

These 10 icons made healthcare more inclusive. Here's how they did it

Source: [These 10 icons made healthcare more inclusive. Here's how they did it](#)

Queer leaders and allies have shaped not just the medical treatment of LGBTQ+ people but improved health care for all Americans.

The healthcare priorities of the LGBTQ+ community have come a long way since 1973, when Charles Silverstein successfully lobbied the American Psychiatric Association to declassify homosexuality as a mental disorder. It was the start of a movement that has remade the labyrinth American healthcare system.

Gay Men's Health Crisis (founded in 1982) and the American Foundation for AIDS Research (1985) were among the early organizations to demand research, inclusive treatment, and medical access. But it's the people behind these institutions who are the real heroes of equity in health care, a movement that's building on this legacy and still gaining momentum today.

From turn-of-the-century scientists to the next generation of mental health advocates, queer leaders and allies inspired by their personal experiences to help others have shaped not just the medical treatment of LGBTQ+ people but improved health care for all Americans.

Elizabeth Taylor



Compelled by compassion and bolstered by moral courage, Elizabeth Taylor became the first globally recognized celebrity AIDS activist beginning in the 1980s. This was due, in part, to the HIV diagnosis and eventual passing of her longtime friend and colleague actor Rock Hudson and her love for her many gay friends in Hollywood and beyond.

Her namesake charity, The Elizabeth Taylor AIDS Foundation (ETAF), established in 1991, continues her vision of an AIDS-free world. The organization pursues human rights for people living with HIV and AIDS in the most marginalized and underserved populations, still decimated by the global pandemic.

Alfred Kinsey

American biologist, professor of entomology and zoology, and sexologist Dr. Alfred Charles Kinsey founded the Institute for Sex Research at Indiana University in 1948 (now known as the Kinsey Institute at Indiana University). His groundbreaking work included more than 18,000 interviews, which helped dispel myths about homosexuality to provide a more scientific and humane basis for society's approach to sexual minorities in the United States.



October 2026 Calendar

LGBTQ+ History Month
Liver Awareness Month

- 4-10 – Mental Illness Awareness Week (International)
- 5 – National Child Health Day (US)
- 5 – World Teachers' Day
- 8 – Dyslexia Day (US)
- 10 – Inclusion Day (International)
- 10 – Pchum Ben (Buddhism)
- 17 – World Trauma Day
- 20-31 – Mysore Dasara (Hinduism)
- 24 – World Polio Day
- 28 – Lung Health Day (US)
- 28 – National Immigrants Day (US)
- 31 – Halloween (US)



Audre Lorde

Poet and social activist Audre Lorde often explored the “theory of difference” in her works, which examined how race, age, sexuality, and class impact the quality of peoples’ lives. After her 1978 cancer diagnosis, Lorde wrote *The Cancer Journals* (1978), followed by *A Burst of Light*, which explored her experience as a patient and the complexities of treatment, sexuality, and emotional healing. Callen-Lorde, a network of LGBTQ+-welcoming health centers throughout New York City, is named in her honor.

Larry Kramer

Author and AIDS activist Larry Kramer was one of the most pivotal voices in the early days of the AIDS crisis. In 1981, he gathered friends in his New York City apartment to discuss the health crisis that would later become known as HIV, which was just beginning to take the lives of gay men but largely was ignored by the mainstream medical establishment.

A year later, Gay Men’s Health Crisis was formed, a force in health care still. Kramer also inspired the 1987 founding of the AIDS Coalition to Unleash Power (ACT UP), another organization that demanded research and greater access to treatment. Many of Kramer’s ideas, from expedited access to experimental treatments to patients taking control of their own care, revolutionized health care for all Americans to this day.



Sara Josephine Baker

Dr. Sara Josephine Baker led the early movement for public health by establishing programs to prevent infant blindness and placing doctors and nurses in schools throughout New York City. In 1917, she became the first woman to earn a doctorate in public health from the New York University and Bellevue Hospital Medical College. Prevention, from depression to HIV, would later become a central theme in the fight for medical access and appropriate treatment.

Alex Sheldon

Alex Sheldon earned a master’s degree in international human rights with a concentration in Global Health Affairs from the University of Denver, and has championed the work of nonprofits, including Daylight, where they specialized in economic inclusion, and The Movement Advancement Project, a think tank that visualizes data about policies affecting Americans locally and nationally. Sheldon currently serves as interim executive director at Health Professionals Advancing LGBTQ Equality (GLMA). Founded in 1981, GLMA has become a leader in public policy and includes medical professionals, patients, families, and allies.



