TRANSCRIPT
Gabe Miller: Understanding representation in methodology and the effects of policies on people of color and LGBTQ+ people

00:00:00-00:00:20
INTRO
Welcome to Partners for Advancing Health Equity, a podcast bringing together people working on the forefront of addressing issues of health justice. Here, we create a space for in -depth conversations about what it will take to create the conditions that allow all people to live their healthiest life possible.

00:00:32-00:01:30
CARYN
Hello and welcome to the partners for advancing Health Equity Podcasts. I'm your host, Caryn Bell, Associate, Director for Partners for advancing Health Equity and Assistant Professor at the Tulane University School of Public Health and Tropical Medicine.

I'm excited to introduce today's guest, Gabe Miller. Dr. Miller is an assistant professor of Sociology at the University of Alabama at Birmingham and Associate Director of the Deep South Initiative for advancing Sexual and Gender Minority Health.

His work focuses on political and policy, determinants of health, population, health, inequity, and intersectionality, and ask broad questions of community. Wellbeing and health.

I wanted to ask. You know we give these introductions. This is your official titles and everything. But if you could describe in your own words your work and sort of who you are.

00:01:32- 00:02:55
GABE
Gabe Miller: yeah, for sure. So so I'm I'm a medical sociologist. By by training. And my research really centers kind of on the understanding that racism, homophobia, and transphobia diminish the health of people of color as well as as LGBT people or sexual engineer minorities through through lots of different mechanisms. So through, you know, structural mechanisms of inequity through discrimination, through stigmatization.

Through minority stress as well. And and as you mentioned, II really have kind of 3 main lines of research, so that that first one political and policy, determinant of sexual and gender minority health are is is in a a line of research where I really kind of investigate the effect that political and policy factors have on both aggregate health outcomes. As well as individual health outcomes. That second line of work which is is really focused on population, health, inequity, and intersectionality. I really focus and in and investigate how forms of inequity such as racism and homophobia can create, create these disparate population health outcomes and often intersect with one another, right? So so racism and homophobia intersect to create, disparate outcomes versus racism or or homophobia acting alone.

And then that that third kind of line of work where I really look at broad questions of community well-being and help to try to under understand in in a better way how specific types of social support or social interactions really affect health.

00:02:56-00:03:03

CARYN
So can you share a little bit about your work on race and immigrants, and sort of how you got started doing that work.

00:03:04- 00:05:06
GABE
Yeah. So so I you know, I think the kind of the foundational training for how I approach this work really started in grad school. When I read white Logic, white methods. And and you know, in this book they really take to task. Not only how social scientists have treated race as kind of a causal variable but also has like how? How science broadly has treated race in in a causal way. And so you know, because of that foundation.

You know, in in all the work that that I do, and and that my collaborators and I, do we? We really try to frame our work as as not relying on that white Logic wide methods of of suggesting that race is causal, or that immigrant status is causal, right that, like that, someone's race itself is causing the health outcomes that we observe.

And so, you know, for and one example of this work is is the work that we've done with black immigrants using the the racial context hypothesis, which was was created by Rita Emerson in in 2,005. And kind of the crux of of the argument of the racial context hypothesis argument is that the the racial context of origin of black immigrants is kind of the allowing us to better understand how the how, how racism as a mechanism is resulting in different patterns of of health outcomes that we see among black immigrants in the United States.

And so the crux of the the hypothesis argues that black immigrants coming from predominantly white context of origin. So, for example, black immigrants from Europe. Will have similar health outcomes as black Americans born in the United States, which is also a predominantly white racial context, of origin or a racial context. So, and then in in in comparison, black immigrants coming from predominantly black context of origin. So, for example, app, you know, countries in Africa, should have the best health outcomes, and those coming from racially mixed contexts, like the Caribbean or Mexico would would be kind of in between.

00:05:08-00:05:23
CARYN
You also do some work on race and sexual orientation and neighborhood, and how they intersect and just thinking about that type of work. Could you share? Some some findings that you have from that?

00:05:25-00:07:50
GABE
Yeah. So you know, similar to to what I just mentioned about? You know the the black immigrant kind of paradox work that that we've been doing? We we take the same approach here right and and don't suggest that race is causing health outcomes, or that sexual orientation is is causing these things.

