39.369
Joseph Cherabie (they/he): Do so safely, but also find ways to be creative and kind of come up with new ways to protest from within and outside.

163
00:28:41.610 --> 00:28:49.160

Jim Pickett: Thank you for those, very thoughtful comments, Joe. Melanie, I see you're off mute, or you want to jump in there?

164
00:28:49.550 --> 00:28:55.749
Melanie Thompson: Yeah, I think I never put my mute back on, bad on me, but but yeah, I do want to comment.

165
00:28:55.750 --> 00:28:56.540
Jim Pickett: Because…

166
00:28:56.690 --> 00:29:08.000
Melanie Thompson: Of course, I agree with everything Joe said. And I just know in my own community, communications are very fragmented.

167
00:29:08.010 --> 00:29:20.120
Melanie Thompson: And I think we all have to take a look at what we can do on the local levels to talk, to be better in terms of communicating, with

168
00:29:20.310 --> 00:29:44.030
Melanie Thompson: people on the ground who really don't know what to make of some of these things. You know, as Asa said, there are a lot of people in institutions and agencies that are working actively on preserving programs, preserving services, even though the program names may be different, and I think we need to work on

169
00:29:44.030 --> 00:30:08.690
Melanie Thompson: sort of more informal structures for communications and social media, but also in person and in agencies, so that the word gets out to people that even though something may not be called DEI, you're not being abandoned, that the people who are providing care do care and are working hard to be sure

170
00:30:08.690 --> 00:30:20.350
Melanie Thompson: that we can do everything we can to preserve services. And, you know, I know in our area of the world, as well as nationally.

171
00:30:20.500 --> 00:30:39.150
Melanie Thompson: a lot of language had to be scrubbed from Ryan White resubmissions, so to get your grants approved, there were resubmissions that had to happen, and words had to be taken out if you

wanted to get approved. And some…

172
00:30:39.150 --> 00:30:45.769
Melanie Thompson: People who were project officers were very helpful in saying, well, maybe you could say this instead of that.

173
00:30:45.810 --> 00:30:57.659
Melanie Thompson: And the idea of really preserving services while maybe giving away some of the language, I think, is fundamental to what we need to do for programs.

174
00:30:57.850 --> 00:31:04.650
Melanie Thompson: And then, you know, I want to also go back to the advocacy issue, and it's…

175
00:31:04.650 --> 00:31:29.150
Melanie Thompson: clear that many people don't feel comfortable with advocacy having to do with specific… some of the specific EOs, some of the specific court cases, but there are a lot of other areas where we can advocate, because things like the… the urgency on expiring subsidies for the Obamacare insurance.

176
00:31:29.330 --> 00:31:51.739
Melanie Thompson: expiring SNAP benefits, which will happen on Saturday, these disproportionately affect our populations. So, you know, we have a vested interest in advocacy on those things. They are more neutral kind of things to advocate for, so, you know, to encourage people

177
00:31:52.060 --> 00:32:09.260
Melanie Thompson: to reach out to their representatives, and their senators, particularly Republicans, and to fight back on some of these issues, which are urgent, and maybe in some ways a little easier for some people to advocate for.

178
00:32:11.830 --> 00:32:17.299
Jim Pickett: Thank you, Melanie. Asa or Leanne, do you want to weigh in on this part of the discussion?

179
00:32:17.300 --> 00:32:30.800
Asa Radix: I will, and I totally agree with everything that Joe and Melanie have said so far. I mean, I think we need to acknowledge that

when you change the language.

180
00:32:30.820 --> 00:32:48.299
Asa Radix: and do those things, that it is perceived by community as complete erasure of, you know, your identity, your whole existence, right? It's incredibly painful, and we have to, you know, balance these very difficult decisions

181
00:32:48.300 --> 00:32:51.979
Asa Radix: As you said, with better communication, ensuring that you have

182
00:32:52.020 --> 00:32:54.629
Asa Radix: You know, folks on your team who

183
00:32:54.630 --> 00:33:18.790
Asa Radix: can serve as a, you know, a go-between, you know, with community, to explain the reasons why. If the first time you see something is you go to the website of where you've been getting your medical care, and all of a sudden, all references to trans people have been deleted, or you're in a research project, you're a participant, and

184
00:33:19.060 --> 00:33:20.160
Asa Radix: you know…

185
00:33:20.560 --> 00:33:29.539
Asa Radix: I don't know, perhaps your identity is now reassigned. This actually happened to some people, where, you know, trans women were all of a sudden being

186
00:33:30.030 --> 00:33:32.040
Asa Radix: discussed as men.

187
00:33:33.250 --> 00:33:42.059
Asa Radix: we need better communication. Like, why… why is this… why is this happening? And I think the other part about advocacy is…

188
00:33:42.590 --> 00:33:48.430
Asa Radix: and I agree with Joe on this, is that we can't all do everything, you know?

189
00:33:48.500 --> 00:34:07.200
Asa Radix: we can form coalitions. Again, coalitions with community partners, coalitions with other agencies that are trying to do the same thing. I think for far too long, many of our organizations have really operated in silos. I mean, I will say that I've spoken more to

190
00:34:07.200 --> 00:34:15.970
Asa Radix: other CBOs in this year, than I have in my lifetime, you know? Just, like, leadership from…

191
00:34:16.179 --> 00:34:32.549
Asa Radix: So many, you know, trans-led organizations, because we're all finally sitting together and talking about, you know, this is a common enemy that's drawn us together, but, it's actually been so helpful, and actually goes beyond

192
00:34:32.550 --> 00:34:36.960
Asa Radix: The issues of, preserving care.

193
00:34:38.670 --> 00:34:41.940
Jim Pickett: Thanks, Isa. And Leanne, I can see you wanting to jump in.

194
00:34:42.360 --> 00:34:43.400
L. Leigh-Ann van der Merwe: Yeah…

195
00:34:44.120 --> 00:34:54.600
L. Leigh-Ann van der Merwe: You know, I remember something very powerful that Chadie Davis said once when we were working on the trans manifesto.

196
00:34:55.120 --> 00:35:02.840
L. Leigh-Ann van der Merwe: And that was to say that trans people you know, should take…

197
00:35:03.110 --> 00:35:10.180
L. Leigh-Ann van der Merwe: you know, center stage in the HIV movement, and that we are part of the solution.

198

00:35:10.630 --> 00:35:17.600
L. Leigh-Ann van der Merwe: And that has never written more true for me now than it has ever been.

199
00:35:17.950 --> 00:35:23.159
L. Leigh-Ann van der Merwe: Being in a country that is away from the U.S, I don't have

200
00:35:23.350 --> 00:35:35.469
L. Leigh-Ann van der Merwe: that proximity of my work being scrutinized, or my activism being challenged, you know, I don't have that proximity to the US, but

201
00:35:36.380 --> 00:35:40.929
L. Leigh-Ann van der Merwe: I live in a country where we've always given

202
00:35:40.960 --> 00:35:57.819
L. Leigh-Ann van der Merwe: fair and equal treatment to each and every citizen, but for me, it started to feel like now that the US has left, the funding is gone, we're kind of, like, eroding back to a space where communities are no longer part of the problem.

203
00:35:57.880 --> 00:36:06.709
L. Leigh-Ann van der Merwe: I find it very, very hard with what's happening with how the Global Fund grant is implemented in South Africa at the moment.

204
00:36:07.090 --> 00:36:24.999
L. Leigh-Ann van der Merwe: where trust is being eroded, you know? Key populations are put in a place where they are not seen, they are not heard. It would be interesting to know how many key pops-led organizations are actually going to be implemented, and I know that

205
00:36:25.180 --> 00:36:39.710
L. Leigh-Ann van der Merwe: we have to think very innovatively in this time of austerity, but you cannot do that at the expense of, you know, sidelining key populations who are part of the movement. Thank you, over.

206
00:36:41.070 --> 00:36:56.399
Jim Pickett: Thank you, Leanne. So true. And JD, JD, is with us. JD

Davis, you just mentioned, is with us, and I know they have to run off to a class shortly. So, JD, did you want to jump in and,

207
00:36:56.660 --> 00:36:59.079
Jim Pickett: Throw some of your spice into the mix.

