

Alison: Hello, I'm Alison Terpenning.

Jodi: And my name's Jodi Asphall.

Alison: And we're your hosts for 2SLGBTQ Health in Focus, a podcast from Rainbow Health, Ontario, where we talk to experts about health, healthcare systems, and 2SLGBTQ folks. This episode is the second part of our exploration on the climate of hate that we're seeing grow across Canada and how it impacts 2SLGBTQ health.

[Theme song: Two Spirited by Ziibiwan plays]

Alison: Last episode, we dove into what was happening and gave some context for why it matters for service providers.

Jodi: Now that you know what's going on, we want to share some tools and advice for addressing anti-2SLGBTQ hate. One of those tools is the anti-trans-harassment toolkit from RHO that you can find on the show notes page at rainbowhealthontario.ca/podcast

To kick things off, we're going to hear from two familiar voices from our last episode, advocate Fae Johnstone and RHO clinical educator Juan-Sebastian Ortiz. Their conversation on the climate of hate turned towards Fae's own personal experiences.

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Juan: Speaking as someone who follows your work, I've seen that you've been a target of explicit and violent transphobia. Are there steps that you take in your personal life to keep yourself safe?

Fae: Unfortunately, yes. I still remember, I've been in this space for a while. Now I am still a young-ish human, but I started doing queer and trans advocacy in Ottawa in a national and public way when I was 18 years old.

For the first seven years, I didn't have to worry about doing that work in a public way. In the last year in particular, but more broadly over the last two or three years, the climate has shifted radically and the opposition has a new fixation of targeting individuals. That for me has led to death threats. It has led to having information about my family shared publicly, my deadname being aired in videos by far-right bloggers, pre-transition, early transition photos, folks digging into my spouse, and I had to have security guards who followed me everywhere that I went for six days straight earlier this year. I have definitely had to take steps.

That includes being mindful of what I'm putting on social media, of what information is available in the public eye about myself.

Biggest mistake that I made is--I'm a fairly new homeowner, I posted a picture of my home when I bought it two years ago and that was up on my Instagram when the hatemongers came for me.

The steps that I generally have taken have been to have really firm rules with those around me, around my use of social media. I am the first to say do not read the comments. I'm also the first to admit that most of us will nonetheless read the comments. But when it gets bad, you need to have someone who takes your phone away. You need to have a protocol around when to shut it down and step away, because it will hurt you in a different way than you expect.

It's like a weight that you can't shrug off when you know there's stuff being said about you and you don't know what it is. I think that's a little bit of the steps that I've taken. I'm a lot more careful around public events and in-person events. But the other piece that I would want to make sure folks understand is that you can't assess your own risk quite carefully and that allows you to gauge what kinds of engagements or what kind of role you want to take in this kind of work.

And for most of us, the risk is quite minimal. For most of us, there is so much space and a desperate in fact need for more voices. And I worry that, again, their agenda is to make us scared and to exaggerate the degree of risk that is out there to deter folks from speaking out in the first place.

And so we have to take those steps. Be mindful of what your social media history looks like. Be mindful of what information is available about you. Be mindful of what they could take and spin controversy around. But in most contexts, your voice is both needed and is safe to be expressed in a public or private space without a significant risk of reprisal.

Juan: That's right. That's such an important reminder. And I'm thinking back to what you were saying at the beginning that a lot of this is backlash to our success. So we've been through this before, right? And we've built these solidarity networks. And yeah, we have been successful in advancing material improvements for our communities and now we can do it again. We can continue to lean on each other and the opposition does exaggerate their volume, their impact. But we know that we do have each other and again, we can continue to be successful in advancing equity.

Fae: We're not alone in it. And that's one of the best parts. When I've been targeted, I think it's been a wake-up call for many, but it's also folks step forward to support. And that happens on a local level as well. And so, there are so many folks who will back you up.

And the best thing about the far right is that they don't have a good attention span. And so in most situations, I've had a different kind of target paint on my back because I keep popping up and I keep being vocal in this space. But for many of us, if we do inadvertently get targeted by some far right group or some homophobic transphobe, it'll be a period of 36 hours, 24+12, a day and a half. And then the world will move on because they're just looking for any opportunity to stomp on us.

