Queerifying Hazards, Vulnerability, and Disasters in San José, California

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Queerifying Hazards, Vulnerability, and Disasters in San José, California

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Abstract

This project began as a partnership between San José State University (SJSU), the U.S. Geological Survey (USGS), and The Billy DeFrank LGBTQ+ Community Center in San José, California. This is a community science project in which we collaborate with community members to enhance both community and scientific knowledge with the goal of utilizing it to produce a positive change to pressing social issues and their underlying causes. LGBTQ+ communities have unique experiences with hazards, vulnerability, and disasters, which often do not align with heteronormative approaches that are characteristic of scientific research broadly and disaster, risk reduction, response, and recovery programs more specifically. Over the course of our partnership, Gabrielle Antolovich, the Board President of the Billy DeFrank Center, became inspired to create a "queerified" disaster preparedness plan. This project aims to introduce some basic ideas and approaches to "queerifying" science and practice around hazards and disasters.

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Chapter 1: Meet the Project

Introduction

In this project, I partnered with the US Geological Survey (USGS) to develop a community-based participatory risk and vulnerability assessment to complement the HayWired project. We are assessing the risks and vulnerabilities associated with a potentially massive earthquake along the Hayward fault. Through a series of small group discussions, we identified hazards and vulnerabilities by partnering with two community-based groups in San José, California; Japantown Prepared and The Billy DeFrank LGBTQ+ Community Center. Our objective was to use community science[1] to complement the HayWired Scenario, identify the hazards and vulnerabilities present in the Billy DeFrank Community, and recognize community members as agents (as opposed to targets) of change and intervention (Faas and Marcelo 2021).

The Billy DeFrank LGBTQ+ Community Center is located on The Alameda, just west of downtown San José. The center is named after William Prince a.k.a. Billy DeFrank, a gay activist and a drag performer in the 1970s. The Billy DeFrank Center supports LGBTQ+ individuals and allies by providing a safe place for them to express themselves. The center supports the health and wellbeing of LGBTQ+ individuals advocating for issues affecting the LGBTQ+ communities and by hosting various discussion groups and activities like Rainbow Bingo, GAYmer night in the Queer Library, social gatherings for LGBTQ+ older adults, HIV Testing, and more (The Billy DeFrank LGBTQ+ Community Center 2021, www.defrankcenter.org).

We reached out to the Billy DeFrank LGBTQ+ Community Center because we wanted to make LGBTQ+ communities a significant part of our efforts to learn about diverse and

[1] We read the citizen science literature to inform our work, but we prefer the less-reactive term "community" given our work with so many immigrant groups.

underrepresented experiences with hazards, vulnerability, and disasters. They became our second partner in this pilot study in May 2021. We were fortunate enough to collaborate in-person despite the COVID-19 pandemic because we were all fully vaccinated by this time. We had three group discussions altogether: orientation and hazards, vulnerability, and preliminary findings. In this introductory chapter, I recount how Dr. Faas and I developed a community science approach to vulnerability assessments with two community-based organizations in San José: Japantown Prepared and Billy DeFrank LGBTQ+ Community Center. However, this project will primarily be focusing on the Billy DeFrank Center and the project of *queerifying* disaster science and knowledge.

Partnering with the USGS HayWired Scenario

In June 2019, Dr. A.J. Faas, an anthropologist at San José State University (SJSU), gave an invited lecture at the USGS about the varieties of vulnerability thinking and introduced anthropological insights into how we think about disasters. Dr. Faas addressed the shortcomings of interdisciplinary disaster studies and disaster risk reduction programs in terms of how hazards and disasters are perceived and studied, which often amounts to lack of attention to socio-cultural, political, and economic processes. Dr. Anne Wein, Operations Research Analyst with the USGS, was present during this seminar and expressed an interest in addressing the shortcomings of disaster research. Dr. Wein is the Lead Researcher of the USGS HayWired Scenario, a scientific model of calculable impacts of a magnitude 7.0 earthquake hitting the Hayward Fault along the east side of the San Francisco Bay. She was interested in synthesizing Faas's "post-vulnerability" approach with the HayWired Scenario, to move away from thinking of people and places as vulnerable. Since then, the Anthropology Department at SJSU and the USGS established a partnership to develop a community-based, participatory vulnerability

assessment to complement the HayWired Scenario. HayWired is concerned with earthquakes and earthquake-related hazards such as shaking (mainshock and aftershock sequences), liquefaction, landslides, surface fault rupture, post-earthquake fires, and significant damage to buildings and water delivery systems and other vital infrastructure.

Post-Vulnerability: Thinking Collaboratively about Hazards, Vulnerability, and Disasters

Researchers often quantify disasters — the cost of damages, homes destroyed, number of casualties, number of people injured, and cost of recovery, and calculate vulnerability as the exposure of populations, places, and structures exposed to hazards, which is often referred to as the "hazard-centric" model (Marino 2015; Faas 2016; Oliver-Smith 2016). Yet, even if everyone experienced the same earthquake, flood, or global pandemic, it does not mean that they all experienced the same disaster (Faas et al. 2020). The impact of a disaster is contingent upon people's ability to anticipate, respond, cope, and recover from a disaster (Wisner et al. 2004). Collaborating with communities and gaining local insights regarding hazards through community science has the potential to provide a better understanding of local actions to address the human and social aspects of disaster vulnerability (Maldonado 2016).

Elizabeth Marino and A.J. Faas (2020) argue for a *post-vulnerability* approach to transform vulnerability thinking in disaster studies. The concept of vulnerability in disasters "has helped focus and develop disaster-related theory in important ways," but critics argue that vulnerability frameworks are not measured consistently, imply that disasters are "temporary," which ignores existing day-to-day issues, strip people of agency, and focus on disadvantaged groups as opposed to the historical production of disasters (Faas 2016). Marino and Faas (2020) critique the notion that powerful state actors and scientists can protect people from harm by limiting their exposure to environmental and technological hazards, suggesting that if people can

reduce inequality and political marginalization, that they can better handle hazards that come their way. The post-vulnerability approach does not suggest that we no longer think of vulnerability in disasters. Instead, we shift the focus from hazard exposure to *social* vulnerability and the relationship between political and environmental factors that link vulnerability with at-risk and marginalized communities (Sun and Faas 2018; Marino and Faas 2020).

HayWired Explained

The Hayward fault is 74 miles long and the infrastructure on this fault can lead to thousands of injuries and billions of dollars in damages in the event of an earthquake. Thus, mapping scenarios around it will help inform preparedness and risk reduction efforts (Johnson et al. 2019). To address the issues focusing on hazards and exposure to hazards in informing risk reduction efforts, it is necessary to understand the underlying causes of disasters. However, focusing on hazards alone will not account for important factors that need to be considered, like gentrification, unemployment rates, wealth inequality, citizenship, and discrimination.

One of our goals in this project is reciprocal knowledge transfer between underrepresented groups in the Bay Area and the scientists at HayWired. For instance, the COVID-19 pandemic is a global issue, yet people and states around the world have vastly different experiences with the disaster, perhaps even experiencing completely different disasters (Faas et al. 2020). There is an unequal distribution of exposure to technological or environmental hazards for certain populations (Faas 2016). Marginalized populations like the LGBTQ+ community may be more susceptible to the impacts of a disaster and have vastly different experiences with disaster response and recovery. We know that it is not people or places that are vulnerable, but certain aspects of society generate these vulnerabilities (Marino and Faas 2020). Some causes of vulnerabilities include lacking access to reliable information, lack of

preparedness and resources (especially financial), lack of support system, lack of reliable means of transportation, getting aid and being heard by government agencies, and access to the necessary information.

Methodology

Dr. Faas and I are not only interested in *who* is susceptible to vulnerabilities and *where* hazards are located; we are interested in *what* is being done to address them. We recognize community members as agents (as opposed to targets) of change and intervention (Faas and Marcelo 2021). By capturing local perspectives, we hope to amplify the voices of those who lack access to resources, relations, and capacities needed to prevent, respond to, and recover from disasters and emergencies.

