

# Report about Public Health Preparedness and LGBTQ Communities

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## Background

### Impact of Disasters on Stress and Health

Experiencing disasters can be an extremely stressful event that can lead to numerous mental and physical health problems. It can also worsen existing stressors that impact people's health and well-being. Many people were impacted by the results of the 9/11 attacks and this led to an increase in alcohol use, depression, and post-traumatic stress disorder (PTSD).<sup>1</sup> Another study of those who experienced Hurricane Katrina found a similar experiences of depression, PTSD, and tobacco use.<sup>2</sup> These events can harm people's health through the distress and trauma they cause or by limiting important resources that can be used to effectively cope. Communities that are already marginalized and lack sufficient social resources are at a greater risk for harms related to disasters. Social and health disparities experienced by community members need to be addressed as part of any disaster preparedness activity. Many community members who lack important resources on good days are not going to be able to respond to emergencies as well as those who have the resources to put towards preparedness activities. There needs to be resources at the community level to help that they can turn to.

The impact of the COVID-19 pandemic has impacted marginalized communities greatly. Statistics show that Black, Hispanic, and Native American populations have a greater risk for hospitalization and death, than white populations.<sup>3</sup> The disparate impact upon race and ethnic minority populations is very much connected to social factors that impact their everyday life.<sup>4,5</sup> Pandemics can exacerbate ongoing inequities, which can then intensify pandemics. We have seen this with HIV/AIDS and now COVID-19.

### Sex and Gender Minorities Are Experiencing COVID-19 Related Disparities

Sex and gender minorities experience many different health disparities such as discrimination, violence, HIV/STIs, depression, and alcohol, tobacco and other drug use, and many problems related to their social determinants of health.<sup>6,7</sup> The COVID-19 pandemic has had a negative impact upon the social determinants of health of sexual and gender minorities.<sup>8-10</sup> The marginalization experienced by LGBTQ people created many problems for them during the pandemic. Notably, a study examining sexual minorities experienced greater distress and decline in well-being

compared to sexual majority populations during the pandemic.<sup>11</sup> Another study found an increase in substance use among sexual and gender minorities.<sup>12</sup>

Other studies are finding that gender and sexual minorities reporting problems accessing needed mental and physical health services as well as a greater sense of social isolation.<sup>13,14</sup> However, studies inclusion of sexual and gender minorities are limited with most studies not including measures to capture sexual orientation and gender identity of participants.<sup>15</sup> LGBT Community Centers arose because of the lack of services and resources available to communities of sexual and gender minorities. The problem is that these centers were themselves negatively impacted by the pandemic.<sup>8</sup> The result is that when communities are most in need of services, the one source that communities have looked toward in the past are themselves impaired.

### Anti-LGBT Attitudes and Policy as a Hazard

There is evidence that legislation can influence the health of gender and sexual minority people. Blosnich et al. (2016) studied transgender people who lived in states with substantive employment discrimination protections and found lowered risk of suicidal ideation, self-directed violence, and mood disorders.<sup>16</sup> Horne et al. (2021) examined how the procedural vote on a referendum to remove state level gender protections negatively impacted the mental health of transgender people.<sup>17</sup> Studies detailing the legislations-distress relationship in lesbian, gay, and bisexual people also found a similar relationship. Here, the evidence for protective legislations yielding fewer negative mental health outcomes is well documented - e.g., fewer psychiatric disorders;<sup>18,19</sup> fewer suicides;<sup>20</sup> and lower distress.<sup>21</sup>

Preparedness plans are developed to help people and organizations continue to operate in the event hazards like snowstorms, hurricanes, and even human caused events like physical and cyber-attacks. If usual communication methods are impacted, people will turn to an alternative (e.g. shifting from telephones to radios for communication), or access to facilities are impacted the plan should identify alternatives (e.g. alternate physical or digital locations). Generally, such plans are focused on the hazard without consideration of its source. However, climate change has changed that as people are realizing its impact on the number and intensity of hazards and begun to alter their plans accordingly.

The impact on social and political climate should similarly be considered on the impact of human-caused hazards. Recently, many states have been implementing policies targeting young sexual and especially gender minorities. These laws seek to prevent people from accessing transgender affirming care and significant social spaces for young gender minorities<sup>22,23</sup> These efforts have also created a climate that worries many young people and their parents.<sup>24</sup> While positive policies may play a positive role in the health of sexual and gender minorities, negative policy (and the related structural factors) may lead to many negative health outcomes.

While a minority of bills negatively affecting lesbian, gay, bisexual, and especially transgender people are being passed and enacted by states, the process can still negatively impact communities. Horne, et al shows that even when a community successfully rebuffs attempts to enact negative policies, the process still causes much stress and anxiety.<sup>17</sup> The advocacy needed to continually fight against the enactment of negative policies can be tiring as families and affected people, write, speak, and protest against these bills only to turn around and do it again as other bills are proposed. LGBTQ media applauds reports of young people and family members who travel to capital cities to speak against legislation, but not acknowledge to the stress they experience as they travel again and again to provide their stories.