And they'll move on after they've taken up the opportunity that they have. I think my biggest summary here really is, there is, I don't want to minimize the fear or the worry that you might have as a physician or a provider, but I also want to make sure we don't exaggerate it. We are able to take steps to protect ourselves to maintain our privacy and our security.

And the risk is much lower than they anticipate or than they would like to have us believe. We need to lean in now more than ever. We need more trans voices and we need more physician voices, more healthcare providers speaking out. And even in their local context, like this doesn't mean you need to go on CBC national news and ramble about gender affirming care. What we need is for you to be the ambassador in your own clinic space and with other providers because we need those folks to lean in because their agenda right now is trying to scare physicians ultimately to deny trans people access to literally life saving care. And we know that with less providers, we'll have higher wait lists. We know that higher wait lists and being stuck on a wait list is a critical time where mental health of trans and gender diverse folks takes a curve downwards because they're on the precipice of accessing care, but might have to wait a few years to get it.

And so their agenda ultimately leads to higher suicidality and poor mental health in trans communities. And that's why we need you as providers, as physicians to stay in this space with us and to be those life-saving providers that we know you are and can continue to be.

Juan: Say, is there anything else you'd like to add?

Fae: I would just emphasize at the end of the day, what we are fighting for is a freer, more equal future for everyone in our communities. This is about giving everyone the freedom to be themselves, to be treated with dignity and safe in their communities. This is about creating healthcare systems that allow all of us to thrive. I don't pretend to know every element of gender-affirming care.

And I don't imagine, you know, there are nuances and areas we still need to figure out. But at the end of the day, this healthcare saves lives. And when there are areas that we need to unpack or find nuance within, we can't do that in a poisoned social and political environment. And that's why physicians and healthcare providers' voices backing up and speaking out for gender affirming care, which is evidence-based, medically necessary in

life saving care, is more important now than ever. Because it's more than just our healthcare at risk here. It is the principles of how we function as a society and how we help everyone in our communities be the healthiest and the happiest people they can possibly be. And that's really what all of this movement and all of this future we're fighting for is really about. Perfect.

Juan: Thank you so much, Faye. I hope that everyone listening takes that to heart and continues to be those ambassadors or starts to be those ambassadors in their communities for this life-saving work. It's been a pleasure talking to you.

Fae: Thank you so much. This has been a great conversation. And thank you again, RHO, for all that you all do for our communities.

[Podcast transition bumper plays]

Alison: Our thanks to Fae Johnstone for joining us and sharing her experience.

Jodi: I really appreciated Fae's notes that it's not just healthcare at risk here. This is a big part of it, but we all have a role in countering misinformation.

Alison: Jodi, you know that I'm a bit of a communications nerd. I like thinking about messaging and how we can be effective in how we share our stories. In our next segment, I had the great pleasure of speaking with Kathryn LeBlanc, a fellow communications professional about how we can effectively use messaging in both one-on-one and in larger advocacy roles.

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Alison: Kathryn, can you tell us a bit about yourself and your work?

Kathryn: Absolutely. So I work in non-profit communications, specifically within a social change space, always trying to help communities and organizations make the change that they want to see in the world. And sometimes communications can be a real accelerated for that. I came out of a background working in non-profits, progressive politics, and then opening my own consultancy. And I have the pleasure of working with great people doing great work every day.

Alison: That's fantastic. So today we're talking about the ways that trans and non-binary people have increasingly become targets for hate and how gender affirming care is subject to a lot of misinformation. In your work as a communicator, what have you learned about how to counter hate and change minds?