We piloted the first phase of our study in San Jose's historic Japantown community in the spring and summer of 2020, during the earliest waves of the COVID-19 pandemic. Located north of downtown San José, Japantown is known for its dining scene and specialized gift shops. Japantown is also home to family residents, assisted living facilities for the elderly, and various businesses. Tourists and locals alike are attracted to this neighborhood for its cultural and historical Japanese roots. The Japantown Business Association formed *Japantown Prepared*, a community emergency response team (CERT), in 2011 as part of the city of San José's disaster preparedness initiative (Saito et al. 2021).

In December 2019, I helped Dr. Faas design and carry out a pilot, participatory study on disaster vulnerability. Since it was a pilot study, Dr. Faas decided to partner with Japantown Prepared to test our protocols and gain insight into the various hazards and vulnerabilities present in Japantown. We collected data through a series of three focus group workshops: one focused on hazards, one focused on vulnerability, and one focused on interpreting study findings.

Each workshop consisted of a series of small-group interviews, where we invited verbal responses to questions. Dr. Faas facilitated most of the sessions while I recorded the sessions with the consent of our participants and took notes. We chose to do focus groups or small-group interviews because focus groups are useful when exploring issues and identifying social norms (Bernard 2018). Small-group interviews and workshops allow us to talk to different people in a short period of time. We aimed to recruit six to twelve participants per session to explore all the different possible opinions and experiences. Having six to twelve participants ensures that the group is large enough for a rich discussion, but not too large where some participants do not have the opportunity to speak. We estimated each session to last two hours, but we often exceeded our time limit because we had such lively discussions.

The vulnerabilities workshop included vulnerabilities worksheets that were circulated and then submitted via email. Participants indicated which groups would have the greatest challenges accessing a range of resources in anticipating and preventing a disaster, evacuation and mass care, and recovery on these worksheets. We asked the participants to try to complete each of the three sections within twenty minutes. We then asked them to indicate the causes of these problems. In our meeting, participants discussed what vulnerabilities were related, which were priorities for them, and what they would like to see done.

Dr. Faas and I analyzed the data we collected from the sessions and worksheets and identified various patterns and themes. We presented our preliminary findings and summaries of each theme in the form of a written project report and a visual presentation during our final meetings and invited participants to guide our interpretations. By inviting our participants to guide our interpretations of our findings, we are initiating the discussions of future actions and next steps (Langsdale et al. 2013). Since the bulk of our research was conducted prior to the

COVID-19 pandemic, Japantown participants felt they needed to address several issues they had not raised in earlier sessions. After reviewing the summaries, the participants discussed several related themes and topics they wanted to see added.

Japantown Prepared identified four hazards of greatest concern: (1) earthquake; (2) crime and problem populations; (3) motor vehicles; and (4) poor lighting. The most important vulnerabilities that the group recognized were those affecting the elderly, people experiencing homelessness, people with limited English proficiency, people with fixed incomes, and young children. They also recognized that there are important differences between people who do not care and people who are *unable* to prepare, cope, and recover. Japantown participants expressed concern with voluntary outmigration, particularly regarding families with young children and young professionals moving out of the area to find work. Japantown Prepared participants discussed Japanese-American pride, the stigma of charity, and American-rugged individualism as potential reasons people face hardships during a disaster.

Queerifying Disaster Knowledge and Practice

Prior research has identified queer dynamics in disaster dramas. Following Hurricane Katrina in 2005, a transgender woman in New Orleans spent four days in prison because she used the women's shower facilities at an emergency evacuation center. On a separate but related case, a same-sex couple struggled to negotiate government support services, insurance claims, and emergency accommodation because the state of Louisiana did not recognize their relationship as legitimate (D'Ooge 2008). These two narratives are examples of LGBTQ+ experiences that are largely absent from media reporting during disasters. Whether it is an earthquake or a flood, a hazard does not care about gender or sexual identity. However, the relevance of gender and sexual identity to *the experience of disaster and disaster response*

becomes clear through LGBTQ+ narratives. The media plays a vital role in reporting and establishing the public meanings of disasters, which also influence disaster management policy. However, the media can also be implicated in reproducing the exclusion of LGBTQ+ issues in emergency management and disaster risk reduction policy (McKinnon et al. 2017; Gaillard et al. 2017).

Sun Lei and A.J. Faas (2018) advocate for the reframing of social production and social constructs of disaster and putting them in dialog with vulnerability to develop more inclusive approaches to disaster risk reduction, response, and recovery. Regardless of the disaster, citizens are rarely involved in the decision-making process in risk reduction, response, and recovery efforts (Hsu, Howitt, and Miller 2015; Barrios 2017). Through community-based partnerships, we have the opportunity to work together to identify hazards and give meaning to them (Checker 2007). In this research, we introduce some basic ideas and approaches to queerifying science and practice around hazards and disasters.

Project Goals

I. Use community science to enhance both community and scientific knowledge with the goal of utilizing it to produce a positive change to pressing social issues and their underlying causes
II. Contribute knowledge to disaster risk reduction, response, and recovery programs through small group interviews, data collection, and analysis
III. Reciprocal knowledge transfer between underrepresented groups in the Bay Area and the scientists at HayWired
IV. Advocate for LGBTQ+ inclusion in disaster science, policy, and practice

Project Deliverables

Dr. Faas and I created project reports and visual presentations of our preliminary findings for both Japantown Prepared and The Billy DeFrank Center. Dr. Wein co-authored the reports and presentations to oversee the HayWired data. The final deliverables are shared with the USGS and community partners in the form of written project reports outlining the research findings. For each presentation, I used Adobe Spark Page as opposed to Google Slides or PowerPoint to make the presentation more accessible and interactive. Anyone with the link can view the presentation and share it easily. The methodology used in this pilot study will be utilized for future vulnerability assessments with different communities across the Bay Area.

Our partnership with the Billy DeFrank Center helped us realize that we can continue our collaboration. We worked on *phase I*; now, we have the potential to collaborate again for *phase II*. We ended phase I with two broad research questions that we developed collaboratively: (1) Can we find practical ways to incorporate LGBTQ+ variables into HayWired? (2) How might the consideration of an earthquake scenario help The Billy DeFrank Center design a more robust "support center" function? Phase II would be a joint applied project focusing on these research questions.

Roadmap

This project report is divided into three chapters. Chapter 2 is an article for Practicing Anthropology that shares LGBTQ+ experiences with hazards and vulnerabilities. It also summarizes relevant literature reviews focusing on disaster anthropology. I explored approaches in political ecology, community science, the importance of local and traditional knowledge, and the significance of queerifying disasters. In Chapter 3, I conclude with a reflection of the

anthropological difference made with this project and suggest further applied work on community science vulnerability studies and queerifying disasters.

Chapter 2: Queerifying Disasters: Participatory Vulnerability Studies with a Silicon Valley LGBTQ+ Community Center

Abstract

In this short article, I reflect on the collaboration between San José State University (SJSU), the United States Geological Survey (USGS), and The Billy DeFrank LGBTQ+ Community Center as part of a community science vulnerability assessment project in the eastern region of the San Francisco Bay Area. We employed small-group interviews and workshops to talk to different people in a short period of time and explore pressing social issues and their underlying causes. We asked our participants at the Billy DeFrank Center to identify hazards that affect them and groups that are more susceptible to systemic vulnerability, as opposed to asking about groups that are themselves vulnerable. We conclude by discussing how this collaboration developed into queerifying hazards, vulnerability, and disasters.

