UW Health launches integrated transgender health services clinic.

QUEER DOULAS
Full-spectrum care for people through their pregnancy and birth or abortion experience.
While we are proud of this achievement, we also recognize that there is so much more to be done to address the systemic inequities that affect the LGBTQ+ community every day:

- 13.5% of LGBTQ+ respondents lived in a household that experienced food insecurity compared to 7.4% of non-LGBTQ+ respondents.*
- Nearly a quarter (21.6%) of LGBTQ+ respondents reported the loss of employment income in their household compared to 16% of non-LGBTQ+ respondents.*
- 36.6% of LGBTQ+ adults lived in a household that had difficulty paying for usual household expenses in the previous seven days, compared to 26.1% of non-LGBTQ+ adults.*

In 2022, the American Family Insurance Dreams Foundation, along with American Family’s LGBTQQA Business Resource Group, proudly supported Gay For Good, The Trevor Project and OutReach LGBTQ+ Community Center.

For resources on allyship or to learn more about the Human Rights Campaign Equality Index, please visit www.hrc.org.

Learn what we’re doing to support inclusion for all identities.

*US Census Bureau, Household Pulse Survey, July 21, 2021 - September 13, 2021

Every day, thousands of people from all walks of life come through our doors. And every single one of them is just as welcome as the last. We’re proud to champion diversity, equity and inclusion in communities across the Midwest. Because as a bank that’s rooted here, we believe our workforce should reflect the communities we serve.

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to support mental wellness and healing for our community’s LGBTQ+ youth.
THIS PAST SPRING, on an evening stroll that I had made ritual during those first few weeks of warm Madison weather, I stumbled upon some street art behind the Willy Street Co-op. “Protect Trans Kids,” it read, scrawled in pink chalk, accompanied by a blue and pink heart meant to resemble the transgender pride flag. It was an unsurprising albeit symbolic message for the Marquette neighborhood, whose lawn signs share sentiments of inclusivity, and I was glad that more community members were expressing their support during Pride month. I went on with my walk, grateful for the fresh air and sun. But on my way back home, I noticed the message had been altered, taking on a completely opposite stance. The word “trans” had been smeared, as if by foot, and a new message appeared beneath it. The sidewalk square now read: “Protect kids... Don’t give them puberty blockers.” The second half, written in white, was an assault on the gender-affirming care that slows and eventually halts development of secondary sex characteristics for those who do not identify with the gender they were assigned at birth. Also known as hormone blockers, these medical treatments are safe and life-affirming to those who seek them out, making opposition to them glaringly anti-trans in nature. Stunned that someone would take the time to run home and grab their own chalk to respond to the original message, I did what any sensible person would do: I ran to my kitchen sink, filled up a glass of water, and poured it over the pavement. The next morning I drove to work in the rain, thankful An ephemeral medium becomes a weapon of choice for local TERFs.

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Chalk is the newest weapon of choice for TERF’s spreading transphobic ideology, joining a hefty, persistent, and evolving arsenal of anti-trans measures that includes anti-trans stickers that have been particularly prominent in summers past.

actions and encouraged others to do additional transphobic chalking of their own. “Get to the sidewalks this month!” reads a tweet she posted soon after the incident, from an account that has since disappeared (screenshot to the left), even including a picture of the original hate speech outside Fiddletickles. Chalk is the newest weapon of choice for TERF’s spreading transphobic ideology, joining a hefty, persistent, and evolving arsenal of anti-trans measures that includes anti-trans stickers that have been particularly prominent in summers past.

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Elissa Lee Koljonen
violin

Two American Masters
Masterworks!
November 18 at 7:30 PM
Capitol Theater, Overture Center
Andrew Sewell, conductor

Features two extraordinary women musicians: composer Florence Price wrote her Symphony No. 1 in E minor, in 1932 and violinist Elissa Lee Koljonen makes her WCO debut.

that the weather took care of anything I missed, the hateful language gone without a trace.

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for its most vulnerable members. In situations like these, the malice mal- levated and outright denial of intent is what makes concrete evidence so crucial to process- esses of accountability. Whether it’s physical in- jury, economically damaging property, or something that becomes the determining factor for whether or not something is worth further investigation. Farabaugh has had to contend with those…

Our Lives, the stickering is the only newest iteration of the same hatred it’s been receiving for 15 years. “That became somewhat of a turf war, where they were putting the stickering on as fast as we could take them off,” Farabaugh said. “And I don’t want this hateful behavior and action to just go away and be considered over.”

Taking matters into her own hands, Hainz turned to community care and solidarity. On the day the chalk incident was not limited by other systemic ramifications. Just last year, a vocal local TERF was cited for vandalism with a hate crime enhancer for allegedly stickering transphobic slogans onto media boxes owned by Our Lives magazine, a Wisconsin LGBTQ+ publication. Despite brazenly claiming most of her public, transphobic actions, she notably denied that she was involved in this particular incident. And despite the evidence (the stickers), the ultimately wasn’t sentenced. The reasons are technical and two-pronged: firstly, the District Attorney’s office didn’t limit the vandalism charges to only Our Lives’ media boxes (she had stickered other surfaces, too), which made the case too overwhelmingly full report, capture, or testify to the emotional and mental toll of having a safe space so boastfully vandalized?

Even with physical evidence, pursuing hate crime charges can be limited by other systemic discriminations. Just last year, a vocal local TERF was cited for vandalism with a hate crime enhancer for allegedly stickering transphobic slogans onto media boxes owned by Our Lives magazine, a Wisconsin LGBTQ+ publication. Despite brazenly claiming most of her public, transphobic actions, she notably denied that she was involved in this particular incident. And despite the evidence (the stickers), the ultimately wasn’t sentenced. The reasons are technical and two-pronged: firstly, the District Attorney’s office didn’t limit the vandalism charges to only Our Lives’ media boxes (she had stickered other surfaces, too), which made the case too overwhelmingly full report, capture, or testify to the emotional and mental toll of having a safe space so boastfully vandalized?

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Since its early days, Fiddlesticks has had to contend with those determined to destroy the magazine, subjecting copies in media boxes in downtown Madison to ripping, water damage, and theft. For Our Lives, the stickering is the only newest iteration of the same hatred it’s been receiving for 15 years. “That became somewhat of a turf war, where they were putting the stickering on as fast as we could take them off,” Farabaugh said. “And I don’t want this hateful behavior and action to just go away and be considered over.”

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WHEN KIA KARLAN and her family were vacationing in Jasper, Canada a few years ago, they noticed a rainbow crosswalk in town, and her nephew commented about how cool it was that they had a Pride crosswalk so visible. Other crosswalks were popping up in other cities, too, like Austin, Texas.

Back in 2019, Patrick Heck, an alder for District 2 in Madison, started talking with community members about the Pride symbols they’d seen in their travels, and decided to try to bring that back to Madison. In early 2020, Katie Wolf, the head of the Madison Arts Commission, along with then alderperson Lindsey Lemmer, started reaching out to people like Rebecca Kanner, a planner for the city, and others about how to actually make it happen.

After passing an initial resolution to start fundraising and putting the project together in spring of 2020, the rainbow crosswalk project all but died with the COVID shutdown and the protest action surrounding George Floyd’s death. No one wanted to steer money away from more pressing projects and community needs. When the “Black Lives Matter” sign was painted on the road outside of the jail, however, the impact that a large, visual sign made on all who saw it motivated those involved with the rainbow project to get back to it as soon as they were able. That time came this past summer.

The 2020 resolution stipulated that none of the original price tag of $40,000 to $50,000 to put two crosswalks up, one on the top of State Street, and one along the bike path at Monona Terrace, would come from city money. This year, the project was pared down to just the State Street crosswalk, to focus the money and energy of the project to one place. The State Street location was picked based on both the fact that it had the least amount of vehicular traffic of any intersection downtown, and its visibility to locals, visitors, and legislators.

Lindsey Lemmer, who was an alderperson when the 2020 resolution passed, and who did a lot of the planning and fundraising for the project, said that she wanted to put it there to “make sure that struggling LGBTQ+ youth are celebrated here.” She continued, “We want legislators to look at it every day and remember that they represent everybody.” But there was still the question of how to pay for it.

The Madison Arts Commission, according to Kia Karlen, handles annual grants, calls for city art, and allocates city money for these projects. “There are always things the city won’t pay for,” she said. This is where Friends of the Madison Arts comes in. They are a small board of volunteers who solicit donations from
corporate and private donors to fund projects and line items that the city won’t. To date, the rainbow crosswalk, with a $27,000 price tag, is the largest project they’ve raised money for, and they did so in a variety of ways. They put on The Silver Lining Awards, a fundraising awards show to also “honor what happened in the community during COVID, beside just arts,” according to Kia. She also described rais- ing money through a Facebook page, netting about $4,000 there.

When asked about the individuals who donated to this project, Lindsey Lemmer described them as “Good Madsimonials, good progres- sives, some activists, and many members of the LGBTQ community.” Many of them are horrified by the anti-trans bills, and they wanted to contribute to “a symbol and reminder of who we are and to Lenner continued. Local and national corporations pitched in a good deal of the money needed as well. Financials provid- ed by Kia Karlen outlined the funds donated through corporate gifts and additional funding. American Family Insurance provided $5,000, MG&E $2,500, UW Health $1,000, and CBRE donated $250—all as gifts. Additional funds came from the aforementioned Silver Lining Awards ($2,600), the Facebook campaign ($4,000), and Wisconsin NOW—National Organization for Women ($1,000).