Kathryn: The approach that I bring to communications stems from communications research, not just stuff that we completely pulled out of nowhere. It's based on research

coming from focus groups and polling on what can persuade people on important issues related to, for example, human rights and trans rights. What's come out of extensive communications research has shown that leading with values, rather than stats or yelling at people or anything else, leading with shared universal values is the most important tactic that you can use to change hearts and minds. Whether you're speaking to someone one-on-one, whether you're in your personal life or whether you're building a campaign, to lead with shared values, saying, for example, everyone deserves the right to have a safe and stable place to call home, rather than a stat or yelling at your opposition and telling them why they're wrong. That shared values element, really leading with it, putting it first in your messaging and centering it in your messaging, has been proven to be the most effective. At a human level, it helps override the fight or flight instinct that comes when people are presented with information that they don't agree with, when they're presented with information that maybe doesn't jive with hate or bigotry or whatever type of media environment they're seeing online.

To counter that, moving with shared values does a big difference. Secondly, I'd say a couple rapid-fire other tips here are to be concise and to have messages that get repeated over and over again, building in reputation. It's a famous communications researcher and strategist from the US called Anat Shenker-Osorio, whose research I often work. She'll talk about building your choir. With a choir, everyone is singing in unison when they're trying to build momentum for a cause. They're not just saying 10 different things, 100 different things, 1,000 different things, yelling at each other or talking over each other. They're speaking and singing in unison and getting louder and louder and more persuasive with every repetition of their song. You have to get everyone to sing from the same songbook. What that means is building cohesion and amplification in our movements. Those would be some of the biggest tips I'd bring to you today as a communicator.

Alison: That makes so much sense. I think that when I'm hearing you speak, can you share an example of something that's not really working? Yes.

Kathryn: Another tip to highlight is how you need to build your own message. When you are building a groundswell of support for trans communities at this type of flashpoint time in rising hate, it's not enough to be reactive. It's not a game of whack-a-mole wherein you let the far right anti-trans opposition drive the narrative, pick what kind of conversation you're going to have, and then run after them to squash whatever type of argument or hate incident or unfortunate situation has arose of the day. You have to be strategic. Build your own messaging that is persuasive.

Build in consistency with people repeating that and make sure that you're driving the conversation with your message. To give you an example of this, say if there was a and I'm

going to give some unfortunate triggering language here. Say if there was a media story about how someone was walking around your town with a sign saying that trans people are groomers. Say there was a protest that was very hateful and bigoted.

The way to respond to that is not by saying trans people are not groomers. You shouldn't amplify the bad thing. You shouldn't give the bad thing airtime by amplifying it. Even when you are reacting, you should still be reacting in a way where you are in the driver's seat, steering the conversation, echoing your own messaging, building more and more momentum for your cause.

They say the expression of not playing in someone else's sandbox. When it's us, when it's trans communities, when it's people supporting human rights in Canada and across the world versus people who are causing immense amount of hate and bigotry, we don't want to play on their terms. We don't want to accept their terms.

We can't afford to accept their terms. We need to be amplifying things that show strength-based messaging on the incredible resilience and brilliance and work of trans communities and how healthy and happy you can be when you're affirmed and living your true authentic self. In fact, some of the messaging comes out as being your true and authentic self. Never, ever should you be allowing the bigots to drive the conversation.

Alison: That is something that really drew me to your work specifically, was talking about how we don't need to reiterate these bad terms in this awful framing that the bigots are using. I think for a while as a fellow communicator, I was stuck in this place of hearing these awful things and then trying to figure out how to respond because putting our hands on our hips and saying we're not groomers is not effective. It gives airtime to a completely ludicrous idea. We just don't play on those terms is really important.

Kathryn: Research has shown that if you respond to something bad by talking about the bad thing in great detail, using your opposition's terms, it persuades people in the opposite direction. To give another type of example from conversations and movements around the rights of newcomers, picking in a North American context, but largely in the States, think about how often you would hear the term illegal alien in the media. When people were responding to incidences that involved the word illegal alien, progressives who were trying to build rights and fight for the rights of newcomer communities and asylum seekers in the US, they weren't slipping in that bad language on a legal alien into their messaging, they were driving their own narrative, driving their own conversation and doing it in a way that builds in dignity and respect because the language that we're using shapes how our audience actually views an issue. Our language can shape reality and that's how I would

call like framing in a campaign and how it can either help empower or dramatically disrespect certain communities.