Keywords: community science, vulnerability studies, queerifying disasters

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> **“**About approximately a year ago, both of us contracted COVID. And I was hospitalized twice—because I was transgender, the hospital policy... some of these things may not be intentional maybe just a matter of policy, that they can't place a transgender person in pre op.—in a room with either male or female after being in an ‘alone room.’ In my particular case, I needed a negative pressure room, because I was going to go into mechanical ventilation, which is different than intubation, [which] makes a lot of aspiration. So you have to have the room pumped out of the building. So it doesn't do that. And so they had a very limited resource that they can only put two or three people into, but if I went in, they could only have one. So they resisted. And they resisted letting me do mechanical ventilation. I literally left the hospital with COVID and went home to treat myself.**”**

This quotation from Jennifer, a transgender member of the Billy DeFrank LGBTQ+ Community Center in San José, California, is an orientation to queer experience with disaster, risk, response, and recovery. Yet, we need to remember that this is just *one* narrative. LGBTQ+ people often experience disasters in ways that differ markedly from heterosexual and cisgender individuals. Heteronormative values and practices make LGBTQ+ individuals susceptible to vulnerabilities in both everyday life and during disasters (Dominey-Howes et al. 2014; Gaillard et al. 2017). Many LGBTQ+ individuals have good reason to mistrust emergency responders and the healthcare system since they are often discriminated against and have numerous negative experiences in their interactions with these systems. This was especially evident during the height of the COVID-19 pandemic in 2020 when the healthcare system was overwhelmed. Since residents are rarely involved in the decision-making process in risk reduction, response, and recovery efforts in disaster, we partnered with the Billy DeFrank Center to evaluate their perceived risks and hazards and give meaning to them (Maldonado 2016; Barrios 2017). By working with community-based groups, we have the opportunity to directly receive insight and work with them in identifying both the sources of physical, and potentially disastrous, harm in their communities and environments and social forces that coproduce these harms and give them form and magnitude.

Hazards

> **"**I have never felt safer walking around than when COVID was active and lockdowns were in place because everybody was at least six feet away from me. I wasn't hit. I wasn't spat on. And I wasn't sworn at for the last year and a half.**"**
> Transgender woman

When A.J. Faas and I met with our participants at the Billy DeFrank Community Center, we conducted a workshop to identify the hazards they saw affecting their community and

environment. Hazards are environmental and social phenomena that present potential harm or damage, risks to life, physical wellbeing, property, broader impacts on society, economy, and environment (Faas 2016). After a discussion in which we identified twenty hazards affecting them, we asked the group to vote on the hazards of greatest concern, which resulted in a list of five priority hazards: (1) anti-LGBTQ+ aggression and violence; (2) COVID-19 pandemic; (3) domestic violence and abuse within the LGBTQ+ community; (4) insufficient police education with LGBTQ+ issues; and (5) wildfires (bad air effects).

Readers might notice that all but one item on this list of hazards is a social issue, a "people" problem, not an "environmental" problem. Then again, wildfires are also a people problem. In our approach, we envision hazards as assemblages of features associated with society and the environment (Faas 2022). For one, wildfires in the 21st century are products of human influence on the landscape, from climate change to development to land and fire management policies (Faas et al. 2017). California has always been fire-prone, but the fires are bigger, more destructive, and airborne health risks pose a great threat from smoke inhalation (Pozniak 2019).

Billy DeFrank community members consistently expressed concern about anti-LGBTQ+ aggression and violence. This included hate-motivated acts of violence towards the LGBTQ+ community, attacks on the center and community members, cyber-attacks, religious anti-LGBTQ+ propaganda, media anti-LGBTQ+ discourse, and general acts of bigotry.

> "I went to a vigil for a trans woman of color that was murdered locally. And it was domestic violence, you know, stabbing. And what struck me was that all of her friends got up and talked about being in abusive relationships. And Natalia Smüt was not just the only one. *She's the one that died.* But all the others were in abusive relationships at some point, and they all mentioned it at the vigil. And I started to sort of freak out because it was a lot. And that how little support there is

> for our community around the domestic violence issue, and how they don't know who's the perpetrator, who to blame, and the legal system doesn't support us."

The participants also expressed how the justice system and the police lack education on queer domestic violence and LGBTQ+ issues. They explained that they experienced a lack of support in queer domestic violence cases, and that the justice system does not have a plan of action for processing apprehended transgender individuals in jail or prison, and oftentimes, police officers resort to aggression or combat as a default position. A few of our participants recalled how police officers often reach for their guns when they encounter members of the LGBTQ+ community or when they are unsure of what to do.

Moreover, in 2020, California was experiencing two disasters simultaneously—the COVID-19 pandemic and some of the largest and most intense wildfires in recorded history. These hazardous processes also have comorbidities that run along certain social fault lines in society, including higher rates of respiratory and immunity issues in the LGBTQ+ community (e.g., hypertension, HIV, asthma), which can make people more sensitive to air quality and coronavirus.

Vulnerability

> **"**[M]any LGBTQ+ have had past problems with mental health professionals, and even with regular medical professionals. We're less likely to seek help again, because of the negative aspects. And that's what we said under a disaster... when the healthcare system and mental health care system are overwhelmed—minorities like the *LGBTQ+ are discriminated against by being either denied care or give them poor or minimal care*. In particular, trans people. Because we're trans, they have to... California has, in my experience, they always have to put you in a separate room. So, they can deny service at that facility saying, 'well, we don't have a single room available.'**"**

> **"***I'm afraid to get sick.* I'm afraid to hurt myself. Because I don't want to be in there (hospital). Because I know what happens.**"**

These narratives indicate that discrimination often puts LGBTQ+ individuals at higher risks for a range of health issues. Our second session was devoted to the topic of vulnerability, a concept employed in disaster science, policy, and practice, to describe social phenomena that align with hazards to produce disasters (Oliver-Smith 2016; Faas 2016). That is, a hazard becomes a disaster when it encounters a vulnerable society. It is not people or places that are vulnerable, but certain aspects of society generate these vulnerabilities (Marino and Faas 2020). What does that mean? Instead of thinking of impoverished people as vulnerable themselves, we can think about the detachment between people and basic resources such as affordable housing or employment (Marino and Faas 2020).

We asked our participants to identify groups that are more *susceptible* to systemic vulnerability, as opposed to asking about groups that are themselves vulnerable. The participants identified elderly individuals, people with mental illness, physical and sensory disability (e.g., blind, deaf), and people experiencing homelessness who may be unfamiliar with hazards and resources, and people who do not have stable housing, low-income renters, low-income LGBTQ+ individuals, people experiencing homelessness, and people with fixed income as groups who would have difficulty accessing resources and information in the event of a disaster. Additionally, participants expressed how people might not be looking for information or preparing for potential disasters because their attention is consumed by *dealing with their day-to-day issues*.

Discrimination within the Healthcare System

> **“**When I went to ETS in 2018... They asked me what my name was and stuff. I filled out the form that I told them that I was trans and that my paperwork hadn't completely gone through with the name change yet and this was my preferred name, and this was my preferred pronouns. Once I got into the main— I don't know what you call it—the main dormitory or whatever. They had me change into the scrubs. Sometimes you can wear all your clothes, but in this case, they made me take off my skirt and put on the scrubs. I was dressed completely in scrubs. I was completely indistinguishable at that point from a cis male, which I guess that's what they treated me as in there because they completely ignored my preferred name pronouns when I was in there. And they didn't let me shave, which made me feel very dysphoric.**”**

> **“**Actually, my experience with the same facility was, I wasn’t allowed in the male dormitories or the female dormitories. So, I slept in the free room and there wasn't any place to sleep. So, I slept on the floor. They constantly misgendered, they took me off of all of my meds, both HRT and psych meds, to try and cycle me down to see what's going on. So instead of it being a stabilizing opposition, they basically did everything in their power to make it worse. And that's been a lot of my experience with the medical community since transitioning.**”**

These narratives make it plain that even though transgender people have gained important legal recognition, they are regularly subjected to insensitive heteronormative practices in public safety and healthcare systems. Some people are malicious, and they intend to harm or violate the rights of transgender people based on their personal beliefs, while many others are simply unaware of the consequences of their conduct. Transgender participants recalled incidents of people trying to get a picture of them while they were changing or giving them a plastic sheet instead of a blanket in the hospital. Yet even well-intentioned people are often untrained and unpracticed in administering queer and trans-sensitive care. The result is that, often despite good intentions, transgender and queer individuals are frequently either denied care or treated poorly in its administration.

Participants from Billy DeFrank expressed fears of getting sick, and especially of going to the hospital because of the negative experiences they have had in the past. They

would rather treat themselves than be violated or treated inhumanely. Although one person or organization cannot be held responsible for the discrimination against transgender people, the healthcare system can be held accountable for the lack of systemic accommodation of LGBTQ+ patients.