But instead, we kind of conceptualize these things as, as you know, categories that that are markers that we use to identify people that are at risk for exposure to racism or homophobia or biphobia, or the intersection of racism and and homophobia and so in in one particular paper, we look at the the association between neighborhood cohesion and psychological distress along race ethnicity and sexual orientation. And so we take a cross categorization. Intersectionality approach and and we you know, classify folks as, as, for example, non, lgb, white, lgb, white, non, lgb, black, lgb, black, and so on. Right?

And so we're we're we're creating these categories that we then use as markers for exposure to races on our homophobia and their intersections right? And and what we find is that that can, you know, just using that as a predictor for for psychological distress, for mental health.

We see that people of color, and especially LGB, people of color, are at greater risk of of meeting the criteria for severe psychological distress. But then, when we throw in neighborhood cohesion, what we see is that the protective nature of neighborhood cohesion does not provide the same protections based on those classifications. And so I'd have to look up the the article because I can't remember off the top of my head. But but you know.

LGB whites, I think, get benefit the most from neighborhood cohesion compared to some of the other kind of cross categorizations of race and and sexual orientation. And so again, you know, we're, we're again not suggesting that. You know that race or sexual orientation itself is causing psychological distress.

But we're adding in this this piece on neighborhood cohesion to try to understand as as kind of neighborhood cohesion as an intervention on on psychological distress. Will it have the same outcome across groups? And what we see is that it doesn't.

00:07:52-00:09:05
CARYN:
Wow, wow! I think that that work is clearly important, but it demonstrates what you were saying as well. That really is the exposure to racism and homophobia biphobia that matters just like in your work on black immigrants is the exposure to racism in a structural systemic level, the way in which is baked in into societies. That's what matters for our health.

Another thing that you do, which I really love is work on social policy, and all of your work demonstrates how that is so important to our health. Could you describe, how that work is different from a traditional public health? Approach to health? I think for me, what is coming up is that you're doing things differently. You're thinking differently about race and sexual orientation, and even immigrant status. And I think you're also thinking differently about social policy. So can you talk about how your approach to this work is different than traditional public health.

00:09:06-00:13:26
GABE
Yeah, yeah. So so I think just a quick background on you know, on on the work itself. So so a lot of what I do in in this area is looking at the effect that state level, LGBT related policies have on on again, aggregate and and individual help. And so you know, state policy environment obviously doesn't happen in a vacuum and and can range from like a very restrictive environment like Alabama, where I live. To a, you know, a very protective environment like New York or California. And so what I've done is, I've I've created kind of a measure of policy, environment, of LGBT policy environment at the state level. And then I use that I use that measure to predict various health outcomes. And so some of the work I've I've looked at aggregate. HIV-AIDS outcomes at the state level. And so what I see is that or what I find is that states that have more protective policy. Environments have better HIV-AIDS outcomes, so have lower incidence rates have better kind of connection of of care for people living with HIV-AIDS have have lower mortality rates and so on.

And so the the policy environment, right is is what I'm I'm conceptualizing is as really a structural determinant here. And then, you know, I've done some similar work with individual health outcomes, looking at how state level policy environment is associated with individual health. From from different

mental health outcomes to chronic conditions, to cardiovascular health, and so on. And and so you know, I think the way that, that I started to kind of conceptualize this work differently. Happened from a conversation that I was having with one of my mentors, where she called me an interventionist, and I was like, “Wait a minute. I don't do intervention research like I'm not an interventionist. I'm not trained in that like I don't know that I can call myself that”. And she said, well, gave all of the work that you do has like an intervention interpretation.

Right? So if you think about you know even the the previous stuff that we were talking about with neighborhood cohesion, right neighborhood? Could. Cohesion could be an intervention right like, am I going into the communities and creating neighborhood cohesion and kind of the the traditional like intervention way? No, but the the research suggests that, like that could be an intervention that might have a have an outcome. I think the same thing is is true with with the way that we think about policy and policy environment.