208
00:37:00.030 --> 00:37:03.130
JD Davids: Hi, thanks. I'm here in my bathrobe in bed, I'll be.

209
00:37:03.130 --> 00:37:04.450
Jim Pickett: Hey, JD!

210
00:37:04.450 --> 00:37:16.379
JD Davids: Yeah, I… people asked to talk a little more about what I said about the No Kings movement, and for people outside the U.S. who may or may not have heard about the… that was just the… that's the…

211
00:37:16.830 --> 00:37:25.990
JD Davids: overarching, term mobilization that happened a few weeks back that led to protests in something like 2,400 locations in the U.S.

212
00:37:25.990 --> 00:37:50.499
JD Davids: And that's an example of, you know, when they had sort of the lists of what the problems were in terms of their central messaging, they didn't include trans people. And I don't think it's intentional that they are, you know, anti-trans, but I think it's not understood by some people, even progressives around the left or people on the outside, how much and how trans people are not just being targeted, but are being used

213
00:37:50.670 --> 00:38:07.599
JD Davids: to try to further autocracy in the U.S. were, like, a rallying cry for the other side to get people riled up. And people who may be very supportive of things like immigrant rights and federal services

214
00:38:07.600 --> 00:38:20.710
JD Davids: may have heard a lot of misinformation about trans people, particularly trans adolescents, when you have outlets like the New York Times have been spreading misinformation and bias against trans people for years. So, this is an important moment.

215
00:38:20.770 --> 00:38:36.209
JD Davids: I can't, you know, I mostly know just about the U.S, but there's a mandate, an opportunity and a mandate to speak the truth about trans people to our neighbors, to our relatives, to our coworkers, because people have been fed lies.

216
00:38:36.360 --> 00:38:45.339
JD Davids: and as the… I'm a trans parent of a trans adolescent, it's a particularly scary time, for so many of us, but,

217
00:38:45.380 --> 00:38:46.550
JD Davids: I… so…

218
00:38:46.550 --> 00:39:10.770
JD Davids: it's important to ask. If you see, like, mobile… calls for mobilization, to ask, where are trans… right, where are the trans people, or why are you not centering trans people? Point out the messages put out about the food cuts in the U.S, which is SNAP benefits. The federal government is saying it's because the Democrats want to do genital mutilation of children, right? So, we are being used and targeted

219
00:39:10.770 --> 00:39:14.840
JD Davids: to try to get everyone to blame us, so it's really important to

220
00:39:14.840 --> 00:39:30.520
JD Davids: whether you feel like you're an insider or an outsider, if you see messages on a neighborhood bulletin board or whatever, ask about trans people. It's not just about having us, you know, as an included population, it's about recognizing that

221
00:39:30.520 --> 00:39:35.910
JD Davids: There's specific attacks on us that are both particularly dangerous for us and for everybody.

222
00:39:36.060 --> 00:39:39.429
JD Davids: Right? Because they're using us to further fascism.

223
00:39:41.930 --> 00:39:49.750

Jim Pickett: Thank you, JD. You're getting, a good amount, a deserved amount of love for those comments.

224
00:39:49.750 --> 00:39:51.199
JD Davids: I think.

225
00:39:51.280 --> 00:40:01.190
Jim Pickett: I would co-sign that. I think we all need to be absolutely centering trans people, and that is something that we can all do in small, medium, and large ways.

226
00:40:01.850 --> 00:40:11.570
Jim Pickett: And I was just also thinking, and maybe this is a little more U.S.-centric in terms of, you know, the erasure of programs and how we can try to continue

227
00:40:11.650 --> 00:40:24.409
Jim Pickett: I guess I want to get into how do we continue to sustain programs when we've erased people? People do feel erased because they have been, and programs have been let go, studies have stopped.

228
00:40:24.410 --> 00:40:35.199
Jim Pickett: Services have ended, but we need to continue to sustain, right? So, what do we need to do? What is our underground kind of railroad moment?

229
00:40:35.200 --> 00:40:49.899
Jim Pickett: What is our moment like the Chicago Black Panthers, who were, you know, feeding and educating people back in the day and are starting that up again? How do we do, sort of, massive code switching on a huge scale where we're…

230
00:40:50.510 --> 00:40:54.679
Jim Pickett: Some of our messages that could be seen by the feds.

231
00:40:54.820 --> 00:41:05.799
Jim Pickett: say one thing in our message, and yet we have very, to Melanie and Joe's point, very clear communication to community that we're still here for you, we're still serving you, here's where you can come.

232

00:41:06.090 --> 00:41:10.760
Jim Pickett: So I think there's a number of issues here. How we actually keep programs going.

233
00:41:10.910 --> 00:41:21.160
Jim Pickett: And how we communicate that in a situation where everything is so, everything is in grave danger.

234
00:41:22.610 --> 00:41:26.229
Jim Pickett: Who wants to jump in on that easy topic?

235
00:41:27.010 --> 00:41:39.090
L. Leigh-Ann van der Merwe: So, I will share from the South African experience on how we've managed to sustain Even minimal services.

236
00:41:39.530 --> 00:41:44.199
L. Leigh-Ann van der Merwe: So, I live in a city where they implemented one of the four

237
00:41:44.430 --> 00:41:49.209
L. Leigh-Ann van der Merwe: clinics that was funded by USAID PEPFA.

238
00:41:50.160 --> 00:42:00.110
L. Leigh-Ann van der Merwe: And I… and I will say this, is that my discontent really lied with The fact that that organization

239
00:42:00.520 --> 00:42:06.020
L. Leigh-Ann van der Merwe: Big public health institute, not community-based, not community-driven.

240
00:42:07.260 --> 00:42:14.759
L. Leigh-Ann van der Merwe: That organization left here with so much, you know, without even so much as a goodbye hug, right?

241
00:42:15.180 --> 00:42:18.849
L. Leigh-Ann van der Merwe: They, they literally vanished overnight.

242
00:42:19.400 --> 00:42:27.659
L. Leigh-Ann van der Merwe: When that organization came here initially to implement their programs, what they've done fundamentally wrong

243
00:42:28.210 --> 00:42:31.800
L. Leigh-Ann van der Merwe: Was not to strengthen the relationship.

244
00:42:32.690 --> 00:42:33.700
L. Leigh-Ann van der Merwe: you know.

245
00:42:34.160 --> 00:42:35.880
L. Leigh-Ann van der Merwe: the relationship…

246
00:42:36.540 --> 00:42:48.130
L. Leigh-Ann van der Merwe: With community-based organizations to ensure that mobilization continues when they will leave after 6 or 7 years, or however long the grant was.

247
00:42:48.250 --> 00:42:54.250
L. Leigh-Ann van der Merwe: But when the executive orders came, they left… Overnight.

248
00:42:54.890 --> 00:42:57.500
L. Leigh-Ann van der Merwe: And what that really means is that

249
00:42:58.400 --> 00:43:04.450
L. Leigh-Ann van der Merwe: Those folks have to be integrated some way into some form of care.

250
00:43:05.160 --> 00:43:19.690
L. Leigh-Ann van der Merwe: And what that takes is community organizations picking up folks, linking folks to care, and while you're at it, also kind of doing the sensitization.

251
00:43:19.790 --> 00:43:26.399
L. Leigh-Ann van der Merwe: of this is the person who was with Clinic X, and as you know, Clinic X has left.

252
00:43:26.650 --> 00:43:29.179
L. Leigh-Ann van der Merwe: We now have this problem.

253
00:43:29.700 --> 00:43:43.469

L. Leigh-Ann van der Merwe: So, so that's quite literally what that means. We were fortunate enough to get 2 cents from one of our donors to kind of, like, do that linkage work, because

254
00:43:43.620 --> 00:43:48.539
L. Leigh-Ann van der Merwe: That is what is going to sustain folks, you know, going forward.

255
00:43:49.450 --> 00:43:55.729
L. Leigh-Ann van der Merwe: But again, it brings me back at the risk of really sounding like a stuck record.

256
00:43:56.040 --> 00:44:02.600
L. Leigh-Ann van der Merwe: It brings me back to this idea that in everything that we do.

257
00:44:02.810 --> 00:44:21.899
L. Leigh-Ann van der Merwe: Most times, you will find that there is a CBO working on something. And when these big public health institutions come and implement in our names, and without giving us any meaningful participation, where we only go to check that box.

