

# Structural Stigma in Public Health: From HIV to Monkeypox

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# Learning Goals

1. Understand stigma as social and institutional practice
2. Develop an intersectional and structural understanding of stigma
3. Consider how stigma is mitigated or perpetuated in public health and clinical responses to the monkeypox outbreak



# Disclosures / Conflict of Interest

- None to declare
- An insider/outsider perspective

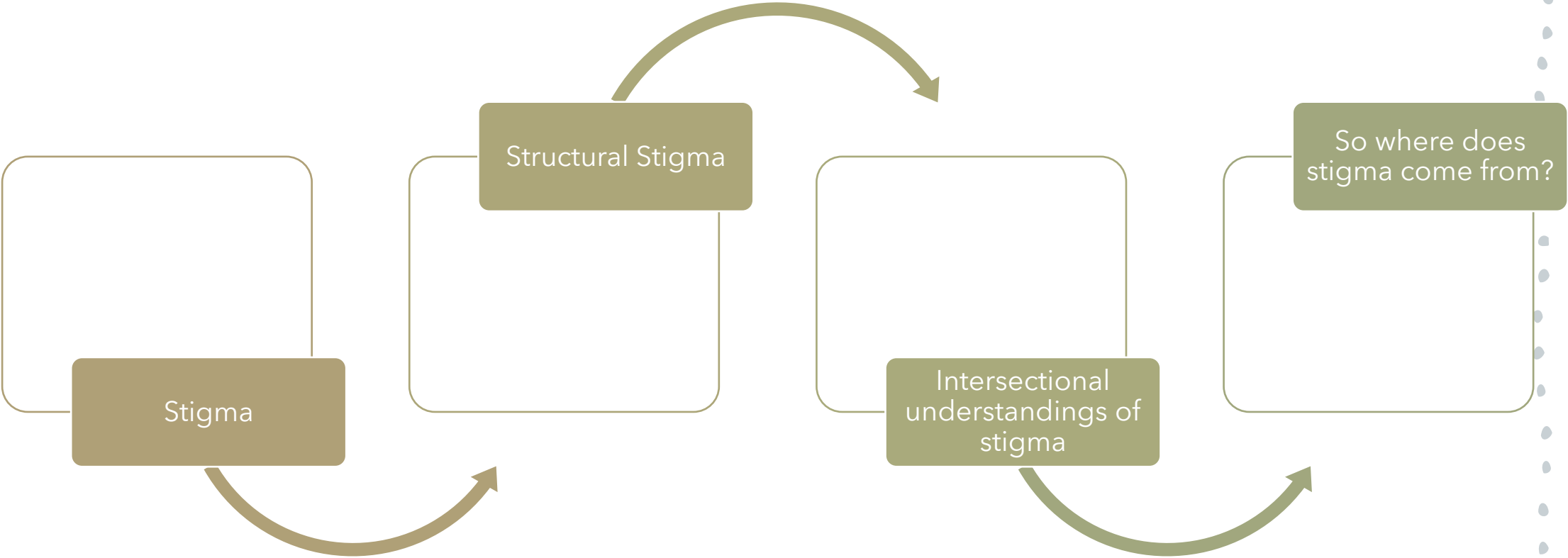


# Land Acknowledgement




# Understanding Stigma





# Remember dictionaries?

 **stig·ma**  
/'stigmə/

*noun*

noun: **stigma**; plural noun: **stigmas**; plural noun: **stigmata**

1. a mark of disgrace associated with a particular circumstance, quality, or person.  
"the stigma of having gone to prison will always be with me"

**Similar:** shame disgrace dishonor stain taint blot ⌵

2. (in Christian tradition) marks corresponding to those left on Jesus' body by the Crucifixion, said to have been impressed by divine favor on the bodies of St. Francis of Assisi and others.
3. **MEDICINE**  
a visible sign or characteristic of a disease.
  - a mark or spot on the skin.
4. **BOTANY**  
(in a flower) the part of a pistil that receives the pollen during pollination.


**Origin**

**GREEK** stigma  
a mark made by a pointed instrument, a dot

**LATIN**

**ENGLISH** stick

→ stigma  
*late 16th century*





# Stigma: Ingroups and Outgroups

- Othering
- Ingroups ('normal')
- Outgroups ('deviant')