While there has been some pushback from some who don’t want to put LGBTQ Pride on display, there’s also been some from within the community that this money could be better spent directly on aid to trans people, who are disproportionately housing insecure and face discrimination in the workplace and in healthcare settings. They need health care and

legal help, and the $27,000 price tag for this project, a number made higher by the use of long-lasting materials used in an effort to keep mainte- nance costs down and make sure the crosswalk is visible for many years, should have gone to those needs.

While everyone I spoke to about this project agreed that those needs are dire, and Patrick Heck, the dignity of the human in front of them stated he was not interested in making more of these crosswalks and raising and spending hundreds of thousands of dollars, they all agreed that symbols are needed. Public art is important to visibly show that Madison welcomes all, and kids who visit found it to be in the closet or struggling with a community that doesn’t support them, might feel some hope seeing this large Pride flag. Lindsey Lemmer wants a balance by ween symbols and effective legislation. “We need to do both,” she said. “Symbols cannot replace transformational legislation, we need to do both, just not showcase that we’re doing the right thing. Having the symbol is not enough, but it is important.”

There was some disagreement about the future and scope of this project going forward, with some, like Heck, thinking that the State Street crossing was enough. Others wanted to move forward with other crossings, like in front of Monona Terrace on the bike path. Regardless, the message is clear: Madison upports its LGBTQ community, wants state legislators, and all who visit, to know it.

ON MONDAY, OCTOBER 10, the Rice Lake School Board voted 6-1 to amend a policy that previ- ously had allowed for non-parents to change their names and pronouns at school without parental consent, now requiring a parent sign-off before allowing such a change. “The debate mirrors rhetoric overtaking districts across the state and around the country,” according to wpr.org.

Many parents have come forward, in this case and in others around the state, to argue that parents have a right to know and that the policy as it stood was a violation of their constitutional and sometimes religious liberty. WPR continues, “If I have a student coming to school that has issues like this, I would want to know that as a student’s parent said, ‘And that’s going to feel awful for our students, it’s going to feel awful for our staff, and creates a climate that is unsafe and unsup- portive.’”

MILWAUKEE PRIDE INC, who puts on Milwaukee’s PrideFest, made some big changes this year that went into effect on October 1, 2022.

The event, the largest LGBTQ+ event in Wisconsin, has been entirely volunteer based, even with attendance of 40,000 over four days in 2019, and 38,731 in 2022, according to the Milwaukee Business Journal, a model that involving self harm and even suicide. Abby Fischer, who identifies as a lesbian and was formerly on the Rice Lake School Board, had to step down recently because of the debate around trans issues. According to WPR, she said that the school board used to be more supportive of transgender students, but national policies have “reshaped the board in the past few years…and sentiment over LGBTQ+ poli- cies has changed.” She asserted that the debate is much more than just informing parents of name changes, but, after a parent complaint resulted in a principal removing a welcoming sticker from a teacher’s door, “We as a district are telling our stuff that they can’t respect the names of those who are not their kin, and that’s going to feel awful for our students, it’s going to feel awful for our staff, and it creates a climate that is unsafe and unsup- portive.”

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WHILE MANY AROUND THE NATION

Luke Olson, Wes Shaver

Luke Olson said in a press release, “Most

Olson, who has been at the forefront of this incident,

February 2022. The talk by Walsh to protest the event
directly. The event, according to The Daily Cardinal,
was organized by Madison Socialist Alternative and
Madison Abortion and Reproductive Rights Coalition for Healthcare (MARRCH). “We
think that we need a mass movement, really, it
should be a mass movement of millions, of peo-
ple pushing [fascist transphobes] back into their
holes,” said Luke Eckenrod, Madison Socialist Alternative organizer. “A protest is a very
good first step to organizing people who do not support
transphobia.”

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Learning to Speak AND Heal the Younger You

To Timothy, from TJ, with love.

15-year-old who experienced homelessness in a new state with his family, and the 31-year-old that allowed the lack of acceptance of self to dictate how he moved in the world; including being told that you did not deserve to exist in certain spaces. While it has taken us some time to get here, the most valuable lesson, I hope you know, is that “Other people’s perceptions of you ain’t none of your business.” (Lisa Nichols)

Growing up, I knew it sounds like you didn’t have much. However, the one thing you did have was the most valuable gift. A gift that I wish we had the opportunity to love in this new phase of acceptance in our life. That was the gift of a loving mother. As you move throughout life, you will have the experience of meeting many people; however, your mother was your first true love. Through it all, she gave you two things that no man or woman can take away from you: love of reading and education. After all, she taught you at a very young age how to use public transit so that you could get to class and always have the best education.

To this day, I question why she pushed us so hard; however, while we never had a conversation about who I was becoming, a mother’s love really doesn’t need words. I recognize now, as a father, that she was preparing me for a world that I didn’t even know existed. She taught me many lessons in life, and even in death, she continues to teach us. The memories she has left have allowed us to learn to forgive always and, most importantly, to learn unconditionally. As an adult, these are lessons I have learned to tap into as I continue to grow, heal, and lead.

A MOTHER’S LOVE

Being in Madison over the last five years has brought us much healing. If I am honest, I moved to Madison running from this space in my life where I thought it was my responsibility to be everything to everyone; instead, you have to be good to one person I forgot to show up for the most was myself. I think that is one of the most important lessons that I have learned from living in this space; you actually don’t have to be everything for everyone; instead, you have to be good to everyone, and there is a huge difference.

Madison has allowed me to tap into things about myself that I never knew I could do, such as being outside and enjoying the outdoors—we are learning to love the act of play, I have been fortunate enough to find a community of people that accepts me for who I am, both personally and professionally.

Five years ago, I was able to make this transition from Houston based on my involvement with Teach For America. Teach For America
Queerly Called to Justice

Vica-Etta Steel spoke to three people from Temple Beth El about working toward radical justice.

WHEN YOU THINK OF PLACES OF FAITH, do you also think of work toward justice, toward uplifting and advocating the oppressed? In my interviews this month, I heard that radical justice is at the heart of the faith of Cantor Jacob Niemi (he/him), congregant Alexander Lemkin (he/she/they), and Rabbi Bonnie Margulis (she/her), as well as entire movements of Jewish faith. I hear of a faith that speaks to mystical understandings and also brings forward faith in action across all the racial identities of Judaism, and all the genders, in all their struggles, their enslavements—and in spite of the continuing reality of virulent, violent, anti-semitism. Judaism, and all the genders, in all their struggles, their enslavements—and also brings forward faith in action across all the racial identities of Judaism, and all the genders, in all their struggles, their enslavements—and in spite of the continuing reality of virulent, violent, anti-semitism.

CANTOR JACOB NIEMI

Jacob Niemi, Cantor at Temple Beth El, had a difficult time understanding himself to be gay. Queerly, it wasn’t overt homophobia that kept him closeted. Cantor Jacob is a 90s kid. He describes himself as “very painfully shy, like really, very socially awkward,” but states that he grew up in a time of the flamboyantly gay archetype. Cantor Jacob is a 90s kid. He describes himself as “very painfully shy, like really, very socially awkward,” but states that he grew up in a time of the flamboyantly gay archetype.

“In media at that time,” adding that it “was going to be very much a flamboyant caricature in any kind of media whether it was a TV show, a movie, a commercial, a book, or whatever.” But for Cantor Jacob, “It just was so not how I saw myself.” Besides his social discomforts, the idea of being “a big presence, whatever that meant, was just not something that I felt comfortable with.”

Alexander Lemkin also found no space for who they were growing up. And even today, her particular gender-fluidity is hard for people to understand. I confess I am guilty of needing to take time to reset my own understanding of him and others who flow across the sliding metrics of identity, as Alexander terms their truth. I will pause here to ask: Were you confused by my mixed use of pronouns here? In our conversation, I began to learn of a delightfully gender-full identity from Alexander that includes all possible genders.

As Alexander grew up in Miami in the 90s and 00s, they felt the oppressions of overt homophobia. She is joyful that there are so many places today both in “TV and just a general youth [culture], where everybody is pretty open.” But he adds, that as he grew up, “It was a pretty closed society and still very taboo.” That taboo, that closing of possibilities, kept them quiet even with a loving mom. “I have distinct memories of her sitting me down several times, maybe just because of things that she saw or noticed and said. Alexander it’s okay if you’re gay. I love you.” Alexander would “always assure her, ‘Yeah, no mom. Not gay.’”

It didn’t help that Alexander’s particular queerness was one that wasn’t much spoken of when she grew up, if at all. It wasn’t until Jonathan Van Ness came out as non-binary and expressed himself in a lovely mix along the spectrum of feminine to masculine that Alexander began to see herself represented and caught a hint of who he saw himself as.

“For both Cantor Jacob and Alexander, it took time, and college, for the beneficiary of the reform movement of Judaism making huge steps through the struggles and setbacks and turmoils, the process of welcoming inclusion worked so well that for Cantor Jacob, he said, “I think I’m the beneficiary of the reform movement of Judaism making huge steps over the last few decades in becoming very affirming,” adding that for him, “the worst that happened at any job was the typical kind of Jewish parents asking ‘so are you seeing anyone?’ conversations that are a little bit awkward but well-intentioned.”