258
00:44:22.110 --> 00:44:25.220
L. Leigh-Ann van der Merwe: provide our blood for HIV testing.

259
00:44:25.610 --> 00:44:34.140
L. Leigh-Ann van der Merwe: and be given or not given, an incentive for participating, because, I mean, what does that incentive mean nowadays, you know?

260
00:44:34.790 --> 00:44:38.199
L. Leigh-Ann van der Merwe: When those organizations come and they implement

261
00:44:39.200 --> 00:44:56.279
L. Leigh-Ann van der Merwe: This has been the example of what can go wrong where you are letting down an entire population. And context is so important here, it's really important to point out the context of historical marginalization.

262
00:44:56.280 --> 00:45:03.299

L. Leigh-Ann van der Merwe: Of trans people, where we were told to go and access services that was designed for everyone except us.

263
00:45:03.310 --> 00:45:12.650
L. Leigh-Ann van der Merwe: Right? So this big organization comes and implements, and the funding gets cut. Shook, overnight, they are gone. What do we do? You know?

264
00:45:12.710 --> 00:45:25.190
L. Leigh-Ann van der Merwe: This is the part of literally running around and making sure that folks have access to what they need. But even that is not a very easy thing to do for a community that is hidden.

265
00:45:25.190 --> 00:45:35.380
L. Leigh-Ann van der Merwe: That is so deeply marginalized, and continue to be marginalized with what all of this calamity against trans people in the world. I'll stop there.

266
00:45:36.650 --> 00:45:39.020
Jim Pickett: Thank you for making those points, Leanne.

267
00:45:39.430 --> 00:45:41.909
Jim Pickett: So important. Joseph, I see you off mute.

268
00:45:41.910 --> 00:45:53.669
Joseph Cherabie (they/he): I just… I'm really moved by what Leanne said, and it dovetails perfectly with what Asa was saying as well earlier about how we're all siloed, and how…

269
00:45:53.670 --> 00:46:16.310
Joseph Cherabie (they/he): we now are removing some of the silos, and I love to see that, right? I love the… we have all been told that we're all competition for grants for years, right? And when this organization gets a grant, we try to help, but, like, they want to make sure that they don't let their information out to the other group to get the grant and all that stuff. But I want to emphasize here.

270
00:46:16.310 --> 00:46:26.440
Joseph Cherabie (they/he): I was recently at, one of our community-based organizations' fundraising event. They provide housing for people living with HIV and who has substance use disorders.

271
00:46:26.490 --> 00:46:44.689
Joseph Cherabie (they/he): And what I will say is that, they… the rallying cry was a reminder, and I don't need to remind many people in this room, and I'm very cognizant of my age here when I say this, but this movement did not start with academic organizations and the federal government, and…

272
00:46:44.710 --> 00:47:03.359
Joseph Cherabie (they/he): grants and all of that stuff. This movement started in basements, in community-based organizations, focused on community, and that is what it was built off of. And that rallying cry is something that I think we need to understand here, and when we're rebuilding something new, because it's all being destroyed.

273
00:47:04.050 --> 00:47:14.069
Joseph Cherabie (they/he): Maybe we could do it better, and maybe we can actually center community for once, and maybe we can take these community-based organizations and actually

274
00:47:14.270 --> 00:47:32.080
Joseph Cherabie (they/he): as Leanne was saying, start from the get-go, start with the community, put those community people in positions of power, find ways to make sure that they are in leadership, so we don't need focus groups, so we don't need any of that stuff. How do we do that?

275
00:47:32.160 --> 00:47:42.390
Joseph Cherabie (they/he): And so, what I, you know, there's a group of, organizations who met up together and tried to say, listen, you know, at the beginning of this crisis.

276
00:47:42.390 --> 00:47:52.440
Joseph Cherabie (they/he): we are not competition, we all need to unify, and I think that we all need to kind of take a step back and understand that we're all going through this together at the same time.

277
00:47:52.480 --> 00:48:10.669
Joseph Cherabie (they/he): like, we're all going through this together. I think you all need to hear that. We're all going through this together. There is no new crisis that any of us are facing. We are all facing the exact same things. So why aren't we talking more?

Why aren't we collaborating more? Why, as an academic institution, why am I not…

278
00:48:10.870 --> 00:48:17.299
Joseph Cherabie (they/he): on the phone with Melanie every day, or Asa every day, or all of these… why are we not doing that?

279
00:48:17.830 --> 00:48:30.920
Joseph Cherabie (they/he): And I think we need to just break those barriers down, and so I just… that's all I have to say on that. It's just what they said dovetailed beautifully, and I just wanted to create a little bit of a call to action on that.

280
00:48:32.620 --> 00:48:38.590
Jim Pickett: Love that, and we definitely, like, more discussion in this space about how…

281
00:48:38.790 --> 00:48:45.100
Jim Pickett: How we move forward, how we… we can all agree, like, the systems before sucked.

282
00:48:45.590 --> 00:48:57.980
Jim Pickett: That's the official word for it. They sucked. And they dehumanize the people who serve… who got services through the system. They dehumanize people who work in the system.

283
00:48:58.200 --> 00:49:13.159
Jim Pickett: They do not serve us, they're not led by community, so they can leave at any time without, without saying goodbye, as Leanne said, without so much as a kiss goodbye. And so, we have a huge opportunity.

284
00:49:13.220 --> 00:49:18.939
Jim Pickett: To rebuild something that's not white supremacist, that's not colonialist, that's not…

285
00:49:19.190 --> 00:49:33.319
Jim Pickett: capitalists only, that, centers who we are and who we are as community, and puts us in leadership, centers trans people. So I'd love to hear more about how we move in that direction, and how we

286

00:49:33.320 --> 00:49:43.160
Jim Pickett: Make sure we have more of these discussions, that we are not only… we're getting on the phones with folks, we're… we're using all of our opportunities coming together to have these discussions.

287
00:49:43.260 --> 00:49:48.899
Jim Pickett: It seems that we're not taking advantage of everything we could be, and would love to hear more about that.

288
00:49:49.940 --> 00:49:59.159
Melanie Thompson: So, you know, I'd like to chime in about the responsibilities that healthcare providers have, because, you know, we've…

289
00:50:00.160 --> 00:50:19.580
Melanie Thompson: we try our best. We've done a crummy job over time of really focusing on communities that are vulnerable, and, you know, I know when we were doing the HIV primary care guidance, we really expanded our section about providing

290
00:50:19.970 --> 00:50:44.829
Melanie Thompson: care that was culturally sensitive, that was representative, where people felt comfortable when they came in the door and were greeted at the front desk. And, you know, I think this kind of training, this kind of education for care providers is very important, but I also think we need to get out of our silos, you know, getting care at

291
00:50:44.830 --> 00:50:50.099
Melanie Thompson: A gender-affirming clinic is not the only way to get gender-affirming care.

292
00:50:50.100 --> 00:51:04.380
Melanie Thompson: And I think all care should be gender-affirming, you know, whether people are getting medications or certain treatments. But we do a terrible job at training our primary care providers.

293
00:51:04.380 --> 00:51:26.840
Melanie Thompson: So, you know, even in the field of HIV, we don't have enough HIV experts to take care of all people with HIV. But we haven't done a good job of training our primary care providers, and I think in terms of services for trans and gender-diverse communities, we really need to step up our game and reach out to the people who are

not in our bubble.

294
00:51:26.840 --> 00:51:35.790
Melanie Thompson: And reach out to people who are in primary care and providing services to people, and, and help them,

295
00:51:35.800 --> 00:51:59.929
Melanie Thompson: get training about how to provide a clinic environment that feels safe and feels welcoming, and, you know, what are the things that matter to trans and gender diverse individuals? And, you know, I think here is a role, an important role, for our communities to be part of that training. That, you know, it's a very powerful thing for a healthcare provider to hear directly

296
00:51:59.930 --> 00:52:07.119
Melanie Thompson: from people who are impacted about what the impact is. So I think

297
00:52:07.400 --> 00:52:23.189
Melanie Thompson: professional societies need to be sure that we are including trans and gender diverse people in our trainings, and we… we need to do more for service integration. So, you know, preserving gender

298
00:52:23.230 --> 00:52:39.780
Melanie Thompson: Affirming care in clinics where we can, but recognizing that many people don't get their care in these clinics anyway, and we need to do a better job of stepping up as care providers, being vocal, training our peers, and reaching out beyond our bubbles.

