



# COLORS OF CARE

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



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

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# WHOLENESS IN THE FACE OF FRAGMENTATION

BY CANDACE BUSTAMANTE, BSN, RN, BSc

## Editor's Note

In healthcare, we talk a lot about access. But access to what for LGBTQ+ patients? Care that doesn't see your whole identity? Systems that don't reflect your story? Providers trained to treat symptoms, but not trauma? If we, as healthcare providers, are not creating space for our LGBTQ+ patients to be seen as their full, authentic selves—then how can we say we've done everything we can to support their health journey?

Every month brings awareness days, but two in April speak directly to the heart of our mission at Holy Cross: *Black Maternal Health Week* (April 11-17) and *Sexual Assault Awareness and Prevention Month*. These observances are more than calendar moments—they shine a light on systemic barriers that LGBTQ+ patients, especially those with intersecting identities, continue to face.

Black queer birthing individuals may encounter both racism and queerphobia in maternal health systems. LGBTQ+ survivors of sexual assault are often retraumatized by healthcare environments that were never built with them in mind. For some, fragmentation of care looks like being misgendered at intake. For others, it's navigating a system without data that reflects their existence—or needing to educate their own provider just to receive safe, informed care.

But here's where we take a different path. At Holy Cross, we recognize that change doesn't just happen with policy—it happens in every interaction, every form, every moment of care. And we are committed to doing the work. We are actively creating safer spaces by encouraging inclusive, affirming interactions—ensuring our patients feel respected and recognized in every conversation, every exam room, every time. These small shifts carry big meaning for patients whose identities have historically been erased or ignored.

We are investing in trauma-informed, identity-aware education, offering trainings that help providers not only understand the LGBTQ+ experience, but also meet each patient with respect and cultural humility. We know that affirming care is life-saving care.

We are strengthening our clinical workflows to ensure inclusivity is built into the patient experience—from the way we conduct assessments to how we follow up with care that respects identity, history, and autonomy.

And we are collaborating with community partners to ensure our efforts are informed, grounded, and reaching the people who need us most. Whether it's supporting queer birthing people or advocating for survivors of assault, we are listening—and acting.

Intersectionality isn't a theory. It's how someone lives through an appointment. It's how race, gender identity, sexual orientation, disability, and socioeconomic status shape someone's every experience in the exam room. At Holy Cross, we are learning that equity doesn't mean treating everyone the same—it means responding with care that honors people's lived realities.

So this month, I ask each of us to reflect: Are we offering care that truly affirms? Are we doing enough to challenge the systems we work within? Are we showing up not only as clinicians and caregivers—but as advocates?

Healing begins long before a diagnosis. It begins the moment a patient knows they will be seen, heard, and respected. At Holy Cross, we're building that moment. Every day. 🌈

**Candace Bustamante, BSN, RN, BSc** is the Clinical Education Coordinator for the Community Health & Well-Being Department. With a diverse healthcare career spanning 17+ years, she is dedicated to fostering inclusivity, health, and community connection. With a passion for creating programs that make healthcare accessible and approachable, she brings both heart and expertise to her work. When not working on initiatives to improve community well-being, Candace enjoys exploring new recipes, uplifting others, and finding common ground in unexpected places.





# USING A DAILY EXAMEN TO STAY ON TRACK

## Wellness Wisdom

BY MARY CARTER WARREN, D.MIN

One of the lasting contributions of Ignatius of Loyola (1491-1556), the founder of the society of Jesus (the Jesuits), is the Examen, a method of daily review of one's life in the presence of God. Unlike some daily reviews that reflect only on where I could have been better, there are five steps to the Examen, and I have found this an incredibly helpful guide for my life and my work. This can be done in ten or fifteen minutes each evening; when the practice is embedded in your life, the impact grows.