RABBI BONNIE MARGULIS

Rabbi Bonnie notes a renowned professor who came into class one day declaring that he would “never sign a gay student’s ordination certificate” among other moments of resistance to change. But ultimately, through the struggles and setbacks and turmoils, the process of welcoming inclusion worked so well that for Cantor Jacob, he said, “I think I’m the beneficiary of the reform movement of Judaism making huge steps over the last few decades in becoming very affirming,” adding that for him, “the worst that happened at any job was the typical kind of Jewish parents asking ‘so are you seeing anyone?’ conversations that are a little bit awkward but well-intentioned.”
All agree that actively affirming spaces are so much more than just good or nice to have, that in fact by welcoming queer people, the faith spaces gain the gifts of new insights. Alexander can now bring his “full identity,” faith and just give “people more comfort just by being present visibly and obviously.” Alexander feels she is in a place to “have a big impact” and can give “ideas and contribute and be a part of these things that do impact party; much everybody at the temple which has that kind of open ripple effect.”

Cantor Jacobs says, “When we share our learning with each other, when we study text with one another, when we interpret, when we debate, when we discuss, then we’re all contributing to the ongoing process of revelation that began at Mt. Sinai.” To expand on this, he tells of when the Torah was handed to the Jewish people at the foot of Mt. Sinai, there is a teaching “that everybody heard revelation according to their own strengths.” This combined with a passage from Deuteronomy, “All who are standing here this day, but not only you but also every one who are not here this day,” provides a door into “a beautiful teaching that refers to us, to the later generations, to people who came thereafter and so there’s this idea that all of us, the whole people of Israel, we’re all standing throughout all space and time at the foot of Mount Sinai to receive revelation and that each hear that revelation “according to their own strength.” What that means is that everybody has to contribute through their whole life to the ongoing process for revelation.” And with that understanding, first developed by the Jewish Feminist theologian Judith Plaskow, Cantor Jacob adds, “if you have voices not part of that conversation for whatever reason, or erased, or marginalized, or just left out or even persecuted or even made into caricatures or whatever,” then “any queer Jew, is reading those voices back into the conversation and back into the process of revelation.”

The call to justice is at the heart of faith. Rabbi Bonnie says, “And that justice is bolstered when the gifts of all people are brought to the table,” adding, “it is just baked into our DNA. This is what Jews are supposed to do. We are partners with God in the ongoing work of creation.”

Rabbi Bonnie heard the call to justice passed to her from her mother reading stories of justice at her bedside as she grew up and vitalized while in the first year of rabbinic school in Jerusalem. Then she did impact a talk by visiting rabbis David Saperstein, then the Director of the Religious Action Center of Reform Judaism in Washington, DC, the advocacy arm of the Reform Movement. As she heard Rabbi Saperstein talk about his work, she was “just thunderstruck. I thought, ‘they pay you to do this!’ I didn’t know that was a thing! That’s what I wanna do!” And she has. Her work with Wisconsin Faith Voices for Justice continues to uplift the voices and needs of the most marginalized, including but not limited to the energy and guidance she has given the development of the Interfaith Service for the Transgender Day of Remembrance (November 20) and the renewal of the Interfaith Service for Pride held in August.

She adds, in words that resonated through the stories shared by both Alexander and Cantor Jacob, that “it is our responsibility to engage in acts of tikkan olam, the repair of the world, or what we call today social justice.” She gives the example that, “every year on Yom Kippur when we’re all spending the entire day in synagogue fasting and praying, one of the readings is Isaiah 58, where Isaiah says God doesn’t want you to spend all day fasting and praying unless you’re also doing acts of social justice,” with an eye toward the “widow, the orphan, the hungry, the homeless, and the stranger in our midst.”

All three spoke to the fact of the Jewish people being the “stranger” in so many countries through so much of history as a key to why they must speak with, for, and to other oppressed communities. Alexander speaks of their own call to social justice from the generational trauma endured by his families, from the Black Jamaican roots “on my father’s side, we were slaves” and from the Jewish roots “on my mother’s side, we were slaves and persecuted all the way back and through the Israelites crossing the desert for 40 years,” not to mention millennia of oppression and anti-Semitism, but Alexander names a generational defiance rooted in justice and in community. She shared a phrase, “mir veln zey iberlebn” (Yet we will outlive them) that comes from a “small dancing town that Cantor Niemi introduced me to. In this small town during World War Two, essentially the German soldiers were trying to force them to sing and dance because they were famous for singing and dancing, but none of them would until one person said that phrase, mir veln zey iberlebn, and they all sang it together before they were shot and killed.” And honestly, that might feel like a difficult way to end the story, but for the Jewish people, persecution is a long story and the point, as I understand it, is not the loss or the death, but the life, the continued life, the defiant life and the queerly persistent work toward outreach, toward justice, and toward hope. Perhaps all of the people are, in fact, standing at the foot of Mt. Sinai as Cantor Jacob shared, receiving the Torah, speaking to justice for the world, and singing together across time and space, “Yet we will outlive them.”
Something to Lean On

Emily McCluhan talks to Dr. Kate Schmitt, Medical Director for CAP at Meriter, about one of the center’s patients, and about the intersection of LGBTQ+ identities with mental health care needs.

Dr. Kate Schmitt

DAMIAN ROCK shoulders in next to his dad, Kurtis, to squeeze into the virtual meeting screen. His hands are constantly touching his thick, nearly shoulder-length blonde hair with a shock of black underneath, lacking it behind his ear and teasing it up doing the part. He settles in to tell the story of his transition as a transgender male, and how Child & Adolescent Psychiatry (CAP) at UnityPoint Health–Meriter saved his life.

EVERTHING FLIES TOGETHER

As a 15-year-old living through the isolation of the pandemic in 2020, Damian said it was both scary and cool because it gave him a chance to put words to his feelings, choices, and identity. But the anxiety he dealt with his whole life crescendoed as he went through puberty, and he had to begin facing some of these changes. “We’ve always been supportive of the choices Damian makes and how he perceives himself,” Kurtis said. “But he always held feelings in, to where it would boil over.”

Damian describes it as layers that began to pile on top of each other. His anxiety over his gender dysphoria and normal high school stressors led to an eating disorder later on. By the spring of 2021, Damian had suicidal ideations and feelings, and the family made multiple trips to the Meriter ER for intervention. He felt hollowed and hopeless.

HEALTH & WELLNESS

Mental Health

Youth

SUPPORT HELPS YOU DO the SELF WORK

“I did not want to go,” said Damian with a sideways glance at his dad. “Especially since I started the program on my 16th birthday.”

But he says the dialectical behavior therapy (DBT) and coping skills were easy to understand, and he quickly realized this “work” wasn’t being forced on him to complete for a grade, like at school. He acknowledged that it was on him to use those skills to get better. Only he could do that work.

“I also liked that we were able to talk about our feelings and stuff without feeling judged, rather than just talking to, sorry, but old people who wouldn’t understand,” he says as Kurtis chuckles. “And there were other queer youth who were able to come to us and say, ‘This is what’s hard for me.’”

Support is a key component of CAP’s treatment program, which was more about understanding how to support Damian through his journey. “It’s impossible for us as parents to understand everything he’s going through because everyone’s journey is experienced through their own prism,” Kurtis said. “But the program really helped me understand the kind of support he needs. Not just meeting his basic needs, but truly understanding what he needs to hear when he’s in his darkest moments. We discovered that sometimes is that just saying, ‘It’s going to be okay.’”

A COMMUNITY IS BETTER

Schmitt said, “When this kind of support is not there, kids may feel isolated. It is so much better for kids to have access to medical or mental health professionals, support, and guidance while exploring relationships or beginning this journey. Without this support, kids may struggle more with mental illness, consider self-harm or even suicide.”

To continue addressing this gap, UnityPoint Health–Meriter Foundation and UW Health are hosting Love is Love on February 3, 2023. The vibrant event will be a celebration of self-expression, hope, and love—all with the purpose of raising funds to support mental wellness and healing for our community’s LGBTQ+ youth.

“Love is Love was incredible. Not only is it about raising awareness for LGBTQ+ youth mental health, but also about raising funds to support programming that helps LGBTQ+ youth thrive,” said Schmitt.

Part of the funding will go toward training CAP staff about optimal ways to engage with and care for LGBTQ+ kids, as well as creating youth and family support groups. There are also plans to assist families with immediately emerging resources and scholarships for therapies proven to help young people heal, like art music, or animal-assisted therapies.

Almost a year since Damian finished the outpatient program at CAP, he is able to reflect on everything he learned and says that more teens should have regular access to this type of support.

“It made me realize that a community is better than just one person. When you’re dealing with queer issues or mental health issues, it can feel very self-centered,” he says. “It’s about me. These are my issues. No one else will understand. But when you hear others talking about the same problems, it gives you something to lean on, and you feel less isolated.”

Schmitt and the staff at Child & Adolescent Psychiatry at UnityPoint Health–Meriter are hoping they can continue to expand their programs to create the community that teens like Damian need: one that helps queer teens feel supported and hopeful about their place in the world.

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FEATURES:

Sallie James, Sherrick Robinson, Amanda Schaefer, and Conard Thomas

“Play this is a thought-provoking, sobering, but oh how laugh-out-loud gothic tale, smartly crafted to work on intellectual levels.” —BROADWAY WORLD ST. LOUIS

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P.S. “This play is a thought-provoking, sobering, but oh how laugh-out-loud gothic tale, smartly crafted to work on intellectual levels.” —BROADWAY WORLD ST. LOUIS

CONNECT our ADVOCATES

DAMIAN ROCK

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He felt buried and hopeless.

