

Rabia (she/them)

Sydney (they/her)

Nicole (she/them)

Fae Johnstone (she/they)

Opening Statement (00:00:00 - 00:00:33)

Rabia (she/them): Maya Angelou once said, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Our interactions with health care workers can make or break the trust that we had with them or the willingness to seek out help when we need it. Affirming healthcare is very much needed for the 2SLGBTQ+ youth around the world who are often turned away, belittled, or harmed. What is one supposed to do when the people who are tasked to help them instead uphold the oppression that harms them?

Intro Music (00:00:33 - 00:00:51)

Hello and welcome to your favourite hour of the week with the Three Chaotic Queers. [cat meow sound effect].

Greetings and Intro (00:00:51 - 00:02:38)

Sydney (they/her): Bienvenue tout le monde! Welcome back, everyone! You are listening to Three Chaotic Queers, a biweekly podcast series where the three of us youngsters can openly discuss what it means to be queer in today’s society and why we’re ready to burn this capitalistic shitshow to the ground.

Nicole (she/them): Welcome back to our second episode everyone! Uhm, just to remind you who we are, I am Nicole, I am one of the three chaotic queers. My pronouns are she/her and they/them. I am a chaotic, queer, and scientific creative and today I’m joining on the traditional territory of many nations including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat Peoples.

Rabia (she/them): Hello hello, my name is Rabia and my pronouns are she/they. I am a chaotic artist and activist that works in gender sexual violence, peer support, and advocacy. I am so excited to be back for another episode with you chaotic godexes. I am currently situated on the traditional territory of the Haudenosaunee and Anishinaabe People. This territory is covered by the Upper Canada Treaties and is within the land protected by The Dish with One Spoon Wampum agreement, which was between the Anishnaabe, Three Fires Confederacy, and the Haudenosaunee Confederacies. This agreement extends to everyone that has arrived or will arrive on this land.

Sydney (they/her): Thank you, and I’m Sydney. My pronouns are they/them and she/her, but you gotta use both. I’m an eclectic and chaotic neuro queer that specializes in low barrier health equity programming for Ontario youth and I’m once again joining in from the lands of the displaced Huron-Wendat People adjacent to the Chippewa of Lake Simcoe.

Conversation (00:02:38 - 00:55:34)

Nicole (she/them): Yeah! So welcome back everyone, today we have a very special episode and a very special fourth chaotic queer, uhm, to present to you all!

Sydney (they/her): Yeah! So we are adjoined by Wisdom2Action's Executive Director, Fae Johnstone, to talk about 2SLGBTQI+ health care inequities and to get to low-down on the Trans Health Ontario Campaign, which is their ongoing bipartisan political campaign with Rainbow Health Ontario which wants to bring legislative changes to our standards of healthcare.

Rabia (she/them): And just before we introduce you to our very special guest I definitely want to give you some context for the quote we provided in the beginning. So, the experiences of queer youth in healthcare are definitely riddled with microaggressions, but what are microaggressions? So, the term microaggression was coined by Harvard professor Chester M. Pierce to describe the insults and slights he had witnessed against Black people. According to Dr. Derald Wing Sue, microaggressions are everyday insults, verbal, behavioural, or environmental indignities, and demeaning messages whether intentional or unintentional. When an individual experiences microaggressions over and over and over again they begin to take an immense toll on the person's mental health and overall wellbeing. This is often the case for many queer people. And so once I was doing my digging in research I found this amazing study by Dr. Kimber Shelton, who identified seven themes of microaggressions that queer youth experience in psychotherapy. They are one, assumption that sexual orientation is the cause for all presenting issues. Two, avoidance and minimizing of sexual orientation. Three, the attempts to over-identify with queer clients. Four, making stereotypical assumptions about queer clients. Five, assumed superiority of heterosexuality. Six, assumption that queer individuals need psychotherapeutic treatment. And seven, therapists have the duty to warn queer clients about the perils of identifying with a non-exclusively heterosexual orientation.

Rabia (she/them): Uhm, and so these themes were identified through Dr. Shelton's study with 16 queer psychotherapy clients. But even though it was focusing on psychotherapy, these different microaggressions were definitely a bit universal, I guess I could say. Uhm, and definitely reflect the experiences that queer people have in other facets of healthcare.

Nicole (she/them): I just wanted to speak to, before I move on, speak to, Rabia, the seven themes that you just mentioned. Every single one that you said I've related to and I'm sure so many people have related to that and although the study was only done on 16 people, uhm, these are so so so common even with, I guess, queer trained psychotherapists and other types of counsellors in general. Which is very unfortunate. Uhm, so, of course just knowing that, there's so much room to do better in healthcare.

Nicole (she/them): Yeah, so as queer people we've all experienced or know someone who's unfortunately experienced one of these microaggressions. We're all patients, we're all people who have, well, we always know someone or are people who have experienced the healthcare

system. These things shouldn't be normal or expected with going into a healthcare setting, unfortunately. Rather, we should feel like we're getting safe and equal treatment, uhm, that's why we're extremely excited to have Fae on the podcast to talk about their experience working in queer and trans health advocacy spaces.

Sydney (they/her): And with all of that said, Fae, would you like to formally introduce yourself to our audience?