And so policy. Right is a structural intervention in this regard. And it can be a protective intervention. And it can also be a a non protective intervention. Right? So if we think about the you know the massive amount of anti LGBT pieces of legislation being introduced across the country last year was a a record breaking year. This year is likely to to be, you know, last year's record breaking situation. And so you know that that is an intervention. Right? Like policy is acting as an intervention. It's having adverse effects on health. If it's restrictive policy that's being introduced. If it's protective, then we would see it as as a positive intervention. And so, you know, I think, I think part of why I had hesitation when when she called me an interventionist. Is because I think in my mind I think about interventions as being like individual focused or like community level or or like individually driven of, like, you know, we're gonna we're gonna do an intervention to teach you how to eat better and exercise. And then you're not gonna have you know core weight what outcomes right? And so I'm like, I, that's not what I do like. I also don't necessarily believe that that's effective, right? And so you know, I've I've started to try to reframe the work that I do as as having this kind of intervention tilt. You know some of the work that I do on on transgender health and and community support and and social support and and family acceptance and rejection, I think, has a similar, you know, kind of a similar tilt, where we can think about support and rejection as interventions.

And you know the population health research. That that you know that we're doing suggests that family support is a positive intervention, and family rejection would have the would be an intervention having the opposite effect.

00:13:27-00:13:59
CARYN
Right, right. Wow, wow! I wonder when you think about how you how you do this work. Are you thinking about? Okay? How can I make positive interventions?
And and how can I work to to to make these changes and change other people's minds about viewing this work in that way, do you? Is that something that you consider?

00:14:00-00:16:20
GABE
Yeah, I mean, I think, I think policy context matters a lot in in how I would answer this question. Right? So, you know, when I, when I'm talking with other folks in states that do not have the level of restrictions that Alabama and some of the other places that I've lived. You know Texas and Mississippi have had.

They often say, you know, how are you like. How can you continue to do this work without becoming so depressed that you never have any wins or successes? And what I you know I always push back on that because one there's a lot of like, you know, trans joy happening in these places. There's a lot of resistance

happening in these places. And I, and I think you know, suggesting that, like, we never have any successes in these contexts almost suggests that, like we just lay over to die right, and that, like, you know, bad policy comes in, and there's nothing that we do to to prevent it from happening. And that is absolutely not the case, you know. There, there's a very vibrant you know, community and and and folks are are pushing back against, you know, restrictive legislation. But that context matters right.

So for me in Alabama an anti LGBT piece of legend failing in committee, right or or not getting past, you know the next vote. That is a success for me, right? Because that you know, that prevents the negative intervention from happening right where, you know, if we were in a in a state that it's not introducing, you know, restrictive policies. Or if you know, if if we were in the District of Columbia that added, you know, LGBT topics to it's, you know, mandated curriculum last year. Right like that. I think that's what people often think of is like a successful policy intervention. But that's not a like that's not a real like a realist policy intervention in in the majority of the United States. Because of the the kind of the language, the legislative landscape. That we're seeing. And so so yeah, so I think for me, success looks different, based on on where we are or where we're talking about, and again, like these interventions don't happen in vacuums. And so it's you know. There, there's always more nuance, I think, than than what we, you know want to believe there is.

00:16:21-00:17:10
CARYN
Hmm. Wow! That that was that was really important to share. Because I I'm I'm thinking about like how people who do work that is seeking to advance health equity can can get discouraged and like you just said, winds look different. In different contexts. So that that's really helpful for me. And I'm sure our listeners to think about. Yeah, thank you for that.

I'm wondering how how you came to even thinking about social policy change and particularly for LGBT populations, like, where did all of that come from? Where did your desire to want to do this work come from?

00:17:11-00:24:36
GABE
Yeah. So I you know, I never thought that I was gonna be a sociologist, much less a medical sociologist. So in undergrad, I was a political science major and had had fully intended on going to law school. You know I was pursuing that path had applied to law school had planned on going to law school. And then, you know, I like to tell people that I had a quarter life crisis, my senior year of undergrad, which I maybe shouldn't call a quarter life crisis, because then I'm not living as long as I would like to live.