It is much more common now. There are times in our unit where 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and non-binary youth. She adds that when she first started at CAP 12 years ago, it was not common to take care of kids who struggled with gender identity issues or gender dysphoria.

“Now it’s on our radar,” she says. “But there are times in the unit when we’re like, ‘This is a problem.’”

Dr. Katie Schmitt, Medical Director for CAP at Meriter, a care center that offers inpatient hospitalization and intensive outpatient mental health services for ages 6–18, said Damian’s experience is normal. The 2021 Trevor Project National Survey on LGBTQ+ youth mental health showed that 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and non-binary youth. She adds that when she first started at CAP 12 years ago, it was not common to take care of kids who struggled with gender identity issues or gender dysphoria.

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Schmitt points out that while there are many kids who identify as part of the LGBTQ+ community at CAP, they are not always there because of gender or sexuality issues. Many of them are comfortable with their gender and feel supported in their communities and by their families, and they are at CAP because they are teenagers with depression.

This is the reason we treat all patients the same, by always asking about pronouns, and when talking about dating and relationships, always asking sexual preference,” said Schmitt. “We try to create a safe and inclusive environment so that kids feel comfortable expressing themselves, even if their family is not aware. It gives us the opportunity to open up lines of communication or offer education if the kiddo is ready for that.”

Damian feels grateful that his family is supportive of his choices and they were able to work together for him to start testosterone therapy in August of 2021. His mom, Jennifer, says that this helped relieve some of Damian’s anxiety as he felt he was moving forward on his trans journey. At the time, his depression and anxiety were too much to overcome through, and Damian’s physicians recommended Intensive Outpatient Services at CAP (specialized treatment for adolescents who are struggling with a primary mental health diagnosis but do not require an inpatient hospitalization).

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There’s a New Leader in Town. On July 18, 2022, Brandon Hill, PhD, began his position as executive vice president and chief operating officer at Vivent Health. Mike Gifford, former CEO, exited the organization after nearly 30 years of leadership. These are exciting times at Vivent Health, formerly the AIDS Resource Center of Wisconsin. Under Gifford’s leadership, Vivent had at Vivent Health. Mike Gifford, former CEO, exited the organization began his position as executive vice president and chief operating officer on the future of Vivent Health.

Plankinton to a new $9M headquarters and clinic at 1311 N. 6th Street. announced it would relocate from its historic Milwaukee home at 820 N. agreeing more than 13,000 patients in four states. In July, the organization NOVEMBER / DECEMBER 2022

On July 18, 2022, Brandon Hill, PhD, THERE’S A NEW LEADER IN TOWN. New Vivent Health executive vice president and chief operating officer Brandon Hill shares his vision for HIV/AIDS care.

I am a member of the LGBTQ community. I also am Latino. This work is part of my identity. This work is part of my persona. This is the work I didn’t know existed when I was young and queer, but the work I committed myself to doing as an adult.

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The Professional is Personal

Brandon Hill shares his vision for HIV/AIDS care.

WHAT DO YOU THINK OF MILWAUKEE?

I am from the Midwest and grew up in northwest Indiana. I attended Indiana University before moving to Chicago. I always kept a Chicago base, no matter where I worked, including my house outside Lake Genezva. Now I’m living in the Third Ward, just a quick walk from our office. Milwaukee has a really vibrant, visible, and active LGBTQ social scene. To me, that’s the most striking thing about the community—even coming from Chicago. There are so many LGBTQ-owned establishments here: bars, restaurants, shops, and it’s really refreshing to see that. You read articles about half the gay bars going extinct, but in Milwaukee, there are more than I expected. There are so many places claimed as queer spaces. This is comforting to see. I still have to make my way through all of them. I wasn’t able to participate in Summerfest, but I was able to participate in the traffic.

I’m also impressed by the Riverwalk. Chicago is on a riverfront, but it doesn’t feel like a river city due to the altitude. Here, the river feels integrated and essential, along with the businesses and activities that happen there.

Compared to Chicago, Milwaukee also feels much more tight-knit. People know me before I know them. Whether it’s at a fundraiser, an LGBTQ space, or even on the sidewalk, strangers are always introducing themselves to me and sharing their respect for Vivent Health. Many saw me first in the Business Journal and wanted to welcome me to the city. They’re so comfortable breaking the ice. I appreciate this more than they know. When you first move somewhere, you don’t know anyone! So it’s nice that people freely show hospitality, respect, and gratitude…. It creates a true feeling of togetherness, and in turn, that fosters connections, collaboration, and progress. Chicago is so big, and somewhat disparate, with everyone scattered across the neighborhoods.

WHAT HAVE BEEN YOUR INITIAL IMPRESSIONS OF VIVENT HEALTH?

Over the past three months, I’ve had a chance to visit our health centers across the Vivent map, inside and outside Wisconsin. The amount of work that our staff and volunteers do at Vivent is amazing. And I’ve seen our care model in practice: We really think about HIV care in the most holistic fashion you can imagine. We think about food, housing, social determinants of health…. These things become the medicine we use to treat people. I recognize this is the long-standing “secret sauce” that makes Vivent so unique. It’s all about treating the individual who has a chronic condition while treating all of the aspects of their life. That’s how we get the best health outcomes possible. That’s what makes Vivent so unique.

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WHAT DO YOU THINK OF MILWAUKEE?

I am from the Midwest and grew up in northwest Indiana. I attended Indiana University before moving to Chicago. I always kept a Chicago base, no matter where I worked, including my house outside Lake Genezva. Now I’m living in the Third Ward, just a quick walk from our office. Milwaukee has a really vibrant, visible, and active LGBTQ social scene. To me, that’s the most striking thing about the community—even coming from Chicago. There are so many LGBTQ-owned establishments here: bars, restaurants, shops, and it’s really refreshing to see that. You read articles about half the gay bars going extinct, but in Milwaukee, there are more than I expected. There are so many places claimed as queer spaces. This is comforting to see. I still have to make my way through all of them. I wasn’t able to participate in Summerfest, but I was able to participate in the traffic.

I’m also impressed by the Riverwalk. Chicago is on a riverfront, but it doesn’t feel like a river city due to the altitude. Here, the river feels integrated and essential, along with the businesses and activities that happen there.

Compared to Chicago, Milwaukee also feels much more tight-knit. People know me before I know them. Whether it’s at a fundraiser, an LGBTQ space, or even on the sidewalk, strangers are always introducing themselves to me and sharing their respect for Vivent Health. Many saw me first in the Business Journal and wanted to welcome me to the city. They’re so comfortable breaking the ice. I appreciate this more than they know. When you first move somewhere, you don’t know anyone! So it’s nice that people freely show hospitality, respect, and gratitude…. It creates a true feeling of togetherness, and in turn, that fosters connections, collaboration, and progress. Chicago is so big, and somewhat disparate, with everyone scattered across the neighborhoods.

WHAT HAVE BEEN YOUR INITIAL IMPRESSIONS OF VIVENT HEALTH?

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interact with care and treatment. That’s what worked great for ARCW and other organizations have noticed. They didn’t necessarily want to replicate, but they wanted to be part of this, and extend this. The biggest benefit is working in scale. Not being limited to state boundaries.

Most of Vivent’s growth has been invited to merge with other organizations where we have communities of need. There’s a reason there’s not a Vivent in San Francisco or New York. They have excellent organizations where we have communities of need. There’s a reason benefit is working in scale: Not being limited to state boundaries.

Since the pandemic, needs have been evolving: COVID prevention, survivorship, cost of living changes, ongoing inflation. … These are all affecting the need for services, particularly behavioral health services. So our question now is, how do we broaden services that are suddenly in much higher demand?

HOW HAS THE HIV MEDICAL HOME CONCEPT TRANSFORMED CARE?

Here’s the best way I can explain the concept: Think of an ecosystem around an individual living with a chronic condition. First, we provide medicine through care and prescription drugs. We want to provide that medicine through care and prescription drugs. We want to provide that through a medical home. We have an online store offering safer sex products and services. Pre-conception is a definite part of our universe—and we’re trying to make it part of everyone’s.

HOW DO VIVENT’S PARTNERS FIT INTO YOUR CARE MODEL?

We rely heavily on medical institutions, as they allow us to deliver the highest quality care. Many of our partners also work for local health care systems. If we were there with those relationships, we simply couldn’t provide that level of access. We form these relationships in every city we have a health center. In addition, many of our prevention teams are set up as community partnerships. It is critical that these teams are staffed with people from the communities they serve. This creates authenticity and cultural competency we wouldn’t have otherwise. In the end, our relationships with the Ballroom House groups are as important as our partnerships with the Medical College of Wisconsin because that’s where we show up. That’s where we make a difference.

HOW DOES VIVENT OVERCOME LONG-STANDING STIGMAS THAT CREATE BARRIERS TO OUR PATIENTS’ HEALTH CARE?

We normalize sexual health care. We treat it like any other health care. That really helps to dilute any stigma people are carrying. That just moves HIV care into regular sexual health care. We believe it should be a priority for people who are engaged in any sexual behavior, regardless of how you manifest that in your identity, to have access to health care. Get tested. Evaluate your risks. Consider your options, including PrEP. Come with a positive diagnosis—and learn to live with it. These are all part of a supportive, inclusive, holistic conversation with a competent provider. It all starts with access, and many times, people don’t even have that.