Fae Johnstone (she/they): Yes, thank you Sydney. So hello! My name is Fae Johnstone, I use she and they pronouns, and I'm joining today from unceded, unsundered, Algonquin and Anishinaabe territory, or what is colonially known as Ottawa. I am the executive director of Wisdom2Action, a 2SLGBTQ owned and operated consulting firm and social enterprise and I like to describe us as a small but feisty group of gays who try to have a bigger impact than you would imagine. My background is very much in 2SLGBTQ community spaces and political spaces as well. I am not a social worker by training, but I went to do my undergrad and masters in social work at Carleton, and I have a background in sex education and 2SLGBTQ nonprofits and mental health and too many other small little bits of interesting and exciting things uhm, but right now I spend most of my time pushing queer and trans issues and queer and trans inclusion in workplaces, community organizations, and, of course, with our Provincial, Federal, and Municipal governments. And I'm very happy to be here with all of y'all today.

Nicole (she/them): Wow Fae, it sounds like you have your hands in so many different things, making you the most chaotic queer out here, which is wonderful and I'm sure yours and your communities work has had and will continue to have impact in our communities and that is why we're super excited to talk to you. So our first question. You've mentioned you are the executive director of Wisdom to Action. Could you please tell us a bit about Wisdom2Action and your work there, and why you initially got involved with the organization?

Fae Johnstone (she/they): Yeah, for sure! So Wisdom2Action, as I mentioned, is a 2SLGBTQ owned and operated social enterprise and consulting firm. We came out of the Youth Serving Sector, so our roots really are helping organizations better engage and support youth folks and better use evidence in their practice. So bringing research, and helping them put it into action, ie putting wisdom into action. Nowadays most of our work spans three topic areas. So, I would say, 2SLGBTQ issues, rights, and inclusion is a big bucket, and that includes working with 2SLGBTQ community organizations, advocating on our issues, educating on our issues. Then we also work quite a bit in mental health. So, helping explore better ways of providing young folks, and all folks, with access to mental health services, exploring innovation and looking into virtual mental health or developing better resources for young folks who may be struggling during the absolute nightmare that is our world right now. And then the third one is often gender based violence. So, tackling sexism and misogyny in this world, helping organizations better support and include trans folks and 2SLGBTQ folks in that work, but also just trying to push back against all of the shitty things that cis het folks and men at large will enact on our people and our communities. Our ethos is we try to help nonprofit organizations, governments, and everybody do what they do better. So we help with strategic planning, with community

engagement, organizational development. We are trying to help this whole sector of folks doing the best that they can. It just keeps scaling up and dreaming about a better tomorrow, a better future, and safer communities for all kinds of folks.

And, the other part of your question I almost didn't answer is how did I become involved with Wisdom2Action? This is one of my favourite stories and my coowner hates when I share it. About four years ago, I was invited to give a talk at the International Association for Youth Mental Health Conference in Dublin, Ireland. It was absolutely terrifying, I had never been in front of an audience that large, I had come out as trans, like, six months before so I had to awkwardly get them to update my name in the promo, it was really funny! It was cute and they were great. And I gave this big talk in front of like psychiatrists and, like, folks who run national organizations! Like it was 600+ people and I was terrified because I didn't do that at that point. I was a baby trans! And I was like new to all of the things, I think my hair was colourful, you could see like different old dye in it, uhm, and I gave my talk and I went out for some fresh air right after and this human comes rushing out after me and is like: "Hey! You! We should work together!". And I'm like "who the hell are you?" and I had forgotten we'd been in a cab together and she was also from Canada, and she was like things were cool and chill and I was like okay, there's just this random human and I am tired and anxious, I just gave a talk and I don't know if I'm conscious right now. And then this wonderful human emailed me months later and there was a contract and opportunity to do some work on GBV and queer youth, and I was like "yes, I want in" and it just like scaled and grew and become a beautiful thing from there. She hates it when I say or tell that story though, just so y'all know. And it's great. She still lets me say it.

Rabia (she/them): Why does she hate the story?

Fae Johnstone (she/they): Uhh, because the awkward part I kind of left out was in the cab ride over there was this other person who looked very similar to her, and I retract that. She didn't look very similar. I mixed her up with another person when I probably shouldn't have and I was it was just like oh I'm so sorry. And that is why she doesn't like that story.

Sydney (they/her): It happens to the best of us and honestly that is such a meet cute story. Like I want to meet my coworkers in a cute way, not just like my potential future partner. Uhm, and, yeah. I think that is great and I really would love to hear more about your Dublin speech one day, but I think what you're getting at kinda leads us to our next question, which is what types of movements and/or policies do you hope to see emerge or grow in Ontario over the next five years? If you need to you can extend that to the next ten years but, like, five years if you're real ambitious.