But it was basically a quarter life crisis where I might. I cannot do what I thought I could do with a law degree, and I don't. You know I don't know what to do. And so you know that same year I was you know, was was invited into a sociology graduate seminar at the at the same place that I that I did my undergrad and and was like largely introduced to to sociology graduate school there right like. I already knew what sociology was, because I was a minor in Africana studies. And so there were a lot of kind of sociology overlaps. And so I understood sociology. But I didn't really understood or understand what grad school was. And so I you know I got a taste of it there and then ended up you know, applying and and being admitted to a sociology phd, program because of the quarter life crisis. Right? And so. You know, the the thesis work that I did was largely kind of around. You know, like more like whiteness. Studies really had nothing to do with race. Sorry it did have it had a lot to do with race didn't really have anything to do with health.

And so you know, I was doing that work, but at the same time I was a research assistant and the Race and Ethnic Studies Institute at Texas, A. And M. And and the director of of of Rezi, was a medical

sociologist, and so I was. I was working with her on a lot of the the health related projects and and the health related kind of of dissemination efforts that that Rezi was doing and really started getting interested in health. And I think you know, because of that political science training background that I had, and like the desire to go to law school, I always kind of in the back, was was thinking about well, like politics, matter, and all these things that we're talking about, right?

So like, if we're just talking about racism and how racism operates right like politics, obviously matter and policy matter. And so the same, you know, I was having the same thoughts with with the work that we were doing, re and rezie about like, well, what about policy and and politics? And so, you know, at the same time. I started having conversations with with other people in in my life.

About essentially this piece, right about how policy and politics matter to our health? And to kind of frame where we are in in like the timeline we're we're around the time when, like Trump is is you know, running for office, and for the first time, and and, you know, like campaigning. And so I was having these conversations with folks that that essentially, you know, I was saying the types of policies, and you know the the political interventions that that you are voting for are killing people like me, you know, as a queer person, right? Like.

They're literally killing me, and so I would always be countered with. You have no evidence for that, like you're a researcher, but you have no research. That shows that right. And so I was like.

I need other like, I have to prove these people wrong, right? And so that, you know. That was one seed that was planted. Of kind of, you know, shifting into this like policy, determinants of health. And and it's it's not to suggest that there was no research that had been done in this. There was a lot that had been done right, but like it didn't exactly make the arguments that I was trying to make, and you know, that same year I had a person in my from, you know in my life that was a very central figure that that died of complications to HIV-AIDS. So so I was in a in a ballroom house, which is is, you know, kind of a like a queer community and support building space.

If you've watched like Pose or Paris is burning right like those are. Those are. That's kind of ballroom culture. And so the father of my house ended up dying of complications to HIV-AIDS and none of us in the house even knew that he was HIV positive.

And so you know, I think II had a lot of like questions about like, how could this happen like, how can you know? How can a person die of of HIV, given like the treatment that's available in this time right? Like I. You know, I was going through all those those things. And then I was thinking about the policy context of where I was living at the time, which was Texas, right? And he was in Texas, and he died in Texas, right? And so, so you know the the switch that I made to my dissertation work, I think, was really motivated by those 2 things of like wanting to to understand. For myself, you know why Randall died, but also wanting to like, have evidence to prove people wrong.

And so the the dissertation work that I did was essentially looking at how state level. LGBT policy is associated with aggregate. HIV-AIDS outcomes right? So like, very, very much. Me search but you know, was was motivated for that reason. And so you know, I, you know none of that work has been published. And and over the years, what I've started to think about is like, okay, those 2 motivations were really important motivations. But were maybe not the the healthiest motivations. Right? So like, I think in in an odd way, I have this notion that, like doing this research would prove all these people wrong, and would like not bring Randall back, but but would like give me an ability to to better understand, like, you know, like, why he you know why he died.

And and you know what I've realized. And over that time is that, like some of the people that I most want to like provide evidence with that they are wrong, are people that I think do not have the ability to change the way that they think and there's nothing that I can do to like bring Randall back right. But there are things that I can do to provide people that do have the the capacity to change in their thinking.
To change in their thinking. And there's things that I think that we can do that will provide, you know, more protective environments or interventions that will prevent what happened to Randall from happening to other people, and so that, I think has has kind of how I've morphed. You know the the motivation and the desire to do the work that I do. Is to try to, you know, equip stakeholders, policy makers, community organizations, right?

Like all these people that have the ability to like make change and the capacity to, you know, to comprehend. You know what what we're talking about, right with those tools to do that to try to prevent. You know these things from happening in the future ,so so, yeah.

