

The following is the first installment in a series of pieces written by Dr. Amari Pearson-Fields, the former Comprehensive Cancer Program Director for Washington DC. This series is intended to give public health professionals peer-led insight into how they can better reach and serve lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations in their work.

## Demonstrating LGBTQ Welcome: The Power of Pronouns



By Amari Pearson-Fields, Ph.D.

My first exposure to barriers accessing healthcare for members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities was personal. In the middle of the night in February 2004, I was startled awake when the bed started shaking. My wife was having a seizure. This was the first time she'd had one and the first time I'd ever seen one. Terrified, I called 911 for help. By the time they arrived, she was postictal (translation, very confused and disoriented, as people can be after seizures). She thought the men in our bedroom were taking her away because she had been "bad". She begged me not to let them take her. It broke my heart when I had to pry her hands off the railings so they could get the stretcher down the stairs. After I got in the ambulance with her, I remembered that I had to get our "paperwork", the documents that said I had the right to make health care decisions for her if she couldn't do it for herself. The ones that said I had a right to just be there by her side. As I stepped out of the ambulance, the ground was further down than I expected and I fell (yup, I fell out of the back of an ambulance!). It would have been funny except that I tore my anterior cruciate ligament (ACL) and my meniscus when I fell, and I ended up being treated in the emergency department at the same time as my wife. Even after surgery and rehab, my knee still hurts. It's a constant reminder of what we as a community have been through. Fortunately, times have changed. As her legal spouse, my presence at her bedside, or hers at mine, doesn't require a \$1,500 notarized permission slip from a lawyer (this was

long before the Obama-era policy that addressed LGBT hospital visitation). However, there are still challenges for LGBTQ patients and their families, and the fight for inclusion and access continues.

As public health leaders, we are on the front line to help preserve the ground gained over the past decade, as well as to keep raising the proverbial bar for LGBTQ health access. As this series unfolds, I'm going to be taking a straightforward look at some of the strategies and tools you might want to use to help your program achieve this goal. Employing these strategies and tools will help ensure that your program is welcoming to LGBTQ people. As a former Comprehensive Cancer Control Program (CCCP) Director, I'm going to be talking especially to comp cancer program managers and staff, but I realize that the topics covered are likely to be of interest to other public health professionals as well (so feel free to share these posts with your NBCCEDP and CCRP colleagues). If you are committed to ensuring you serve all people, let's take a real look at one of the most underserved populations you are going to experience.

My professional experience with LGBTQ health started in the early 2000s, during my time at the Mautner Project, the National Lesbian Health Organization (now a program of Whitman Walker Health). During that time, I ran a CDC-funded training program that focused on providing some of the first ever lesbian-specific cultural competence training to breast and cervical cancer screening sites. As part of that early work, we sent a gender variant person (someone whose gender presentation does not match traditional masculine or feminine gender norms) into primary care sites to assess their level of "welcome". Unfortunately, the gender variant patient was too often treated in ways that were disrespectful or inappropriate. This was not an isolated occurrence. In 2013, a lawsuit was brought by a woman who was denied mammography coverage through the NBCCEDP because she was transgender. (See a synopsis of the story [here](#).) Fortunately, this case prompted a policy change that now ensures that trans and gender variant people were included in the purview of these federally subsidized programs.

Another interesting change that has occurred since I began this work nearly 20 years ago has been in the evolution of the LGBTQ lexicon, especially around gender pronouns. For example, I have a friend that began referring to "hirsself" as "ze", rather than "he" or "she". Shortly after, I attended a meeting where the speaker asked us all to introduce ourselves by saying our names and listing our pronouns. Okay, I was lost! Luckily my friends helped me get my bearings, so let me take a few minutes to do the same for you.

Many in the LGBTQ community use gender neutral or gender inclusive pronouns. Gender neutral pronouns don't associate a gender with the individual. The University of Wisconsin has an extensive explanation that can be found [here](#). Many languages have gendered pronouns and words that indicate gender, i.e., Latino/Latina. Instead, descriptors like "Latinx" are used to indicate gender inclusivity. Keep in mind that using inclusive language in your documents may mean that you will need to do some educating around this issue with your Bureau or Division Chief. For example, the first time I used "Latinx" in my progress report, it was "corrected" multiple times by reviewers. It will also come up as an error on your spell check unless you add it. One of the most common gender neutral pronouns in use nowadays is the singular "they". For

example, if your friend Jetzabet preferred the singular “they” as their pronoun, you might say something like “Jetzabet is meeting me for lunch today. They’ve got a new restaurant they want me to try.” While the singular “they” can sound odd until you get used to it, you’ll be interested to note that [Merriam Webster dictionary confirms](#) the singular “they” has been in use for quite a long time.

One thing that is clear: the population identifying as gender variant is definitely on the rise. When the Human Rights Campaign surveyed LGBTQ youth (ages 13-17) in 2017, the number of youth identifying as some gender variant identity greatly exceeded those that identified as trans male or female. So whether you know it or not, it’s increasingly likely some people you serve are using gender neutral pronouns right now. (In a future piece we will talk about how to capture this information on forms.)



Of the whole LGBTQ spectrum, the trans and gender variant subpopulation has a history of experiencing a much more pronounced level of health disparities than others. This is why demonstrating a welcoming environment to this particularly vulnerable population is a great way to show your welcome to all LGBTQ people.

Remember at that meeting where I was asked to introduce myself with my preferred pronouns? That simple request was a brilliant way to show that the meeting was welcoming to trans and gender variant people and, therefore, all LGBTQ, people. Another way of demonstrating a welcoming and inclusive environment is to amend your email signature block to include your preferred pronouns. That simple step will only take you a few minutes today but it will be a clear flag of welcome for every LGBTQ person you communicate with, and it will probably nudge your colleagues to consider how they are demonstrating their own welcome to this underserved population.

Considering some of the pronouns folk are using these days, my simple “she/her/hers” don’t seem very interesting any more, but I can’t think of a more powerful way to tell a whole group of long-underserved people that I care about their health.

Until next time,

**Amari Pearson-Fields, Ph.D.**

Pronouns: she/her/hers