



# COLORS OF CARE

*TAKING PRIDE IN AUTHENTICITY AND WELL-BEING FOR ALL  
AT HOLY CROSS HEALTH*



HOLY CROSS HEALTH'S  
**LGBTQIA+**  
NEWSLETTER

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# EQUITY, COMPASSION, AND THE POWER OF INCLUSION

## Editor's Note

BY CANDACE BUSTAMANTE, BSN, RN, BSc

February is upon us, bringing an influx of information that can feel overwhelming. With constant notifications of breaking news, tragedies, and rapid legislative changes, many of us find ourselves struggling to process it all. Some may step back to preserve their mental well-being, while others feel called to engage and advocate for the rights of those around them. No matter our response, we are fortunate to have the ability to make that choice. But what about those whose freedoms are slowly being chipped away? Those whose voices are often unheard? Those who continue to face barriers to equity and inclusion?

The LGBTQIA+ community is a vibrant and diverse celebration of identity. Yet, recent changes in language on government platforms have left out segments of this community, reducing representation to just "LGB." But we know that identity is not dictated by policy, and no shift in language can erase the lived experiences of transgender, queer, intersex, asexual, and other individuals. As healthcare professionals, we have a responsibility to recognize and affirm the humanity of every person who comes through our doors.

As we celebrate Black History Month, we must also recognize the contributions of black LGBTQIA+ pioneers in healthcare and activism. Figures like Marsha P. Johnson, a black trans woman who was pivotal in the Stonewall Uprising and the fight for LGBTQIA+ rights, and Bayard Rustin, an openly gay man and a key advisor to Dr. Martin Luther King Jr., show us the power of intersectionality in the struggle for justice. Their legacies remind us that equity in healthcare and civil rights is a fight worth waging. In this issue, we highlight the lived experience of a black female doctor in Haiti, combating the HIV epidemic—her story is a powerful testament to resilience and commitment to care.

Being a patient requires vulnerability, trust, and the courage to share deeply personal aspects of

one's life. It is our duty to meet each individual with dignity, compassion, and equitable care—regardless of their sexual orientation, gender identity, race, ethnicity, disability, or immigration status. True inclusion in healthcare means seeing and honoring the whole person, not just their medical history.

**"TRUE INCLUSION IN HEALTHCARE MEANS SEEING AND HONORING THE WHOLE PERSON, NOT JUST THEIR MEDICAL HISTORY."**

Audre Lorde famously said, *"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences."* As members of the Holy Cross Health community, we are guided by our core values of reverence and safety: honoring the sacredness and dignity of every person and fostering a culture of healing and trust. Let us live out these values—not just as healthcare providers, but as individuals striving to create a more just and compassionate world.

Be the change you wish to see. Make a difference in the lives of your patients with humility and understanding. And above all, be the provider you would want to have in your own moments of need. 🌈

**Candace Bustamante, BSN, RN, BSc** is the Clinical Education Coordinator for the Community Health & Well-Being Department. With a diverse healthcare career spanning 16+ years, she is dedicated to fostering inclusivity, health, and community connection. With a passion for creating programs that make healthcare accessible and approachable, she brings both heart and expertise to her work. When not working on initiatives to improve community well-being, Candace enjoys exploring new recipes, uplifting others, and finding common ground in unexpected places.



# HOPE IS NOT THE SAME AS OPTIMISM OR POSITIVITY

*Wellness Wisdom*

BY MARY CARTER WARREN, D.MIN

Pope Francis has declared this year as a Jubilee Year with the theme "Pilgrims of Hope." You might not find the idea of such a year declared by the Pope of much personal interest, but it seems to me that one contribution of organized religion is that there are some big ideas – like compassion, mercy, grace, love, forgiveness, and hope – that can be highlighted with a wider audience in this way.