# *Is stigma just discrimination?*



# Is stigma just stereotyping?



IDENTITY



SOCIAL PROCESS



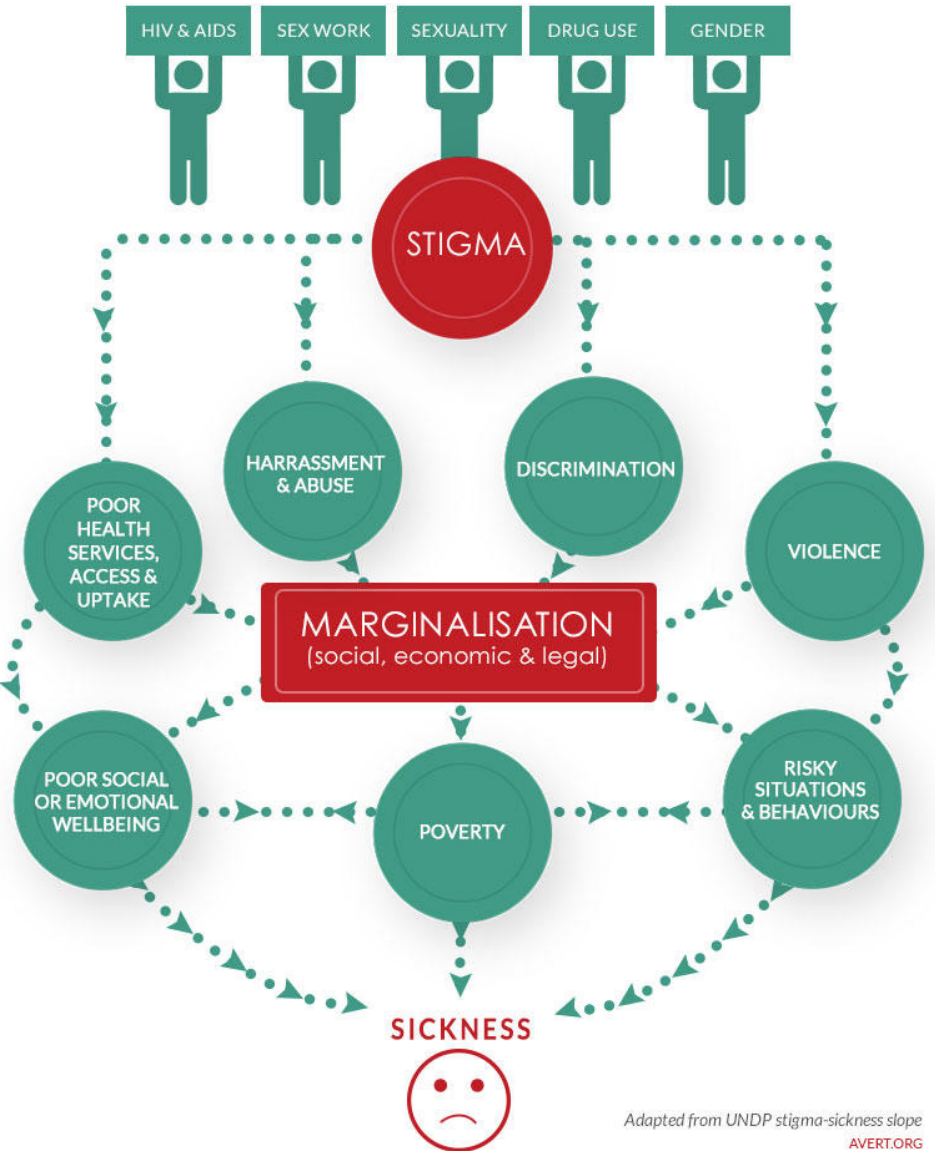
# Structural stigma – exclusion from social & economic life

“In health care, structural stigma occurs when laws, policies, and practices result in the unfair treatment of people with lived experience.”

“ Societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized.”

## HOW STIGMA LEADS TO SICKNESS

Many of the people most vulnerable to HIV face stigma, prejudice and discrimination in their daily lives. This pushes them to the margins of society, where poverty and fear make accessing healthcare and HIV services difficult.



Adapted from UNDP stigma-sickness slope  
AVERT.ORG

## Stigma has real health effects

- Access to care
- Treatment in healthcare spaces
- Adherence
- Disclosure
- Intimate partner violence
- Mental Health
- Substance Use
- Housing/employment/Food security

# Stigma & Intersectionality: A layered understanding



# Understanding intersectionality

Multiple social categories (e.g. race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro-level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism).