Distrust Towards Elected Government Officials

> **“**If we have an earthquake here, and we get disruptions in medications, hormones... Transgender people are very dependent upon hormones. If we lose our supply of hormone (which they don't fucking say) shots once a week. [If] that goes away. We go nuts! See now you're going to be needing a psych ward—can't get in the psych ward because they don't have enough beds. So what's the contingency plan?**”**

Participants expressed the challenges of finding reliable information because it has come increasingly challenging to distinguish truth from misinformation. They emphasized that, aside from access to reliable information, it is just as important to take note of information saturation and information contradiction. That is, there is a constant and massive stream of information from news media, social media, and public officials that is challenging to consume and often full of inconsistencies that are difficult to interpret. Participants drew many examples of information reliability from reporting and public information related to the COVID-19 pandemic.

There was also an important discussion about how people with limited English language proficiency, LGBTQ+ individuals, sex workers, and other stigmatized groups would have the most trouble compelling government agencies to reduce risks and hazards in their environment. The group discussed how transgender people are not afforded respect for their experience and opinions—they often do not have the resources to have a voice. Participants emphasized the distrust many members of the LGBTQ+ community often feel toward elected government officials. At times, participants reported, LGBTQ+ community members and people with limited

English language proficiency want to advocate for change, but they are unable to. They encounter problems such as lacking time or money and difficulties in understanding certain policies or accessing reliable information.

Community members want to hold their leaders accountable, but oftentimes, their voices are not heard or not taken seriously. The participants emphasized that one member from the LGBTQ+ community does not represent the community as a whole. For instance, the experiences of gay men vary significantly from the experiences of lesbians, non-binary, and transgender women. Additionally, the experiences of transgender individuals vary due to factors such as wealth and privilege—they expressed their resentment towards Olympic athlete cum political aspirant, Caitlyn Jenner because she did not speak or advocate for the transgender community.

> **"**[E]ven within one letter [T] we're not homogenous because trans people come from all backgrounds.**"**

Additionally, the participants discussed the role of wealth in having access to and obtaining resources. Oftentimes, people of color from certain geographical areas do not get the resources they need. For instance, the current international and national shortage in HRT (hormone replacement therapy) is more prevalent among low-income transgender individuals. The gel, patchwork, or pills are not as effective as the injectable estrogen, but the pills work for most individuals. Some find themselves sharing doses or taking expired pills as they are willing to compromise, rather than skip a dose altogether. In general, HRT is seen as optional, but they are *essential.* Missing a dose has negative psychological implications.

> "Missing doses can have a huge psychological impact and can cause people to spiral. I'm seeing it through a lot of my friends where people are sharing doses because they literally can't get another vial of estrogen."

Since our participants shared about how they distrust elected government officials and the healthcare system because of past experiences and because they have been historically discriminated against, they want to take action themselves. We asked participants to identify key actors and organizations working to address hazards in the Billy DeFrank community. Chiefly, those named were community groups like the Billy DeFrank LGBTQ+ Community Center, The Alameda Business & Neighborhood Association, and the San José Police Department. Gabrielle Antolovich, president of the Board of Directors at Billy DeFrank, merited a special mention for actively working on hazards and other community issues in the Billy DeFrank community. The Billy DeFrank Center partners with different organizations, constantly communicates with Santa Clara County and San José City Officials, and has different clubs and support groups to ensure that the needs of the Billy DeFrank are met. During the height of the pandemic, they held events via Zoom in lieu of in-person discussion groups and events.

Support System or a Lack Thereof

> **"**[H]istorically people in the queer community tend to be ostracized from their families, and extended families. But the whole point of the community center is to recreate a sense of family.**"**

During our discussion about finding adequate shelter, access to basic resources, and accessing financial resources, participants identified LGBTQ+ individuals, LGBTQ+ folks with no support system, transgender people who have difficulty accessing shelter safe space, marginalized individuals, people without friends or family, people with fixed incomes, people on disability, people on food stamps, unemployed transgender people, people who do not carry cash, people without insurance, low-income individuals, and people experiencing homelessness as groups who will experience difficulties. According to the participants, a normal day for LGBTQ+ individuals is challenging enough living in a system that fails them time and time

again. The participants emphasized the vital role of communities like the Billy DeFrank Center for marginalized groups who have nowhere else to go.

> **"**What we said about the mental health system already discriminates against LGBTQ+, especially the transgender folks. It would be worse during a disaster.**"**

In the event of an earthquake or a global pandemic, the needs of the LGBTQ+ community are significantly deprioritized. In the event of a disaster, transgender individuals will have difficulties accessing shelter because most shelters sort evacuees based on a binary male/female gender norm. LGBTQ+ youth have high rates of homelessness, making it more difficult for them during a disaster. Not having a support system or family support is especially crucial for the LGBTQ+ youth as they are not old enough to sign medical waivers, open bank accounts, or rent accommodations. Our participants believe that LGBTQ+ domestic violence and abuse are often underreported and receive little recognition by the justice system. In the event of an earthquake or global pandemic, LGBTQ+ intimate-partner violence is a disaster within a disaster.

Important and Related Vulnerabilities

The vulnerabilities that were recognized by the group as most important were those affecting the LGBTQ+ youth, transgender individuals, elderly, people experiencing homelessness, people with limited English proficiency, people with fixed incomes, people with physical and sensory disabilities, and people with mental illness. They also recognized the evident discrimination against the LGBTQ+ community and apparent under-represented rights of transgender individuals affecting their ability to anticipate and prevent, respond and cope, and recover from disasters. As stated earlier, this was especially evident during the height of the COVID-19 pandemic in 2020 when the healthcare system was overwhelmed.

LGBTQ+ communities have unique experiences with hazards, vulnerability, and disasters, which often do not align with the general heteronormative approaches in sciences and disaster risk reduction, response, and recovery programs. How can we address these issues? We can start by queerifying disasters.

Pairing: Billy DeFrank and HayWired Scenario

> **"**Part of queerifying disaster preparedness is encouraging our community to prepare! So many of us suddenly give up during a disaster because our lives are already a disaster. When people of color and immigrants and LGBTQ+ and indigenous people as suffering discrimination over and over and over again, when there's an earthquake, it feels like that's it—it's over. That can mean deep depression. It can mean super anxiety, it could mean suicide. And I want to stop that because everybody matters**."** —*Gabrielle Antolovich*

The HayWired Scenario is a model of a magnitude of 7.0 earthquake and the scientists at the USGS examined hazards, engineering implications, and socioeconomic consequences. The USGS hosts workshops on emergency management to guide residents, businesses, and policymakers to "inform risk reduction efforts" (Johnson et al. 2019). Scientists like Dr. Wein work on spatial analyses, ShakeMap, and ShakeAlert (earthquake early warning system) to illustrate the intensity of shaking and impact for various communities, counties, and cities along the Hayward Fault. Our preliminary findings indicated that although the USGS has extensive data, graphs, and illustrations on the HayWired Scenario, there is no mention of lesbian, gay, bisexual, transgender, or queer in any of the reports. The USGS acknowledges this shortcoming, but then they are faced with the challenge of *how*. How can the USGS obtain data on the LGBTQ+ community when gender is self-identified on the census data and most LGBTQ+ individuals distrust the government? Many LGBTQ+ individuals do not feel comfortable disclosing their gender because they do not trust the government, they have not "come out" yet,

or their gender identity changes. Thus, Gabrielle Antolovich suggested creating a "queerified[2]" disaster preparedness plan. Some of the questions that came up during this discussion were:

- How do we queerify hazards?
- How do we queerify disaster risk, response, and recovery?

Queerifying Hazards, Vulnerability, and Disaster

> **"**Part of disaster preparedness in the community is that you get to know your neighbors and you help each other out. But the LGBTQ+ community doesn't always have that luxury, because our neighbors may not want to know us, our neighbors may dislike us or even hate us. So we don't necessarily have that connection with people near us. So we have to have a different plan**."** **—***Gabrielle Antolovich*

In developing a "queerified" disaster preparedness plan, some of the specific challenges that LGBTQ+ individuals may face during an emergency can be recognized and shared with health centers to address these challenges when developing emergency preparedness plans. Shelters and aid organizations need to be aware of the needs of the LGBTQ+ community—they need to be queer-friendly. At the time of our work together, Gabrielle was in the process of introducing some basic ideas and approaches to "queerifying" science and practice around hazards and disasters.