So, go with me on this: we are called to be pilgrims of hope. How challenging is that in the world in which we are living? First, pilgrims know they must travel where they have not been before, and often by unfamiliar routes. Pilgrims are forced to travel lightly, taking only the essentials. Pilgrims often must rely on the kindness of strangers, or hospitality where they did not expect it. Pilgrimages always include time for silence and reflection, time to breath, time to listen to that small still voice within you. It's why walking is so important to a pilgrimage. When was the last time you took time for silence and reflection? How attached are you to your electronic devices and other distractions that keep us from reflective space? When was the last time you took a "mindful walk?"

In addition, the call of the Jubilee Year is not to be "generic" pilgrims, but pilgrims of hope. Hope is not the same as optimism or positivity. I can be, and believe I am most of the time, full of hope, but I am not actually optimistic right now when I look at the world around me. Optimism and positivity have their place, but the pilgrim looks around at what is actually happening and can find optimism hard to come by. Hope is the deep conviction and belief that good will triumph in the end, a belief that there is a bigger, wider plan into which everything

fits. Hope is a belief that God did not bring us this far to leave us now. Hope is knowing I have a purpose for good, even when I'm not at all sure how that purpose will be accomplished. Hope is trusting in a God who sustains us.

**"HOPE IS THE DEEP CONVICTION AND BELIEF THAT GOOD WILL TRIUMPH IN THE END..."**

So this month, try a little silence, a mindful walk, and reflect on where you find hope. Find comfort in the idea that hope is not the same as optimism or positivity and share that hope with someone else. I invite you to be a pilgrim of hope this month. 🌈

*Mary Carter Warren, D.Min., serves as the Mission Leader at Holy Cross Health, where she oversees Mission Integration Essential Services, including ethics, spiritual care, and ministry formation, while collaborating with leadership to advance the organization's Catholic healthcare mission. She played a key role in establishing the Legacy Program, which nurtures the spirituality of colleagues and educates them on the values of Catholic healthcare. With a doctorate in ministry and over 25 years of experience in education and peacebuilding, she has also served as founding director of the Center for Peace and Justice at St. Thomas University and held leadership roles with the School Sisters of Notre Dame.*



# PROVIDER FEATURE: Intersectionality in Healthcare Amongst the LGBTQ+ Community

BY HOWARD S. GILL, MD, MBA

We are all complex individuals with multi-faceted identities. These include our gender, sexuality, race, socioeconomic class, religion, disability, and geographic location. The different facets of our identity intersect simultaneously, not discreetly, at an axis. Intersectionality is a public health framework that describes how these overlapping social identities intersect, creating unique forms of discrimination, bias, and privilege. It closely aligns with the social determinants of health.

First described in 1989 by Kimberle Crenshaw, a law professor at Columbia University, it was originally discussed in reference to discrimination of race and gender creating multiple levels of social injustice. In healthcare, the intersection of social identities within the LGBTQ+ community plays a critical role in shaping an individual's access to care, health outcomes and experiences within the medical system.

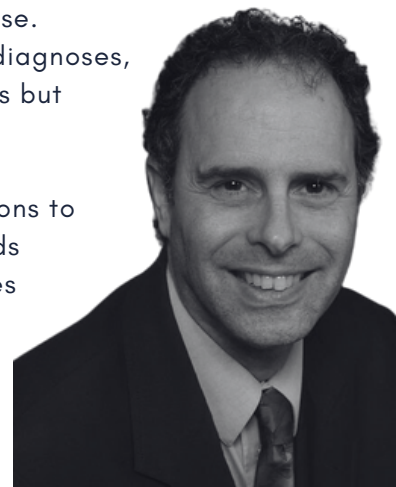
LGBTQ+ individuals often face discrimination in healthcare settings due to their sexual orientation or gender identity. When intersecting with race, ethnicity, or socioeconomic status, this discrimination can be exacerbated, leading to poorer health outcomes.