There are different ways that people interpret, justify, and explain their sexual behavior to others, and to themselves. But, the main thing is, no matter what you’re doing—if you’re having sex, you should have sexual health care.

Forty years ago, HIV/AIDS was a death sentence. Now, treatment has advanced so far that some people are living with an “undetectable” status. How has undetectability changed the world?

Viral suppression was a long-time goal for Vivent. We know if we can

Wisconsin Patient Demographics: 2021

- Patients Served: 4,753
- Black or African American: 41% vs. national average of 18%
- Hispanic/Latino: 15% vs. national average of 12%
- Live at or below 200% of the Federal Poverty Line: 88% vs. national average of 40%
- Dental Patients: 3,318 individuals received 20,709 orders of healthy food from the food pantry
- Viral Suppression Rate Black Patients: 92% vs. national average of 88% (HRSA)
- Viral Suppression Rate Black Patients: 93% vs. national average of 61% (CDC)
- Individuals Trained and Receive Naloxone: 4,412
- Viral Suppression Rate: 95% vs national average of 88% (HRSA)
- Behavioral Health Patients: 47.9% of 188 are new patients
- Viral Suppression Rate Black Patients: 93% vs. national average of 61% (CDC)
- Individuals Trained and Receive Naloxone: 4,412
- Peer Saves Reported: 1,870
- Housing Assistance Provided: 424 individuals

Agencywide Patient Demographics: 2021

- Patients Served: 13,376
- Black or African American: 41% vs. national average of 18%
- Hispanic/Latino: 15% vs. national average of 12%
- Live at or below 200% of the Federal Poverty Line: 85% vs. national average of 40%
- Dental Patients: 3,318 individuals received 20,709 orders of healthy food from the food pantry
- Viral Suppression Rate Black Patients: 91% vs. national average of 88% (HRSA)
- Viral Suppression Rate Black Patients: 94% vs. national average of 61% (CDC)
- Individuals Trained and Receive Naloxone: 5,088
- Peer Saves Reported: 1,918
- Housing Assistance Provided: 995 individuals
- Condoms Distributed: 461,285

WHAT OTHER VIVENT PROGRAMS HAVE REALLY IMPRESSED YOU?

We have an online store offering safer sex products and services. Pre-conception is a definite part of our universe—and we’re trying to make it part of everyone’s.

WHERE DID VIVENT’S INSPIRATION COME FROM?

With all of these factors are managed, the individual can truly thrive. It’s not just about living with HIV, it’s truly living a healthy, rich, and rewarding life.

Since the pandemic, needs have been evolving: COVID prevention, survivorship, cost of living changes, ongoing inflation. … These are all affecting the need for services, particularly behavioral health services. So our question now is, how do we broaden services that are suddenly in much higher demand?
help patients and clients become virally suppressed, the opportunity for other infections decreases, overall health improves, and the virus is not having an impact on other systems. But we don’t put that weight on an individual alone. It’s the reason the medical home is created.

Only when your basic needs are met can your health become a higher priority. Viral suppression is not a reachable goal if those other services aren’t delivered. Those services are very important in reaching viral suppression. That’s why we are giving people more than just a pill. There are many places that just give out pills, but they never reach adherence, and they don’t achieve viral suppression.

Undetectability is a new concept for many who lived through the AIDS crisis and still see AIDS as terminal. It’s not widely understood. It’s an empowerment to individuals with the right support to reach this goal. They regain a sense of control. In my own research, there are people who partner-sort, who may not start a relationship with someone who is HIV-positive. That level of internal community stigma is really unfortunate, unacceptable, and ignorant. It’s dismissive of how we have been managing this disease for the past four decades. Today, it’s like not starting a relationship with someone who has heart disease, diabetes, or cancer. That’s why education and outreach campaigns are so important. People are still so scared, and it’s because they just don’t understand. They haven’t been as close to HIV/AIDS care as we have been, so they just don’t know how far we’ve come.

WHAT’S YOUR FUTURE VISION FOR VIVENT?

We’re already at a great advantage point for an organization of our size. But, to be honest, we’re still in our adolescence phase. So we have an opportunity now to look inward, and ensure we are providing all of the systems and structures in place, within the organization. We want to support our caretakers, providers, and prevention folks in doing the best work they possibly can. Ultimately, our goal is to give our clients, patients, and staff everything we can, and serve everyone we can.

Health equity is our forever goal. But it’s more than just “health” as most people think of health. We know HIV and AIDS are impacting communities differently, with communities of color more impacted than ever. Addressing racial and ethnic disparities in all avenues of life—food security, housing, jobs, economics—is also an overarching goal.

ANYTHING YOU’D LIKE TO ADD?

I am a member of the LGBTQ community. I am also Latino. This work is part of my identity. This work is part of my persona. This is the work I didn’t know existed when I was young and queer, but the work I committed myself to doing as an adult. I’ve been involved in HIV care research and delivery since I went to college. I operate with a different lens than most, and that’s how I’ll be creating and leading my vision for Vivent: Through a personalized lens. This isn’t just a job. This is personal.
Most Likely to Succeed

Frederick Harris, MA, MA, LPC, SAC, CCTP, discusses the exhausting reality experienced by those who are the first to enter spaces that are not prepared to receive them and how that brought him to create a space for healing.

GROWING UP IN NORTH PHILADELPHIA

I was never the one who was invited to social events, who wore the newest Jordans or updated fashions or was invited to cut classes to hang out at the Gallery Mall with friends. Though I was not seen by my peers in the way I dreamed to be, I was named “Most Likely to Succeed,” “Teacher’s Pet,” and class Valedictorian of my senior class. To the core, I am still that overachieving, insecure smart kid with big glasses who wanted to be noticed by his peers.

A DIAMOND IN THE ROUGH

I rarely discuss my childhood and upbringing in Philadelphia. Sometimes it doesn’t even feel real to me as my life now is vastly different from then. I am the eldest of four children; my biological father was absent from my life. We were raised by my mother and stepfather. Back then, North Philadelphia was not the safest place to live. My neighborhood on 28th Street was infested with drugs, gangs, prostitution, and violence. My childhood home was filled with yelling, screaming, crying, drinking, domestic violence, and emotional and physical abuse. My maternal grandmother’s house was where I found refuge and the most happiness. My grandmother loved me no matter what, and in her eyes, I could do no wrong. She provided and showed me the true meaning of unconditional love through her encouragement of being whomever and whatever I wanted in life.

My imagination was my safe place where I could escape the realities of my life. I would round up my siblings and cousins to force them to play school with me as the teacher. I watched music videos and learned the dance moves of Michael and Janet Jackson; pretending I was on their world tours. Beginning earlier in my life, my family called me “The Professor.” Everyone believed I would be the first in the family to make it out of North Philadelphia and become someone important and make an impact on lives. School, more specifically the classroom, was where I believed I excelled and felt safe. Teachers and other faculty noticed my intelligence and began to invest in my future.

In high school, I was “fined” by my teachers to join as many extra-curricular activities as possible to prepare for college applications. My

I am still that overachieving, insecure smart kid with big glasses who wanted to be noticed by his peers, but I have realized my strengths and abilities and have taken my power back.

Photographed by Max Wendt for Our Lives magazine.
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REALITY BITES

At the age of 17, I attended the Indiana University of Pennsylvania on a full scholarship majoring in Hotel, Restaurants, and Tourism to eventually become a chef. Coming from an urban, lower-income, predominately black community, Indiana, PA was a culture shock. I had never been in a position where there were so many white people that I was in the minority. Being isolated from the world as a child made this increasingly difficult for me to adjust. Not only was I in a place where I felt and looked different, but I was also dealing with the internal struggles of my sexuality. My experiences as a student while living in Indiana, PA were things I remember my grandparents explaining to us as children when they lived in the South. I remember being called a “Nigger” for the first time; being called a “porch monkey” and being told I stayed in the tanning bed too long and was overcooked. I eventually graduated with a bachelor’s degree in Criminology. This was also the same year I lost my biggest supporter; my grandmother passed away from lung cancer. As I continued to make achievements, moreso with my cohort. As I continued to make achievements, I was selected to provide 200 graduates with a send-off speech. I was placed in the class of 2000. I had always wanted to be seen by my peers; now I was. I continued to make achievements, growing up. I never had positive male role models, so having these two teachers at Benjamin Franklin High School, I was able to apply and be accepted to most colleges. I was a straight-A student for as long as I could remember, but I was still shocked when I received the news from my principal that I was the Valedictorian of the Graduating Senior class of 2000. I had always wanted to be seen by my peers; now I was. I continued to make achievements, growing up. I never had positive male role models, so having these two teachers at Benjamin Franklin High School, I was able to apply and be accepted to most colleges. I was a straight-A student for as long as I could remember, but I was still shocked when I received the news from my principal that I was the Valedictorian of the Graduating Senior class of 2000. I had always wanted to be seen by my peers; now I was.