There are many articulations of the Examen, but here are the five steps of the Examen that I find most accessible:

### 1. Ask God for light.

I love this one. The Examen begins with asking God for clarity, for light, for new eyes. Did you ever try to read the menu at a very nice restaurant where the light was so dim you couldn't read the menu? It didn't matter that the words were right there; there weren't available to me without light. Our life can be like this too; if I reflect back on my day, but there is not sufficient light, I won't see what was really there. So I ask God for light.

### 2. Give thanks.

Gratitude. I have been given another day of life. My eyes can see these words. I have work. I have food in my refrigerator. I have a refrigerator. I am grateful for all that I have. When I live out of gratitude, my life is different. I see abundance and not scarcity.

### 3. Review the day.

Steeped in gratitude, it is time to look back over the day and see where I saw the face of God, or the hand of God. What were the moments today of grace and mercy? Where might I have missed the grace and mercy of God in the places and people who entered my day?

### 4. Face my shortcomings.

This is the step of the Examen for accountability.

When today was I all that I was intended to be? Where did I fall short today in being the human I was created to be? Where was I less compassionate, caring, tender, strong, loving, clear, reverent today than I am called to be? Notice the emphasis on today. This is not to pull your entire life into question, but only today.

**"WHEN I LIVE OUT OF GRATITUDE, MY LIFE IS DIFFERENT. I SEE ABUNDANCE AND NOT SCARCITY."**

### 5. Look toward the day to come.

The Examen ends with hope. I ask God to help me tomorrow. To be better, to know better, to do better, with the confidence that with God's help, I can do all things.

There are a lot of fancy options on social media for self-help, prayer, and focus, but this almost five-hundred-year-old Examen requires no registration, contract, or membership and it works. Try it - what do you have to lose? 🌈

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



# I SEE YOU

BY KIM SAISWICK, EdD, RN, LMHC

## Provider's Perspective

### I see you.

It is a profound way to begin. It sets a tone of empathy and attentiveness, which are crucial when discussing the relationship between healthcare practitioners and their LGBTQ+ patients.

### ***But do you really [see me]?***

Really seeing someone for who they are means recognizing their unique identity, experiences, and needs—and responding with care and respect. It is essential to first apply your own self-reflection to understand your own identity and biases. Then, use that awareness to interact more authentically with others.

Ask yourself the following questions and see for yourself.

**Do you use Affirming Language?** Do you ask a patient for their pronouns and chosen name, and consistently use them throughout the interaction, even when documentation might reflect something different?

**Do you Personalize Preventive Care?** As a healthcare practitioner, do you tailor discussions about sexual health, cancer screenings, or hormone therapy to align with the specific needs of LGBTQ+ individuals, rather than making assumptions based on stereotypes or biases?

**Do you Recognize Intersectionality?** Do you see your patient as a person not just as a member of the LGBTQ+ community, but also considering how other factors like race, gender, socioeconomic status, or disabilities intersect to influence their healthcare experiences?

**Do you Listen Without Judgment?** As a healthcare provider, do you offer space for a patient to share their story, whether it's about their identity, health challenges, or personal goals, without interrupting or projecting biases?

**Do you Create Inclusive Spaces?** Do you provide small but meaningful gestures, like displaying rainbow flags or "Safe Space" signs in offices or waiting areas signaling that all patients are welcome and valued?

**Does Your Healthcare Team Consistently Instill these practices into their daily interactions with your patients?** If they do not share the same values of inclusivity and respect, it can be a difficult and disheartening experience, especially for your patients. It is essential to remember that your patients deserve compassionate, equitable care. Their health and identity matter.

By adopting these practices, healthcare providers can create an environment where LGBTQ+ patients feel seen, valued, and safe. We aim to be our patients' trusted provider for life – make it your mission for this to happen today! 🌈

***\*If you or your office would like to receive training on cultural competence or signage re: safe spaces, please contact Kim Saiswick @ [kim.saiswick@holy-cross.com](mailto:kim.saiswick@holy-cross.com). Thank you for your request!***

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



# FLORIDA LEGISLATURE: Mid-Session Update

*Legislative Lens*

BY JOEY WYNN, MBA

The Florida Legislature has reached the halfway point of this year's 2025 session; this week marks the end of the legislative committee process.