Alison: Kathryn, what kind of communication strategies can health care providers use both in patient care and in advocacy that they may take on?

Kathryn: Yeah, so to touch briefly on the patient care side, definitely that's not an area where I'm an expert but I would give two quick tips there and it's to look to queer and trans experts like Rainbow Health Ontario and peers within the sector for that type of messaging and guidance. The second quick tip there I definitely say within a patient context is definitely going to be empathy.

We know in interpersonal communication, we know in organizational communication things that's not advocacy, but could be a patient talking to a doctor, that treating people with respect and grounding things in shared values goes a long way.

Alison: So are there any other takeaways that you want to share with healthcare providers when it comes to combating hate?

Kathryn: I would say for queer and trans doctors, health care providers, nurses, staff themselves, navigating these types of issues to find community with your peers. And then I'd say that when you're giving advice to your patients also thinking about the value, the healing, transformative power that can come from community and how it can uplift, how it can help us when systems and society and narratives have really failed community. And I think that with this instance of the crisis of rising hate, it's certainly a time to turn to community.

Alison: Kathryn, thanks for joining us today.

Kathryn: Thanks for having me.

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Alison: Kathryn's communications consulting firm, Leblanc & Co, worked alongside Egale Canada, Momentum and the Canadian Centre for Gender and Sexual Diversity on a fantastic messaging guide called *We Will Win*, Campaign Messaging and Support of Trans Youth. You'll find links to this and more resources in our show notes page at rainbowhealthontario.ca/podcast

After hearing Faye and Catherine talk, as well as the story from Raphael and Kevin in our last episode about disinformation on social media, it really got me thinking about another important aspect to all of this, online safety. It's so overlooked.

Jodi: You're absolutely right in saying that, Allison. In fact, it really is a shame that this is overlooked when speaking about online safety, considering how in this age so much of the healthcare system runs digitally and relies on a virtual network.

Alison: To learn more about online safety, Rie Corsome checked in with a cybersecurity expert and got some great tips.

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Rie: Hi, everyone. My name is Rie Corsome. I'm a clinical health educator at Rainbow Health Ontario. Glad to be here. And today we are joined by Laura. Please introduce yourself. Tell us all about you.

Laura: Thanks. Yeah, my name is Laura Graves. I did my master's focused on machine learning security. And since finishing school, I've worked as a machine learning engineer in cybersecurity. So I do a lot of development of methods to try and detect malicious activity over networks, whether that's endpoint detection to see if a site might be phishing or a malware call home point or something like that, or analyzing user behavior, analyzing large scale security patterns to see if we can detect anything kind of particularly high risk and stuff like that.

Rie: Is there anything that makes healthcare providers or institutions particularly vulnerable to cyberattacks?

Laura: So I think there's a couple of things worth mentioning. One I think health care providers that deal with anything potentially controversial. Over the past little while we see that with providers doing vaccinations. We see that with providers that do queer healthcare, we see that with abortion services and stuff like that. In the political climate, those can be a target for attacks more than others.

So health care providers that deal with those areas, as well as health care providers in the general sense, need to be aware of how they could be potentially exposing themselves and their patients to these kind of threats. In terms of how those threats happen, a lot of health care providers are too small, except hospitals, and stuff like this are too small to have kind of dedicated security teams or the resources to do the kind of protection for the sophisticated attacks that we see a lot of the time. When you have a small staff, people can't be expected to be experts in something that they're not meant to be experts in. So we see that a lot of healthcare providers are very experienced at protecting patient confidentiality and privacy and things like that.

But that doesn't necessarily mean that they're experts in security. So something that, yeah, that's something that we need to be aware of is that there are those vulnerabilities

combined with the targeting. So a few things that we see, I think pretty often in health care, is stuff like out-of-date technology and unpatched systems.