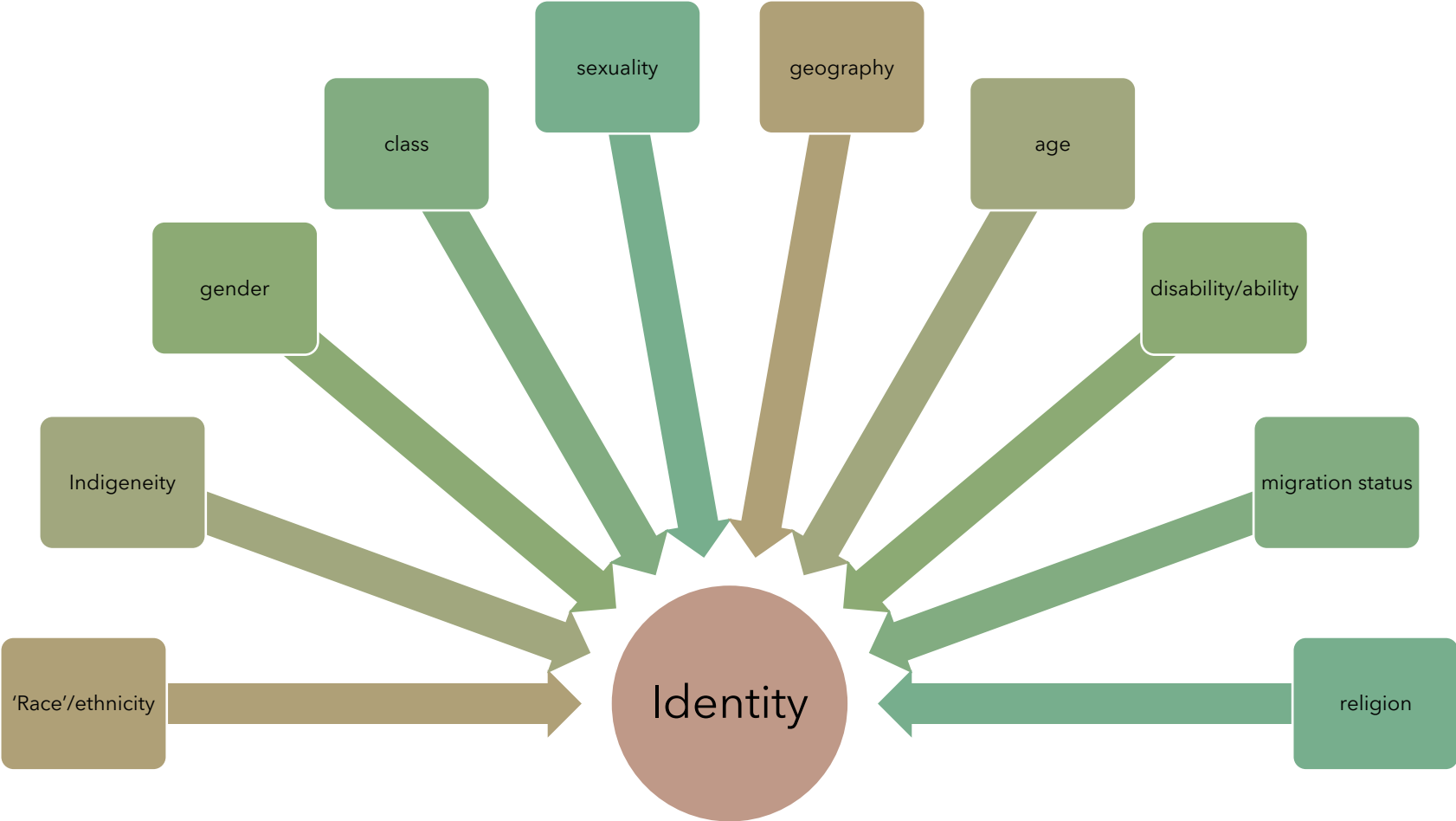


Kimberlé Crenshaw

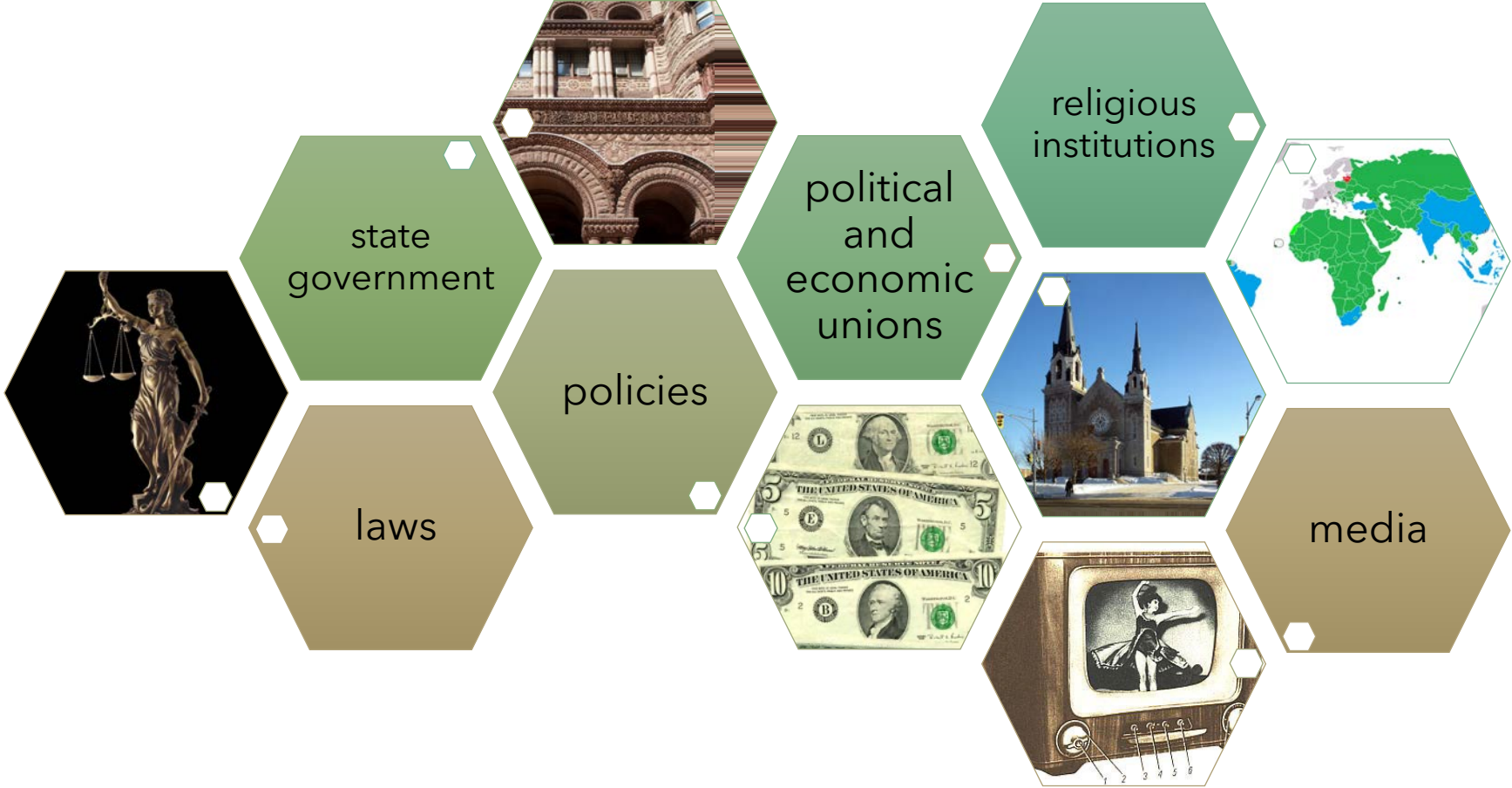


Patricia Hill Collins

# Social Locations

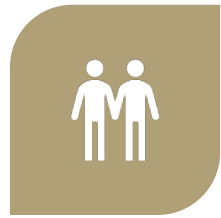


# Systems & Structures of Power





# Intersectionality is essential to understanding how stigma is experienced



MSM\*



PWUD



HETEROSEXUAL  
CISGENDERED  
WOMEN



RACIALIZED  
PEOPLE



TRANS & GENDER  
NON-BINARY  
PEOPLE



NOT MUTUALLY  
EXCLUSIVE!!!!