Last week was the final week for Senate committees to meet, and this week is the last for House subcommittees. Budget-related committees and major House Committees will continue meeting for three more weeks, focusing only on bills already discussed in prior committees. This means that the 820 general bills not yet heard in a committee are unlikely to pass.

As the committee process winds down, the budget process ramps up. Each chamber is preparing to negotiate their budget proposals. Tax policy is also a key focus, with discussions on reducing the commercial lease tax and state sales tax. Governor DeSantis is considering a broader proposal to reduce local property taxes next year.

## House and Senate Budget Proposals:

The House and Senate have revealed their budget proposals for the fiscal year 2025-2026. The House proposed a budget of \$112.95 billion, which is \$6 billion less than the current year's budget and \$2.7 billion less than Governor DeSantis' proposal. The Senate proposed a budget of \$177.35 billion. Senate President Albritton emphasized that their budget reduces state spending and bureaucracy while maintaining significant investment in state initiatives. Both chambers have passed their proposed budgets out of committee, and they will be discussed in the full House and Senate next week. The two proposals are currently \$4.4 billion apart. While both chambers agree on reducing government spending, they have different methods to achieve this.

The Senate's proposal would eliminate about 1,000 full-time positions that have been vacant for at least 100 days. The House's proposal would cut about 7,000 positions vacant for 90 days or longer. The House's approach aligns with its subcommittees' goal to find savings in executive branch agency spending. A major

**"WHILE BOTH CHAMBERS AGREE ON REDUCING GOVERNMENT SPENDING, THEY HAVE DIFFERENT METHODS TO ACHIEVE THIS."**

issue in the budget negotiations is the tax package. The House proposed a permanent reduction of Florida's sales tax from 6% to 5.25%. Meanwhile, the Governor has suggested sales tax holidays and a one-time property tax break for homesteaded property owners. The Senate prefers temporary tax relief and stresses the importance of a balanced approach.

A final budget agreement must be reached by April 29 to meet the constitutionally mandated 72-hour "cooling off" period before the session ends on May 2. 🌈

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

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



## **PROVIDER FEATURE - CARING BEYOND THE CLINIC:** Supporting LGBTQ+ Survivors of Sexual Assault

BY SKARLLETH KAUFFMANN, IMG, MSN-RN

*This article is being featured in April in recognition of National Sexual Assault awareness month, a time to honor survivors, raise awareness and advocate for prevention.*

My journey as a healthcare provider began in Costa Rica, a beautiful but deeply conservative country where cultural norms often silence important conversations around gender identity, sexual orientation, and sexual violence. As a medical doctor trained and practicing in this environment, I witnessed firsthand the emotional and physical toll endured by LGBTQ+ patients—not only from acts of sexual violence but also from persistent discrimination, bullying, and verbal abuse.

It was not uncommon for LGBTQ+ individuals to delay or avoid medical care altogether out of fear. I remember patients who, even in the aftermath of sexual assault, hesitated to speak up because they had previously been mocked, called derogatory names, or dismissed by healthcare professionals. The stigma was palpable, both in the system and in society. Coming from this conservative context, I gained a deep understanding of how layered and complex the experience of being an LGBTQ+ survivor of sexual assault can be.

Globally, sexual violence remains a devastating public health crisis. According to the World Health Organization, **1 in 3 women worldwide** will experience sexual or physical violence in their lifetime. For LGBTQ+ populations, the risk is significantly higher. Data from the Human Rights Campaign reveals that nearly **47% of transgender individuals**, and **more than 40% of gay and bisexual men and women**, report surviving some form of sexual violence. These numbers are likely underreported due to widespread fear of stigma, legal repercussions, and institutional neglect.

Today, as a registered nurse and Family Nurse Practitioner (FNP) student in the United States, I continue to serve vulnerable populations, many of whom identify as LGBTQ+. While resources and protections are more visible here, the barriers these patients face are still deeply rooted in fear, past trauma, and systemic inequality.