Imagine a young, transgender female of color who is homeless. In a healthcare setting, she may experience discrimination due to her gender, race, being poor and homeless. The intersection of these four identities exposes her to overlapping layers of discrimination, especially in a doctor's office or emergency department that is inexperienced or biased against any combination of her identities. Or a senior woman of Muslim faith, dressed in her traditional clothing. She may experience bias, or discrimination based on her gender, faith, or social appearance. Compare her experience to a white, middle-aged gay male, who presents in a feminine manner and is employed with insurance. He may experience discrimination due to his sexuality and gender, thus overlapping on two identities. Lastly, a cisgender white male executive, highly educated and of high socioeconomic status may experience a privileged healthcare experience with no bias or discrimination.

Through this intersectional lens, we may see how to achieve more equal health outcomes for the first three individuals and the LGBTQ+ community at large. The development of policies within the healthcare system, at the national, state, and local levels, needs to consider the different facets of identity, and how they interact and overlap with one another. Policy advocacy is crucial for addressing the systemic barriers and inequalities that this community faces in accessing care specific to their needs. Ensuring that LGBT+ individuals are protected from discrimination in insurance coverage and healthcare services is essential in receiving equitable care.

Community-based interventions should be specifically tailored to provide comprehensive healthcare services for the LGBTQ+ population. These include primary care, mental health support, sexual health, and substance abuse treatment. The healthcare team needs to be competent culturally, non-biased and diverse. Healthcare providers may lack training in LGBTQ+-specific health issues, leading to misdiagnoses, inappropriate care, or discomfort in discussing sensitive topics. Bias may be unconscious but still negatively impacts the quality of care.

Diversity competency is essential. It is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of all patients regardless of their intersecting identities. Holy Cross Health acknowledges and addresses the intersection of multiple social identities and provides diverse, equitable, inclusive, and effective healthcare for all members of our community. The physicians, nurses and staff are competent at Holy Cross, where LGBTQ+ individuals may access compassionate, comprehensive, and affirming care. 



# BEYOND THE WHITE COAT: A Haitian Doctor's Journey in Treating HIV/AIDS with Heart and Humanity

*From the Frontlines*

BY REGINE LEFEVRE, MPH

I studied medicine in Haiti and later pursued a master's in public health with a concentration in Tropical Medicine in the United States. Over the past 25 years, I've worked in various capacities as a public health specialist, both in the U.S. and Haiti, addressing health challenges like tuberculosis, malaria, HIV/AIDS, diabetes, and immunizations.

When I began my career in the United States, my first role was in HIV/AIDS prevention. As a senior outreach educator, I was immediately confronted with the lingering effects of a damaging label placed on Haitians in 1982 by the U.S. Centers for Disease Control (CDC), which listed Haitians as a risk group for HIV/AIDS. This erroneous designation, part of what became known as the "4H" groups (Haitians, Homosexuals, Heroin Addicts, and Hemophiliacs), fueled national discrimination.

Though Haitians were removed from the CDC's list in 1984, the stigma had already left its mark. By 2000, while working with the Haitian community in South Florida, I witnessed firsthand how this discrimination still affected those who had been in their 30s and 40s during the 1980s. Many from this group continued to feel the weight of stigmatization, which, along with other factors, prevented them from accessing vital health services.

As a proud Haitian, I felt a deep responsibility to help my community overcome these barriers. My role as an HIV/AIDS educator became more than providing straightforward education on prevention—it became about adopting a holistic, culturally competent approach. It required constant dedication, determination, and willpower to address the unique challenges my community faced, including illiteracy, language barriers, cultural differences, certain beliefs and practices, and cultural stressors.

As a foreign physician with public health expertise, I drew upon my professional background to help reduce these barriers and guide individuals through the complexities of the U.S. healthcare system.

My commitment to health equity was deeply personal. As a Black immigrant woman, I embodied many of the demographics most affected by this disease, and I used my story to inspire hope and action. I would often say, "With the right tools, knowledge, and resources, we can change the course of the statistics and remain free of HIV."