It is not just policy, but groups of people are attacking anything supporting Trans youth. There are people on social media stoking fear and anger against transgender people. These create situations where right-wing groups are showing up at children's events like drag queen story time or threatening healthcare providers at clinics providing gender affirming care.<sup>25,26</sup> These people also seek to harass transgender people via social media and even acts of doxing or swatting. Taken together this is creating a very hostile environment for Trans youth, their parents, and their allies as well as forcing important services and resources for Trans youth to close for fear of violence. As of now, there are reports of family's leaving unsupportive states.<sup>27</sup> However, this is not a solution that many families can use.

Sexual and gender minority communities who are experiencing these events should be considered a type of human-caused hazard. The disruptions they cause can be as problematic and stressful as a flood, tornado, or pandemic. At the same time, efforts to

mitigate and prepare for such hazards can be equally useful in dealing with societal discrimination that communities are currently experiencing. Efforts to create emergency planning materials and coordination with communities should include material on social disasters along with other hazards. Many planning and mitigation plans already include material related to terrorism or mass-shooting, this would merely expand the scope to include the societal attitudes and beliefs that can lead to those events. An important tool related to mitigation and planning for any disaster is working to improve the social networks and resiliency within sexual and gender minority communities.

LGBT Community Centers have the potential to be an important resource during times of pandemic and disaster. There are examples of other organizations positively impacting their communities after a disaster. After Hurricane Katrina the Mary Queen of Vietnam Church provided important resources to their community's resilience and recovery activities.<sup>28</sup> Community organizations can play an important role in a community's ability to be resilient by providing important resources either with or without the help of governmental entities.<sup>29</sup> LGBT Community Centers provide important resources to their sexual and gender communities, however, these activities have been negatively impacted by the COVID-19 pandemic.<sup>8</sup> This can indicate a lack of preparedness planning on behalf of these centers as well as the ignorance of Public Health and Emergency Management personnel in providing culturally competent disaster planning for gender and sexual minority communities.

### **The Needs of Sexual and Gender Minorities in Disaster are Neglected**

The Federal Emergency Management Administration (FEMA) and Homeland Security provide little in the way of guidance for Emergency Management personnel in how to work with sexual and gender minority communities. The 2020 National Preparedness report highlighted the vulnerability Lesbian, Gay, Bisexual, Transgender, and Queer communities within a disaster, but the 2021 report does not refer to sex and gender minorities at all.<sup>30,31</sup> There are recent reports highlighting the same problem.<sup>32,33</sup> Homeland Security recently published a National Terrorism Advisory System (NTAS) Bulletin where they identify the risks of violence to LGBTQ communities, faith-based institutions, and other communities.<sup>34</sup> The Bulletin went further and identified the resources being provided

to those affected, except for the LGBTQ community. These reports highlight the need for greater inclusion sexual and gender minority communities within all facets of disaster planning, response, and recovery. Such resources need to encompass the issues relevant to gender and sexual minorities and that includes societal stigma and how that can impact people's lives.

### **Study**

The study utilized Centerlink's (A national organization of LGBTQ Community Centers) directory to identify the contact information for LGBTQ community/medical organizations. The report will not mention the location of these organizations to maintain their anonymity. The report consists of conversations had with representatives from two community centers, two youth organizations, and two medical organizations. Topics discussed include the help they received by governmental and nongovernmental organizations in developing their preparedness and emergency planning resources. Other topics discussed included the natural and human-caused hazards that organizations can experience, and lastly discussed how anti-LGBTQ activities are impacting their organizations and what their organization is doing about it. At the start of the project, an Mpox outbreak within LGBTQ communities was identified and became another topic of conversation.

The conversations were conducted prior to the Colorado Springs shooting and the rash of incidents involving people connected to the far-right attacking organizations (especially those serving youth) activities. This is combined in the growing anti-LGBTQ rhetoric accusing LGBTQ people with grooming and attacks against medical organizations providing gender affirming care. It's not known how these would have affected anyone's answers.

### **Hazards**

#### **Natural Hazards**

Due to their location, snow and snowstorms are seen as a major issue, but one that is generally managed by the organizations as they are not considered unusual. Most mentioned taking a "snow day" approach where they will close their facility if local schools do so as well, or at least change the times of their opening or closing. Organizations mentioned moving to virtual

activities as well. With snow and cold the organizations have policies and relationships regarding snow removal so that clients and staff can safely enter and leave the buildings.

In addition to winter hazards, large rainstorms were also mentioned, but only one organization mentioned flooding impacting their operations. The loss of power impacting operations was mentioned as an issue that can be caused by storms. Heat hazards were mentioned by a couple of organizations, and one organization mentioned that they are a cooling station during heat emergencies. One hazard that a couple organizations mentioned as being a concern and needing more assistance was tornados. There were questions about where organizational staff and clients should evacuate to in case of a tornado, and whether existing spaces are secure enough.