Fae Johnstone (she/they): I think there, in the world of 2SLGBTQ advocacy there's a lot that we still need. Like, I would love to see a provincial queer and trans advocacy organization. Our issues are we spend a lot of time focusing on the federal government and we should, uh, but lots of the priorities in our communities are actually provincial jurisdictions. So I would love to see more focus on that, on what a queer and trans agenda looks like here in Ontario. And yes my team has big plans for the next election in what Ontario is going to look like in our

communities, uhm, but I think we need that connection and that provincial organization so that we can advance these issues in a better and bolder way. I'm also excited for I think all of our movements and our learning as we go. I think we are bracing ourselves for both a very icky push back from far right white supremacist populism, but at the same time, our movements are learning about intersectionality in a way they never have before. We are embracing new tactics, we are building bridges and coalitions in a way that, again, we've never done this before. I think we aren't in- we are in a generation that is different from the ones that organized before us. Young folks, I mean I say young folks but y'all are slightly younger than I am, but like people are growing up in schools where they learned about social justice. Where they come in and they're taught, especially younger folks, that maybe being racist and homophobic and sexist and transphobic isn't a good thing. Those folks are going to spark movements that I will probably not really fully understand, but that I am so deeply excited for and that's what's going to happen in the next 5-10 years. I want to feel outdated. That is something I'm very okay with.

Rabia (she/them): I love that so much and I just have to say your energy when you speak is just fantastic and it just makes me so inspired and like so motivated to actually create change. I just want to touch on something that you mentioned in the beginning when you discussed how we're coming to see a lot more issues and priorities within the queer community and that kind of relates to our next question which is: how do you think the Covid 19 pandemic has compounded healthcare issues and these issues and priorities that you've mentioned for the 2SLGBTQ+ youth?

Fae Johnstone (she/they): Well that is a huge question. I think we've seen some evidence out of researchers in Toronto that has explored particularly how this pandemic has impacted street involved queer and trans young folks. In terms of trust, in terms of access to services, in terms of access to housing and healthcare, and so I think there's a huge impact right there on some of the most vulnerable folks in our communities. We already had a queer homelessness problem; it has been made worse by this pandemic because folks who were in crisis did not have the supports that they need and queer and trans young folks who may have come into themselves in the past two years, well, what happens to them if they're not in safe homes? What happens to them during Covid and as we move on from Covid? I am terrified for the queer and trans kids who are gonna come out tomorrow or in six months and who may be ousted from their homes. But I am more terrified for the kid who came out in an unsafe home and then didn't have the option to leave. Or didn't know that they could leave. So I think there's, like, huge social issues that we, like, reinforced and this ickiness that kind of come about in Covid that is even worse in its own way than before. But on the healthcare side, uhm, many of my friends have had surgeries cancelled. Many of my friends have had access to hormones delayed. People had two year waitlists that have become four year waitlists. People have had to go off of hormones because their pharmacies were not stocking their hormones. That is medically not a good thing to force people to do! You do not go off your meds! Because you are on a regiment and a routine this is good for you, that is aligned with that medical best practice. So I think that has had a huge impact. But like our communities were not doing well before this pandemic happened, like if we think about mental health, like, we were already in crisis because homophobia, biphobia, transphobia does that in this world. And so you add on, like, a pandemic

and folks are going to be having a hard time. We did not come into Covid equal. We came into Covid already dealing with a world that wasn't good to us. You add on decreased access to services. You add on stress in a hyper politicized space. You add on a pandemic and life's going to be a lot. So we have so much to do as we come out of, hopefully, this pandemic.

Nicole (she/them): Oh my goodness, yeah, you're so right! In that, yeah, we come into this pandemic already unequal and we will leave it that way. Along with, I think, even more folks, uhm, for a lot of people I think the pandemic has been a spot where they've been able to kind of reflect on their identities due to not really being out in the world and being tracked and isolated. Which, y'know, can be a positive thing but can be again another isolating thing and I also worry for queer folks coming out of this and would love to find a way to provide those resources for them coming out but yeah. There's just so much work to do. I would also love to link this to the HIV and AIDS epidemic. Back in the day that was, y'know, not really taken seriously by the local and federal government. Or anyone for that matter. Until public outcries kinda happened from folks down to their communities. Y'know, the only reason that the government responded was due to public protest and outcry of- we hear a lot about the US and I think not a lot about Canada, but, uhh, there was equally a lot of, y'know, ground work that was built within those communities here in our country. And I have a bit of history here in front of me so I'd love to share how I think, like, we, I say we but I wasn't alive back then, how- how the past queers came out of the epidemic and how that changed the healthcare system. I think that's extremely powerful.

Nicole (she/them): So back in the 1990's, ten years after the epidemic began, it was Mulroney, that was our Prime Minister back then, and he created the first HIV strategy in 1990. He carved out a federal role to create a program based on research data to prevent the spread, care and treatment, and support programs for those with disease to increase funding for community health policies and systemic treatment access activities. And also support nongovernmental organizations and fundings, and this was reviewed in 1998 and an in depth consultation was added for communities of people with HIV. So it was updated to include more of the upcoming trends and specifically showed that people who were, you know, amongst intravenous drug users and Indigenous populations were the most vulnerable and were getting HIV/AIDS at a higher rate than everyone else. Yeah, so, the quote that communities used, I think is very powerful, they said: "Nothing about us without us". So they told the government that they wanted equal access to HIV and AIDS drugs and they wanted proper healthcare for themselves because it involved them and it involved our community initially. Obviously, it wasn't only gay men who had HIV and AIDS, which is what people thought for a long time. People were afraid of gay men, unfortunately, but it's not just a gay disease everyone can get HIV/AIDS and that wasn't, I guess, general public knowledge until later on. So I think "nothing about us without us" is very powerful. Regardless of people, where they live, and their ability to pay, they deserve the medications that they need for their treatments so it's always in the hands, in the power of the people to, I guess, find their way out of a health crisis, which is unfortunate, but we as people do have a lot of power. Us as queer people have a lot of power and it is proven in history that we have been able to do that. So I do have hope for the Covid 19 pandemic despite us having a lot of struggles.