**"HEALTH CARE MUST GO BEYOND  
MEDICINE—IT MUST EMBRACE  
COMPASSION, EQUITY, AND CULTURAL  
UNDERSTANDING."**

By integrating a holistic approach into my work, I saw how addressing people's needs beyond their physical health could lead to better outcomes. Today, I firmly believe that providing services in this way is a key to success. Following a path grounded in rights, compassion, and equity, we can strive for a future where everyone has the opportunity to live in good health—free from stigma and discrimination.

Now, as part of the Community Health & Well-Being team at Holy Cross Health, serving as the Community Vaccine Program Lead, I remain committed to tackling inadequate access to quality healthcare. My focus is on reaching underserved and vulnerable community members, continuing the mission I've carried throughout my career. 🌈

*Regine Lefevre, MPH leads the Vaccine Community Program at Holy Cross Health's Community Health and Well-Being Department. Holding a medical degree from Haiti and a Master of Public Health from the U.S., she brings 25 years of proven expertise in program management both domestically and internationally. Dedicated to serving culturally diverse communities, Regine is passionate about addressing the needs of underserved and vulnerable populations.*



# MEETING HAROLD PHILLIPS & GILEAD'S FOCUS PROGRAM

*Advocacy in Action*

BY KIM SAISWICK, EdD, RN, LMHC

## Meeting Harold Phillips

Von Biggs and I had the good fortune of meeting with Mr. Harold Phillips at a recent event on Wilton Drive. Harold has a 30-year history as a HIV community advocate, program administrator, and has served in numerous state and federal positions. Most recently he functions as Deputy Director of Programs at NMAC, formerly known as the National Minority AIDS Council, and is the former director of the White House Office of National AIDS Policy (ONAP).

According to Harold, "Our goal is to diagnose all people with HIV as broadly as possible. Nurses play a key role in all these efforts and so much more." It's ironic that Harold said this when we have been working on a project to accomplish this goal for close to a year.



*From left to right: Harold Phillips, Kim Saiswick, Von Biggs*

**TEST: FOUR PILLARS OF ROUTINE SCREENING**

**T**ESTING INTEGRATED INTO NORMAL CLINICAL FLOW  
To promote the normalization and sustainability of testing.

**E**LECTRONIC MEDICAL RECORD MODIFICATION  
To prompt testing, automate processes, populate lab orders and track performance.

**S**YSTEMIC POLICY CHANGE  
A multi-level, organization-wide commitment to implement routine testing and linkage to care.

**T**RAINING, FEEDBACK & QUALITY IMPROVEMENT  
To identify best practices and motivate staff.

FOCUS FOUR PILLARS, GILEAD SCIENCES, 2014

*Image Courtesy of Gilead Sciences Inc.*

## Gilead's FOCUS Program

The goal of FOCUS is to increase Routine HIV and HCV Screening and linkage to care. Gilead launched the FOCUS program in 2010 to develop replicable model programs that embody best practices in HIV screening and linkage to care.

The program now has 96 partner organizations in 17 cities across the United States that are heavily impacted by HIV - Broward being just one of them. In FL, the program was expanded to also include syphilis testing.

FOCUS aims to:

- Make routine HIV screening for adults and adolescents a standard of medical care
- Make one-time HCV screening for baby boomers a standard of medical care
- Reduce the number of undiagnosed individuals with both diseases, decrease the number of those who are diagnosed late and ensure strong linkages to care and treatment. *(Article continued on next page.)*

*(Meeting Harold Philips & Gilead’s FOCUS Program article continued from page 7)*

- Generate dialogue among healthcare systems and other stakeholders on increasing diagnosis and access to care
- Change public perceptions and overcome stigma that may discourage people from getting tested for HIV and HCV

Our FOCUS team includes the Emergency Department, the laboratory, Community Health & Well-Being, and the Department of Health Broward County. Look to future issues for updates on this dynamic program. 🌈

**Kim Saiswick, EdD, RN, LMHC** serves as vice president of Community Health and Well-Being for Holy Cross Health. In her role, she leads, develops, and oversees the implementation of policy, system and environmental change strategies, as well as programs and outreach strategies, in communities throughout the non-profit hospital’s service area. Involved with local and statewide policy making boards and community networks, Kim has worked alongside community peers and colleagues to advocate for LGBTQ+ health equity, ending systemic racism, change and improvement in health-related systems, with a special focus on vulnerable, disenfranchised individuals and families.