00:24:37- 00:26:39
CARYN
First first of all, I'm sorry for your loss and you know that's extremely heavy to have that experience. But it's also heavy to have your work be motivated by that. And I think that for many researchers and people who are doing this sort of health equity work. Who are from marginalized backgrounds or identities that the motivation is personal is based on real experiences. So you know, thank you for sharing that and just talking about how you have worked to this point for for change, and understood these concepts. So yeah, that that that was that was heavy. That was heavy. Yeah.

It made me think about your initial conversation, though, about white logic, white methods, actually how? How again, for people who have marginalized backgrounds or identities, that a lot of the work that they're doing is trying to prove their humanity like you said, or like White Logic, White Method says a lot of the basic statistical approaches that we have right? Just regressions. Right? We're we're created by eugenicist. And so we're having to do all of this work just to prove that is not something inherent about us. It's not a mistake that we made right. It's not our behaviors, or whatever is something outside of us that is causing these worse health outcomes, early mortality, stress and mental health.

So yeah, thank you for linking all of those things for me definitely.

00:26:40-00:27:46
GABE
Well, I think you did the linkage of it. I mean you. You're the one who who connected it back. But yeah, I totally agree. You know. II mean, if we think about the foundation of White Logic, White Methods, right it was to to do the opposite. I think of what many of us are trying to do right like we're trying to prove our humanity. Well, White Logic, White Methods was the reverse right to pro, to to suggest that we don't have human. So so I mean, II think it makes sense right that the things are are connected.

CARYN
How do you continue to work with such a heavy excuse me, let me rephrase that. How do you do the work that you do with such a heavy motivation. Is that something? Are you still motivated by those same experiences, or have you had to shift your mindset? I just imagine that that doing the work is difficult in itself.

00:27:48-00:33:04
GABE

I mean, yeah, I think it is. I also think that you know. The reality is that many of us are living in like literally a state of emergency. Right? And so, you know, I think, there's there's a piece in the puzzle that I can play to try to, you know, to try to address that state of emergency right? Like I'm not a clinician, I cannot, you know perform heart surgery and save people in that way. But we also know that like things happen before people need heart surgery right? And so are there things that, as you know, as as researchers, as academics, that we can do to try to prevent that from happening to begin with. And so, you know, I mean, if we think about how racism gets under the skin, how homophobia gets under the skin, right? How all these things get under the skin and have a direct, you know, impact in in our physiological health that then result in. And all these things.

I don't think that we can ignore the you know, the policy, environment and the structural determinants of these things. And so, yeah, I think you know. I very much feel like a sense of obligation, I think, is maybe the kind of the best description of it. You know. I think you know my motivations to like prove people wrong, or to like to memorialize. You know, Randall, in some particular way. Are not this like, I don't have those same motivations anymore? But I think that I think my motivations today are built from those previous motivations right? Like there, all these things are connected. And so you know, I think, if again, yeah, II think a sense of obligation is really the, I think, the the best way that II know how to kind of describe. How I feel. And and you know, like, I very much believe in team science. And so I think, that makes this work manageable, right like if I was me myself and I by myself doing all this work. I don't think I would still be doing it right, but but I think, because II take a you know, we take a team science approach and and a largely transdisciplinary approach. Like, we form a community amongst ourselves so that we can support each other. Right? So you know, if if we're working on, you know, I'm thinking about this one particular paper where we we might, you know, my collaborators and I were looking at the association between State level policy is kind of a structural measure of homophobia experiences of discrimination as more an interpersonal kind of experience, of homophobia and mental health outcomes.

And what we find is that depending on the the state level policy environment, those individual experience of discrimination lose kind of significance and predicting the outcome. And so, you know, we you know, we we were working on this paper, and I was having a like. I was having a really bad day, and I was like depressed with you know, some of the the the legislation that was coming out, and I was like, I like, I can't do this. And so, you know, one of my collaborators was like "you don't have the capacity to do it today, but I do so like I will like. I'll write that section instead of you writing it, and we'll keep it moving right?" And so I think, having those people in my life right like in my professional orbit, has a allows us to continue doing the work that we do now. Of course, it requires us to be transparent about how we're feeling right? and like how we're being affected by, you know, the work that we're doing and the larger, you know, kind of the larger context. But we've, you know, we've nurtured those relationships amongst each other so that when we are having one of those days the other person can step in right and and kind of you know. Take the lead or you know when when we're doing like an R and R on a trans health paper. And and you know, there's there's folks that are trans identifying. And the collaboration in the collaborative group. And and many times we get reviewer comments that are pretty transphobic and feel like a personal attack to like the trans person on the team right? And so, you know, we we just have like a kind of the way that we operate is the trans people on the team don't deal with those responses.