I attended the graduate program at the University of Toledo, majoring in Criminal Justice. I received a Teaching Assistantship, where I had the opportunity to work alongside and be mentored by two of the department’s first black tenured professors; Dr. Jenkins and Dr. Baker. Growing up, I never had positive male role models, so having these two black, accomplished men taking me under their wings was impactful in my life. Though it was graduate school, the racism and prejudice continued, moreso with my cohort. As I continued to make achievements, growing up, I never had positive male role models, so having these two teachers at Benjamin Franklin High School, I was able to apply and be accepted to most colleges. I was a straight-A student for as long as I could remember, but I was still shocked when I received the news from my principal that I was the Valedictorian of the Graduating Senior class of 2000. I had always wanted to be seen by my peers; now I was.

In 2008, I moved to Chicago to attend Argosy University to receive my Masters in Community Counseling. While working at Toledo Correctional Institution, I realized how much mental health affected and played a role in most of the offenders’ incarceration. There were predominantly people of color incarcerated and most of them suffered from a mental health diagnosis and were not receiving the proper treatment from the corrections systems. As the years passed by, my career continued to flourish. I continued to work in the corrections and court systems as I went through graduate school. My mission at the time was to advocate and provide adequate and fair treatment to marginalized communities in these systems. During this time, I continued to struggle with my own mental health, and finally decided to seek treatment. With the support and help from my sister, I admitted myself into an inpatient mental health program. Though my focus was to get my mental health stable; I couldn’t help noticing the lack of representation amongst staff at the facility. This made it difficult to trust and open up to the providers without feeling judged and misunderstood. After a few days at the facility, a BIPOC psychiatrist came into my room and spoke to me. I remember feeling heard, validated, and safe in his presence, which in turn allowed me to begin my process of healing.

After graduating and obtaining my license, I was hired as a substance abuse counselor at Lutheran Social Services of Illinois (Kenmore Center), where I also completed my internship, as the first male to work in the female halfway house. I had the opportunity to be mentored and supervised by Director Frank Harris, who was another black male role model placed in my life. Throughout my time at Kenmore, I was able to provide treatment services that were reflective of the populations being served in treatment. Many of the clients being served were BIPOC, LGBTQIA, low-income men and women struggling with substance addiction.

Frank Harris had seen something in me and invested whatever resources at his disposal to invest in my professional career. Within the four years at LSSI Kenmore I had been promoted as a Clinical Supervisor, Program Supervisor, and finally Assistant Director. I made the decision to leave LSSI and work for Healthcare Alternative Systems (H.A.S.) as the Program Administrator for the Outpatient Programs. H.A.S. is a predom-

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mother rarely had the financial means for me to participate in all these activities; so, the faculty would pay for my attendance and associated fees. Attending college was something I always wanted, but the process was unfamiliar to me and my family. Through the support and guidance of three teachers at Benjamin Franklin High School, I was able to apply and be accepted to most colleges. I was a straight-A student for as long as I could remember, but I was still shocked when I received the news from my principal that I was the Valedictorian of the Graduating Senior class of 2000. I had always wanted to be seen by my peers; now I was.
We see it every day. The more women open up about their money, the more confident they become. Because when you stop second-guessing and start getting real about your financial goals, the knowledge you earn can really pay off. So, do you want to buy a new home? Make your side hustle full-time? Retire early? Let’s talk! Then let’s make it happen.

**THE LIBERAL FACADE**

In 2016, my husband and I moved to Madison. Initially, I was concerned about moving to a smaller city, but we were often told how liberal and welcoming Madison is to diverse populations. To be completely honest, since moving to Madison, I have experienced the most trauma in my professional career. A combination of systemic/structural racism, institutional racism, and oppression has caused me to experience racial trauma and interpersonal racism.

My professional journey in Madison started at ARC Community Services. Outpatient Program. I was hired as the Program Supervisor of the Court Diversion Program. Unknown to me prior to accepting the position, I was the first black, gay male hired in this position. After a few months when my license transferred from Illinois, I accepted a position at Tellurion as the Program Supervisor of ARP (Inpatient Substance Abuse Program). Again, I was the first black, gay male hired in this position as well. For a few months, I was employed at Journey Mental Health as a Clinician, followed by a position at Sacred Hearts as the Clinical Supervisor. At Sacred Hearts, I was also the first black, gay male hired.

My traumatic experiences during my professional career in Madison is what led to my decision to become self-employed. My mental health had become increasingly manageable, so I would have panic attacks about attending work every day. I began isolating myself out of fear and distrust that someone would hurt me. For all my accomplishments and accolades, I was made to feel unworthy, stupid, tokenized, humiliated, and unsafe in predominantly white spaces. I’ve been falsely accused and investigated for drug use and intimidation brought on by employees. I’ve been harassed about my sexuality and race by my subordinates. Once I was told, “I am on colored people time” by a white employee. I’ve been scrutinized for my attire, stating my clothes are “too tight”. I’ve had my white supervisor’s son rub my skin during a meeting amongst all-white staff. Then to be told by my supervisor that her son is infatuated with black skin because his nanny was black. I’ve had a fully grown Rottweiler bought into my office by my white supervisor after submitting my resignation.

In 2017, I decided to start New Beginnings Counseling Center, LLC. After moving to Madison and working at several agencies as an administrator and therapist, and my own personal experiences as a person represented in marginalized communities, I noticed a lack of diverse providers, which became a barrier to adequate treatment for the individuals within the marginalized communities. Many agencies were ethnocentric in their services to culturally diverse populations, which resulted in treatment approaches that were color-blind.

New Beginnings Counseling Center, LLC addresses the underutilization of mental health services by minorities, which continues to be an ongoing issue in the behavioral health field. In the beginning, I was a single practitioner offering low-cost, self-pay therapeutic services to children, adults, and families of marginalized communities. New Beginnings Counseling Center, LLC empowers patients in a safe and non-criticizing environment and develops skills to promote the healing of the wounds that have become a barrier for them to move forward in their lives. We encourage the transition from “Existing in Life” and to start “Living Life”.

In addressing the barriers associated with mental health and marginalized communities, New Beginnings Counseling Center provides culturally specific services and broaches dimensions of race, ethnicity, gender, identity, sexuality, and culture during the counseling process. Also, by giving attention to these identities and the intersectionality of clients, NBBC addresses the barrier to receiving culturally competent care in hopes that the clients feel validated and affirmed.

Since opening, New Beginnings Counseling Center has not only grown into a behavioral health outpatient clinic but has seen a substantial increase in referrals for historically underserved populations. We have obtained several contracts with insurance companies, including Medicaid and Medicare. In 2018 New Beginnings Counseling Center, LLC joined the platform Open Path Psychotherapy Collective, providing affordable, in-office, and online psychotherapy sessions for individuals, couples, and families for between $30.00 and $80.00 per session. In 2020, New Beginnings Counseling Center, LLC received a contract with RISE in Dane County. In 2021, New Beginnings Counseling Center, LLC received a contract with the Oregon School District to provide behavioral health services to the students, families, and staff at the elementary, middle, and high school.

Overall, New Beginnings Counseling Center, LLC practices a person-centered therapy approach that involves treating the person, not the problem. Staff displays unconditional positive regard for clients and utilizes non-directive and empathic approaches, which ultimately empowers clients to achieve their treatment goals. I believe that one single approach does not work for every individual. Individuals and families representing the marginalized communities we serve at the clinic have experienced transgenerational and intergenerational trauma. The reported trauma experiences correlate to issues such as transracial adoption, racial trauma, and various forms of racism (i.e., systemic/structural, institutional, interpersonal, internalized, reverse, and oppression). They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face. Racism is a mental health issue because racism causes trauma, and trauma directly leads to mental illnesses that need to be taken seriously.

**NEW BEGINNING**

Founding New Beginnings Counseling Center, LLC saved my life and gave me the motivation and resilience to provide a space for others who have been through what I’ve experienced. I gained renewed confidence and perspective on my purpose in life. It has been a long, hard journey, and at times I thought about giving up. Instead, I made the decision to stop giving my power away to others and allowing them to place their expectations, insecurities, and judgments upon me to keep me from succeeding. Right now, I am still that overachieving, insecure smart kid with big glasses who wanted to be noticed by his peers, but I have realized my strengths and abilities and have taken my power back.

I am grateful for what has transpired in my life. I have unconditional love and support from my sister, my husband, my in-laws, and my closest friends. Through my healing journey, I can sit back and watch others experience something special, and most importantly transition from “Existing in Life” to starting “Living Life!”

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**NOVEMBER / DECEMBER 2022**
Queering Doula Care

**Tori Freund** midwife-in-training, **J. Dale Gardner** and **Lexy Ware** seek to provide inclusive, affirming support and full-spectrum care for people through their pregnancy and birth or abortion experience—and beyond.

**THE SPARE TO BECOME A DOULA** happened when Tori Freund interviewed a midwife for a Women & Gender Studies paper in college. Even after finishing their paper, Tori kept coming back to the midwife for answers to questions and book recommendations. The midwife became pregnant and invited Tori to witness the homebirth.

“It was incredible,” Tori remembered. “I had never attended a birth before. I had only seen what we all see in Hollywood movies, which is really not accurate. When I walked into the house, I heard her working through her contractions and heard her midwife. I felt like I was supposed to be. I was 10% hooked from the second I left that birth. I got trained as a doula in 2019, opened my practice, and have been attending births ever since.”

As a doula, Freund provides continual emotional, physical, and resource support for people through all of their life’s options, from pregnancy and birth, to adoption, pregnancy loss, abortion, gender-affirming reproductive care, and end-of-life care. They have heard a lot of misconceptions about doulas: that doulas are only for homebirths, that midwives are all cisgender women.