Gabrielle was in communication with various community centers in San José and inviting them to open up their space for community members who are seeking shelter in the event of a disaster. Gabrielle is also working with the "2-1-1" local and regional calling center to refer LGBTQ+ community members to the Billy DeFrank Center. Dialing "2-1-1" helps direct callers to the services they need, whether it is during a disaster or a personal crisis.

[2] As part of taking actions themselves, Gabrielle is using the term "queerify" as opposed to the term "queering," which is largely used in academia.

Gabrielle ordered 500 L.I.F.E. Files (Lifesaving Information for Emergencies) as part of the Billy DeFrank queerified disaster preparedness plan. L.I.F.E. File is a tool used to assist first responders during a medical emergency, and it includes a magnetic pouch that is placed on the front or side of a refrigerator. The information consists of past medical history, allergies, medications currently prescribed to the patient, advanced medical directives, and any additional information (Santa Clara County Fire Department 2021).

Chapter 3: Queerifying Disaster Research and Policy

In this chapter, I reflect on project outcomes, goals, and the limitations of my research. Additionally, I discuss opportunities for future work with The Billy DeFrank Community Center and other community-based organizations in the East Bay. I learned about the different ways the participants and community members interact with their communities and the neighborhood surrounding The Billy DeFrank Center, which can relate to disaster preparedness efforts. Although we managed to talk to a diverse group of LGBTQ+ community members, such as transgender women and men, bisexual, non-binary, lesbian, gay and LGBTQ+ older adults, it was challenging to successfully reach LGBTQ+ youth since the Billy DeFrank Center does not work with youth directly and more LGBTQ+ people of color because they cancelled at the last minute (we did have one Chinese and one Japanese person).

Outcomes and Key Project Findings

Considering that the bulk of my research was conducted during the COVID-19 pandemic, it was interesting to hear some of the participants talk about how life was better during quarantine or shelter-in-place. Some of the participants felt safer because people had to keep their distance. Throughout our sessions, hazards were mostly discussed as social issues, as opposed to environmental problems. I learned about the different kinds of at-risk populations within LGBTQ+ Community—LGBTQ+ youth, transgender individuals, elderly, people experiencing homelessness, people with limited English proficiency, fixed incomes, physical and sensory disabilities, and people with mental illness. Within the LGBTQ+ community, there are many populations that have specific disaster-related needs, particularly transgender individuals and LGBTQ+ youth. For instance, transgender individuals need HRT medication and non-binary shelters, while LGBTQ+ youth without a family support system need shelter and access to

essential resources. Some of the discussions that unfolded during our sessions were that many people, especially those with more immediate concerns, such as finding employment or housing, do not feel that preparing for a disaster is urgent. The participants expressed that they already have pressing issues in their daily lives, even without an earthquake or a disaster.

> **"***Ellen:* How do we go from being vulnerable to being hardened and admired in our disaster response?
>
> *Gabrielle:* We'll take it into our own hands, (laughs) develop advocacy, develop a system, where we (I don't know who in this room) would be helping and training people how to advocate for themselves and for our community.
>
> *Jennifer:* Finding other organizations that are established in those ways and partnering with them, and learning from them would be a major step. And we wouldn't be making their mistakes. We can learn from them.**"**

As stated in chapter 2, The Billy DeFrank Community Center would offer the center in a disaster if Emergency Operations Center (EOC) needed it. In addition to working with "2-1-1" to refer LGBTQ+ community members to the Billy DeFrank Center, Gabrielle Antolovich is also informing San José City that they are preparing for disasters. Gabrielle is talking to volunteers who are willing to call people who are alone to calm them down, find out what resources they need, and then help them find those resources (Gabrielle Antolovich, personal communication). The Billy DeFrank Center needs to have a list or record of individuals who live alone to make this possible. Some of the participants suggested having a buddy system, but Gabrielle expressed safety and liability concerns. Gabrielle worries that creating a buddy system may allow people to target certain community members who live alone. The participants all agreed to look into organizations that have a similar system in place, learn from them, and then *queerify* it.

Impact and Anthropological Difference

As stated in Chapter 1, our objective was to use community science to complement the HayWired Scenario, identify the hazards and vulnerabilities present in the LGBTQ+ Community, and recognize community members as agents (as opposed to targets) of change and intervention (Faas and Marcelo 2021). Since we spent the time talking to people on a small scale, we learned information that we could not have elsewhere. We learned that marginalized populations like the LGBTQ+ community are less likely to have as many resources as possible available to them in the event of a disaster. We learned that the LGBTQ+ Community prefers to take action themselves due to past experiences of LGBTQ+ discrimination, derision, and bigotry. The participants recalled several incidents of groups coming and speaking down to them. They only work with organizations that are willing to listen and work together as partners.

The Billy DeFrank Center coordinates, communicates, and works with other organizations to meet the community's needs—*a network of a community* (Gabrielle Antolovich, personal communication). However, what is surprising is that during the course of our partnership, the Billy DeFrank Community Center became inspired to *queerify* disasters, come up with their own disaster preparedness plan, and offer help in the event of a disaster. Gabrielle Antolovich and the participants are excited to assist in queerifying science and practice around hazards and disasters. Although the Billy DeFrank Center is very independent and self-sufficient, they still want the assistance of scholars and government organizations to include the LGBTQ+ community in disaster narratives and policy. Gabrielle stresses the importance of uniting marginalized groups to ensure that they have access to the resources that are available to everyone. Gabrielle urges government entities involved in disasters to include rainbow flags,

transgender flags, LGBTQ+ messaging, and people "that look like us" in disaster preparedness flyers.

> **"**[That the government] actually recognize us as real people. That can make a huge difference between life and wanting life.**"** — *Gabrielle Antolovich*

Limitations of Research

HayWired examines the physical and social impacts of disaster based on census block group data (see Table 1 on page 36). Lesbian, Gay, Bisexual, Transgender, Queer and Questioning people are not included as groups facing vulnerability in the scenario. It is practical to add these variables to the model, but these data are not collected in the US Census. Furthermore, the HayWired model is based on *physical* proximity (see Figure 1 on page 37), whereas the Billy DeFrank LGBTQ+ Community Center defines its community in terms of *sociocultural* proximity (Parreno et al. 2021).

One of the project's main objectives was to compare and contrast the HayWired findings with the Billy DeFrank findings. This became difficult to achieve since the Billy DeFrank Community does not have a spatial boundary, unlike Japantown. The Billy DeDrank Center is located in downtown San José, but the community members come from all over San José, Santa Clara County, and the South Bay Area. They all lived and worked in different areas. In the 1990's when housing was cheaper and more LGBTQ+ businesses existed in close proximity the the Billy DeFrank Center, more LGBTQ+ individuals moved into the "95126" zip code which became known as the "gay zip code." Most of those LGBTQ+ businesses are gone, and housing prices have skyrocketed dissipating LGBTQ+ proximity geographically. HayWired measures social vulnerability using the Community Vulnerability Index to identify census block groups with above-average concentrations of ten socioeconomic variables associated with household

and individual capacities to prepare for, respond to, and recover from disaster (Parreno et al. 2021). The index ranges from 0 to 10, with 10 being the highest level of vulnerability. Although we expected the need for LGBTQ+ inclusion in disaster studies like HayWired, we did not anticipate the challenge of *how*—how do we include LGBTQ+ data on studies and scenarios like HayWired?

Discussion

On October 21, 2021, *International ShakeOut Day*, the USGS held a virtual event, "The HayWired Connection: Societal Consequences of Earthquakes (Resilience Through Connections: Volume 3)," where I shared a short presentation about our partnership with the Billy DeFrank Center and Gabrielle Antolovich, advocating for LGBTQ+ inclusion in disaster science, policy, and practice. Researchers across disciplines, students, and representatives from several organizations were invited to join this event. My presentation was a community engagement example, part of the "Applications of the HayWired Scenario" segment. During the live networking event, my presentation provoked a discussion about how the LGBTQ+ community is often left out in disaster narratives and how queering disaster is still largely absent from disaster research. They acknowledge the importance of LGBTQ+ inclusion, and they are eager to see more LGBTQ+ involvement in disaster science, policy, and practice.