We have a lot of software in the healthcare world that runs on older technology, some unsupported versions of Windows and stuff like that that make it vulnerable to kind of very specific attacks. And then the exposure can make them more likely to be the target of phishing attacks and stuff like that to try and get confidential patient records or stuff like that. So I think a lot of the things that make healthcare providers so good at their job, which is that they want to help people, that they're trusting, that they take people for what they're saying and get them the care they need, are also properties that can be exploited by people that want to take advantage of that. And I think you see that in areas like patient confidentiality where you see relatives or exes or something like that calling in and saying, you know, "Oh, I'm so and so I need their information" or trying to, you know, get that through other means.

And those properties can also be exploited in terms of cybersecurity. So if you have someone calling in and saying, you know, like, "Hey, I'm from OHIP and we're conducting a cybersecurity audit and we need access to your machines or we need your passwords to make sure that they're suitable." That instinct of, "Oh, of course, I want to be helpful."

I want to be, you know, a useful person in this context can be exploited in and people do. Social engineering is a huge part of the kind of attacks that people see all the time.

Rie: What are some ways service providers can keep themselves and their practices safe online?

Laura: I think something that's really useful in this kind of environment for anyone who has that kind of exposure, whether that's clinics that advertise that they do gender-affirming care or anything else that could potentially draw attention is to make sure to draw a clear delineation between your professional world and your personal world. So that means your website needs to have contact information for the clinic, how they can get in contact, how they can access these services, but it should not contain information about your clinic staff.

It should not contain information about personal lives or anything like that. And I think that's fairly natural in most cases to keep those kind of things separate. But there's a few areas that I think make it really more important here. And those are things such as maintaining separate accounts for your email, for your personal life and for your work life. Even if you're a doctor or someone running a clinic where you go on a personal basis as part of your career, it can be helpful to have a personal account and a work account to maintain that clear separation. And that clear separation extends to staff and it extends to

technology. So we want to keep our personal life personal, which means, you know, not hashtagging selfies with the clinic that we're working in and potentially having documents or floor plan, any kind of information like that being visible.

But that also means keeping your work life work, which means that if you have work computers, keeping them specifically for work, not logging into your social media, not logging into or installing programs that are maybe outside the realm of work or anything like that. The more that you have stuff like that on your systems, the more attack vectors there are, the more potential areas for compromise and stuff like that. So that separation should extend, you know, through your clinic's presence online. It should extend through your staff usage, through your staff computers, kind of all the way down to the ground. That separation between this is our work life and this is our personal life and the less interference between the two, the safer everyone is.

Rie: No, that's very smart, like, yeah, keeping two separate accounts.

Laura: And this is so common for everyone, you know, you have a break, so you check your email and your work computer or something like that. But that increases the potential consequences of falling for a phishing attack or something like that. One thing that we see extremely commonly is targeting specific vulnerable areas with targeted kind of scams like this. And sometimes that looks like phishing, sometimes that looks like scam calls.

If you were going to attack a health care provider, one of the easiest ways to do that would be to claim that you're someone authoritative, someone that they can trust, but someone that they need to work with. In a general sense, you should be really skeptical of anything that tries to take you out of your system and provide information to someone else. So anytime you get an email that tells you please log into this webpage or something like that, that's something that's worth double checking.

Rie: You want to do your due diligence and ultimately keep yourself safe. So constantly asking questions of who they are, verifying their identity, their place of work, it's all to mitigate such hacks or such vulnerabilities with especially cybersecurity. If a health care provider finds themselves a target of online hate, how can they protect themselves?

Laura: So in this kind of scenario where you've attracted some online attention and you started to become the target of maybe some hate, some harassment, I think the most important things you can do is to immediately kind of reduce the footprint that you're dealing with.

A lot of people will take the kind of like path of least resistance even when that comes to things like online harassment. So it can be as simple as adding a contact form so that they

can submit and you get the responses from the form instead of exposing your email addresses or your phone number. It can look like things like limiting the access to your website to people within the region, using tools like GO.I.P. and provider locations. Anything that makes it less easy for someone to harass you is something that's going to reduce that harassment in a pretty significant way. And I think the crucial thing that stuff like online forms and stuff preserve is that the people who need it can still access it.