299
00:52:44.300 --> 00:52:45.150
Jim Pickett: Go ahead, Asa.

300
00:52:45.150 --> 00:53:03.999
Asa Radix: Yeah, and I can add on to that. Thank you, Melanie. I mean, definitely training is just so important. You know, I learned earlier this week that in Texas, they're going to eliminate all, all mention of trans people, you know, out of the curricula for medical and nursing schools. I mean, it's…

301
00:53:04.810 --> 00:53:12.129

Asa Radix: I, you know, I can't really wrap my head around it, because it really is so awful. As though if you don't teach it.

302
00:53:12.850 --> 00:53:19.090
Asa Radix: these, you know, trans people don't exist. Of course they exist. You're just not going to be prepared to

303
00:53:19.090 --> 00:53:34.500
Asa Radix: provide care to them appropriately. So, I like the idea of, you know, medical organizations and societies picking up the slack, because the need is going to be so much greater once more states start eliminating

304
00:53:34.590 --> 00:53:40.159
Asa Radix: these topics from the curriculum. I also wanted to go back a bit to…

305
00:53:40.510 --> 00:53:59.610
Asa Radix: you know, where are people going to find care if, you know, all the mention of, you know, for example, trans people, LGBTQ folk are off websites? And just to say, you know, I've spent most of my life, actually, not in New York, but working in the Caribbean, and

306
00:53:59.860 --> 00:54:15.639
Asa Radix: you know, so I've lived through this before. I've lived in countries where, being part of the community was criminalized, right? So where do you go for care if you're a criminal, right, in that society? And…

307
00:54:15.720 --> 00:54:29.709
Asa Radix: community-based organizations really picked up the slack there. You always knew, if you were in a country, where you could go to find affirming care. There was… there were always providers. They couldn't be open about it.

308
00:54:30.480 --> 00:54:41.939
Asa Radix: you know, the community-based organizations could steer you in the right direction. So, I, you know, we need to remember that, that,

309
00:54:42.410 --> 00:54:59.430
Asa Radix: the community took care of itself, has always taken care of

itself, and has ensured that people do have access to care. It just made… if things get worse, it may not be as open. I mean, I will say, I've seen so many places that have pulled,

310
00:54:59.950 --> 00:55:13.949
Asa Radix: you know, areas of their websites, pulled down web pages, taken out information, hidden gender-affirming care under primary care, so it's not the first thing that you see when you go to the website. But again, you know.

311
00:55:14.190 --> 00:55:23.699
Asa Radix: we need to know who to blame for this. You know, these are organizations that are struggling to survive here, and struggling to ensure that they can continue to provide the services.

312
00:55:24.270 --> 00:55:31.049
Asa Radix: So I will… I'm seeing if Leanne is off mute now. Go ahead, Leanne.

313
00:55:31.890 --> 00:55:36.290
L. Leigh-Ann van der Merwe: Thank you so much, Asa. Yeah, all very…

314
00:55:36.700 --> 00:55:40.299
L. Leigh-Ann van der Merwe: Really, really important things to do is about

315
00:55:40.570 --> 00:55:46.120
L. Leigh-Ann van der Merwe: Finding the innovation to serve ways and people that we haven't served before.

316
00:55:46.670 --> 00:55:54.440
L. Leigh-Ann van der Merwe: I always say, and I said to my team when this news came, that there's also opportunity in every crisis.

317
00:55:54.840 --> 00:56:02.000
L. Leigh-Ann van der Merwe: It, it, you know, if the crisis is big enough, it will drive us to innovate.

318
00:56:02.330 --> 00:56:06.940
L. Leigh-Ann van der Merwe: It will drive us to find new ways of doing.

319
00:56:07.170 --> 00:56:11.359
L. Leigh-Ann van der Merwe: And maybe, you know, part in what we've done

320
00:56:12.140 --> 00:56:26.929
L. Leigh-Ann van der Merwe: You know, the picking up of clients, and linking them to care, and, you know, having the 10 minutes in doing the sensitization, and explaining somebody why pronouns, why the correct pronouns are important.

321
00:56:26.930 --> 00:56:33.399
L. Leigh-Ann van der Merwe: If we want to get folks to come back to our services, you know, that's all part of…

322
00:56:33.420 --> 00:56:43.460
L. Leigh-Ann van der Merwe: As Joseph said, that's all part for me as the rebuilding, right? And I don't think the rebuilding is going to start

323
00:56:43.490 --> 00:56:45.380
L. Leigh-Ann van der Merwe: after Trump.

324
00:56:45.560 --> 00:56:47.279
L. Leigh-Ann van der Merwe: is leaving office.

325
00:56:47.510 --> 00:56:50.350
L. Leigh-Ann van der Merwe: The rebuilding has to start now.

326
00:56:50.840 --> 00:56:55.049
L. Leigh-Ann van der Merwe: We… we cannot wait for a time when

327
00:56:55.470 --> 00:57:06.589
L. Leigh-Ann van der Merwe: ex-president come, or ex-president. There's always gonna be a crisis in the world, there's always gonna be this or that going on, and we've got to recognize

328
00:57:06.710 --> 00:57:13.289
L. Leigh-Ann van der Merwe: The opportunity that exists, because this is pushing us to really do better.

329
00:57:13.550 --> 00:57:20.460
L. Leigh-Ann van der Merwe: I… but I also want to give recognition to… to say that…

330
00:57:20.620 --> 00:57:26.399
L. Leigh-Ann van der Merwe: It is very hard to think of innovations with this level of calamity in the world.

331
00:57:26.870 --> 00:57:45.299
L. Leigh-Ann van der Merwe: It is a time in which we can't really relax. Melanie has pointed out so very eloquently that, you know, clinicians are working overtime, we've got to find innovative ways. Do we bring folks into our, you know, practice after hours? How do we do, you know, we've got to…

332
00:57:45.300 --> 00:57:48.520
L. Leigh-Ann van der Merwe: Figure out, as we are going along.

333
00:57:48.520 --> 00:57:58.429
L. Leigh-Ann van der Merwe: But we also have to remember to be gentle with ourselves and gentle to those that we serve, you know, as we're trying to figure out

334
00:57:58.720 --> 00:58:06.969
L. Leigh-Ann van der Merwe: This particular moment that, you know, in which the world is in so much chaos and calamity.

335
00:58:07.270 --> 00:58:14.729
L. Leigh-Ann van der Merwe: But I can also speak of, like, a few things that happened as a result of the crisis, like…

336
00:58:14.830 --> 00:58:22.920
L. Leigh-Ann van der Merwe: For example, our health department came and said, okay, we are making hormones available under a conditional grant.

337
00:58:22.920 --> 00:58:40.600
L. Leigh-Ann van der Merwe: folks can get it. The next part of that fight is to get it out of a tertiary level of care, and putting it in a primary level of care, because one, it is so costly, and two, it

puts it out of reach for folks who cannot travel to often urban-based

338
00:58:40.760 --> 00:58:48.569
L. Leigh-Ann van der Merwe: tertiary levels of care. But we now have practitioners who are available to say, I'm willing to prescribe.

339
00:58:48.620 --> 00:59:02.849
L. Leigh-Ann van der Merwe: In the absence of having nothing, I'm willing to prescribe, I'm willing to make a linkage, I'm willing to make a referral. I went to a training, I think, 2 weeks ago, in a city called Tiberche, where

340
00:59:03.270 --> 00:59:09.089
L. Leigh-Ann van der Merwe: You know, doctors, you know, presented this kind of moment in which we find ourselves.

341
00:59:09.150 --> 00:59:21.529
L. Leigh-Ann van der Merwe: And I had so much respect for those doctors who then caught up and said, in the context of everything that's going on, I'm still willing to do this. I'm still willing to help, if it means pushing extra hours.

342
00:59:21.530 --> 00:59:33.690
L. Leigh-Ann van der Merwe: How about we bring folks to a point of care? We get a car, 5 people can go in there, we get folks to a point of care. These are the small innovations that will have very good results, but we cannot wait.