“I am not accurate. When I walked into the house, I heard her working through her contractions and heard her midwife. I felt like I was supposed to be. I was 10% hooked from the second I left that birth. I got trained as a doula in 2019, opened my practice, and have been attending births ever since.”

Freund also explains that the medical system for reproductive health care is not set up to see us as our full and authentic selves,” Freund said. “That’s why we get defensive about our profession because it has value.”

“I’m not being quiet any more,” said Gardner. “I’ve brought it to the attention of my instructors and I’m already seeing a difference. Instruction is going from only using the words female or male to describing a person with a penis or a person with a vagina. I’m already seeing a change. It’s small and language-based, it doesn’t change the root of the problem, but I take some solace in the change and celebrate little wins.”

**GOING BEYOND PRONOUNS**

For Gardner, the issues of discrimination in reproductive health care go beyond the use of gender-diverse pronouns. Often issues of language are literal communication barriers between the doctors who are immersed in the health care system and patients who may speak English as a second language (or not at all) or who aren’t experts in all of their options for a safe and healthy birth. Gardner questions whether patients are truly able to give informed consent in situations where they are pregnant, in labor, and being pressured into medical interventions like a C-section.

“Maternal and fetal death rates are still bad for people of color,” said Gardner. “It’s astronomical, especially for the Black and Indigenous community. As a doula, I’m working to combat those death rates and poor health outcomes. My clients know their bodies, so I can be that link when there is communication disruption or when it’s not said in a way that my client can understand as best as they can during labor and delivery. You can give permission, and anybody can say ‘yes’ (to a medical intervention), that doesn’t mean that’s informed consent, especially for those who don’t speak English as a second language.”

Basic rights to body autonomy and the right to abortion shifted...
WHAT IS AN ABORTION DOULA?

When people who are pregnant decide to end their pregnancy, they might want to talk to Lexy Ware. Ware is a full-spectrum doula and reproductive justice advocate who serves as the pregnancy options call line coordinator for Pregnancy Op-
tions Wisconsin: Education, Resources & Support, Inc., or P.O.W.E.R.S. She works with trained volunteers who take calls from people who want practical support for abortion resources.

“I’m on the front line,” she explained. “When people call, I’m the first person they speak to for resources and support. That’s the first part of my job. The second part is coordinating volunteers who take shifts to be available to answer people’s questions.”

About a year and a half ago, Ware trained as a doula. She first reached out to P.O.W.E.R.S. before her doula training because she knew the organization had strong community connections. But it wasn’t until after training as a doula that P.O.W.E.R.S. needed a phone line coordinator and Lexy got more deeply involved with the organization.

“The typical day is me making sure I can be available to answer when someone calls,” she said. “The phone isn’t ringing off the hook every day, so calls vary depending on what people need and when they need it. I just try to show up with the assurance people need when they ask for help with funding for an abortion, or to be connected with other resources they need.”

Ware believes she still provides help as a doula, but in a different way than most doulas give support in pregnancy, birth, and postpartum care. As a full-spectrum doula, her services can include talking to people about all of the options they have to release a pregnancy (from self-managed medication abortions, to where to find legal abortion services in a clinic), and she answers questions about non-emergency miscarriage care.

“P.O.W.E.R.S. is a mainly volunteer-organized network of midwives, doulas, doctors, nurses, and activists,” said Ware. “They are people who care about pregnant people and who got together to form this organization in 2018 to provide practical, emotional, and resource support.”

WHY IS AN ABORTION DOULA NEEDED?

WHEN IS A DIESEL PUMP NEEDED?

WHY IS P.O.W.E.R.S. UNIQUE?

WHY STAY IN A DIESEL PUMP?

WHEN TO USE A DIESEL PUMP?

WHEN IS A DIESEL PUMP NEEDED?

WHEN IS A DIESEL PUMP NEEDED?

WHEN TO USE A DIESEL PUMP?

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Collaboration in Care

Dr. Ronni Hayon

UW Health launches integrated transgender health services clinic

A MULTIDISCIPLINARY MODEL

In 2017, Dr. Katherine Gist, a UW Health surgeon who specializes in gender affirming surgical care, joined the team, and the concrete brainstorming for increased collaboration began. “We all started collaborating really closely and started dreaming about putting together a multidisciplinary clinic where patients could get access to multiple specialists at once,” Hayon says.

“The idea for a multidisciplinary clinic was based on other clinics spanning multiple specialties already in place at UW Health,” says Callen Smith, program coordinator and patient navigator for the Gender Services Program.

This clinic is UW Health’s largest multidisciplinary clinic; however, with collaboration across 12 different specialties comprising family medicine, speech and voice, ear, nose and throat (ENT) services, facial surgery, plastic surgery, OB/GYN services, behavioral health, urology, endocrinology, fertility, and social work.

The Madison-based clinic, which officially opened its doors last spring, provides comprehensive health services to transgender and gender-nonconforming individuals of all ages.

“Based on the number of consult requests, the reception from the community has been considered a huge success,” Hayon says.

Smith handles the vast majority of consult requests and notes that the clinic is currently booked out until March 2023, adding “I think that’s a good sign.” Hayon says. “There’s a real need for it.”

The variety of specialties involved in the clinic provides the ability to individualize care for each patient.

“The only thing that’s missing is that you don’t have access to the inpatient setting. And that’s something we’re working on,” Hayon says.

There is always room for further growth, Hayon said, and eventually the clinic may expand in services offered.

The clinic doesn’t just provide medical care. It’s a multidisciplinary team that provides a comprehensive, coordinated care approach that’s patient-centered, evidence-based.

WHY IT MATTERS

The opening of the clinic is a critical step in providing care to members of the transgender and gender-nonconforming community. Hayon said. The clinic is a key piece in the puzzle of providing comprehensive care to all members of the community.

Studies show providing gender-affirming care to transgender individuals has been proven to save lives, and the benefits go far beyond just medicine. Providing gender-affirming care directly reduces these risks, says the American Academy of Pediatrics. Transgender and gender-nonconforming adults have shown similar benefits. By gathering 12 specialties under one roof, the clinic is also able to track patient demand and better quantify need.

With services being siloed in different departments, like urology or plastic surgery or OB/GYN, that might not necessarily be giving an accurate picture of just how many patients need trans health care,” Smith says. “We’ve started to really look at ways that we can capture that information so that we can continue to fund where services are needed.”

The clinic not only provides access to comprehensive care for Madison-based patients but also serves as a good option for patients from more rural areas of the state.

“It’s really great to be able to just come to one place and see all the people that you need,” Hayon says.

WHAT’S NEXT?

There are always room for further growth, Hayon said, and eventually the clinic may expand in services offered.

“We’re all really enjoying the work that we’re doing now,” Hayon says, “and every time we hold a clinic I think we also see opportunities for growth.”

One potential area includes educational opportunities for other doctors. This could provide a potential to educate clinicians across the UW Health system and across the state on gender-informed care.

“I think there are also all sorts of ancillary services and medical services that folks need that are hard to get access to—we could potentially include those in the future,” Hayon says.

The inclusion of preventative care as an additional service in the program is one that has Hayon’s attention.

AN INITIATIVE YEARS IN THE MAKING

has finally reached the finish line, with Madison welcoming its first integrated, multi-disciplinary transgender health services clinic. The UW Health Comprehensive Gender Services Program was developed by a group of medical providers from across the UW Health system who sought increased collaboration spanning multiple medical disciplines. “For many years, there were lots of us that were doing gender affirming care, kind of in our own silos,” says Dr. Ronni Hayon, co-medical director for the Comprehensive Gender Services Program.

“Based on the number of consult requests, the reception from the community has been demonstrated to be really strong. Smith said establishing care can be really intimidating. Through the form, prospective patients are asked to list what areas of care they hope to access. The list includes various options from surgical services and hormone treatment to laser hair removal and voice therapy. It’s Smith’s job to sift through the consult requests and point patients in the right direction.

“Those consult requests come straight to me, and if patients are mentioning that they’re interested in multiple services, then I can provide the information about our multidisciplinary clinic,” Smith says.

Care will usually begin with a consultation at the comprehensive clinic, then a follow-up with a visit to the clinic where the specialty physician is based. This provides a jumping-off point to help patients understand what care will look like going forward, Smith said.

“Not every trans or nonbinary person is going to want or need any kind of medical intervention. So our goal is to provide really patient-centered, evidence-based care.”

HOW PATIENTS CAN GET STARTED

The team has created a simple and user-friendly process to establish care at the clinic through a consultation request form on its website. Smith said establishing care can be really intimidating. Through the form, prospective patients are asked to list what areas of care they hope to access. The list includes various options from surgical services and hormone treatment to laser hair removal and voice therapy. It’s Smith’s job to sift through the consult requests and point patients in the right direction.

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“My team is one that has Hayon’s attention. It’s really great to be able to just come to one place and see all the people that you need,” Hayon says.

“A great thought begins by seeing something differently, with a shift of the mind’s eye.”

—ALBERT EINSTEIN

DeWitt attorneys see things differently while creating solutions to meet client needs. At DeWitt, we utilize our creativity to offer proactive and effective legal advice in more than 30 areas of law while serving publicly and privately held companies, individual clients, family-owned businesses, municipalities and more. With attorneys practicing in Wisconsin and Minnesota, our firm handles matters for clients nationwide.