## UPCOMING EVENTS:

Contact Von Biggs at [Von.Biggs@Holy-Cross.com](mailto:Von.Biggs@Holy-Cross.com) to volunteer for any of the following events:

	<b>February 15</b>	<b>Rock the Block Wilton Manors</b>	A music festival dedicated to bringing the community together.
	<b>February 28 to March 1</b>	<b>American Brotherhood Weekend</b>	A weekend celebrating the first ever American Leatherperson contest at The Eagle in Wilton Manors.
	<b>March 1</b>	<b>Live Well Now: Health and Wellness Fest</b>	Explore LGBTQ+ wellness, on-site free screenings, and expert advice to kickstart your health journey at Hagen Park.
	<b>March 1</b>	<b>Sunshine Cathedral Health Fair &amp; Farmer’s Market</b>	Holy Cross Health will be offering free on-site screenings for HIV, STIs, and more.
	<b>March 15</b>	<b>Florida AIDS Walk &amp; Music Festival</b>	Come together for a 5K walk and an epic concert benefiting local AIDS service organizations.
	<b>June 14</b>	<b>Stonewall PRIDE Wilton Manors</b>	Wilton Manors Stonewall Pride celebrates the historic Stonewall Riots and the start of the LGBTQ+ human rights movement, highlighting its impact on our community.

# FLORIDA LEGISLATIVE ISSUES FOR 2025: A Health Care Perspective

BY JOEY WYNN, MBA

*Legislative Lens*

As we kick off 2025, there's a lot happening in the Florida Legislature that could impact our hospitals and health care system. Let's dive into some key issues and what they mean for us.

First up, Governor Ron DeSantis has called a special legislative session to tackle illegal immigration, hurricane relief, and condo safety. While these topics might seem unrelated to health care, they indirectly affect our hospitals by influencing funding and resource allocation.

On the health care front, there's a push to repeal in-state tuition for undocumented students, which could impact the diversity and talent pool in our medical schools and hospitals. Additionally, there's talk about enhancing cooperation with federal immigration authorities, which might lead to more stringent requirements for hospitals to verify patients' immigration status. We will await formal communications before we start to address this critical situation.

Moving to the federal level, 2025 is shaping up to be a year of significant health policy changes. With Republicans in control of the White House and Congress, we might see a revival of policies like Medicaid work requirements and short-term health plans as alternatives to Affordable Care Act plans. This could lead to more uninsured patients and increased pressure on hospitals to provide uncompensated care.

Another hot topic is prescription drug prices. The new administration is expected to revisit drug

importation from Canada and price transparency regulations, which could help lower costs for patients and hospitals alike, if they somehow comp up with how that would work operationally. So far Florida has never enacted a functional program for the Medicaid program even though they have been working on it since 2000. Once again, we will await formal instructions in writing before we start to work on this and other complicated issues.

Lastly, the expiration of several key policies, including the Tax Cuts and Jobs Act provisions and expanded Affordable Care Act subsidies, means Congress will need to act on Medicare spending, drug pricing negotiations, and physician payment reforms within the next 6 months.

All of these decisions will have a direct impact on how we deliver care and manage our budgets.

In summary, 2025 is a year of change and challenges for health care in Florida and across the nation. Let's stay informed and engaged to ensure we continue to provide the best care possible. 🌈

**Joey Wynn, MBA** is a public health advocate with 30 years of experience in HIV patient care, prevention, and policy in Florida.