343
00:59:33.760 --> 00:59:44.610
L. Leigh-Ann van der Merwe: until the orange person has left that office, until we start rebuilding. Some of that has to start now so that we can gain momentum. Thank you very much.

344
00:59:46.580 --> 00:59:48.200
Jim Pickett: 100%.

345
00:59:48.820 --> 00:59:58.689
Jim Pickett: I'm 100% with all of y'all. You're all brilliant and helped… so, insightful in helping us grapple

346
00:59:58.940 --> 01:00:01.810

Jim Pickett: With this, with this conversation.

347
01:00:02.190 --> 01:00:08.590
Jim Pickett: I'd like to go back to, you know, how we… and Leanne has brought this up, we've all brought this up.

348
01:00:08.780 --> 01:00:23.980
Jim Pickett: how we hold ourselves accountable and be gentle, even when we have to deliver some tough love to each other, I think… because, you know, I think a lot of our problems have been, you know.

349
01:00:25.190 --> 01:00:27.060
Jim Pickett: Have been deep.

350
01:00:27.420 --> 01:00:35.609
Jim Pickett: Deeply embedded in our work for years, and in this current environment, lots of things have been exposed.

351
01:00:35.710 --> 01:00:55.270
Jim Pickett: But it's not all due to the orange creature, right? It's also due to us, and years of calcification in some cases, and capitulation, years' worth, and so I guess I struggle, and I'm trying… I have a hard time with this just as a person, but how do we…

352
01:00:55.410 --> 01:01:00.330
Jim Pickett: How do we… how do we stay gentle with each other and tough at the same time?

353
01:01:00.560 --> 01:01:12.229
Jim Pickett: Because I feel like… I don't know, I mean, maybe it's just my own rage is just all over the place, but I'm mad at a lot of, sort of, us in our space that,

354
01:01:12.530 --> 01:01:28.720
Jim Pickett: sort of, have contributed… I feel have contributed to where we are, or aren't doing what they could, and I guess I'm struggling with this, and I imagine other people may be too, so how do we do better at sort of being both tough love and gentle and…

355
01:01:28.720 --> 01:01:34.719
Jim Pickett: you know, how do we call people in without kicking them

out? What do people have thoughts on regarding that?

356
01:01:40.480 --> 01:01:41.949
Jim Pickett: Jump right in.

357
01:01:43.070 --> 01:01:44.800
Tonia Poteat: This is Tonya, I can jump in.

358
01:01:44.800 --> 01:01:46.259
Jim Pickett: Yeah, thank you, Tonya!

359
01:01:47.790 --> 01:01:49.849
Tonia Poteat: Sorry, I just think…

360
01:01:50.300 --> 01:02:06.290
Tonia Poteat: I guess what I see a lot is people putting people on blast on social media, and I think we are human beings, and communicating with one another, especially if this is, these are people, leaders, community organizations with whom you have relationships and know, and can…

361
01:02:06.540 --> 01:02:07.660
Tonia Poteat: not…

362
01:02:08.240 --> 01:02:17.530
Tonia Poteat: attempt to shame publicly, unless that's a last resort as a strategy. But as a way of calling people in.

363
01:02:18.970 --> 01:02:22.649
Tonia Poteat: building on those personal relationships, I think, is really helpful.

364
01:02:24.200 --> 01:02:36.589
Jim Pickett: You know, you're so right, and I've been talking with other advocates about this, and sort of this thinking around… we've had some real issues that have been… have preceded where we are now, and part of it is, I think this… this…

365
01:02:36.630 --> 01:02:52.880
Jim Pickett: tension between in real life and online. And so much of

our advocacy and our engagement and our communication with each other has gone online. And that got even more intensified with COVID. And so much of our interaction is through Zoom, we're not meeting in person.

366
01:02:53.150 --> 01:03:12.569
Jim Pickett: And so we're engaging in line, we're saying things online that we would never say to someone directly in person. So maybe part of this is, like, we need to, you know, not only do we need to prioritize community, we need to prioritize IRL in real life to the extent we can. Like, Zoom is a great

367
01:03:12.570 --> 01:03:15.759
Jim Pickett: conduit, these are great tools to have, but when we

368
01:03:15.830 --> 01:03:25.250
Jim Pickett: When we try to do everything with these tools, and we're not together in community next to each other, human beings next to each other.

369
01:03:26.420 --> 01:03:30.000
Jim Pickett: to work harder on the IRL part of it all.

370
01:03:30.710 --> 01:03:48.430
Joseph Cherabie (they/he): Yeah, I just want to add that the social media… I mean, the amount of accounts that I've had to unfollow because of, like, you'll never believe what the Trump administration is doing today, and it just adds, like, anger constantly at you, and it's just like, you know, there's no conversation there. There's just…

371
01:03:48.640 --> 01:04:04.059
Joseph Cherabie (they/he): constant rage bait, and I myself have to turn off my rage bait aspect of certain things as well. But what I, what I want to, you know, what I think is helpful in this situation is recognizing, like.

372
01:04:04.060 --> 01:04:11.850
Joseph Cherabie (they/he): like Tonya said, is recognizing the humanity, but also understanding that sometimes we may disagree on something, and that's perfectly fine.

373
01:04:11.850 --> 01:04:12.800
Joseph Cherabie (they/he): But…

374
01:04:12.800 --> 01:04:36.489
Joseph Cherabie (they/he): removing an ideological disagreement from the personal disagreement, if that makes sense, right? Like, I'm not attacking anybody personally here. I may disagree with what Asa says. I say that because I never disagree with what Asa says, but, like, I may disagree with what, you know, Asa says, but we can still respect each other, and respect each other's…

375
01:04:36.530 --> 01:04:51.240
Joseph Cherabie (they/he): viewpoints where we all come from and all that stuff. And I also want to, you know, in our training center, we speak a lot about cultural humility and trauma-informed care and all of that stuff, and I want to emphasize that each and every one of us on this call carries our trauma with us.

376
01:04:51.280 --> 01:05:06.029
Joseph Cherabie (they/he): Right? Like, I am an LGBTQIA plus person from the Arab world, who grew up in the Arab world, and I carry that with me everywhere I go. And so sometimes when that's poked, my first reaction is to…

377
01:05:06.030 --> 01:05:17.439
Joseph Cherabie (they/he): to poke back, right? Or to get anger… to get angry again. But I, through these trainings and all this stuff, have realized, you know, like, this is just my trauma coming up.

378
01:05:17.440 --> 01:05:37.319
Joseph Cherabie (they/he): Right? This is my experience coming up, and that person on the other side of the social media, the phone, the whatever we're talking, doesn't know that story, and doesn't know where that's coming from, right? And so I think we can all learn a little bit, especially from community, on, you know, like.

379
01:05:38.070 --> 01:05:47.120
Joseph Cherabie (they/he): why is commun… you know, I always get asked, why is community so angry all the time, and why do they attack all the time, and all this? And I always have to remind people, I was like, this is trauma.

380
01:05:47.260 --> 01:06:03.740
Joseph Cherabie (they/he): Y'all have to understand that we are constantly being beaten over the head with re-traumatization, and

every time we have to speak to this stuff, we have to bring back our trauma. And every time we share our story, we have to bring back our trauma. That's taxing. That's exhausting.

381
01:06:04.050 --> 01:06:12.779
Joseph Cherabie (they/he): And the fact that we have to, you know, as LGBT plus individuals, as trans people, as trans people of color, who have had to experience

382
01:06:12.840 --> 01:06:24.469
Joseph Cherabie (they/he): non-stop trauma throughout their lives and had to fight their way to get advocacy. You can only imagine that their anger is valid, right? But I also want to take a step back

383
01:06:24.580 --> 01:06:34.440
Joseph Cherabie (they/he): Because what I learned… I learned how to be angry from being in the Arab world, but I want to take a step back and remind people that yelling is not the way to communicate.

384
01:06:34.660 --> 01:06:37.789
Joseph Cherabie (they/he): Across to someone who disagrees with you.

385
01:06:37.820 --> 01:06:56.559
Joseph Cherabie (they/he): You have to share that personal story, that humanity. The most… I… guys, I go on Advocacy Day every year in rural Missouri providers, all deep, dark red. The only thing that rings true to them is reminding them that their constituents are suffering.