# Stigma & Intersectionality

RESEARCH ARTICLE

Open Access

Stigma and intersectionality: a systematic review of systematic reviews across HIV/AIDS, mental illness, and physical disability



Fatimah Jackson-Best<sup>1\*</sup> and Nancy Edwards<sup>2</sup>

HIV/AIDS and intersectional stigmas: Examining stigma related behaviours among medical students during service delivery

Nelson Varas-Díaz, Eliut Rivera-Segarra, Torsten B. Neilands, Yasmín Pedrogo, Paola Carminelli-Corretjer, Nelmit Tollinchi, Estefanía Torres, Yanira Soto Del Valle, Marinilda Rivera Díaz & Nerian Ortiz

HIV Stigma Among Black Women in the United States: Intersectionality, Support, Resilience

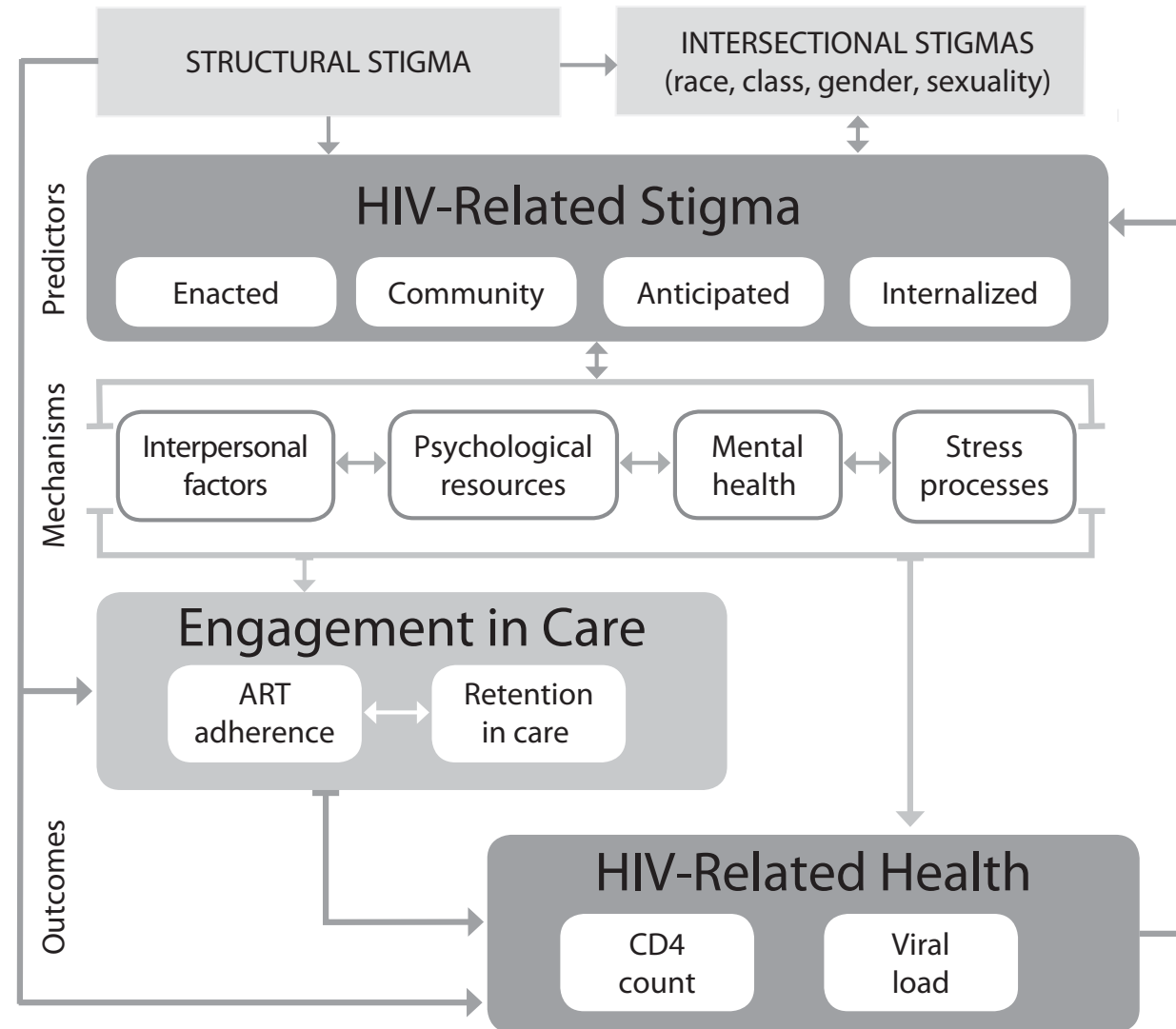
**Moving Beyond Biomedicalization in the HIV Response: Implications for Community Involvement and Community Leadership Among Men Who Have Sex with Men and Transgender People**

Peter Aggleton, PhD, and Richard Parker, PhD

# Intersectional approaches lead to different 'solutions'



# Making the connections



Note. ART = antiretroviral therapy.

FIGURE 1—Conceptual Framework for HIV-Related Stigma, Engagement in Care, and Health Outcomes

# *What if the call is coming from inside the house?*

Healthcare providers, institutions, & stigma



# Healthcare providers and Stigma



- It starts with how we're trained...

The students showed a high — but declining — degree of willingness to care for patients infected with HIV or at high risk of infection. Homophobic attitudes decreased, but so did the students' intentions to follow infection-control guidelines. The students who expressed a career interest in surgery specialties indicated less willingness to provide care for HIV-infected patients, presumably because these students felt that they would be at a higher risk of exposure. **Conclusion.** Overall, the students' responses indicated that over the two years of the study they became more restrictive in their attitudes toward HIV-positive patients, felt less personal obligation toward caring for these patients, and were less likely to use appropriate infection-control methods to ensure their own safety. *Acad. Med.* 68(1993): 377-379.

# Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record

*Anna P. Goddu, MSc<sup>1</sup>, Katie J. O'Connor, BA<sup>1</sup>, Sophie Lanzkron, MD, MHS<sup>2</sup>,  
Mustapha O. Saheed, MD<sup>3</sup>, Somnath Saha, MD, MPH<sup>4,5</sup>, Monica E. Peek, MD, MPH, MSc<sup>6</sup>,  
Carlton Haywood, Jr., PhD, MA<sup>2</sup>, and Mary Catherine Beach, MD, MPH<sup>1</sup>*

<sup>1</sup>Johns Hopkins University School of Medicine, Baltimore, MD, USA; <sup>2</sup>Division of Hematology, Johns Hopkins University School of Medicine, Baltimore, MD, USA; <sup>3</sup>Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA; <sup>4</sup>Section of General Internal Medicine, VA Portland Health Care System, Portland, OR, USA; <sup>5</sup>Division of General Internal Medicine and Geriatrics, Oregon Health and Science University, Portland, OR, USA; <sup>6</sup>Section of General Internal Medicine, The University of Chicago, Chicago, IL, USA.