He specializes in data analysis, simplifying complex concepts, and delivering engaging presentations with humor and passion. As a longtime leader in advocacy, he has secured state funding, chaired the South Florida AIDS Network, and trained healthcare professionals across Florida.





# APPLYING THE CONCEPT OF EPISTEMIC INJUSTICE AS A PHILOSOPHICAL WINDOW TO EXAMINE DISCRIMINATION EXPERIENCES OF LGBTQIA+ MIGRANTS WITH NURSES

BY ROYA HAGHIRI-VIJEH

ARTICLE & ABSTRACT ORIGINALLY PUBLISHED IN *NURSING PHILOSOPHY*, VOLUME 26, ISSUE 1 - JANUARY 2025

## ABSTRACT

Both stigma and discrimination, defined as a lack of knowledge of and a sense of discomfort in providing care to lesbian, gay, bisexual, transgender, queer, intersex, and + (LGBTQIA+) migrants, was found to manifest in a sample of LGBTQIA+ migrants who received nursing care in a recent study. The study concluded that nurses continue to have a limited understanding of the experiences of LGBTQIA+ migrants in the Canadian context, and that LGBTQIA+ migrants continue to have troubling 'care' experiences with nurses. Miranda Fricker has developed the concept of epistemic injustice drawing on feminist philosophy and social epistemology. Epistemic injustice refers to unfair treatment of a person by judging them as 'not a knower' in a communicative situation. For example, in a few circumstances when LGBTQIA+ migrants were admitted to psychiatric units due to suicide ideations as a direct result of identifying as a LGBTQIA+ migrants, the medical and nursing team responded with 'They are in Canada now. It is safe here!' and 'So, you are [LGBTQIA + ]! What's the big deal?' These unjust statements reflect an epistemic situation in which the hearer is negating what was heard, that is, that the speaker's intersecting identities of LGBTQIA+ and new immigrant has directly led to suicide ideation. The concept of epistemic injustice helps to frame this situation as one where the care provider is not doing justice to the needs of LGBTQIA+ migrants. This article draws on the narrative of an LGBTQIA+ migrant who is not recognised as a credible source of knowledge about their own lives and needs in the context of Canadian nursing care. Epistemic injustice helps to understand how stigma and discrimination is produced in this community by the very nursing profession who ostensibly want to help them. 🌈

To read this article in its entirety, visit <https://doi.org/10.1111/nup.70007> or the 'Nursing Philosophy' journal referenced below. All rights are reserved by the authors and cited journal. Holy Cross Health does not claim ownership or authorship in any capacity.

## Reference:

Haghiri-Vijeh, R. (2024). Applying the concept of epistemic injustice as a philosophical window to examine discrimination experiences of LGBTQIA+ migrants with nurses. *Nursing Philosophy*, 26(1). <https://doi.org/10.1111/nup.70007>

# PARTNER WITH S.P.I.R.I.T.!

*Get Involved*

Volunteer with the SPIRIT committee, your Holy Cross Health LGBTQ+ colleague group. It's a fantastic way to meet fellow colleagues, promote Holy Cross's commitment to the LGBTQ+ community, and have fun. Volunteer responsibilities include setting up and breaking down event tables, tabling during events, and engaging with the community.

In the coming months, we will focus on celebrating Holy Cross Wilton Manors' 25th Anniversary.

The S.P.I.R.I.T. Committee is Holy Cross Health's internal advisory committee focused on LGBTQ+ patient care issues. S.P.I.R.I.T. stands for Showing Pride, Inclusiveness, Respect & Integrity at Trinity Health.

Our mission is to promote visibility and awareness of the LGBTQ+ community within Trinity Health through building connections between LGBTQ+ and Allies, and by promoting acceptance and equity for all colleagues regardless of sexual orientation and gender identity or expression.



**NEXT MEETING:**  
**Monday, 3/3 at 12:30-1:00PM**

Check us out on SharePoint or contact Joey Wynn and Von Biggs for more information.