Fae Johnstone (she/they): But also, like, we know queer or trans folks were more likely to want to get vaccinated, right? We actually, as a community, we are coming out for ourselves and for each other. We did that during the AIDS crisis and we are doing that today. And so very much you are seeing, yeah, our communities care for one another. So that even further demonstrates that the health disparities we experience, they aren't on us, they're on our systems and our governments. It is because we are more likely to try to care for ourselves and yet we still have the worst outcomes. That shows it's not our problem, it's this government's problem.

Sydney (they/her): Yeah, and Fae and Nicole I really like what you folks are both saying, the whole "nothing about us without us", uhm, actually comes from a disability movement in the early 90's in England as well. And I think that's really also important to bring into this when we're talking about HIV and AIDS as well as Covid and long term Covid. We are going to see that people have long term impacts from having Covid. People who didn't even get the chance to test themselves are having long term impacts and it's very much something that, when we're talking about health, it's something that we always have to look at it from a disability justice approach, I think, and that is really where the "nothing about us without us" comes in and it's so great that that was adopted by folks.

Sydney (they/her): I think one thing- Also I want to expand on what Fae said, is that queer and trans and two-spirit, Indigenous, agender plus folks, we are all generally not going to the health care providers that everybody else is traditionally going to. We are very much going to see nurse practitioners or doulas and birth workers and people who care for our wellbeing in just the community social service environment. So, you do see a lot of people going into drop in health equity centres, but an unfortunate impact of Covid is that these have all been shifting their availability so frequently that almost nobody can keep up with what is available, where it's available, when and to what extent, and even people who are paid to do it or who volunteer to do it, to track community based services and help people navigate those are having a really, really hard time.

Sydney (they/her): Really, also when it comes back to sexual health education, before we move on, I just want to say that this has really messed up some of the younger youths sexual and reproductive wellness education. Obviously queer and trans youth haven't been leading their own sex ed for years, but it's kind of gotten also compacted by the fact that there is a bunch of very sex negative legislation now, like Sesta-Fosta, which is American but it impacts us. It censors out internet search results so that you can't always find the queer inclusive and evidence based information that you're looking for unless you know exactly where to look for it. Or you have to first filter through these disturbing think pieces from cis heterosexual men that have- are just kinda sad they... can't have sex. Uhm, but yeah, and that's how we get these wonderful community compiled master docs and databases and resources. They are still hard to keep up with but yeah, uhm, I think we should address the internet censorship because it's not helping the youth.

Nicole (she/them): Yeah, I guess growing up and trying to look around for resources online, I relate, Sydney, in that I stumbled across a lot of community made master docs and information that way. Rabia, I can see you laughing and I think it's because you're thinking about the lesbian master doc. [Laugh]. The infamous one that we've all laughed at.

Rabia (she/them): I'm also thinking about Yahoo answers and the fact that, like, ten year old me was searching "am I pregnant because I didn't get my period?" and I was so, like, confused and, like, I just, like, completely blame our education system and literally everyone else that is involved and connected to it. Uhm, but please continue, Nicole.

Nicole (she/them): No, no, yeah and I guess reflecting on my own sex health education at school, a lot of the teachers were just uncomfortable with queer health so we'd get a few sentences of "... there's also gay stuff..." but it just literally ends there. It's like, okay, oh just so you know there's gay stuff and also put this condom on this banana which also... don't know how useful that is for folks, I don't know.

Fae Johnstone (she/they): Like it doesn't touch on pleasure or good things! I'm showing my sex educator hat in this but like I used to sell people vibrators and dildos for a living and I loved it! And there was nothing as powerful, genuinely, as being the person whose job is to help people come into and move through our myriad relationships to sex. Like be it shame, be it stigma, be it hurt, be it pleasure, be it joy and connection. Like there is so much! Our sex ed curriculum doesn't talk about that. It doesn't talk about the full spectrum of that. Sex is fucking created to be both a thing you shove under the rug and also a thing that is so stale that you don't think anyone in the room has ever had it! And I'm like, everybody has always- we are sexual beings and equipping young people with the knowledge and tools to embrace the full spectrum of sexuality is so magical because I don't want to have to keep dealing with them when they're 50, they come into the sex shop, and they don't know how to manage! And it's better for these folks to, like, not be worried because everyone should be able to find the vibrator that works for them. Everyone should be able to ask questions about their sex and sexuality in a supportive, affirming environment.

Nicole (she/them): Couldn't have said it better.

Sydney (they/her): I wanted to say really quickly that I was kinda lucky that I did grow up in an environment that had that because I grew up very- in a very close proximity to sex workers so I got a lot of that firsthand knowledge. By the time I was, like, nine, and we started sex ed in my school, uhm, my school board was semi-good for sex ed. I was already answering all the questions really awkwardly then helping teach by the time I was ten or eleven. My teacher was like "you got anything to add?" and I was like "yeah I do actually!" [giggles]. And that's just my autistic special interest coming through even though I'm not a big fan of sex myself.