This research demonstrates how the experiences of LGBTQ+ individuals and communities are still largely absent in disaster science and policy. The Billy DeFrank Center is just one example. Further applied work on community science vulnerability studies and queerifying disasters is crucial. Ideally, phase II will gain momentum by Spring 2022 with the applied research questions (that we worked on collaboratively) by a team of Billy DeFrank volunteers and SJSU graduate students. Three graduate students have already expressed interest

in either: (a) replicating our phase I methodology with another community-based group in the East Bay; or (b) working on phase II with Billy DeFrank.

Phase II can facilitate communication and translation between these groups by collectively answering one of these questions (Parreno et al. 2021):

- Since the social vulnerability data identified by LGBTQ+ community are not available in the HayWired methodology, we can begin with a conceptual question. What do you think about how CVI currently models social vulnerability? What, if anything, is useful for your community to understand about social vulnerability?
- Can we find practical ways to incorporate LGBTQ+ variables into HayWired? How can we think about interactions between hazards and vulnerabilities—for example, people living in earthquake-prone housing—in the LGBTQ+ community? How can we collect data on this? How will earthquake damage and disruption intersect with the social issues of domestic violence, police interaction, anti-LGBQT+, and healthcare?
- Billy DeFrank participants expressed the need to “queerify” hazard and disaster communication and risk reduction. What would that look like? What would it entail and how can it be accomplished?
- How might consideration of an earthquake scenario help The Billy DeFrank Center design a stronger "support center" function? In addition to developing queer disaster preparedness protocols, what else can The Billy DeFrank Center and LGBTQ+ community do to identify and address vulnerabilities?
- What are/would be the physical and virtual impediments to accessing the Center and its resources in the event of a massive earthquake? Physical impediments include damage to

homes, centers, transportation infrastructure, and mobility. Virtual impediments include information and communication outages, power outages, and no data backup.

The Future of Community Science Vulnerability Studies

Our research efforts facilitated the need for LGBTQ+ inclusion in the HayWired Scenario and inspired the Billy DeFrank Center to create a queerified disaster preparedness plan. I hope that through our partnership with the USGS, collaboration with community-based groups like Japantown Prepared and the Billy DeFrank Center, and our experiences with the COVID-19 pandemic promoted the dialogue surrounding social vulnerabilities in disasters. As the Billy DeFrank Center pursues its disaster preparedness initiative, I anticipate more collaboration between the Billy DeFrank Center and SJSU. I hope I helped pave the way for community science vulnerability studies and I look forward to reading about either phase I or phase II in the near future.

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Appendix A

HayWired Summary

I. Hazards

HayWired is concerned with earthquake-related hazards such as shaking (mainshock and aftershock sequences), liquefaction, landslides, surface fault rupture, post-earthquake fires, and significant damage to buildings and water delivery systems and other vital infrastructure. These hazards and impacts also contribute to the risk of widespread and long-term population displacement (Johnson et al. 2019, 70).

Hazard Action and Responsibilities

The USGS has a responsibility for understanding and communicating earthquake and other geological hazards across the nation. The Bay Area CalOES/FEMA Earthquake and Urban Area Security Initiative Plans are concerned with estimates of and plans for potential populations that will seek shelter in the event of a disaster. Local governments are largely responsible for coordinating disaster recovery of their communities and call for assistance from higher levels of government.

II. Vulnerability

Who?

HayWired measures social vulnerability using the Community Vulnerability Index[3] (CVI) to identify census block groups with above average concentrations of ten socioeconomic variables associated with household and individual capacities to prepare for, respond to, and recover from disaster. The index ranges from 0 to 10, with 10 being the highest level of vulnerability[4]. To these variables, HayWired added an additional four based on studies of past disasters. Additionally, HayWired also accounts for disproportionate effects on small business owners and minority-owned businesses[5]. See table 5 for variables and definitions.

[3] Developed by The Association of Bay Area Governments (ABAG) and the Bay Conservation and Development Commission (BCDC).

[4] Unless otherwise noted, all HayWired data drawn from Johnson, L., Jones, J.L., Wein, A.M., and Peters, J.A., 2019. Overview of the Communities at Risk Analysis of the HayWired Scenario. U.S. Geological Survey Scientific Investigations Report 2017–5013–XX. 93 p.

[5] Small business owners may not know how to prepare for earthquakes (Alesch et al. 2001) and minority-owned businesses are often at greater risk of disruptive building damage.

Table 1. Social Vulnerability Variables in HayWired Scenario

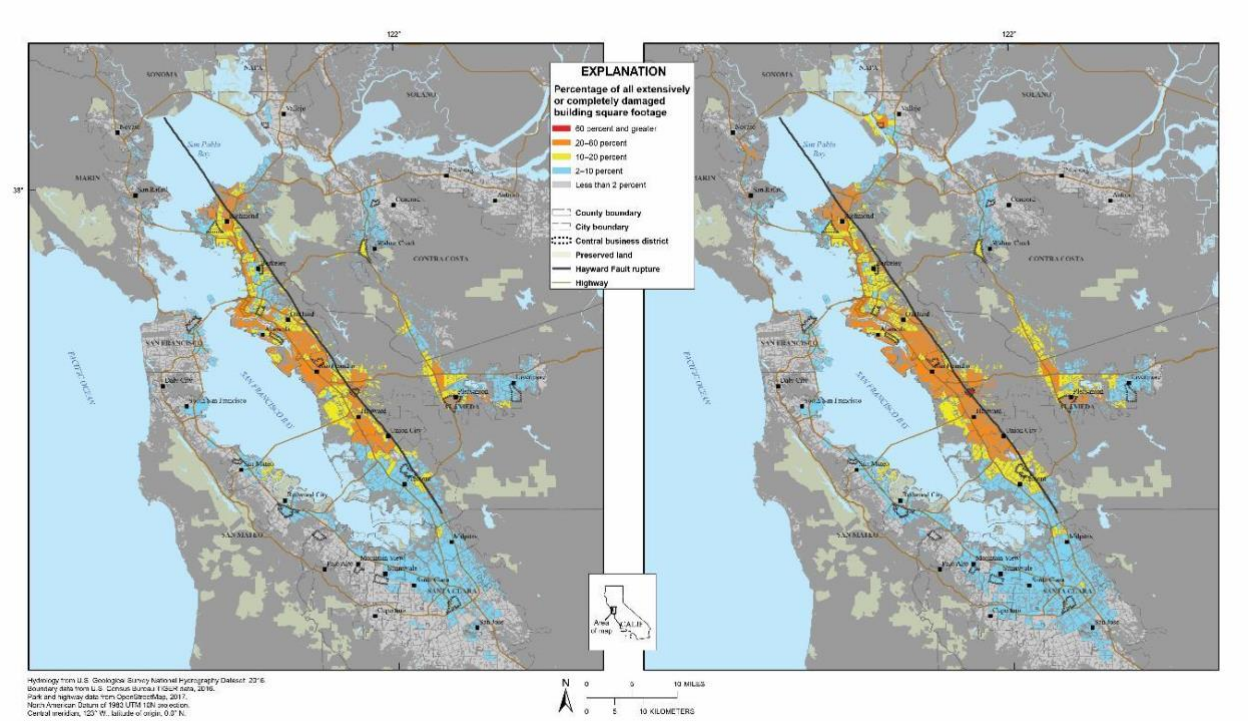
VARIABLES	DEFINITION	SOURCE: CVI	SOURCE: HAYWIRED
HOUSING COST BURDEN	% HH monthly housing >50% gross monthly income	X	
TRANSPORTATION COST BURDEN	% HH monthly transportation cost >5% gross monthly income	X	
HOMEOWNERSHIP	% not owner-occupied	X	
HOUSEHOLD INCOME	% HH with <50% of regions average median income	X	
EDUCATION	% adults w/o high school diploma	X	
RACIAL/CULTURAL COMPOSITION	% non-white	X	
TRANSIT DEPENDENCE	% HH w/o vehicle	X	
NON-ENGLISH SPEAKERS	% HH where no one ≥ 15 speaks English well	X	
AGE – YOUNG CHILDREN	% <5yo	X	
AGE – ELDERLY	% >75yo	X	
SCHOOL-AGE CHILDREN[6]	% 5-12yo		X
PERSON WITH DISABILITIES[7]	% physical, developmental, or intellectual disabilities; chronic conditions or injuries; limited English proficiency; older adults; children; low income, homeless, and/or transportation-disadvantaged (e.g., public transit); and pregnant women		X
HOMELESS POPULATIONS[8]	% homeless		X
YOUNG AND MOBILE POPULATIONS[9]	% young and moderate- to high-income renters		X

[6] Families with school-age children "have higher rates of protracted or permanent displacement or relocation, especially if they find better schools or more affordable housing elsewhere" (Johnson et al. 2019, 42).