Assistant Secretary for Health Admiral Rachel Levine

Admiral Rachel L. Levine is the 17th Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), the nation’s first transgender four-star officer. With a degree from Harvard College and Tulane University School of Medicine and training in Pediatrics and Adolescent Medicine at the Mt. Sinai Medical Center in New York City, ADM Levine’s celebrated career focuses on the integration of physical and mental health.

ADM Levine is an accomplished speaker and author of several publications on the opioid crisis, adolescent medicine, eating disorders, and LGBTQ+ medicine.

Phill Wilson

Phill Wilson founded the Black AIDS Institute in 1999 after his own HIV diagnosis. Wilson recognized the disparity in access to HIV treatment and information for people of color. Through his nearly 20-year tenure leading the organization, Wilson helped establish a social support network and clinic in Los Angeles and national programs in training, leadership, and capacity-building for groups in underserved communities.





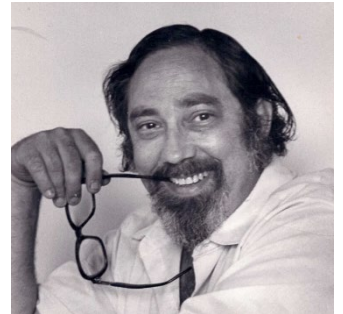
David Ernesto Munar

Chicago's Howard Brown Health president and CEO David Ernesto Munar is a driving force in the battle for equitable health care. Munar spent 23 years at the AIDS Foundation of Chicago before joining Howard Brown Health in 2014. Under his leadership, the nonprofit has expanded to include more than 10 health clinics throughout the city serving the city's large and diverse queer community.

Charles Silverstein

While a graduate student at Rutgers University in 1973, Charles Silverstein testified at the American Psychiatric Association (APA) to argue for the removal of homosexuality as a mental illness in the organization's Diagnostic and Statistical Manual. Stunningly, he succeeded along with the support of a group of activists who protested the organization's outdated but stubborn stance that had been used to discriminate against a generation of gay men and lesbians.

But it wasn't just Silverstein who accomplished this breakthrough. It was gay people themselves. Study after study was beginning to roll out, indicating that gay and lesbian people were just as well adjusted as their non-gay counterparts. Silverstein's impact can still be felt today as the APA "urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations." In 2011, Silverstein received the Gold Medal Award for Life Achievement in the Practice of Psychology from the APA.



Interpreters do more than translate, and patient care suffers when systems ignore it

Source: [Interpreters do more than translate, and patient care suffers when systems ignore it](#)



At its heart, health care is a conversation. A patient needs to explain what is wrong. They need to understand their options. They need to make decisions about their own care. Clinicians need clear information, too. They need to understand symptoms, explain risks, discuss treatment and check whether advice has been understood. When information is not successfully communicated, both sides lose something important.

Patients can misunderstand diagnoses, medication instructions, treatment options or follow-up advice. Clinicians can miss key details, leaving appointments unsure whether the patient understands the next steps.

These aren't just minor communication "glitches." They are significant risks to patient safety and health equity.

A new mixed-methods study examined collaboration between clinicians and professional spoken-language interpreters in Australia, using the World Health Organization's interprofessional collaborative practice

framework. The paper is published in the journal *Ear & Hearing*.

Researchers focused on audiology because communication is essential to hearing care, from taking a case history to explaining results and checking understanding. Although conducted in hearing care, the findings are relevant across health services.

The message was clear: Placing an interpreter in the room does not automatically ensure good communication. Successful interpreted consultations depend on role clarity, preparation, trust and system support.

Clinicians working without a professional interpreter reported difficulty taking accurate patient histories and uncertainty about whether patients had understood them. This led to longer appointments and reduced information sharing. Interpreters described challenges with specialized terminology and unclear appointment goals.

The most revealing finding was what the researchers called the "vocal box" problem. Many clinicians viewed interpreters as passive conduits—simply converting words from one language to another. In reality, interpreters translate meaning across culture, health literacy and clinical context. When clinicians overlook this, accuracy suffers and trust erodes.

A fixable gap emerged around pre-consultation briefings. Most interpreters wanted a brief conversation before the patient arrived; fewer than half of clinicians agreed. A five- to 10-minute briefing is not a courtesy. It is a structural safety step that can improve accuracy, efficiency and trust.

Cost and access also emerged as significant barriers. Clinicians who had access to free interpreter services were far more likely to use them. Where services are not funded, the cost sometimes falls to patients—and many go without. Without adequate funding, even the best intentions do not translate into practice.

Why using family members or AI falls short

When professional interpreter access is difficult, clinicians may reach for quicker options. AI translation tools can seem practical. Family members may also be available in the room. Neither is a substitute for professional interpreting.