Fae Johnstone (she/they): But if we think about it, I would love to see a research connecting the failure of our sex ed with queerphobic and anti-sex work ideologies and reactions. For example, if you're taught to treat sex as this scary thing you can never talk about, that actually

to me does contribute to harassment of sex workers in public space and the othering of sex workers in public space. Because you were taught to think of sex in a very rigid, narrow way. That is like you, your buddy, like 17- just one condom, a bedroom, and no one ever talks about it. What does that mean? That creates, that teaches people to have a conception of people who engage with sexuality in different ways badly. As if that's negative or harmful. So like bad sex ed creates legitimate harm on ourselves and on other people.

Nicole (she/they): Totally. Yeah, I related to what you said earlier, Fae, about how, I guess, of course in Ontario we teach abstinence only sex ed and it creates, well it created for me a lot of shame and guilt for thinking about anything at all. And in addition to that I didn't have that education at all at home and my parents, coming from like a super conservative culture and background it was just super- everything was super shut off. And here's a little TMI, I don't know if I'll keep this in, who knows, but I developed vaginismus which basically in a condition that, like, basically your pelvic muscles are tense and don't- because they perceive anything going near them as a threat it was a trauma response that occurred because I had so much shame and guilt towards masturbation and sex in general. Or even just my body and sexual organs in general, and that was a lot to work through. And that was caused by the harm that these institutions and I'm not going to blame my parents, that's generational and that's cultural, and I love them and I understand. I understand why- where that comes from. But I live in a world where I want to be comfortable with myself and I don't want to be scared of things that are completely normal.

Fae Johnstone (she/they): People have health issues. Like, both sex and shame spawns, but also like there is a fair chance that at some point there is going to be something weird happening to your genitals! Like, just generally speaking, and people are so scared of that concept that they don't talk to their doctor about it! Which brings us back to doctors are not trained to talk about sex, sexuality, or gender. And, like, it just compounds. The sexuality piece, the sex shame there, even reinforces and further puts queer and trans folks at risk of bad healthcare. And bad health.

Rabia (she/they): I think that's so interesting because when I was reading people's experiences in healthcare related to sex, sexuality, and gender and their microaggressions that they were stating, a lot of them had to do with this ignorance that doctors had. The lack of education, the lack of experience on their end as well and some of the examples that I want to share are: the first one is if a patient discloses that they are a gay man the very next question they hear is "do you know your HIV status?". Instead of asking maybe a different question, it's automatically just that question. And then there's also the misconceptions and misinformations regarding transitioning and transitional medications. So, oftentimes doctors think that taking T causes xyz issues, so they're blaming transitioning for the issues that are completely unrelated and have never been scientifically proven and probably never will be proven because it's bullshit! Like, it's not true!

Fae Johnstone (she/they): Antidepressants have side effects! People still take their antidepressants!

Rabia (she/them): Exactly.

Fae Johnstone (she/they): Stuff happens!

Rabia (she/them): Honestly, the one medication I know for a fact that has the worst side effects is the pill. The birth control pill. But women are forced to take it all the fucking time! Like, that's absolutely bullshit. Like, it's not fair and, if anything, men should be doing the whatever procedure that they need to do so people don't get pregnant but, it is what it is. And I think unless we have these conversations and actually talk to these doctors these people who are training the doctors and fix this educational issue, it's going to continue, which is so unfortunate and so frustrating to deal with.

Nicole (she/them): Yeah. There is a male birth control pill being developed and/or hopefully will be available to the general public, which is very exciting. And Rabia, going off what you said, I don't know one - I'm going to say AFAB - person who hasn't been asked to go on birth control for any sort of reason. I complained of acne: birth control! I complain of symptoms of depression: birth control! Your hormones are out of whack. Uhm, all along it was endometriosis, which is part of a hormonal thing, but putting me on birth control would have made that worse. I didn't go on birth control luckily, but I want doctors to dig deeper into issues and not just- uhm Sydney, like, also put up something in our research to do with doctors put into place a four minute rule where they want patients in and out of their office as soon as they possibly can, and they don't actually get to the bottom of any problems within that time.

Sydney (they/her): I want to interject just really quickly. So, like, what is supposed to happen is that, like, here in Ontario the interdisciplinary clinics are set up so that you go and you see a medical clerk, and then you go see a nurse and then you might see another medical assistant and they're supposed to collect everything. And then they talk to the doctor., But they're kinda forgetting that people- you're then forcing people to out themselves to, like, three different people, to witness three different peoples reactions. I've had so many people tell me it doesn't matter. It does matter because you're assuming things about everybody who walks into this door and then you're providing information based on only that. But yeah, they assume that the doctor should be able to come in and kinda like, debrief everything that they heard in these conversations in closed doors with other people in 4-9 minutes and tell you "this is what it is", "this is the treatment", "sounds good? Okay goodbye!", but they don't, they kinda leave a bit of a buffer for 4-9 minutes but four minutes is like the golden standard and then nine is like if they're being pushed back. So if you have 15 minutes with your doctor it's like, oh my gosh I'm special. And yeah, that shouldn't- I think what Nicole was about the get at is it shouldn't be a thing for people who are facing so many other barriers just to get in the door that you're building such an inaccessible standard. And that's why I love things like pharmacist-led and nurse-led clinics because there's less going through multiple people and also I find that they have the like the Nurses Association of Ontario and the Pharmacist Association of Ontario both provide really good ongoing training, especially with HIV care and PrEP care - PrEP is so important - and

hormones etc. Just really knowing that it's not always people coming in to tell you, like, I'm telling you this because it's a medical concern for me.