386
01:06:57.100 --> 01:07:07.359
Joseph Cherabie (they/he): And that bringing those stories to the table, they will listen. And they do, they always do, the moment I bring up personal stories. If I quote statistics at them, they don't give a crap.

387
01:07:07.480 --> 01:07:19.190
Joseph Cherabie (they/he): They don't care. They hear wokeness being thrown at them. But if I talk to them and say, hey, I actually reached out to some of your community-based organizations, this is what they're worried about. They listen.

388
01:07:19.580 --> 01:07:39.249
Joseph Cherabie (they/he): And so, again, trying to take that step

back, understanding who you're speaking to, understanding they may not agree with you, but you can recognize that you might agree on something, maybe just a bit of shared humanity, and maybe using that as a thread to go in. Use your anger as fuel, don't worry about it, but also don't just yell.

389
01:07:39.250 --> 01:07:48.379
Joseph Cherabie (they/he): Because there's a time to yell. I love yelling, but also understanding that that will never convince the person across from you, that'll make them dig their heels in deeper sometimes.

390
01:07:50.440 --> 01:08:04.840
Jim Pickett: Thank you, Joe, and I really appreciate you also just bringing up your, your ethnic and racial identity. We haven't talked directly a lot about this, but you certainly, what's happening with immigrants.

391
01:08:04.840 --> 01:08:17.759
Jim Pickett: Migrants in our country, is just unconscionable, and equally as vile as what we are doing to trans people, and certainly so many of the folks we serve.

392
01:08:17.770 --> 01:08:34.039
Jim Pickett: are immigrants, are here on various levels of documentation or not, people who have been here for decades, regardless if they've been here a minute or a decade. And, I just wanted to make sure we mentioned that, and if anyone wanted to sort of talk about the intersection.

393
01:08:34.040 --> 01:08:39.459
Jim Pickett: of immigration in this moment, I would be, you know, it would be welcome.

394
01:08:40.520 --> 01:08:54.450
L. Leigh-Ann van der Merwe: not really immigration, but for me, it's all connected, right? It is a moment in which, as trans women, we are not just attacked on the basis of gender ideology, but there's also our race.

395
01:08:54.450 --> 01:09:01.270
L. Leigh-Ann van der Merwe: There's also so many Latin American trans women in the US, you know, that kind of…

396
01:09:01.270 --> 01:09:14.070
L. Leigh-Ann van der Merwe: geopolitics that sits there has to be unpacked and looked at in a way that is intersectional. And I'll tell you something about intersectional, is that

397
01:09:14.649 --> 01:09:28.029
L. Leigh-Ann van der Merwe: a lot of the systems of oppression is also, very ironically, starting to operate in intersectional ways. By the way that it attacks you on one

398
01:09:28.240 --> 01:09:29.140
L. Leigh-Ann van der Merwe: you know.

399
01:09:29.279 --> 01:09:36.379
L. Leigh-Ann van der Merwe: one oppression or the other. If we don't get you for being black, we'll certainly get you for being trans.

400
01:09:36.819 --> 01:09:51.880
L. Leigh-Ann van der Merwe: And this is very much an ideological fight, and we have to keep that in mind. And I agree with you, Cho, we don't have to yell at each other. Part of my survival of being in activism since 1999,

401
01:09:51.970 --> 01:09:59.879
L. Leigh-Ann van der Merwe: Part of my strategy has been to realize that some people won't see things your way, and that's perfectly fine.

402
01:10:00.190 --> 01:10:10.069
L. Leigh-Ann van der Merwe: I always, when I have my conversations with Tony, I say, you've got to allow people to summer in their own stupidity at the best of times.

403
01:10:11.160 --> 01:10:13.490
L. Leigh-Ann van der Merwe: That is perfectly fine.

404
01:10:13.680 --> 01:10:14.340
Jim Pickett: I love you.

405
01:10:14.340 --> 01:10:28.639

L. Leigh-Ann van der Merwe: of preserving yourself, because when you work in activism, almost always, there's something to push back at. There's something to, you know, there's always a cause to fight.

406
01:10:28.960 --> 01:10:33.359
L. Leigh-Ann van der Merwe: And, you know, breathing techniques is not for all of us.

407
01:10:33.920 --> 01:10:42.679
L. Leigh-Ann van der Merwe: Sometimes, you know, you can breathe all you want to, and you can do all the yoga in the world, but it's really, for me, about figuring out

408
01:10:42.790 --> 01:10:52.689
L. Leigh-Ann van der Merwe: what works for you as a person, and, you know, like, how do you move through the world? It's taken me a very long time to come to the realization that sometimes

409
01:10:52.690 --> 01:11:10.410
L. Leigh-Ann van der Merwe: You know, folks are not going to see things your way, and it's okay to greet them at parties, and when you see them at the market, and the rest of the time, it's okay to push them to the back of your mind, and do what is necessary for you to survive as a person, and as an activist, most importantly.

410
01:11:12.250 --> 01:11:17.750
Jim Pickett: You know what, you remind me, Leanne, because it's very funny and it's spot on, I think…

411
01:11:17.880 --> 01:11:30.839
Jim Pickett: The role of humor, the role of laughter right now, the role of joy, and us not… while we're angry, and we have a lot to be angry about, justifiably, and so many causes to fight.

412
01:11:31.260 --> 01:11:41.460
Jim Pickett: just maintaining our humanity also means maintaining our happiness, our joy, our connection with each other, and not letting them beat that out of us as well, and I think…

413
01:11:41.460 --> 01:11:58.820
Jim Pickett: the more we can radiate happiness and joy and humor and, dare I say, fun, it's more attractive to bring people into our cause,

as opposed to always sort of being screaming in anger. And I recognize, as someone who screams in anger a lot, the role for that, but…

414
01:11:58.820 --> 01:12:12.219
Jim Pickett: There's also the role for humor and joy. I wonder if anyone wants… and you're right, not everyone… breathing techniques are not for everyone. They're certainly not for me. I'm too impatient with breathing. But who wants to talk about, sort of, how we…

415
01:12:12.220 --> 01:12:23.040
Jim Pickett: Thread in this, you know, how we don't lose joy, how we maintain our sharpness and our edge where we need it, and that we don't lose

416
01:12:23.370 --> 01:12:28.100
Jim Pickett: The inherent joy and beauty and amazingness of our communities.

417
01:12:29.170 --> 01:12:36.650
L. Leigh-Ann van der Merwe: You know, Jim, I'll just say this, that it is incredibly revolutionary and powerful.

418
01:12:36.850 --> 01:12:56.630
L. Leigh-Ann van der Merwe: When, despite our circumstances, that we are able to experience joy, even in moments of great adversity. I don't want to sound like Gandhi, I'm not one for philosophy, but there's just something incredibly powerful, and I learned that in the feminist movement about

419
01:12:56.710 --> 01:13:01.430
L. Leigh-Ann van der Merwe: You know, walking on coals, but doing so with the greatest joy.

420
01:13:01.570 --> 01:13:04.930
L. Leigh-Ann van der Merwe: It's called Revolutionizing Trans Joy.

421
01:13:07.890 --> 01:13:13.980
Melanie Thompson: I think we have so much to… to learn about self-care.

422

01:13:13.980 --> 01:13:36.819
Melanie Thompson: And it's so important, particularly for providers, because we're often focused on taking care of others. But, you know, I think we all have to focus on our self-care right now. This is a constant assault. It's destabilizing, it's demoralizing, it creates anxiety, it creates depression. And, you know, we have to…

423
01:13:36.820 --> 01:14:01.789
Melanie Thompson: first of all, protect ourselves from being overwhelmed, you know, turning off breaking news alerts. It dawned on me that I am not personally responsible for everything that happens in this administration. And, you know, my wife and I have had this conversation, and she finally turned off the breaking news alerts on her phone. You know, we'll find out about these things

424
01:14:01.790 --> 01:14:22.329
Melanie Thompson: all in good time, but we don't need to be assaulted by it, you know? I encourage my patients to go on a news diet if they're really being harmed by this constant 24-7 news cycle. And, you know, I think we…

425
01:14:22.330 --> 01:14:27.650
Melanie Thompson: individually need to think about what renews us. I love the idea of joy.