**Table 1 Text Employed in the Vignettes**

Neutral language chart note	Stigmatizing language chart note
<p>Section 1</p> <p>Mr. R is a 28-year old man with sickle cell disease and chronic left hip osteomyelitis who comes to the ED with 10/10 pain in his arms and legs. He has about 8–10 pain crises per year, for which he typically requires opioid pain medication in the ED. At home, he takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he has taken 2 tabs every 4–6 hours. About 3 months ago, he moved to a new apartment and now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.</p> <p>He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat. He believes that this, along with recent stress, precipitated his current crisis. The pain is aching in quality, severe (10/10), and not alleviated by his home pain medication regimen.</p> <p>On physical exam, he is in obvious distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal other than tenderness to palpation on the left hip.</p>	<p>Mr. R is a 28-year old sickle cell patient with chronic left hip osteomyelitis who comes to the ED stating he has 10/10 pain “all up in my arms and legs.” He is narcotic dependent and in our ED frequently. At home he reportedly takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he says that he has taken 2 tabs every 4–6 hours. About 3 months ago, patient states that the housing authority moved him to a new neighborhood and he now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.</p> <p>Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat. He believes that this, along with some “stressful situations,” has precipitated his current crisis. Pain is aching in quality, severe (10/10), and has not been helped by any of the narcotic medications he says he has already taken.</p> <p>On physical exam, he appears to be in distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal although he reports tenderness to palpation on the left hip.</p>



**A BAD REPUTATION  
ISN'T ALL YOU CAN GET  
FROM SLEEPING AROUND.**



Think about it. When you sleep with someone, you're sleeping with everyone he or she has slept with for the past eight years. And if someone along the line had the AIDS virus, you would have been exposed.

Unfortunately, there is no known cure for AIDS. Everyone who gets it dies.

But AIDS can be prevented. By saying

no to sex. And by saying no to needle drugs.

Don't let it embarrass you to death. Get all the facts about AIDS, and talk about them with your girlfriend or boyfriend. Then if you choose to have sex, stick to one partner.

And use a condom, properly, every time. It's one of the best defenses against AIDS.

The point is, if you're going to have sex,

you should do it responsibly.

Don't fool around with your life. Find out more about how AIDS is transmitted, and how you can protect yourself. Call the Dallas County Health Department, (214) 351-4315. All calls are strictly confidential.

**AIDS** IT'S NOT A PUNISHMENT.

# Public Health Stigma & Moral Judgment





# DIARRRHEA

It might seem like diarrhea is no biggie. That's probably 'cause you never had it like I have. Try shitting your guts out every day for weeks at a time. How about being terrified to go anywhere because you might crap your pants?

Don't get me wrong, I'm really glad to be alive, but

## HIV IS NO PICNIC

I don't care how good the sex is or how hot the guy is, nothing is worth what I'm going through now.

[stopaids.org](http://stopaids.org)



PositiveForce

Design: Better World Advertising ([www.socialmarketing.com](http://www.socialmarketing.com))



# Public Health Stigma & Fear

Fairchild AL et al. (Am J Public Health. 2018;108:1180–1186.)

# AIDS: homophobic and moralistic images of 1980s still haunt our view of HIV – that must change

Published: November 27, 2018 9.30am EST



A still from the 'tombstone' public health campaign.

## Author



### João Florêncio

Lecturer in History of Modern and Contemporary Art and Visual Culture, University of Exeter

## Disclosure statement

João Florêncio receives funding from the Arts and Humanities Research Council (AHRC).

## Partners

[View all partners](#)



We believe in the  
free flow of



## Reflecting on ourselves is an important starting point...

- Our own social locations
- Our own beliefs & biases
- Our own privilege
  - **What do I never have to think about?**
  - **What do I take for granted?**
  - **“That never occurred to me”**
- What are the locations/beliefs/biases/privileges of those at decision-making tables?



## *But reflecting on the nature of our institutions is key*

- What are the locations/beliefs/biases/privileges of those at decision-making tables?
- Whose voices are missing?
- Where do we get our information? Who is considered the expert?
- To whom are we accountable?

*Moving to Monkeypox*



# Monkeypox & Stigma

- Most discussions of monkeypox & stigma have centered on interpersonal or social stigma
  - **RACE**
  - **GENDER**
  - **SEXUAL ORIENTATION**



CASUAL RACISM

# Stop using images of Black people to illustrate monkeypox stories



Western media has given 2022's monkeypox outbreak an African face

Image: Reuters/Da

By Alexander Onukwue | Published May 24, 2022

At least 92 monkeypox cases have been recorded in 12 countries across

## News

### Monkeypox: WHO to rename disease to prevent stigma

BMJ 2022 ; 377 doi: <https://doi.org/10.1136/bmj.o1489> (Published 16 June 2022)

Cite this as: *BMJ* 2022;377:o1489

Article Related content Metrics Responses

Luke Taylor

World Health Organization officials are working on a new name for the virus and disease commonly known as monkeypox in order to reduce racism and stigma.

NATIONAL

## How to talk about monkeypox effectively, without stigmatizing gay men

August 5, 2022 · 5:08 PM ET  
Heard on All Things Considered

ARI SHAPIRO | JONAKI MEHTA | CHRISTOPHER INTAGLIATA



# Monkeypox & Structural stigma

Structural stigma poses major threats to the health, safety, and well-being of many people affected by monkeypox





Opinion

Aug 24, 2022 by Malika Sharma, Nanky Rai

## Pandemics as portals: What monkeypox teaches us about medical apartheid and resistance

1 Comment

Share on:



Infectious disease outbreaks can [tell us a lot](#) about ourselves.