Nicole (she/them): Just going off what you said, you do have the right as a patient in Ontario to, one, ask for a second opinion. So if you don't believe what your doctor is saying or you don't well not particularly if you don't believe, but if you don't agree with your doctor or think there's something more to the diagnosis or prognosis or advice that they're giving you, you have the right to ask for a second opinion. And you also do have the right to ask for alternative options for treatment. If they give you an option for treatment and you think it's too invasive or not what you want or you don't want to consent to that treatment, you have the right to ask for alternative treatments and other ways to go about, y'know, other mitigating or treating or, y'know, hopefully moving towards treatment and any sort of diagnosis that you may receive. Just something to keep in mind. Although these are the rules, they aren't up to standard and you as a patient, unfortunately, need to advocate for yourself in these cases because in the healthcare system this is the way it's set up unfortunately and there are problems there and there are many healthcare professionals who are also not happy with these standards and are fighting to obviously end them. But it starts from the bottom up in this case.

Rabia (she/them): I kinda want to add a tip to that list actually. It's one that I found on tiktok. But this person said that when a doctor refuses to give them a procedure or even consider a certain type of medication, they ask the doctor to make sure they put a note on their file and they way if they go to a second opinion they can see what the other person thinks and their perspective on that. And that actually gets your doctor to think about what you're asking for and also it shows them you actually know what you're talking about, that you're going to advocate for yourself. It, unfortunately, shouldn't be the case but it is and I really appreciate you sharing those tips, Nicole, because it's so hard to advocate for yourself, especially in the doctors office.

Fae Johnstone (she/they): Also, like, I love to tell people you can ask to bring a buddy. And that's never a bad idea. Like, bring a buddy to the sexual health clinic, bring a buddy to see your family doc, and take notes! Write notes before about what you want to chat about. Review them after and if you have a question, like, get the receptionist's email and see if you can send something in. There are a lot- self advocacy doesn't have to be like "aaa, doctor, how dare you!" it can also be like "well, actually, I'd really like us to talk about this other action item on my list and I also looked at that medication and I don't think the side effects are right for me, what about option b?". That, it's a negotiation as much as it is getting treatment. It's a relationship, not you getting told like- healthcare is not go in slot a and go out slot b. It is a conversation.

Sydney (they/her): Yeah! And if you get anyone that does not treat you with that sort of relationship then you should fire that doctor or physician or health care worker if you fricken' can. I know it's hard but, uhm, yeah definitely reach out and try and fire one new. Oh, someone new. I definitely fired someone in the summer though for being uhm, queerphobic.

Nicole (she/them): Wow, I am so proud of you, Sydney. That's amazing. Uhm, let's go! I also want to extend a resource that has been useful to me. So if I, for one, at being a new young

adult who has just gotten, well not just, but recently got rid of their pediatrician because unfortunately, they were like “You’re 22. Leave my office, you’re too old.” I’m like “Hmmm.” Uhm, so I don’t have a family doctor and it is extremely hard to find one these days. Uhm, so if you don’t have a primary care physician that keeps track of all your medical information it’s super hard to get treatment and it’s so inaccessible. But if you are, umm, a person living in Ontario, a resident of Ontario, you do have access to the Telus MyCare app which has been very useful to me. They provide 15 minute appointments, uh they can provide referrals, they can treat some, some symptoms and some, uh, some... things. And prescribe, uh medications as well. Yeah, so I’ve been using it for a while and appointments are 15 minutes long so if you wanna fill that slot, fill that slot. And I have found that there are a lot of- I’ve had a few appointments and they have all been people of colour, which has been surprising and great! And maybe that isn’t. Maybe I’m just lucky, uhm but it was a pleasant surprise to see, and these doctors have all been very kind and patient. And have taken- and you also have access to your appointment notes immediately after the appointment ends, which I have found amazing. You do have the right to access your appointment notes and all of your medical information. All the time!

Sydney (they/her): I also want to add that I worked with someone really cool, which is called the Prevention Clinic and Pharmacy. It is led by Pharmacist Drew, she’ll book them up, on, like, social media, they used to be called The PrEP Clinic. And they run, it’s a pharmacist and practitioner-led clinic it’s all run online, they provide naloxone training and free discreet delivery of it. They provide STBBI swab testing that they’ll send to you that you can do yourself. Tons of really really cool stuff about them, and also almost all of their clients get PrEP and PEP for free because they have some amazing funding opportunities for that.

Nicole (she/them): That’s so amazing! Uhm you should definitely link them in the show notes, Sydney. That’s an awesome resource, I’ve never heard of it, and yeah. I wanna be a pharmacist, and that is the type of pharmacist I wanna be, so.