A recent analysis of international studies found no evidence that AI-powered tools can safely support the live exchange required in clinical consultations. Reported problems included inaccurate translations, missed medical terminology and fabricated text.

Family members carry a different type of risk. They may answer for the patient, withhold distressing information or compromise privacy. In clinical care, convenience cannot replace professional communication support.

What needs to change

The solution is not complicated, but it requires system-level commitment. Our research points to some practical changes:

Pre-consultation briefings should become standard. A five- to 10-minute briefing before an interpreted appointment—built into booking systems and clinical workflows—is a small investment with practical returns.

Both professions need dedicated training. Clinicians need support to lead consultations through an interpreter, including pacing, turn-taking and maintaining eye contact with the patient. Interpreters need access to medical terminology and clinical context.

Access to funded professional interpreters must also improve, particularly in regional and underserved areas. A patient's postcode should not determine the quality of their communication support.

Multilingual patient resources should become standard. Clinicians in our study frequently reported having nothing in print except English. Written information, visual aids and culturally appropriate materials can support professional interpreting.

Interpreted consultations should be evaluated by more than whether an interpreter was booked. Services should also assess whether patients understood their diagnosis, treatment options, risks and follow-up steps, whether they had the opportunity to ask questions, and whether clinicians were confident that key information had been accurately exchanged.

Good communication is not a luxury. It is a precondition of safe, equitable care. When a patient leaves without understanding their diagnosis or what to do next, that is not a language problem. It is a health system failure.

Every patient deserves a genuine voice in their own health care, regardless of the language they speak at home. That means treating interpreters as part of the care team—not as optional extras, emergency substitutes or someone who enters the room without preparation.

New Staff Profile: Gustavo Farfan



Gustavo is the newest addition to our Spanish interpreter team. Originally from Salta, a northern province of Argentina, he moved to the United States in 2019.

Before coming to the U.S., Gustavo was studying to become a teacher of English in Argentina. Just before taking his final exam, he decided to pursue a new opportunity as an au pair in the United States. His interest in the English language began in 2011, when he moved to Oxford to study English.

After arriving in California, Gustavo completed several English-language courses at the City College of San Francisco, where he also earned a degree in Culinary Arts. In 2022, he enrolled in the Translation and Interpreting Program at the Century College in Minnesota. Gustavo was named to the Dean's List and graduated with honors two years later. Before graduating, he earned his CCHI certification and accepted a position as a mental health interpreter for San Joaquin County.

While attending school, Gustavo applied for a part-time Spanish interpreter position at UC Davis but was not selected at that time. He applied again at the beginning of this year and was hired for a full-time position with UC Davis Health.

For Gustavo, the most rewarding part of medical interpreting is knowing that interpreters help reduce language barriers and support meaningful communication between patients, families, and care teams. During his first months at UC Davis Health, he received two recognitions for demonstrating care and compassion while interpreting for patients' family members during sensitive discussions.

Outside of work, Gustavo enjoys reading, traveling, and baking. He is passionate about medical interpreting and plans to take the ATA certification exam as he continues pursuing his goal of becoming a certified translator.

Welcome to the team, Gustavo! We are excited to have you here!

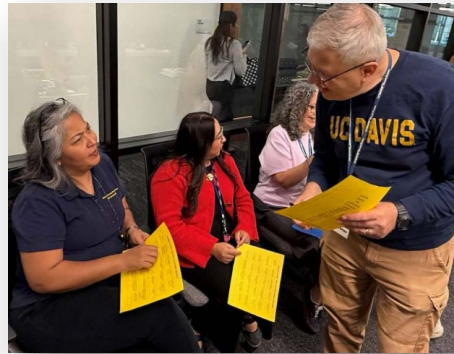
UC Davis Health Medical Interpreters Celebrate International Interpreter and Translator Day 2026

At UC Davis Health, clear communication is essential to compassionate, equitable care. This International Interpreter and Translator Day, September 30, we recognize and celebrate the interpreters whose expertise helps make that possible every day.

Our interpreters bring far more than language skills to each encounter. They help patients and families understand important health information, support providers in delivering clear guidance, and create space for questions, concerns, and shared decision-making. In moments that may feel unfamiliar, stressful, or deeply personal, their presence helps build understanding, confidence, and trust.

By helping bridge language differences, interpreters play an essential role in patient safety, quality of care, and health equity. Their work helps ensure that patients can participate meaningfully in their care and that providers can communicate with clarity and respect.

To all of our interpreters: thank you for your professionalism, cultural awareness, compassion, and dedication. Your work strengthens connections across our health system and makes a meaningful difference for patients, families, and care teams every day.



LITERALLY
PHYSICALLY
SPIRITUALLY
EMOTIONALLY
WHOLEHEARTEDLY
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you ❤️