Monkeypox has been [declared a global emergency](#) by the World Health Organization. Spread through close contact that can include but is not limited to sexual activity, [labelling monkeypox a sexually transmitted infection](#) has been politically charged – not only for scientific reasons, but also because of the potential [political](#) and legal ramifications for 2SLGBTQIA+ people who are actively being [targeted and vilified by some right-wing politicians](#).

There is justifiable concern that focusing attention on queer communities will further entrench stigma and subject them to harm. But it is essential to look upstream at the factors and conditions that make such scenarios possible. How does the scapegoating of 2SLGBTQIA+ communities connect to contemporary neoliberal agendas? How is science and public health communication subverted to fit these agendas? And most importantly, how can communities simultaneously respond to a

### AUTHORS



**Malika Sharma**  
Contributor

Malika Sharma is a feminist writer, educator, and an infectious disease and HIV physician in Toronto.



**Nanky Rai**  
Contributor

# Challenges for Public Health

- How to talk about sexual transmission without putting LGBTQ2SIIA people at risk of discrimination, harassment, or violence?
- What are the legal and political ramifications for how this disease is classified?
- How is public health connected to the broader climate of injustice?
- How to target resources and interventions to affected communities without condemning, vilifying, or scapegoating?
- How to address our own bordered understandings of infection?


# Public Health – which public?

in f COMMUNITY

STAT

TOPICS ▾ OPINION ▾ TEAM ▾ EVENTS ▾ PODCASTS ▾ NEWSLETTERS ▾ RESOURCES ▾


TRENDING: FIRST OPINION CORONAVIRUS HEALTH BIOTECH


 Learn more about the difference a Rare Disease Advisory Council (RDAC) can make in your state. [rare-diseases.org/ProjectRDAC](https://rare-diseases.org/ProjectRDAC)

Join us virtually Wednesday 11/16 from 1:00pm-3:30pm ET


HEALTH





## Warning signs ahead of monkeypox outbreak went unheeded, experts say

By  [Helen Branswell](#) May 26, 2022 [Reprints](#)

 SIGN IN NPR SHOP DONATE


NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

 **Goats and Soda** STORIES OF LIFE IN A CHANGING WORLD

## He discovered the origin of the monkeypox outbreak — and tried to warn the world

Updated July 29, 2022 · 5:04 PM ET  
Heard on Morning Edition

 [MICHAEELEN DOUCLEFF](#)

# What we say, matters

1983

## National AIDS Hotline: HIV and AIDS Information Service Through a Toll-Free Telephone System

ROBERT R. WALLER, DDS, MPH  
LYNN W. LISELLA, MS

The authors are with the National AIDS Information and Education Program (NAIEP), Office of the Deputy Director (HIV), Centers for Disease Control (CDC). Dr. Waller is the Project Officer for the National AIDS Hotline. Ms. Lisella is the Chief of Communications Services and Assistance.

Tearsheet requests to Dr. Waller, Centers for Disease Control, NAIEP, Mailstop E-25, 1600 Clifton Road, Atlanta, GA 30333.

### Synopsis .....



*The National AIDS Hotline (NAH), a service of*

*hotline service. NAH has received an average of more than 1.4 million calls per year since October 1987. Services of NAH include responding to the public's questions about HIV and AIDS and providing referrals to State and local resources. All services, including HIV and AIDS publications, are provided free of charge.*

*The public contacts NAH 24 hours a day, 7 days a week, through a toll-free telephone system. Services are available to English-speaking, Spanish-speaking, and deaf populations. Each service has its own telephone number—English-speaking, 1-800-342-2437; Spanish-speaking, 1-800-344-7432; TTY service for the deaf, 1-800-243-7889.*



*NAH employs approximately 170 information specialists to answer calls. The facility uses modern telecommunications technology to effectively manage and direct calls to 43 work stations. Each work station is supported by a personal computer that*

- CDC establishes the National AIDS Hotline to respond to public inquiries about the disease.
- January 7: Report of AIDS in female sexual partners of males with AIDS.
  - » [Link to report of AIDS in female sexual partners of males with AIDS](#)
- March 4: CDC announces most cases of AIDS have been among homosexual men, injection drug users, Haitians, and people with hemophilia.
  - » MMWR suggests that AIDS may be caused by an infectious agent that is transmitted sexually or through exposure to blood or blood products and issues recommendations for preventing transmission. [Link to report of most cases of AIDS have been among homosexual men, injection drug users, Haitians, and people with hemophilia](#)

 **Alejandra Caraballo**  @Esqueer\_ · Jul 23

Now comedians like Dave Chappelle are making it explicit and directly calling monkeypox a "gay disease." This is a catastrophic failure of public health messaging that will result in discrimination and violence.

122 · 1,007 · 6,366

 **Alejandra Caraballo**  @Esqueer\_

Today, the World Health Organization declared monkeypox a health emergency and emphasized the focus on men who have sex with men. Given the climate in the US, this will lead to a dark place with rampant homophobia resulting from this. We have learned nothing from HIV/AIDS.

10:51 AM · Jul 23, 2022 · Twitter for Android

The New York Times

ADVERTISEMENT

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**NEW HOMOSEXUAL DISORDER WORRIES HEALTH OFFICIALS**

Give this article

By Lawrence K. Altman  
May 11, 1982

 **Rep. Marjorie Taylor Greene**   @RepMTG

If Monkeypox is a sexually transmitted disease, why are kids getting it?



**ROCHELLE P. WALENSKY, MD**  
DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION  
@CDCDIRECTOR

247K views

6:22 PM · 7/23/22 · Twitter for iPhone

How can providers &  
practitioners address  
stigma?