The Cis people do right. So like as as a Cis person like, I address those things, you know, and and I'm doing it with in collaboration with, like the people with lived experience on the team. Right? But we're, you know, the same way that I you know that in with White logic, White Methods, and the approach that we take where where we're talking about, you know, we're saying that we we conceptualize these things as markers of experiencing homophobia or being exposed to homophobia. Right like that is ha! Like that. That literally is happening in the science that we're doing right by nature of them being being trans, or, you know, being queer, or whatever that puts them at risk. That puts us at risk of having to deal with like these trans phobic, homophobic racist, reviewer comments right? And so having the team science

approach where someone else can, you know, can manage that, so that the other person doesn't, I think, is it has been really really important. For my mental health and mind. Well being, and for us to be able to do the work that we've we've been able to do.

00:33:05- 00:34:07
CARYN
I think I'm gonna take away the need for community doing and doing this work, I think. Particularly if you are from, or have a marginalized identity. But also, I would imagine, for anyone who is participating in this work the need for community and to participate in a way that is supportive to others. Yeah. yeah, yeah, wow, I think I'll also ask about. And maybe you're thinking about the role of community here, too. But also think of thinking about advocacy.
And I wonder if maybe just by nature of needing to address LGBT policy. You think of yourself as an advocate, but I'm wondering if you could share some of your ideas about approaches to advocacy.

00:34:08-00:40:09
GABE
Yeah, I mean, I think I think at the core people who do the the type of work that we're talking about. Our work is read as advocacy, first and research second, which is a problem right? And then. And it's rooted in White logic, White Methods. Right? Like your research is not real science, right? Like that's advocacy. Right? Like we. I mean, we, we hear those things. And so you know, I think, so. So do I identify as an advocate myself. No, I don't. I don't think I would. I would say that but I largely think that I'm I answer. I'm answering that way, because advocacy has been weaponized against my science. And so I you know, I think I take a very strong stance of like, I am a scientist. I'm a researcher first, and like this is the science like, of course, there are flaws. There are, you know, there are limitations in the science that we do. But like this is the science. I'm gonna turn it over for others to advocate with it how they might do right and and sure, like I'm involved in in advancey efforts, in in different ways. Right? But but I think because our work is, you know, advocacy is weaponized against our work.

I just I don't identify with with that, you know, with with the idea of being an advocate. And so, you know, I mean, I think what I think, what this is is bringing to light for me is like the you know, the personal reflection that comes into this right? So like, I think we have to reflect on who we are like, what we're willing to do like what our role is in in the add the larger advocacy, you know world and and figure out where we best fit in right. And and so, you know, if I think about you know some of the the work that I do, and and that my collaborators and I do. There are phenomenal community organizations that are are doing great advocacy work. And so the way that I approach advocacy and that way is, you know, I form collaborations and community with those organizations. And I really, I really try to focus on like what is it like? What can I provide that you need rather than me saying, this is what I have, and this is what you need to do. Right? So like I'm I, you know, I really try to prioritize them, taking the lead, and then kind of directing, like what are, what are, what are the empirical data points that they need to be able to do the work that they're trying to do right. And so you know. So I think that's one approach is like forming connections with community organizations that are able to be like more in your face advocates. Right?

You know, I think another approach is is almost like a not like a behind closed doors or backdoor approach, but like a more like a less in your face. Weight right? And so, you know.
You know, some people take a different approach, right? And we'll be very vocal on social media. We'll be issuing statements, right will be II think we'll be very visible with with the things that they're doing. And I think that's effective. And I think that's useful in some contexts. I don't think it's effective or useful for me. I'm also, you know, I'm on the tenure track. I'm an assistant professor, right like there's politics involved in in this stuff. And so you know. So I think I'm very conscious of that and so I think you know, doing this less like in your face. You know kind of of direct advocacy. Work. Is is kind of not the the

avenue that I take, and so, so again, you know, in in having meetings with members of the legislature or policy makers or staffers.