426
01:14:27.650 --> 01:14:35.669
Melanie Thompson: Doesn't have to be breathing, but I also like the idea of touching grass. You know, go outside, take a walk.

427
01:14:35.950 --> 01:14:43.039
Melanie Thompson: I love dogs, I have dogs, they drive me crazy, but it changes the… changes the,

428
01:14:44.210 --> 01:15:06.050
Melanie Thompson: direction of my mind sometimes, stay in touch with friends, you know? Not friends who are necessarily involved in our particular professional struggles, just friends, you know? Maybe somebody you went to high school with, maybe somebody that you haven't seen in a long time, maybe relatives that are non-toxic, if you have any of those.

429
01:15:06.630 --> 01:15:09.559
Melanie Thompson: And, you know, but I think…

430
01:15:09.560 --> 01:15:10.190
Jim Pickett: Reach!

431
01:15:10.190 --> 01:15:13.870
Melanie Thompson: Reaching out to people and staying in touch with them

432
01:15:13.870 --> 01:15:38.369
Melanie Thompson: And supporting each other professionally. Those of us who are in this movement, we all get depressed. And, you know, I think giving to others can also be self-care, you know, if you identify people who are affirming, and who are really important to you, and, you know, to recognize that they need support, too. So, you know, I really think we just

433
01:15:38.370 --> 01:15:57.209
Melanie Thompson: need to spend more time on that, and need to also remind our friends, our clients, our patients, our colleagues, that taking a moment to care for ourself is really putting the oxygen mask on us first before we take care of other people.

434
01:15:59.640 --> 01:16:02.920
Jim Pickett: Thank you for that, Melanie, and I see Joe is right in line.

435
01:16:03.330 --> 01:16:13.629
Joseph Cherabie (they/he): community takes care of itself, right? And so, and after the election, stuff, I took my best friend, who's trans,

436
01:16:13.630 --> 01:16:23.639
Joseph Cherabie (they/he): Who's in the trans movement and, like, literally looks up legislation every day about trans healthcare, and how they're being attacked, and all that stuff, and we just went to the art museum.

437
01:16:23.690 --> 01:16:37.760
Joseph Cherabie (they/he): Right? And we just walked around the art museum, and we looked at art, and we saw so many stories of people who have survived all of this stuff, and then I went to… I'm in the Gateway Men's Chorus, which is just silly, but, you know…

438
01:16:38.150 --> 01:16:41.089
Joseph Cherabie (they/he): We sing Lady Gaga covers, right?

439
01:16:41.090 --> 01:16:41.889
Jim Pickett: And, like.

440
01:16:41.890 --> 01:16:57.339
Joseph Cherabie (they/he): It's a… seeing 70-year-old gay men sing Lady Gaga covers is honestly the joy of my life, and it's silly, but what was a reminder is just showing up, and being there, and being a beacon is enough. But I also want to emphasize that

441
01:16:57.360 --> 01:17:04.940
Joseph Cherabie (they/he): we need a paradigm shift of how we talk about LGBT health and all this stuff, like, I've had this argument so many times at WashU, but, like.

442
01:17:05.370 --> 01:17:07.099
Joseph Cherabie (they/he): Joy is never centered.

443
01:17:07.220 --> 01:17:16.030
Joseph Cherabie (they/he): Right, we talk about substance use, we talk about depression, mental health issues, all that stuff, and never do we mention joy.

444
01:17:16.390 --> 01:17:21.279
Joseph Cherabie (they/he): And so, I think that actually taking, you know.

445
01:17:21.280 --> 01:17:36.689
Joseph Cherabie (they/he): reminding people that my… my gender-diverse folks in clinic are my… I… they are my ray of sunshine. I have so much fun, we cackle, we have a great time despite it all, because we have to. We have to survive.

446
01:17:36.690 --> 01:17:49.120
Joseph Cherabie (they/he): So, just a reminder that we need to shift that paradigm as well, not just, like, in community and all that stuff, but even in the structures that be, really centering queer joy.

447

01:17:49.120 --> 01:17:58.050
Joseph Cherabie (they/he): as part of LGBT health, and the center of LGBT health, is what we really need to work on as well, especially if we're going to rebuild this, right?

448
01:18:01.410 --> 01:18:17.260
Jim Pickett: Love that. Love that, love that. Asa, do you want to jump in? We are in our final minute, so it would be great, I think, for everyone to sort of share, you know, for the speakers to share your take-homes, like Centering Queer Joy, for instance.

449
01:18:17.590 --> 01:18:26.400
Jim Pickett: And anything else you want to add? And of course, we still have time for others to chime in if you want to raise your hand in these last minutes, but I'm going to turn it back to Asa.

450
01:18:28.330 --> 01:18:41.299
Asa Radix: Yeah, I mean, I just love all of this, and I love everyone on this panel. I know so many people on this call. It's, you know, this is what keeps me going, right? So, you know, despite everything.

451
01:18:41.730 --> 01:18:52.649
Asa Radix: I know… I know there are people I can call on, there are people I can phone, people I can be joyful with, right? So, you know, we will…

452
01:18:52.850 --> 01:19:03.820
Asa Radix: we will get through this. I don't know a better way of saying it, you know? We will get through, the care will survive, and we will… we will continue to exist.

453
01:19:05.740 --> 01:19:06.890
Jim Pickett: and thrive.

454
01:19:06.910 --> 01:19:07.900
Asa Radix: and thrive.

455
01:19:08.860 --> 01:19:09.670
Jim Pickett: Damn it.

456
01:19:10.830 --> 01:19:18.820

Jim Pickett: All right, I'm gonna do last-minute thoughts. Leanne, do you want to give us a last-minute thought from gorgeous South Africa?

457
01:19:20.710 --> 01:19:23.109
L. Leigh-Ann van der Merwe: I don't know how gorgeous it is, but here we

458
01:19:24.080 --> 01:19:30.329
L. Leigh-Ann van der Merwe: Here we are, trying to make sense of it. I… you know, for me.

459
01:19:30.420 --> 01:19:46.870
L. Leigh-Ann van der Merwe: I think the entire point of human beings is, you know, of humanity, is really just trying to find meaning. And one of the ways I find meaning has been to

460
01:19:47.100 --> 01:19:55.059
L. Leigh-Ann van der Merwe: through my own struggle as a trans person in South Africa, to kind of, like, create those pathways.

461
01:19:55.500 --> 01:20:00.259
L. Leigh-Ann van der Merwe: It is not like it has been in 1999.

462
01:20:00.820 --> 01:20:16.320
L. Leigh-Ann van der Merwe: It is not, and we've seen waves of change and progress and setbacks and, you know, it's been a lot of, you know, up and down journey. But it's also really important to recognize that we have come a long way.

463
01:20:16.750 --> 01:20:24.369
L. Leigh-Ann van der Merwe: I personally, as a trans person, have, you know, I wrote, and I publish, and I see that

464
01:20:24.480 --> 01:20:32.200
L. Leigh-Ann van der Merwe: As an offering, you know, to… to policymakers, you know, to impact positive change.

465
01:20:32.670 --> 01:20:37.560
L. Leigh-Ann van der Merwe: I, many years ago, I didn't work for, but I worked with

466
01:20:37.680 --> 01:20:50.959
L. Leigh-Ann van der Merwe: the South African National AIDS Council. And there was a moment in which we were talking, talking, talking, and we're developing a strategy for, you know, the new incoming grant from the Global Fund.

467
01:20:51.310 --> 01:20:56.460
L. Leigh-Ann van der Merwe: And in just… a few seconds, I got up and I said that

468
01:20:56.580 --> 01:21:06.719
L. Leigh-Ann van der Merwe: Please don't call trans people for HIV tests unless you are offering it alongside some form of gender-affirming care.

469
01:21:07.190 --> 01:21:24.310
L. Leigh-Ann van der Merwe: And that opened the door, at the very least, to have hormonal care, you know? We didn't necessarily get the surgeries that we wanted and so much needed, but it has been a step from where we were to where we are now.