As a healthcare provider, I strive to create a space where survivors feel safe, seen, and heard. My approach is trauma-informed and culturally sensitive. I understand that healing starts long before any prescription is written, or test is ordered—it starts with trust. Working with patients who have endured sexual assault, especially those from the LGBTQ+ community, has taught me the importance of listening without judgment and advocating fiercely on their behalf.

I collaborate with multidisciplinary teams, including social workers and mental health counselors, to support survivors holistically. I also mentor nursing students and colleagues on the importance of inclusive care—challenging biases, using affirming language, and understanding the historical and cultural trauma LGBTQ+ patients often carry.

Sexual assault is more than a medical issue; it's a human rights issue. Whether in Costa Rica or the United States, LGBTQ+ individuals deserve access to care that honors their identity and supports their healing. As I continue my journey toward becoming an Oncology Nurse Practitioner, I remain committed to standing with survivors, breaking the cycle of silence, and ensuring no one is left behind—regardless of who they are or where they come from. 🌈

**Skarlleth Kauffmann MSN-RN** is a dedicated healthcare professional with a background as a Medical Doctor in Costa Rica and advanced training in nursing in the U.S. Currently completing her journey as a Family Nurse Practitioner with a focus in oncology, she serves as an oncology nurse and breast navigator, supporting uninsured women—many with developmental disabilities—through complex health challenges. Known for her compassion, cultural sensitivity, and advocacy, Skarlleth integrates clinical care with emotional and spiritual support. Her work is guided by faith and a deep commitment to health equity, and she finds joy in traveling, reading, and spending time with her family.





# **VOLUNTEER SPOTLIGHT:** What Good is Sitting Alone in Your Room? Come Volunteer at Holy Cross!

BY RICHARD NEWMAN

*This article is being featured in April in celebration of National Volunteer Month.*

*\*What good is sitting, alone in your room?\**

*\*Come hear the music play—\**

*\*Life is a cabaret, old chum—\**

*\*Come to the cabaret!\**

While I wouldn't go so far as to rewrite the lyrics of the musical *Cabaret* to substitute in "Holy Cross Health," the message certainly hit home for me.

## **Finding Purpose After Retirement**

Truth be told, I wasn't exactly alone in my room—but I was definitely finding unproductive ways to spend my newfound post-retirement free time. I told myself that walking from bar to bar in Wilton Manors counted as "getting my steps in." The food, drinks, and people were great—but something was missing. After retiring from a fulfilling career in medical publishing with the American Medical Association and other nonprofits, I craved purpose. I didn't just want good cocktails and clever conversation—I wanted to feel useful again.

Volunteering seemed like the natural next step. Given my background, something in healthcare made sense. But where?

My primary care doctor, Jason Ceavers, is affiliated with Holy Cross Health in Wilton Manors. I asked him about volunteer opportunities, and he referred me to Chrissy Turner, Holy Cross' Manager of Volunteer Services. Chrissy walked me through the program and helped me select a role that fit.

## **Why I Chose Holy Cross Health**

When the editor asked me to share how volunteering at Holy Cross has impacted me—especially as a LGBTQ+ person volunteering at a Catholic hospital—I was happy to offer my perspective.

I was raised Catholic, served as an altar boy (yes, I still remember my Latin!), and graduated from Boston College, a Jesuit university. So volunteering at a Catholic hospital felt familiar.

My first assignment was in the Gift Shop, selling everything from teddy bears and rosary beads to t-shirts. One day, I noticed a newly arrived stock of rainbow-colored jerseys with "High Performer" and the number 90 on them. I learned they symbolized Holy Cross's impressive score on the Human Rights Campaign's Healthcare Equality Index (HEI)—a national benchmark evaluating policies and benefits related to LGBTQ+ workplace equality. I was proud to see the hospital not only celebrate this achievement, but to do so publicly and boldly.