I think an approach is to to take a kind of a similar, a similar approach to what I mentioned with the community organization, where, like, you know you have things that that you want to get across to the policymaker or to the Staffer or the member of the legislature, but they also have needs, and you might be able to provide them with with what their needs are right. And so you know, I think it's like, it's very inner inner like interaction based right? And like relationship building based. Right? You know, I think if you go in guns blazing about like this policy is gonna be, you know, is bad. You're the author of this bill of this piece of legislation. And it's, gonna you know, it's gonna have this damaging effect is maybe not, you know, like that.

That's an approach, sure. But II don't know that that's the the most effective approach. If you don't have a relationship with that person already. And so I think, like building relationships in all, the context that we're talking about is really important. And again, you know, knowing that there are people who, I think you know in their personal reflection, and figuring out where they best fit, like their role is to be like the protesters. You know, the picketers, like the people that are are very visible. And then I think there's other people who who play a different role and serve a different role. And and I think both of these things are needed. And so, you know, I don't know that one is is best, or or is better than the other. Like, I think I'm a very much like

All of these things need to be happening, and whatever is, you know, what's effective will be effective. And of course, if we if we learn during the process that something is not effective, then let's quit doing it right? So like, if if you know building these re relationships with a particular staffer turns out to be like a not useful or a non effective approach. Cut your losses and move on right? So I mean, I think, like constantly kind of doing the reflection and thinking about like, what is the relationship that's being built. It can't be this one way, like let me give you, give you, give you or like tell you tell you, tell you what what I think you need to do. Because you know, the many of these folks like are coming up for reelection right? And they have their constituents to speak to right. And so so I think it's it's a game that you know that we have to play and and have to think about.

00:40:10-00:41:28
CARYN
I want to ask a follow-up question about what you said about it being a game and having to figure out what works and when it works and having to reflect on that I was thinking about when you were describing your research on LGB, legislation, and how that's the measure of structural homophobia or biphobia also linking that back to your initial conversation about racist context of black immigrants, whether they're from a predominantly black country of origin, or a predominantly white country of origin.

Thinking about LGB legislation and policies, or even anti-LGBlegislation and policies as the marker of structural homophobia. Do you feel like the advocacy approaches the the approach, the game, the having to figure out what works differs, based on the context, the level of homophobia in the context in which you're in.

00:41:29-00:43:50
GABE

Absolutely. Yeah. I mean, I think you know again. If we think about like, you know, Florida versus California, right? Like the way that that you know that the advocacy is approached is very different. Right? So you know, in one place we're trying to prevent you know, or reverse bans on trans affirming care, and another place where maybe trying to add, you know, like, get rid of HIV criminalization right?

But there's there's not like active anti LGBT legislation being introduced right? And so I think, like the context of of the legislation is really important. I think the existing context of the state is really important. And so you know, I with with this I keep thinking about Dog Whistle Politics, right? Which is, is great. Book by Ian Haney Lopez. That that largely, you know, suggests that, like many of these things, are just like our talking points, that particular people like particular constituents will hear the dog whistle and the and other people will not right. And so, you know, I think those the the way that those dog whistles operate are different in different states and different contexts. And so, yeah, I mean, I think, like if we if we came up with, like a you know, an an approach that worked in Alabama or Mississippi, and tried to pick it up and move it to New York or California. I don't. I don't know that it would work like I, you know, I really don't know. You know. I think what what is probably standard across is like the relationship building and like understanding like, what is it that you need that I can provide? What is it that that I need that you can provide like, why, I think that is is consistent across context. But, like you know, we also can think about. You know, some States have have lots of staffers in their legislatures where other States are like are more volunteer based. And and there's no staffers right? And so like you're literally going into like you would be going into a meeting with the member of legislature rather than like their their director of policy. Right? So like I. You know, II think the yeah, I the the shorter. But answer of what I just said would be, yes, I think it. I think it varies.