470
01:21:24.530 --> 01:21:38.869
L. Leigh-Ann van der Merwe: And that gives me joy. Like, that, you know, that keeps me going. That makes me want to get up every morning, because it's… it's those kind of small ones that really keeps you

471
01:21:38.870 --> 01:21:50.930
L. Leigh-Ann van der Merwe: And, you know, some community members have been saying, oh, you've moved a lot into academia. For me, it's never been. Publishing articles has never been a gateway to academia in any case.

472
01:21:50.930 --> 01:22:00.859
L. Leigh-Ann van der Merwe: It's really, for me, that labor of love for policymakers, for clinicians, to help us think of what we go through as a community.

473
01:22:00.870 --> 01:22:18.619
L. Leigh-Ann van der Merwe: And even though, for the last few years, when it comes to trans people, we've only been talking about HIV, there's a paper I wrote in which I explained and said, this is how I've used HIV advocacy for us to start at this course.

474
01:22:18.640 --> 01:22:20.220
L. Leigh-Ann van der Merwe: on trans health.

475
01:22:20.410 --> 01:22:26.010
L. Leigh-Ann van der Merwe: And that has been incredibly powerful, you know, to… when you get called.

476
01:22:26.170 --> 01:22:40.079
L. Leigh-Ann van der Merwe: to talk about one topic, but you're bringing all these other things. And that, for me, is really going to be the starting point of all these innovations that we not just want to thrive, but what we need to thrive as

477
01:22:40.080 --> 01:22:48.290
L. Leigh-Ann van der Merwe: healthcare systems are starting to think of key populations without external funding. It's going to take

478
01:22:48.290 --> 01:23:04.109
L. Leigh-Ann van der Merwe: a lot of patience, it's going to take a lot of love from all of us, and recognize the ability that, even though we're not on the same page, there's always the potential for all of us to get on the same page. I'll stop there. Thank you very much.

479
01:23:05.480 --> 01:23:13.970
Jim Pickett: Well, what a beautiful, really, way to sum up this webinar. Everyone will get a last shot here, but that was absolutely perfect.

480
01:23:14.080 --> 01:23:24.790
Jim Pickett: Leanne and Rebecca Dennison, and I, and I'm sure others, want to see this paper you're talking about, so please share it with me, and I'll send it out in the resource list.

481
01:23:24.900 --> 01:23:39.799
Jim Pickett: To everyone here. So, Leanne, we want to read your brilliance… share all your papers, share your entire library. We need to get caught up in some of that, I'm sure. Melanie, Joe, or Asa, any final comments before we close out today?

482

01:23:41.930 --> 01:23:59.569
Melanie Thompson: I know we're short of time, but I just want to say thank you for including me in this, and thanks to everybody who is participating in this webinar. Thanks for your comments in the chat. It really has fed my soul, and this is… this is so important.

483
01:23:59.570 --> 01:24:12.780
Melanie Thompson: that we have a lot of positive things going on. I think some of the takeaways that I've gotten are that we all believe in centering community. We need to do a better job of doing that.

484
01:24:12.780 --> 01:24:24.530
Melanie Thompson: And centering community really is fundamental to the work that we do. We need to do a better job at self-care and centering joy, queer joy, I love that.

485
01:24:24.530 --> 01:24:39.620
Melanie Thompson: And, you know, I think we need to focus on what we actually want to work on, what advocacy we can do, recognizing we can't do everything. You know, in the U.S, can you…

486
01:24:39.850 --> 01:24:59.820
Melanie Thompson: call your senator or representative and just say, fund SNAP. I don't know, simple things, do the things you can do, don't bear the burden of everything you can't do. We are stronger together than we are individually, and we take that with us every day. So, thank you.

487
01:25:01.100 --> 01:25:14.520
Jim Pickett: Thank you, Melanie, and it's… that beautiful wrap-up was one of the many reasons why we wanted you on this panel. So, thank you for all your contributions before this panel, everything you've done before, and everything you will be doing after.

488
01:25:15.070 --> 01:25:17.409
Jim Pickett: Joe or Asa, final comments?

489
01:25:20.670 --> 01:25:21.270
Joseph Cherabie (they/he): Alright.

490
01:25:21.450 --> 01:25:22.900
Joseph Cherabie (they/he): Asa, do you want to go?

491
01:25:23.320 --> 01:25:30.639
Asa Radix: Yeah, I mean, really to echo everything else that's been said, you know, it's been an exhausting year, I'll say that, but…

492
01:25:30.640 --> 01:25:44.300
Asa Radix: you know, I think this, especially this, this talk, this webinar, has just reminded me of, you know, the importance about, you know, staying connected to community, to colleagues, you know, to purpose.

493
01:25:44.470 --> 01:25:48.820
Asa Radix: Being intentional about rest, joy.

494
01:25:49.330 --> 01:25:57.520
Asa Radix: you know, as everyone has said, centering queer joy, and, you know, finding moments of hope, right?

495
01:25:58.040 --> 01:26:04.169
Asa Radix: and seeing people continue to show up despite everything that's happened. Thank you all for being here.

496
01:26:05.990 --> 01:26:09.260
Jim Pickett: Thank you, Asa. And Joe, I think you're getting the last word.

497
01:26:09.670 --> 01:26:11.120
Joseph Cherabie (they/he): Terrifying.

498
01:26:12.360 --> 01:26:35.020
Joseph Cherabie (they/he): always, always grateful, to learn from everybody on these calls, and I think it's… if I can have a last word, is to continue to learn from other people, especially people who have been through these experiences before, who have been through worse, who have had different experiences. I consider myself lucky to be in some of the rooms that I'm allowed into, and just get to

499
01:26:35.020 --> 01:26:46.709
Joseph Cherabie (they/he): you know, I recognize that I'm one of the younger providers in the room oftentimes, but it is really, really lovely, and I love seeing younger folks, even younger than me, in the

room and providing their perspective, but

500
01:26:46.710 --> 01:26:54.690
Joseph Cherabie (they/he): constantly learning, understanding, you know, I like the saying in my head, which is, you know, prepare for the worst, but hope for the best, and

501
01:26:54.870 --> 01:27:12.900
Joseph Cherabie (they/he): it's intentional. We know that this is probably going to get worse. We know that this is probably going to continue. They've laid out their plans, they know what they're doing, but having contingencies on contingencies on contingencies for us, and having those contingencies being based on community input is the way that we…

502
01:27:12.900 --> 01:27:23.009
Joseph Cherabie (they/he): we move forward. So, you know, protect yourself, protect your sphere, and always have a little bit of time for queer joy, because that is the best form of resistance, but…

503
01:27:23.050 --> 01:27:25.100
Joseph Cherabie (they/he): At the same time the fight goes on.

504
01:27:26.060 --> 01:27:37.400
Jim Pickett: And queer joy is for all, whether you identify as queer or not, because queer people are generous, and we have so much joy to share. So, queer joy for all.

505
01:27:37.600 --> 01:27:43.779
Jim Pickett: I'm gonna end it there. Thank you all, I'm so grateful for our panel, for all of you, for this community.

506
01:27:43.960 --> 01:27:50.260
Jim Pickett: I… this has fed my soul, too. I'm on a daily rollercoaster of rage and

507
01:27:50.410 --> 01:27:59.250
Jim Pickett: between rage and freaking out and… and lying in the fetal position, and right now I'm in a much better place. We'll see if I go fetal later.

508

01:27:59.420 --> 01:28:14.449
Jim Pickett: Thank you. We will be sending out the recording shortly with a list of all the resources that we've shared, and and the stuff in the chat, because I think the chat is really juicy today, especially. I hope you'll join us on November 17th.

509
01:28:14.450 --> 01:28:20.280
Jim Pickett: Well, we're really continuing the same kind of discussion. It's very much a community-oriented discussion.

510
01:28:20.280 --> 01:28:23.789
Jim Pickett: with another great set of panelists, I hope you'll be here.

511
01:28:23.900 --> 01:28:29.009
Jim Pickett: And until then, thank you, turn off the news.

512
01:28:29.180 --> 01:28:37.040
Jim Pickett: Find time to rest, take care of yourself, and, let's, you know, keep working on,

513
01:28:37.190 --> 01:28:44.950
Jim Pickett: pushing forward and doing what we can. So, thank you for that. Have a wonderful day, all. Take care.

514
01:28:47.190 --> 01:28:49.399
L. Leigh-Ann van der Merwe: Thank you, everyone. Bye-bye!