In February, I joined fellow volunteers at Wilton Manors' \*Rock the Block\* event to promote the 25th anniversary of the Wilton Manors clinic services. Not only did we wear those colorful jerseys with pride, but the hospital itself sponsored the event—supporting the local LGBTQ+ community with an evening of free music and connection.

## **What You Gain by Giving Back**

Enough about me—let me tell you why volunteering at Holy Cross might be perfect for you.

**First:** Flexibility. You pick your schedule.

**Second:** Yes, there *is* such a thing as a free lunch. Volunteers receive meal vouchers for the Holy Grill (that's the name!) at the main hospital or at the Blessed Bistro at the HealthPlex—cafeterias that defy every stereotype about hospital food.

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**Third:** A free “Holy Cross Volunteer” polo shirt. What’s not to love?

**And most important:** The real reward is the *human connection*—those smiles from patients when you help them find their way or show that someone cares. That’s the kind of feedback that stays with you.

So, what are you waiting for? As Liza Minnelli would say “*right this way, your table’s waiting!*” 🌈

**\*Interested? Contact Chrissy Turner, Manager of Volunteer Services, at [Christina.Turner@holy-cross.com](mailto:Christina.Turner@holy-cross.com) to learn more and get started.**

**Richard Newman** is a dedicated volunteer with Holy Cross Health. He moved to Fort Lauderdale in 2023 from Chicago, where he had served as a Vice President and Director at the American Medical Association and as a Senior Director at the American College of Chest Physicians. He also held academic and administrative positions at Indiana University, Governors State University (Illinois), the University of Minnesota, and Stanford University.

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## UPCOMING EVENTS:

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

|   |                 |   |  |
|---|-----------------|---|--|
|  | <b>April 12</b> | <b>Tropical Bears Weekend</b>   | Join the SPIRIT Committee and the Community Health & Well-Being Department at our booth!   |
|  | <b>May 10</b>   | <b>A Salute to Percussions:<br/>Music to Soothe the Soul &amp;<br/>Heal the Community</b> | This dynamic evening of culture, music, and wellness will honor the heartbeat of our heritage through percussion while also tackling critical community health concerns. |
|  | <b>June 14</b>  | <b>Stonewall PRIDE<br/>Wilton Manors</b>  | Wilton Manors Stonewall Pride celebrates the historic Stonewall Riots and the start of the LGBTQ+ human rights movement, highlighting its impact on our community.       |
|  | <b>Oct. 18</b>  | <b>Pride Center<br/>Active Aging Expo</b>   | The Expo provides LGBTQ+ adults with a unique overview of community resources, including health, housing, finance, insurance, legal, travel, entertainment, and more.    |
|  | <b>Oct. 24</b>  | <b>Ujima Men’s Conference:<br/>Living in the Light</b>                                    | This event is designed to bring Black-same gender loving men together for a weekend filled with workshops, plenaries, and spiritual enlightenment.                       |



# ADVERSE PREGNANCY AND BIRTH OUTCOMES IN SEXUAL MINORITY WOMEN FROM THE NATIONAL SURVEY OF FAMILY GROWTH

**Notable Articles**

Barcelona, V., Jenkins, V., Britton, L. E., & Everett, B. G. (2022). Adverse pregnancy and birth outcomes in sexual minority women from the National Survey of Family Growth. *BMC Pregnancy and Childbirth*, 22(1), 923. <https://doi.org/10.1186/s12884-022-05271-0>

**ARTICLE & ABSTRACT ORIGINALLY PUBLISHED IN *BMC PREGNANCY AND CHILDBIRTH*, DECEMBER 9, 2022**

## Background

Few studies have examined how multiple marginalized identities are associated with adverse pregnancy and birth outcomes, especially for Black and Hispanic sexual minority women. Sexual minorities are people who identify as lesbian, gay, bisexual or transgender (LGBT). The purpose of this study was to examine differences in adverse pregnancy (i.e., miscarriage) and birth outcomes (i.e., preterm birth, low birthweight, and stillbirth) in a national sample of women by race and ethnicity, and sexual minority status (LGBT identification and same-sex sexual behavior).