[7] California State Office of Emergency Services definition of persons with disabilities (Cal OES, 2019). They are "likely to be more dependent on having access to functioning hospitals, doctor's offices, general health care services, social and personal care services, and other community services and may be vulnerable to displacement if these services are impacted in the HayWired scenario" (Johnson et al. 2019, 46).

[8] Homeless people could be affected by "potential limitations on access to heavily damaged neighborhoods, loss of social and community services, and damage to homeless shelters and could be at risk of displacement or protracted relocation" (Johnson et al. 2019, 51).

[9] "Young and moderate- to high-income renters…may represent a cohort of the population with means and mobility and a lack of social ties or tolerance for staying in the region following a major earthquake… A major regional disruption to housing, jobs, and transit, could be the tipping point for many people to voluntarily relocate to another city or region, and this group may be especially likely to do so if they can continue working for the same company or if their company sustains significant damage or disruption, or chooses to relocate for some other reason" (Johnson et al. 2019, 53).



Where? The HayWired scenario hazards cause damage to buildings and infrastructure, that is focused in the east bay of the San Francisco Bay Area (see Figure 1).

Figure 1. Maps showing census tracts with concentrations of building damage for all occupancies (for example, total building stock) combined in the HayWired scenario.[10]

[10] Source Johnson et al. 2019.

HayWired Findings on Social Vulnerability:

- Nearly 207,000 people resided in block groups with high CVI scores of 5 or greater within the high-impact area of Alameda County (14% of county population), with the highest concentrations in Central Alameda County (30%).
- Almost 40,000 people with CVI ≥ 5 resided within the high-impact area of Contra Costa County (or 4 percent of the county population), with the highest concentrations in Western Contra Costa County (19%)
- Nearly 6,600 people with CVI ≥ 5 resided within the high-impact area of Solano County (2%), with the highest concentrations in Vallejo (6%).
- Santa Clara, Contra Costa, and Alameda Counties (especially central Alameda County) have the highest numbers of school-age children (Johnson et al. 2019, 43).
- Alameda (115, 389; 12%), Santa Clara (111,598; 20%), and Contra Costa (92,963; 17%) Counties have the highest numbers of households with at least one disabled resident (Johnson et al. 2019, 47).
- The greatest percentages of homeless populations are found in the counties of San Francisco (27%), Santa Clara (26%), and Alameda (20%) (Johnson et al. 2019, 51-52).
- The areas of concentrations of young and mobile populations that overlap with areas of CVI ≥ 5 can be found in Vallejo (Solano County), Pinole (Contra Costa), Lake Merritt and western Oakland (Alameda), and Union City (Alameda) (Johnson et al. 2019, 56).

Wein, Haveman and others (2020) show that minority-owned and small businesses are often concentrated in specific areas (e.g., Alameda County), enclaves (e.g., Japantown, Chinatown), and sectors (e.g., retail, small manufacturing, and wholesale trade). Wein, Witkowski, and others (*forthcoming*) discuss the digital divide of under-represented groups.

Appendix B

We have included this appendix to provide fuller contexts of the narratives about harm, hazards, and vulnerabilities from our sessions with The Billy DeFrank LGBTQ+ Community Center.

Narratives of Harm

Domestic Violence

"You know another thing too is I went to a vigil for a trans woman of color that was murdered locally. And it was a domestic violence stabbing. And what struck me was that all of her friends got up and talked about being in abusive relationships. And that not ---------- was not just the only one. She's the one that died. But all the others were in abusive relationships at some point, and they all mentioned it at the vigil. And I started to sort of freak out because it was **a lot**. And that how little support there is for our community around the domestic violence issue, and how they don't know who's the perpetrator who to blame, and the legal system doesn't support us."

"My personal experience with my ex-wife was very abusive. I ended up with a dislocated jaw and in cuffs because I couldn't speak to defend myself at all. And they assumed that I was the perpetrator. Because I'm 6' 2". Yeah. So now I have the same story."

"I think part of the cause, too, is when you don't feel you have power in society and take it out on your partner. And you sometimes pick people you think you can get away with, picking on who won't go to the police. And the police don't do nearly as much for our community's domestic violence. The district attorney doesn't take it seriously. So, perpetrators of domestic violence in our community think they can get away with it more, and so acted out more. And we get so shamed. We don't tell the next partner, 'wait a minute, I got abused by this person. Watch out for him.' Yeah, that's like an under-reporting sort of thing people do for even among friendships."

“The police are told to arrest the dominant abuser, whoever that could be. And often it's based on size and allegations and physical evidence. If it's two women, and they're both beat up and bloodied, they're told not to do any arrests, that they can just go to court and deal with it. Or they may find out who holds the lease and kick the other person out. But then they end up in court and problems, you can't have competing domestic files restraining orders, and so they don't get one, neither party gets a restraining order. So, the system perpetuates. It's kind of a dysfunction, or that is much more apparent in queer relationships than not, is the lack of the police to be able to identify as a dominant abuser was.”

Police Interaction

“I can't think of a time in the last 10 years where I saw a cop make eye contact with me and his hands go to the gun. You watch them shift their body language. Very often, when cops walk into a place that I'm at. I will watch them because I see them as a threat. And I will watch them square up to me. So, they'll put their shoulders and they'll basically get into a fire position while look at me. Like, ‘I can kill you right now. And there's nothing we can do about it.’ That's what cops tell me.”

“And there's a level of aggression. I mean, I was just walking down the street once. And they, and this was in Cupertino, and a sheriff's deputy, pulled his car for no reason pulled his car right off on off of the street onto the sidewalk. Missed me by that much *gestures*. I have no idea why they did it. I just kept walking. I didn't look at them. I didn't say anything. I didn't react, but they clearly knew what they were doing… I just kept walking, so, they're trained to be aggressive. To begin with.”

“I also believe that police when they don't know what to do, they default to aggression. And that's dangerous1 They do that with all minorities, they do it with us [LGBTQ+] and other people that they're not—they don't understand, don't know. That's what dominant people do.”

“Something else that police do, and it's happened in this area, too, when there's like a demonstration or something. They will they use tear gas, target street medics see prevent EMTs from getting to people that are injured. And they will destroy stuff in aid tents.”

Anti-LGBTQ+ Aggression and Violence

“One thing I will say is that I've been thankful about COVID for a while it was going on. I have never felt safer walking around than when COVID was active and lockdowns were in place, because everybody was at least six feet away from me. I wasn't hit. I wasn't spat on. And I wasn't sworn at for the last year and a half. Now, the lockdowns are coming down, and people are getting closer again, people are getting more aggressive. I got smacked in the grocery store just the other day. People are starting to swear at me again. I'm a little afraid to walk outside now alone, because I know there's at least a half dozen people out there between where I live and the center that hate me. Just because I'm trans. And I've run into problems with them pretty consistently—we've actually banned [them] from here.”