When you need a trusted, full-service law firm, please visit our website at dewittlp.com or email info@dewittlp.com for more information.
On May 2, 1914, Milwaukee police arrested Ralph Kerwineo. The official charge was disorderly conduct, but the accusation was that he was biologically, in fact, she. For 13 years, Ralph had effectively lived his life as a man. He was described as the perfect gentleman, the most well-dressed and well-educated, and among the finest sportsmen in Milwaukee. He worked in men-only jobs at the Plankinton Hotel, Gimbel's, and Cutler-Hammer. Ralph informally married Mamie White in Chicago in 1906, but he couldn’t limit himself to just one woman. The relationship was long riddled with affairs, and Mamie grew tired of Ralph’s smoking, drinking, cursing, and gambling. In 1914, Ralph obtained a гоos’s health certificate and legally married his lover, Dorothy Kleinowski. When Mamie found out, she went straight to the police and outed Ralph as a “cross-dressed.”

The sensational story of the “Girl-Man of Milwaukee” made international news headlines for weeks. Milwaukee was no stranger to gender non-conforming pioneers; in fact, court reporters reflected on the strange case of Frank Blunt only 21 years prior. The resulting trial could have written the last chapter in the life of Ralph Kerwineo. But something curious happened: The public began to sympathize with the wayward womanizer—even rallying to his defense. It’s not just an historical piece, it’s a living piece. So many parts of Ralph’s story are still around us today. That’s why it feels important to bring to the stage—theirs, and Ralph’s story. Milwaukee was no different. The question becomes, how did people who were gender non-conforming fit in? What did the intersection of racial, sexual, and gender identities mean in Ralph’s era? How did being biracial affect Ralph’s overall place in society? There’s also an alternate, oft-overlooked narrative of people who were non-gender conforming who lived in rural areas. How did those people adapt (or not adapt) to their communities, and what do their experiences tell us about Ralph? The short answer is that these experiences are still happening. People are still navigating the same challenges today. And that’s why it’s important that Ralph’s story is told.

The inception was really my friend Matt Prigge’s story about Ralph for the LGBTQ History Project. Matt gave his research materials for Ralph’s life experience. I had the same reaction: this is a sine more truth than fiction, this is a sincere retelling of history. We have a great cast, and it’s diverse in terms of race and queerness, which is extremely exciting to us. It’s also especially important in telling our story. After putting ways with the original director due to creative differences, the production moved forward in an unorthodox way: The cast largely directed themselves, conducting rehearsals on their own with occasional input from the writer. This method provided greater opportunity for a spectrum of racial representation and queer representation, allowing the performers to contribute their diverse voices and experiences through a unique, collaborative process.

What did the intersection of racial, sexual, and gender identities mean in Ralph’s era? How did being biracial affect Ralph’s overall place in society?

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Alternative avenues are important and have always been important. “Don’t Say Gay” legislation is demonizing LGBTQ youth—who are politically powerless—just to rile up the conservative base. I have to wonder how schools will cope with this pressure over time. The cast largely directed themselves, conducting rehearsals on their own with occasional input from the writer. This method provided greater opportunity for a spectrum of racial representation and queer representation, allowing the performers to contribute their diverse voices and experiences through a unique, collaborative process.

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The story really told itself. It was incredibly satisfying to see it come to life. 1

Michael Takach is a historian, author, reporter, and communications professional. He earned his master’s in communications and history at U.W.-Milwaukee. As a 19th-generation Milwaukeean, he supported various nonprofit organizations over the past two decades, including Historic Milwaukee, the Milwaukee County Historical Society, the Walker’s Point Association, and Milwaukee Pride. Michael is currently curator of the Milwaukee LGBTQ History Project, a not-for-profit dedicated to connecting local LGBTQ people with Milwaukee’s hidden history and heritage. We were so proud to bring people to Inspiration Studios. We could not be more grateful that we had this space. Erico Ortiz, owner and manager, was instrumental to the project. We brought something to West Allis that you won’t see in many suburbs. Inspiration is very embodied in creating an experience: It’s not just show-in/show-out. They’ve built a community around this beautiful and multifaceted space.

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ARTS & ENTERTAINMENT

Celebrating a Trans Pioneer

Ralph Kerwineo and the Refining Influence of Skirts tells the historic figure’s notorious story to new audiences. **WHAT CAN YOU TELL US ABOUT YOUR CAST?**

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HISTORIANS ASIDE, FEW PEOPLE IN MILWAUKEE HAVE EVER HEARD OFRALPH KERWINEO. WHAT INSPIRED YOUR PRODUCTION?

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WHAT DO YOU HOPE AUDIENCES WILL LEARN FROM RALPH’S LIFE EXPERIENCE?

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WHAT CAN YOU TELL US ABOUT YOUR CAST?

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I HAVE ALWAYS BEEN musically inclined. Even as a small child I had a passion for singing and a knack for writing. When I write songs, I pull from raw emotions, some of which are brought up by childhood trauma. I acquired PTSD at the age of eight after experiencing a tragic event that caused me and my family to uproot our whole lives and move to Wisconsin. I was too scared to tell people how I was really feeling. On top of that, I was dealing with new feelings; I was developing crushes on boys. I was beginning to realize that I was gay, and I was in denial.

FACING THE TRUTH

I had read enough books, and seen enough movies, to know the kinds of prejudice and bias held against the LGBTQ+ community (and I held some of my own). I stayed in denial until 6th grade when I was forced to face my first undeniable crush. This was the moment when I realized there was no way I could keep denying it, I was gay, and it scared me. The next year, I finally got the courage to come out to my friends. After this, I slowly began to come out to a few more, then to the whole population of my middle school. By the time I started high school, I had already been openly gay for a year and a half. When I got here though, I was, and still am, one of a few openly gay, male-presenting kids at my school. I am constantly worried people are staring at me, worried about being harassed and bullied, and worried that people are constantly talking about me behind my back. I had to navigate coming out with no one to look up to, no one to answer my questions, and no one who is like me. I was on my own, and in a way, I still am.

ACTIVISM THROUGH SCHOOL

When I was asked by Sherie Hohs from GSAFE about presenting at a rally to get greater queer-inclusivity and representation into our school district, I was all but jumping at the opportunity to make my voice heard. When I gave my speech, it was pouring rain, but that didn’t matter to me, because it meant the world for me to get the opportunity to share my story and perspective. That day, I had my first experience in public speaking. In the crowd were school board members, most notable being Ali Muldrow, one of my teachers and role models. Later, I was invited to join Foundations of Leadership, an advocacy class she runs after school on Mondays, that focuses on the stories of queer youth, youth of color, and other marginalized groups.

PATCH PROGRAM

Shortly after I gave my speech, I was invited to apply for the PATCH Program (Providers And Teens Communicating for Health), a non-profit organization whose goal is to empower adolescent youth to take control over their health care. I am a youth advocate working virtually with others across the state. We have presenters who share about the work they do in the healthcare field, and we also work through a rigorous seven-part curriculum where we discover what advocacy topics we are passionate about. Last year, I chose to focus on changing the sexual education curriculum in MMSD to be more queer-inclusive, because the sex ed I received was not helpful for me. This is an endeavor that I have decided to continue to pursue over the next nine months. I don’t yet know what a comprehensive, queer-inclusive sex ed curriculum looks like but I know that I want to make it a reality, so that people have the information that is actually useful for them. PATCH has introduced me to a whole new family, full of mentors, friends, and loved ones.

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LGBT elders who choose to use health care services from Agrace can feel confident knowing our local, nonprofit agency has earned SAGECare Platinum Certification for 2022. That award means at least 80 percent of Agrace’s staff have completed cultural competence training about the needs and concerns of the LGBTQ community.

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Diversity, Equity & Inclusion are priorities at Agrace

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Losing your life partner to death can be devastating. Agrace provides support from a trained counselor and others who understand the emotional nature of this loss in our Spouse/Partner loss grief support groups. Contact griefsupport@agrace.org to express your interest in a future group.
THE DREAM OF A BETTER, MORE INCLUSIVE TOMORROW STARTS FROM WITHIN.

While we are proud of this achievement, we also recognize that there is so much more to be done to address the systemic inequities that affect the LGBTQ+ community every day:

- **13.5%** of LGBTQ+ respondents lived in a household that experienced food insecurity compared to 7.4% of non-LGBTQ+ respondents.*
- **Nearly a quarter (21.6%)** of LGBTQ+ respondents reported the loss of employment income in their household compared to 16% of non-LGBTQ+ respondents.*
- **36.6%** of LGBTQ+ adults lived in a household that had difficulty paying for usual household expenses in the previous seven days, compared to 26.1% of non-LGBTQ+ adults.*

In 2022, the American Family Insurance Dreams Foundation, along with American Family’s LGBTQQA Business Resource Group, proudly supported Gay For Good, The Trevor Project and OutReach LGBTQ+ Community Center.

Our mission is to inspire, protect and restore the fearless dreams your family is pursuing. That’s why for LGBT History Month, and every month, we’re proud to support and celebrate all families — at home, in the workplace and in our communities.

*US Census Bureau, Household Pulse Survey, July 21, 2021 - September 13, 2021

For resources on allyship or to learn more about the Human Rights Campaign Equality Index, please visit [www.hrc.org](http://www.hrc.org).