# *First, a recognition*

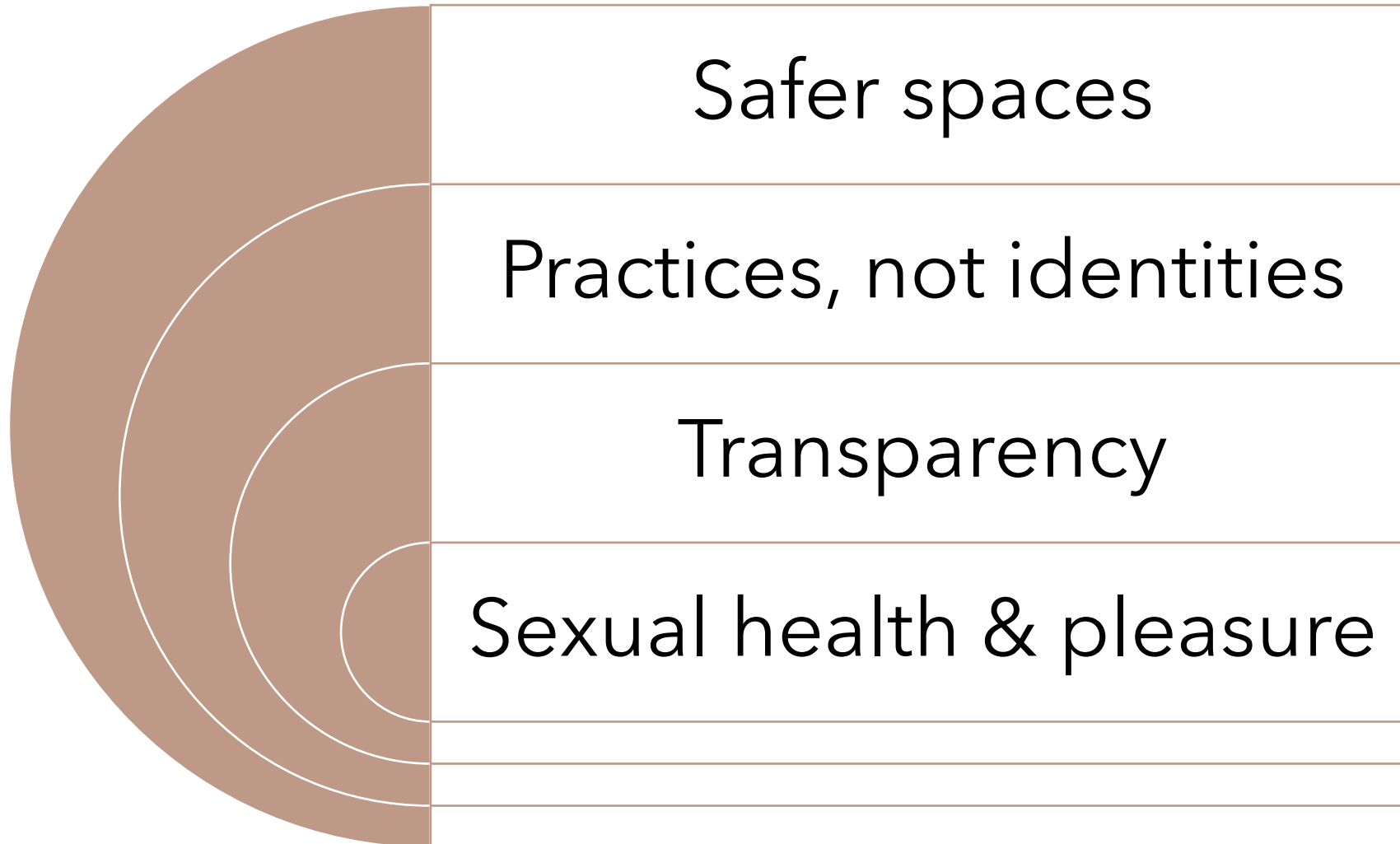
Of social and societal power

Of our words holding weight, historical legacy, and future ramifications





# *In the clinical space*



# CDC's Suggestions for Public Health

## Describe

- legitimate health issue
- relevant to all people

## Educate

- Modes of transmission with specificity
- Focus on action, not identity
- Clinical manifestations
- Infectivity

## Frame

- Inclusive language ('us' and 'we')
- Non-sensationalistic language and images (positive, diverse, and credible)
- Language that resonates with audience; concepts that the audience will be receptive to hearing or reading
- Emphasize prevention strategies, symptom recognition, and the treatable nature of monkeypox to minimize fear, promote action and a sense of personal agency

# Prevent the SPREAD OF MONKEYPOX



Clean your hands often



Wear a mask in indoor public spaces, when possible



Consider limiting close contacts, including sex partners



Clean & disinfect frequently touched surfaces often



Stay home if you have symptoms & talk to a health care provider



Get vaccinated, if eligible



## Monkeypox Vaccine Clinic

### Hassle Free Clinic

66 Gerrard St East, 2<sup>nd</sup> floor

Sunday, November 6

11 a.m. – 5 p.m.

**Walk in only • No OHIP or ID needed**

Free 1st & 2nd doses for eligible people

2<sup>nd</sup> dose is a full dose exactly like the 1<sup>st</sup>

- You can get vaccinated even if you recently got a COVID-19 vaccine
- Speak with a clinic nurse if you recently got another vaccine



# 6 WAYS WE CAN HAVE SAFER SEX IN THE TIME OF MONKEYPOX

**1 Stop going to places with lots of sexual activity**  
It might be time **temporarily** to hang up the group sex and saunas until we all get two shots of the vaccine. A soon as *fall 2022*, we hope to have enough vaccines for all who want it!

*Slutty summer? Hold off for a monkeypox-free cider donut anal autumn!*



**2 Use sex "pods"**  
Similar to how people established pods to make socialization safer from COVID-19, try a sex pod! Pod members monitor for symptoms for a few days after last exposure and limit sexual partners to pod members.

**3 Open & honest communication with sex partners**  
Before meeting up with a partner, discuss if you or they have had any other recent sex partners or had prolonged skin-to-skin contact with others. Discuss your health and whether you have any sores or other side effects.

**4 Condom use**  
Although the hallmark monkeypox rash or pox can appear anywhere, they are commonly reported on the genitals and perianal area. Condom use won't fully protect against monkeypox, but it could help **reduce the risk of skin-to-skin contact** with any lesions in these areas (including internal lesions!)