Unknown: All clear, all good.

Fae Johnstone (she/they): Please be a pharmacist. We need, like, good gay pharmacists, I just, just, just- go. Yeah. Please. [giggle]

Sydney (they/her): Pharmacist Drew, everybody. Also, Pharmacist Jaris who just like came from Saskatchewan to U of T Med. Super cool. Anyways, let’s go onto our last question because we could probably go on forever about some people we love.

Nicole (she/them): Yeah, so, uhm, our last question, uhm, is: “What does building a better future for 2SLGBTQA+ youth in Ontario mean to you, Fae?”. I saw that you recently tweeted - not stalking - I saw that you recently tweeted something about wanting to see trans youth thriving instead of just surviving, and I also wanna ask what that means to you and what you, like, what that looks like to you?

Fae Johnstone (she/they): I love that. I think, uhm, I have to, like, I always have to like juggle my, my, my optimism and my cynicism and I never know which one to bring out in which conversation so I am gonna try and do both. On the optimism side, like I, I do really, I see queer and trans young folks who are, like making magic happen. Like they are thriving and I have a genuine hope that the future for our communities will be young folks coming out into safe homes and to safe families. Will be a world where we don't have to even think about the concept of coming out cause everyone's just going to be very gay and very gender weird and there are going to be so different genders that no one knows what the like "normal" ones used to be and it's a kind of thing that we just forget, and it's weird. Uh, and I think that would be really cool. Thriving to me is queer and trans kids uh, being housed in every and any context. Having access to medical and, and mental health support if and when they need it. It is queers with jobs, but not needing or having to be in jobs that don't support them. It is queers, uh, being happy, healthy, and celebrating. Uhm, I think there is, again, on the- on the optimistic side I see a queer future where all of our conversations on gender and sexuality, uh, don't sound like they do today, where it's not, uhm, a generation of, of queer kids who are having to unlearn like we do. My biggest hope is that the next gen of queer kids will not have to unpack all of the shit that every generation before has. Even my generation, like we, I grew up before trans rights were protected. Right? Like I, I came out in a context right after. Uhm, but if I think back, like I didn't know trans people existed. I didn't know, I had ideas about queer people, I have a gay aunt to I have to like plead guilty to the gay aunt. But I grew up and still all of, so many of us are spending our adulthoods unpacking the trauma of homophobic and transphobic childhoods. And I still see that in the current generation of queer and trans kids. And that is what breaks my heart! Is the feeling that the future that we could have delivered those kids has not been made a reality yet. And that's the cynic in me. It is the fact that I think the next generation, the current generation of queer and trans young folks, yeah, they are doing better but they are not doing good. And they could be doing good. This, the optimist in me says, they've been resilient before, they've been resilient for decades, these kids are gonna be okay, but my heart goes out for the ones that might not be. And for the fact that our governments, our communities, we're still not there for those kids and were still not there for the kids who need us most. And so again, cynicism and optimism, that is my eternal battle, my eternal struggle. But I do hope for the future, and I believe it can be a good one.

Rabia (she/them): I think that was so beautiful and I completely agree with your struggle, because it is so, so common for me especially. Uhm, and I just wanted to note the fact even that the smallest changes can make such the biggest difference, and especially in healthcare, like the smallest things, like, for example seeing yourself on a poster, on the wall while you're waiting for your doctor, and you see a queer couple, or you see a racialized queer couple, or a queer family for example. Like that representation matters, and seeing yourself, especially on that paper, or in the doctor that you are seeing, or the receptionist at the desk. Like those small things make a huge difference because you know that those people will listen to you, they'll validate you, they'll care about what you're saying, and they'll validate the concerns that you have so that you don't always have to always advocate for yourself. I definitely think that some other solutions that we can explore in the future is, hopefully, doctors being open for feedback and, even just, not just doctors, sorry- nurses, and nurse practitioners, and receptionists, and

everyone that you're going to interact with behind the scenes, being open for feedback on how they can improve. I think a lot of the cases, uhm, people just don't like hearing what they did wrong, or they don't like knowing that they hurt you. And that's so annoying because you should be held accountable for what you're doing and how you are making someone feel. And the only way you are going to be able to do that is if you let- if you allow space for people to hold you accountable, for them to call you in. And I also think it's really important for doctors just to have that queer competency training, and not even just doctors, like community service workers or like I said earlier, anyone you'll interact with that will be providing you a service that will help take care of you, and create that better future that we are all hoping for. [giggle].

Fae Johnstone (she/they): And I think it's like there is one thing that I, I really wanna highlight is that, like, I think the future is one where we don't always have to be in fight mode. Cause I think we do that like, that is a thing that the world makes us do. But also that we do because especially in a virtual world, like we are inundated. Like we are inundated with like what's happening in Texas, what's happening in Florida, with, like, hate and the stories and experiences of our friends. And I, I do actually think like that is a form of traumatization in and of itself. Cause like, many of us especially, like, the world is not a good place, but like, a lot of queer and trans kids are actually doing okay. They are, we are not in the place we used to be. But we feel, because of those systems and because it is always around us. And because we know it's never a guarantee, we are always in fight mode. And I want a world where I can be paid to be in fight mode, so the 16 year old kid doesn't have to be. So that we have the structures and institutions so that we- we know that people will come to bat for us. Cause like I get paid to fight, I, I really do, like my job is to be the loud angry gay person, and trans person who says, "stop screwing with my kids!" That is a role that I embrace. I love- I'm good at it, it's wi- it is, it gives me passion, it is my source, and it is- it is a role that I step into full of rage and fury! But I want a world where every 16 year old doesn't have to grow and think that they are that too. Cause, like, kids deserve to just be kids, like, let the- let the si- like let teens make stupid decisions like I did, and not have to worry about homophobia. Let teens be teens, get the homophobia out of it.