So the people who are trying to get gender-affirming care from your clinic, for example, are still able to use that form, give a callback number, give their information, and contact you where the people who want to send you unsavory things just have a form response that you can hopefully easier ignore than a phone call or something like that.

Rie: If a provider has fallen for a phishing email or their account has been hacked or the website has been hacked, what should their immediate steps be?

Laura: So the first thing you want to do immediately is kind of lock everything down, change all your passwords, use unique passwords for everything, whether that involves using a password manager that you handle on a separate device or something like that. You need to make sure that if they have access to a system, they lose access to that system. Another thing that is really, really crucial, kind of all the time, but especially in this kind of post-compromised scenario, is multi-factor authentication is so crucial these days.

It's so easy to compromise an account in one vector, but having access to multiple devices just adds a huge layer of difficulty for anyone attacking it. So if you have been compromised, make sure you get all those passwords changed, install multi-factor authentication as soon as you can, and then you can start the remediation such as finding out what information they got access to, finding out how they got access to that information. And that may be as simple as, you know, oh, I know I clicked through a phishing link that I shouldn't have, maybe it's something more sophisticated. There's all sorts of ways that access can be granted to systems that they're not supposed to, but yeah, lock everything down, and then you can start the triage and remediation steps. Talking about these things, we're not just talking about, you know, keeping your computer safe and keeping your password safe. When we're dealing with healthcare, we're talking about patient safety, especially when we're dealing with vulnerable communities and stuff like gender-affirming care where the consequences of a security violation can be catastrophic.

Rie: That's a great, great quote. It is, it's very much about patient safety, equally if not more than the practitioner, right? Their identity, everything about them, their health records is very important and should be safeguarded.

Thank you again, Laura, for being here. I appreciate you being here and taking the time out of your day to be with us and talking to us about cybersecurity. Honestly, you've added to my ongoing learning about cybersecurity, phishing, and hacking. These are all great tips, and I will do my best to practice them.

Laura: Oh, thank you so much for having me. Yeah, security is so important, especially as political climate gets more volatile and healthcare gets more targeted.

[Podcast transition bumper plays]

Alison: And that's our show. Thanks to all of our listeners and everyone at RHO and Sherbourne for their support. A special shout out to Al Donato for all of their incredible work on this podcast.

Jodi: And I also want to take this time to thank all the providers who are already on the ground doing this work, providing affirming care to 2S LGBTQ folks. We see you, we appreciate you. And we're hoping if you haven't started providing this care as of yet that we at least offered you some resources and encouragement to get started.

Alison: That's such a beautiful note, Jodi. And I want to do one more thank you. I want to thank you, Jodi, for hosting this with me. I've had so much fun.

Jodi: It's been such a pleasure, Alison. I also enjoyed my time doing this podcast with you.

Alison: We opened this season with a land acknowledgement, and we'd like to close it with an echo of the community's healthcare providers. It calls on those of us who can affect change within the Canadian healthcare system to recognize the value of Indigenous healing practices and using them in treatment of Indigenous patients in collaboration with Indigenous healers and elders, where requested by Indigenous patients. To learn more about the commission's 94 calls to action, the report can be read on nctr.ca/records/reports. We'll also include a link at rainbowhealthontario.ca/podcast

Thanks, everybody.

[Outro music plays]

Alison: This episode was reported by Juan-Sebastian Ortiz, Alison Terpenning, and Rie Corsome. Production support provided by Kattie Laur, as well as Talkback Studios and Pop Up Podcasting.

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2SLGBTQ Health in Focus is hosted by me, Alison Terpenning, and Jodi Asphall. The show is executive produced by Alison Terpenning and produced by Al Donato. Audio engineering by Carlay Ream-Neal.

For a transcript of this episode, as well as resources and more information about our guests, please visit rainbowhealthontario.ca/podcast

Be sure to check out Rainbow Health Ontario's anti-trans harassment toolkit with more useful tips and suggestions. You'll find links to this on our show notes page. Visit rainbowhealthontario.ca/podcast for this and more resources.