00:43:51-00:44:39
CARYN
No, thank you for giving the longer answer. I also was thinking about how you know you identified as a researcher and how you work with or work with community organizations and people who would identify themselves as the advocate, you know, at Tulane, our projects Partners for Advancing Health Equity is a national collaborative that brings together different sectors, such as academia, philanthropy, private sector, government and community organizations to advance health equity. That being said, how do you feel? Your work should be understood and applied to other sectors? Like these, that might not be thinking about health equity like you do.

00:44:40-00:48:37
GABE
Yeah, I mean, II think at the, at the heart of health equity work. Is the need to be, you know, to be transdisciplinary. And you know, I think, if like, if we are not bringing together different sectors, you know, bringing different sectors together in the in the way that you just just described. Like I don't. I don't see how like health equity can actually be achieved. Right? You know, I think yeah, I you know, I think bringing them bringing them together has to happen. And so, you know, largely because at the end of the day there's only so much that you know, as an academic or a researcher, that, like I can actually do right like I am not drafting legislation. I'm not writing, you know. Sure I could write a policy white paper and get it into the hands of of policy makers right? But like, that's not my that's not my job, you know my quote job at the end of the day.

And I'm not like we're also not really trained in how to do that now. I mean, of course, there's great programs like scholar strategy network that like train you and provide you with the resources to be able to do this. But but that's not like how we're trained. That's not. That's not what we do at the end of the day. And I, you know, I think the dissemination of our work is, is more powerful when it comes from those other players than when it comes from us. Right?

And so I think you know the you know the dissemination of the work coming from, you know, a philanthropy or a community organization, I think, carries a different way than it does as coming from like me as the author of the work. Like it. It just it. The dissemination of it feels different to me. And so, you know, I think meaningful work has to come from bringing everyone together. I mean, I we keep talking about team science and community and and all of that right? Like, I think we, I think we should

expand the idea of team science to include these other people as well. Right? So you know, we we've talked a lot about state policy and like policymakers, and so on, right? But like, there are like private sectors, you know, corporations also have policies in place, right that are protective or not protective, right?

And so I think the same conversations we're having about like state policy environment could be had with corporate, you know environment, right like. And so so I mean, I think, like private sectors have to buy in right like, if if there's exemptions to things like they have to buy in and and and you know, institute policy on their own community organizations, I think, have have boots on the ground in a different way than we do as academics. Right? And so you know, we you know, I may think that, like this one particular piece of legislation that's being introduced is like the most important, or it's the worst or the most important piece of legislation. But then community Org, I think, have a better read on the pulse of like. "Is this a legitimate piece of legislation, is it, you know? Is it dog whistle legislation? Or is it actually gonna go through right?" And so I think if we don't have those, you know those relationships in place we may go on a, you know, a wild goose chase of doing some empirical data analysis on you know, a transport van piece of legislation, right?

Like, how does how do states with transport, you know? Banning trans trans kids from participating in sports right like, does that affect their health? Well, it could very well be the case that like that's not a legitimate piece of of legislation that's being that it's gonna go through committee and and go, you know, be introduced. Move through the process right? But could just be something for the policy maker to say back to their constituents like. I introduce this right. How do I have no way of knowing that, because I have not boots on the ground in the State capital and the way that community organizations are. And so I think, forming the relationships is really central to being able to have kind of a real time rapid response to these things. I don't know if that completely answers, what you're what you're getting at.

00:48:38-00:49:55
CARYN
But yeah, definitely, it definitely did. And I think that you gave a real life example of how we have to work together to advance health equity. It can't just be in our silos of research or philanthropy, or even you mentioned the private sector. We all have to be advancing these efforts for everyone to be treated as equal. So yeah, thank you for that. And thank you for this conversation. Is there anything else that you would like to share, or anything that you feel like we missed.

GABE
I yeah, I don't. I don't think so other than just like a Thank you. I mean, II think the the conversation that we've had is is like really important, and and will be beneficial to the listeners, has also been really helpful for me to like self-reflect on the things that we're talking about. So thank you. Yeah, thank you. Thank you for having me.

CARYN
Yeah. Of course, we really appreciate it. We're honored to have you and just appreciate this conversation. I think that is going to be very helpful to a lot of people. So thank you, and thank you to our listeners. We hope you found this engaging, and we look forward to hearing from you in the future.

00:49:56-00:50:53

OUTRO

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