Sydney (they/her): That was beautifully said uhm, and I don't even know how we could top that off. Personally, I don't think I can. Uhm, but yeah I think that anger, I guess going off of what you said, anger is a very useful tool. Especially for those of us who uhm have been going through the trauma. Or like I was raised, even though it was sex positive there were still queer negative and trans negative, uh narratives being thrown at me from and very young age. Not necessarily from my mother, but from others. Uhm, and yeah definitely could improve upon all of that, and yeah. Let's have the people who have the right to be angry, and have been dealing with this shit for years yell about it so that the kids can have a peaceful childhood that they don't have to debrief in therapy or peer support groups for, like, 8 years before they can actually process it.

Fae Johnstone (she/they): I want- I want a role where I don't have to have a job anymore, like please, God, like, my work is queer and trans advocacy. Let's get me out of business. I would love that!

Nicole (she/them): I love that! So, yeah, our slogan is “Let’s Burn this Capitalistic Shitshow to the Ground”, so hopefully, that is also included in you losing your job. But, on a more serious note, hopefully, uhm, hopefully at that point it means that queer and trans youth can exist, well not even only youth, but queer and trans people can exist without constantly being traumatized, all the time. And also I just wanna add that, uhm, yeah, in like the 19-, 19. In the 1850’s, uhm, Indigenous societies acknowledged multiple genders, uhm, but these Indigenous children were forced to identify as male or female in residential schools. So I would love to see some reconciliation on that part, uhm, for the future of the youth and I would love, love, love health care providers stop gaslighting their patients. Uhm, both in terms of, uhm, not recognizing that their care needs to be trauma informed, uhm, in general. But also particular heal- like, Indigenous healthcare training. I would really like to see that because they’re beginning to move towards that but, like, it needs to be better.

Nicole (she/them): So that wraps up all the questions we had for you today, Fae. Thank you again today for coming to The Three Chaotic Queers, we had a great time this evening. Uhm, so where can our guests find you and your work if they want to learn more about what you do or W2A in general?

Fae Johnstone (she/they): Uh, Yeah, so you can go to, I mean, I always like to hype up my own twitter account, and anyone who knows me knows that I’m obsessive about it, but @faejohnstone or @wisdom2action our handles across all platforms are just @ wisdom number 2 action, uh, but you are also welcome to pop into my inbox at info@wisom2action.org.

Rabia (she/them): Beautiful. Thank you again, Fae, for joining our chaotic conversations and sharing your experience, your knowledge, and your pride in this space. Your work is amazing and we appreciate you so much.

Fae Johnstone (she/they): Hey, thank y’all for having me. I am honoured to be here.

Outro (00:55:34 - 00:57:16)

Sydney (they/her): Before we go we want to leave you with a quote from trans author Vivek Shraya’s best selling book “I’m Afraid of Men”. When writing about her time as a gender and sexuality workshop facilitator, Vivek wrote that she had always been disturbed by the reality that often, the only way to capture someone’s attention and to encourage them to recognize their own internal biases and to work to alter them is to confront them with sensational stories of suffering. She then asks what many of us have wondered ourselves so many times. “Why is my humanity only seen or cared about when I share the ways in which I have been victimized and violated?” Just a thing for healthcare workers to think about.

Rabia (she/them): I think that’s something for everyone to think about, to be honest. And with that being said, we have a special announcement. We have launched an anonymous forum called Vent and Validate for listeners like you to send in their chaotic questions for us to answer and respond to. These questions can be about anything. From sexuality to gender identity, to relationships and more. We are your big chaotic queer siblings, here to share our experiences

and grow with you. This forum can be found on LGBT YouthLine's linktree and will close on March 25th at 11:59pm, so make sure you send in your questions before then. We are super excited to hear about all of your questions and respond to them. Make sure to tune in on April 1st to hear our next episode where we'll be talking about decarceral care movements and resisting institutionalization with our featured guest, Destiny.

Sydney (they/her): Until next time take it easy queer kin and chaos lovers.

Outro Music (00:57:16 - 00:58:05)

This episode is brought to you by the Provincial Youth Ambassador's Program at LGBT YouthLine. Our featured guest for this episode is Fae Johnstone, executive director of W2A. Creators and cohosts of this podcast are Nicole, Rabia, and Sydney. Audio checks in this episode are Nicole and Umang. Graphic Design lead is Rabia. The Promotions Team is Rabia and Saadia. Transcribers of this episode are Cameo and Sydney. Production Support and Creative Mentor is Kumari. The Logistics Coordinator and Interview Support is Katrina. The music sources from this podcast come from the Soundtrack Official Loops. Thank you for listening and we'll see you in two weeks' time!