**5 More clothing**  
Monkeypox being mostly spread through skin-to-skin contact, anything you can do to reduce the amount of skin you have in contact with others makes riskier spaces—like bars or circuit parties—easier to manage!

*T-shirt at a circuit party? Long sleeves at the Eagle? Break out the fetish gear! If Kim K can do it, you can too.*



**6 Take care of yourself and others**  
If you do test positive for monkeypox, or if you have flu-like symptoms or a new rash, please stay home, get tested, and try to get TPOXX—a safe and likely effective **antiviral treatment** for monkeypox—if you can.

adapted from the Poz.com article "Six Ways We Can Have Safer Sex in the Time of Monkeypox" by Nicholas Diamond, Joe Osmundson and Grant Roth

## How does stigma relate to monkeypox?

**Stigma is discrimination against an identifiable group of people, a place, or a nation.** Stigma is associated with a lack of knowledge. Stigma hurts everyone by creating more fear or anger toward people instead of focusing on the disease that is causing the problem.

**Stigma can also make people more likely to:**

- Hide symptoms or illness
- Keep them from seeking health care immediately
- Prevent individuals from adopting healthy behaviors.

In the current outbreak of monkeypox, gay and bisexual men and African immigrants may experience stigma. It is important that we educate communities about this public health concern without making stigma worse for groups that already experience discrimination and bias.

**How can I help increase knowledge and reduce stigma?**

- Educate yourself on the facts and share them
- Correct negative language that can cause stigma by sharing accurate information about how the virus spreads

# Fast but thoughtful action

CANNOT

- sacrifice thoughtfulness for speed

MUST

- Recognize that what we put out there can be used against already stigmatized people and communities

# Resource allocation

Focused on people and communities most affected WHILE anticipating and pre-empting stigma & scapegoating

Must also ask - who is being rendered invisible, and potentially not getting the resources they need?



# Think (and act) bigger

Focus is often on individual behaviour modification rather than systemic issues like:

- Robust vaccination policies
- Access to testing
- Access to preventive health care
- Access to structural supports to allow for safe isolation like adequate housing and workplace protections.
- HIV criminalization



In the United States, where **organized abandonment** has happened throughout the country... we see that as people have lost the ability to keep their individual selves, their households, and their communities together with adequate income, clean water, reasonable air, reliable shelter, and transportation and communication infrastructure... what's risen up in the crevices of this cracked foundation of security has been policing and prison."

– Ruth Wilson Gilmore

<https://twitter.com/aboutfreedominc/status/1293281743940845568>

[https://www.democracynow.org/2020/5/5/ruth\\_wilson\\_gilmore\\_abolition\\_coronavirus](https://www.democracynow.org/2020/5/5/ruth_wilson_gilmore_abolition_coronavirus)



# Listen to & partner with communities

People exist in community, and are often the first to recognize new threats to their health and wellbeing

Structurally oppressed communities often bear the burden of infectious complications of structural violence AND have led the way in creating solutions and practicing collective care models.

On community:

Community as  
identity

Community as  
locality

Community as  
solidarity

# Recognize the tensions in this relationship

"Sometimes, administrators and bureaucrats were seen as pushing a line that rode rough-shod over **personal dignity, respect, and rights, all of which had been hard-won community values.** We need to have effective forms of prevention, treatment, and care, but those most affected by the epidemic should be involved, not as docile "partners" in program development and design, but as the leaders of what they know best: **how to work with and for heavily affected communities."**

# Incredible examples of the people's public health

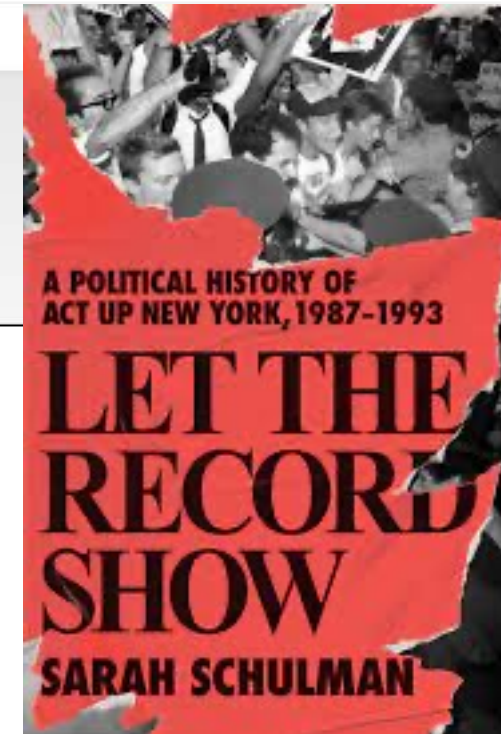


*Sylvia Rivera (center) with other Street Transvestite Action Revolutionaries (S.T.A.R.). [From Come Out (No. 7, p. 5)] Photographer Ellen Bedoz. Reprinted, by permission, from National History Archives of the Lesbian, Gay, Bisexual & Transgender Community Center.*

Zoë Dodd & Alexander McClelland

## Taking Risks is A Path to Survival

Underground Naloxone Access  
The Crack Pipe Train  
VANDU  
Working with Drug Dealers  
Undermining State Surveillance  
Rule Breaking as Ethical



<https://theanarchistlibrary.org/library/zoe-dodd-alexander-mcclelland-taking-risks-is-a-path-to-survival?v=1632271529>

<https://www.vice.com/en/article/z3enva/star-house-sylvia-rivera-marsha-p-johnson>

# Center in the Margins

- Shifting knowledge production to the concerns of the most marginalized, and privileging their voices in our discourses.
- Go beyond documenting inequities to analyze and take action against power differentials and privilege that create and perpetuate such inequities

# So to summarize

- We have institutional & societal power
- We must use it wisely, recognizing the impact of our choices in priorities and language
- Our attempts to address stigma must be structural - achieved through upstream interventions, community orientation & collaboration



*Thank you!*