Medical/Healthcare Setting

"About approximately a year ago, both of us contracted COVID. And I was hospitalized twice, because I was transgender, the hospital policy. So, some of these things may not be intentional may be just a matter of policy, that they can't place a transgender person into pre op. in a room with either male or female after being an alone room. In my particular case, I needed a negative pressure room, because I was going to go into mechanical ventilation, which is different than intubation, it makes a lot of aspiration. So, you have to have the room pumped out of the building. So, it doesn't do that. And so they had a very limited resource that they can only put two or three people into, but if I went in, they could only have one. So, they resisted. And they resisted letting me do mechanical ventilation. So, I literally left the hospital with COVID and went home to treat myself. And then after much begging from the hospital, because they were concerned is going to die and you're not going to a different hospital within the system. And they treated me much better, but nonetheless was still the same whereas in a room alone. And you know, they're trying to get you out as soon as possible because you're taking up three beds. The same is true for the site stuff too. They can't put your own a ward with multiple beds you have to be, have your own room. And then whole Bay Area. There's only so many of those rooms because they were never built with those in mind. They were put those in alone rooms were for the people who were very agitated and be tied down not to somebody coming in having a bad day. It could be systemic to how it's constructed and lack of awareness. Hopefully that will change. But even within the same system, two different hospitals had two different ways of dealing with it. And I had spent 28 hours in bed in the ER waiting to get a room within the system, so it wasn't anyone's fault intentionally, it's the system is not amenable to the disaster

planners. Don't think about if we have an earthquake here, and we get disruptions in medications, hormones. Transgender people are very dependent upon hormones if we lose our supply of hormones, which they don't fuckin say, shots once a week that goes away. We go nuts. See now you're going to be needing a psych ward can't get in the psych ward because they don't have enough beds. So, what's the contingency plan? Well, they relaxed the nature of how they do it. I sat on a panel with Santa Clara County Valley medical center, they were all they were worried about was pronouns, not this logistical stuff. It was just the "soji astronaut" and how we're going to ask 95-year-old, probably pretty obvious cis-het people are what are their preferred pronouns, rather than how we're going to deal with people, especially in mass if they come in either through an earthquake, a pandemic, or whatever. I was lucky because I shopped early for my COVID. If had I gotten in two months later, I may not have gotten a room. And I was lucky that I had my own. I have a breathing problem at night when my brain does not remember to breathe. So, I have to use a mechanical timer. I had one that I brought with me. That kept me alive... otherwise."

"I'm too scared to get sick, basically, because I find my regular doctors, I keep changing doctors at Kaiser because they are so discounting. They wanted me to send a photograph of my breast because I had something on it. And I said, 'that's pornographic.' I'm curious, you know, it's like, Hell, no, I have no naked photos of me out there, thank God. (laughs) But you know, to me, it's like, What? Don't you get it? And, and I know, some heterosexual women might feel that way. But they're used to, you know, I talked to my heterosexual women friends, they're used to being abused by the hospitals, so they don't complain, you know, they get shoved up and breasts flattened, and, you know, all of that. And oh, I'm like, I can't stand it. I'm afraid to get sick. I'm

afraid to hurt myself. Because I don't want to be [in the hospital]. Because I know what happens, you know."

"I mean, that's not even touching on the incidences of either you get the perverts who were trying to cop a feel or see you in the shower, just for entertainment, or those who hate you. And, like, so I went into the hospital, the second time, there was one nurse who they finally fired. When he wasn't allowed to come in the room. He mistreated me-- he all he gave me was this plastic tarp as a blanket. When I was suffering from fever, and no bed sheets, or anything's this brutal treatment when the next day other nurses came in, and they treated me so much better. And it's like, what was this guy's problem? I can't prove it. I can't hear you. You don't hear them say the words. Yeah, it just really is how you treat another human being."

"Before insurance, my plan for getting sick was 'I guess, I die now.'"

"So you know, the needs of the community are not just the service, but being treated right, by the service providers."

"When I went to ETS in 2018, that is a 5150. For anyone who does not know. They asked me what, like what my name was and stuff. And I filled out the form that I told them that I was trans and that my paperwork hadn't completely gone through with the name change yet. And this was my preferred name. And this was my preferred pronouns. And once I got in to the main I don't know what you call it, the name dormitory or whatever. You know, they had me changing to the scrubs. And sometimes you can wear like after clothes, they're all your clothes. But in this case, they made me take off my skirt and put on the scrubs. And in I was dressed completely in scrubs. And so I was completely indistinguishable at that point from a cis male, which I guess that's

what they treated me as in there because they completely ignored my preferred name pronouns when I was in there. And they didn't let me shave, which made me feel very dysphoric. So yeah, I think that's I don't know if there's anything else that I have to add to that."

"Actually, my experience with the same facility was, I wasn't allowed in the male dormitories or the female dormitories. So, I slept in the basically free room. And there wasn't any place to sleep. So, I slept on the floor. They constantly misgendered, they took me off of all of my meds, both HRT and psych meds to try and cycle me down to see what's going on. So instead of it being a stabilizing opposition, they basically did everything in their power to make it worse. And that's been a lot of my experience with the medical community since transitioning. And that's been up in Oregon, that's been down here that's been up in Dublin. It's just how I've been treated. I'm very fortunate with my doctor, Dr. Newton, she works with a lot of transgender patients, I believe she's actually in-charge of the gender clinic locally. And she and her team do a lot of work with Valley Health Plan to try and help things. Like making sure our preferred name is what pops up in the system before our name that is required for insurance purposes. But that doesn't stop people from referring to us by the wrong thing."

Disaster

"I would say some of the things that haven't been said a couple things come to mind. One that's not related to COVID, but just applies to disasters as far as the potential response is being arrested, because in a disaster, they could see you as part of something that maybe you're not, and you get taken into custody. As a trans person, I've been searched that route too, which is really uncomfortable. And before I had top surgery, trying to explain why I was wearing a top binder, and then people looking and saying, 'well, that doesn't look right.' It's like, 'why are you

even sending these people to do this trip search?' A lot of how people perceive our community from the outside going in, is a problem whether it's in the healthcare system or any other system, there's a lot to come up to speed, they're similar scenarios as hospitalization or site wars is… where do you put that person who is trans or non-binary in the jail system? Because it's a binary setup? Where do you set them? I was put into protective custody, had my own cell, had everyone in there looking like, 'why is this guy in the women's cell?' They were really confused, but that's what they did. It's another thing that sometimes will happen in the result—resulting in the aftermath of disasters, depending on what is going on, that I think could impact our community in a unique manner."

Stigma around COVID and AIDS

"I think too just as an observation, I had two uncles who were queer, who both had AIDS and watching them and talking with them, as far as their experience and how they saw how the world treated them when they were dealing with that in the 80s. I think there are a lot of parallels to how people see people who have had COVID, at least upfront, like you were basically like a leper. As soon as people found out about COVID, they didn't want to have anything to do with you. They didn't want to be anywhere near you. Granted, that is not everyone, I don't want to say that it's like a broad stroke. One, that it's not everyone's experience, and that not everyone shun you. But I think as a generic kind of thing, I experienced a lot of people kind of backing up, like you told them, you could be masked up, you could be plenty far away from them, and they didn't even want to get within 20 feet of you, let alone six. And I think that there is a psychological component that comes into play when you have that form of treatment applied to you. When really that is the moment that you need the most compassion when you're struggling, and you're going through something that you don't understand and that no one understands. And I think

that's also kind of a parallel with AIDS. And HIV is like when it came out, people did not understand the disease, and they didn't know what to expect. They didn't know how you contracted it. They didn't know what it did to you. They didn't have any explanation for it. You know, and I would say dissimilar to it is the way that you contracted it. And I think, you know, to what you've mentioned earlier, ------ is that… I think people can respond in certain comparable ways, because there's certain similarities, but there's also differences. And I would hate to say that I'm always going to respond in one way because it's a virus, right? It looks differently and it happens differently. And part of the emotions I feel might be the same but how I actually respond and the actions I take might be different. So, those are just things that after listening to everyone, it kind of felt like that wasn't brought up. So, I just wanted to add that to the conversation."

Appendix C[11]

[11] Gabrielle Antolovich shared these photos with me and gave me permission to include them in my project report.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Appendix D

Jhaid Parreno *(jhaidee6@gmail.com)* is a graduate of the MA Program in Applied Anthropology at San José State University (2021), whose graduate work focused on community science vulnerability assessments and advocating for LGBTQ+ inclusion in disaster science and policy.