## Methods

We conducted a cross-sectional analysis of the National Survey of Family Growth (NSFG). The unit of analysis was pregnancy, not participants. In this study, we examined pregnancies to participants who identified as heterosexual, lesbian, and bisexual, by race and Hispanic ethnicity. We also studied sexual behaviors to categorize participants as women who have sex with women (WSW) and women who have sex with men (WSM). Outcomes included preterm birth, low birthweight, miscarriage, and stillbirth. We employed logistic and linear regression analyses for analyses using STATA.

## Results

We studied 53,751 pregnancies, and 9% of these occurred in people who identified as heterosexual, but had engaged in sexual activity with a female partner (heterosexual-WSW), 7% in those identifying as bisexual, and 1% to women who identified as lesbian. Pregnancies ended in preterm birth (10.7%) and low birthweight (9.0%), stillbirths (2–4%), and miscarriages (17–21%) in sexual minority women. We observed that pregnancies reported by Hispanic lesbian women had a higher birthweight ( $\beta = 10.71$ ,  $SE = 4.1$ ,  $p\text{-value} = 0.01$ ) compared to infants born to Hispanic heterosexual-WSM. Pregnancies to lesbian women were significantly more likely to end in stillbirth ( $aRR = 3.58$ , 95% CI 1.30, 9.79) compared to heterosexual-WSM. No significant differences were noted in risk of adverse birth outcomes by sexual orientation for NH Black or Hispanic women.

## Conclusion

In this sample, preterm births were less likely to occur among heterosexual-WSW than in heterosexual-WSM. Pregnancies to lesbians and bisexual women were more likely to end in miscarriage or stillbirth than heterosexual WSM. Lesbian Hispanic women reported higher birthweights compared to heterosexual-WSM Hispanic women. More research should be done to further understand these findings. 🌈

To read this article in its entirety, visit <https://doi.org/10.1186/s12884-022-05271-0> or the BMC Pregnancy and Childbirth journal referenced above. All rights are reserved by the authors and cited journal. Holy Cross Health does not claim ownership or authorship in any capacity.

HARMONY WAVES & HOLY CROSS HEALTH PRESENTS

# OPA!

CELEBRATING 25 YEARS OF HOLY CROSS HEALTH  
SERVING THE WILTON MANORS COMMUNITY



**SATURDAY, MAY 31**

**HUNTERS NIGHTCLUB  
WILTON MANORS, FLORIDA**

Expect dazzling vocals, heartfelt moments, and an unforgettable celebration as we come together to honor this incredible journey. Whether you're a long-time supporter of Holy Cross or just looking for a spectacular way to spend your afternoon, Opa! promises to be an event like no other.

**FEATURING BROADWAY'S NICK ADAMS  
AND EMMY AND GRAMMY AWARD WINNER JOHN MCDANIEL**



**HolyCross  
Health**

*HarmonyWaves*

[WWW.HARMONYWAVES.ORG](http://WWW.HARMONYWAVES.ORG)



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

*Get Involved*

Volunteer with the S.P.I.R.I.T. Committee, your Holy Cross Health LGBTQ+ colleague group. It's a fantastic way to meet fellow colleagues, promote Holy Cross's commitment to the LGBTQ+ community, and have fun. Volunteer responsibilities include setting up and breaking down event tables, tabling during events, and engaging with the community.

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

The S.P.I.R.I.T. Committee is Holy Cross Health's internal advisory committee focused on LGBTQ+ patient care issues. S.P.I.R.I.T. stands for **S**howing **P**ride, **I**nclusiveness, **R**espect & **I**ntegrity at **T**rinity Health.

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



**NEXT MEETING:**  
**Tuesday, April 23, 2025**  
**via Microsoft Teams**

Check us out on SharePoint or contact Dr. Jason Ceavers on Teams or [Jason.Ceavers001@Holy-Cross.com](mailto:Jason.Ceavers001@Holy-Cross.com) for more information.