Organizations also mentioned fire as being a hazard that organizations have plans and mitigation resources such as insurance in place to help with recovery and operations. The existence of regulations focused on building codes around fire and fire safety provides organizations with more guidance compared to other hazards. This highlights the role governmental agencies have in influencing the preparedness of organizations regarding a particular hazard. There is more guidance and requirements concerning building fire compared to tornados. In certain cases, organizational operations are dependent on their region's impact and recovery from natural hazards.

#### **Pandemic Hazards**

At the time of the conversations each organization created their own plans and responses to the pandemic. The medical organizations have in place stricter COVID-19 guidelines about wearing masks and screening people entering their buildings. The community and youth organizations reported closing operations for a time until they can create plans and new ways of operating within a pandemic. Organizations mentioned moving programs online through Zoom and other electronic resources.

The representatives spoke of adapting to situations and reacting to how situations change. They spoke of the resources provided by the CDC, local health depts, and CenterLink (a National LGBTQ organization) as important resources to help them establish policies

and resources to operate and to keep their staff and clients safe. In addition to virtual operations, organizations created systems to help educate their clients about COVID-19. They also identified that there were members who were in great need for their organization's services (medical, access to computers, food, etc.) so they made adaptations to allow in person activities. All this to provide needed resources for people who could not access resources without the help of the organizations.

The representatives felt that they were more ready when Mpox (The name monkeypox is being phased out due to its racist and stigmatizing aspect of the name. Monkeypox was used during the interviews during the summer.) outbreak happened. A couple of people compared this to HIV/AIDS, especially regarding the federal government's actions around it. A couple of people mentioned that the LGBTQ community's history with HIV meant that they were more able to respond to this outbreak and to advocate for a better response from governmental agencies. People felt that the community's history with HIV/AIDS meant that they were more supportive to a public health response to pandemics compared to the general population.

### **Negative Political/Social Climate**

The interview also included a discussion of the anti-LGBTQ climate that is impacting the country and how it can impact their organization's operations. Most of the concern is whether their physical space is in danger. People speak of having LGBTQ signage identifying who they are and don't feel deterred from letting the community know who they are. People do report receiving threats or their space being vandalized and have been able to respond to these events without impacting their organization's activity. Mitigation efforts include having a relationship with local law enforcement and political leaders who can aid in responding to attacks on the organization.

Organizations did not speak in detail about how this could prevent their organization's operations, except when it comes to work done with other organizations like schools. The anti-LGBTQ climate could create barriers with working with young people and educators. Organizations are aware of these activities are on guard to prevent anything from impacting their operations. A larger organization was able to employ a specific person

to monitor these activities, but the smaller organizations are dependent upon volunteer work.

Advocacy and education have been discussed as an important tool to stop anti-LGBTQ legislation. People have also mentioned the impact the Dobb's decision (ending Roe v. Wade) may have as well. People talk about the importance of working with other organizations. People spoke about collaborating with organizations providing racial and ethnic minority advocacy. Ones that serve youth also mention providing support to youth, especially trans youth whom most of the legislation are targeting. Young people are experiencing a lot of stress over the rhetoric being used. People also discuss the limitations they have as nonprofits in advocacy and need to rely on organizations that are designed to conduct political work.

### **Human-Caused Hazards**

Two types of human-caused hazards were discussed, and they were violence (for any reason) and potential attacks on their electronic infrastructure. Regarding violence, all organizations have policies in place for staff in how to respond to violence. They also discussed the difference between violence due to anti-LGBTQ climate and violence for other reasons such as client distress. These organizations provide services for the community, and this included services related to mental health or substance use.

Organizations have policies in place in how to handle aggression or violence among their clients. One organization discussed training staff on de-escalation techniques to help reduce the threat of violence. Others employ security guards to handle people who are violent. There is also a variety of beliefs about the use of law enforcement where some will see them as a last resort and others who will seek their assistance immediately.

People felt that violence due to the anti-LGBTQ climate is a concern and their organization's current policies are seen to be sufficient for responding to such occurrences. I do want to make note that these interviews took place after the Colorado Springs shooting and the actions of far-right groups have been making against LGBTQ spaces. It is unknown how these events along with the growing anti-LGBTQ climate is changing how people respond or how they can mitigate against these events.

Cybersecurity was also a topic and an organization's actions is dependent upon their resources. Larger organizations can employ or contract with organizations to provide cybersecurity. However, smaller organizations do not have that ability and generally lack resources in this area. This is an area of greatest need as smaller organizations lack any resources related to cyber or ransom attacks.

## **Governmental and Organizational Supports**

Centerlink was one national organization mentioned by many people as an important resource (Centerlink was also used to find contact information for the organizations interviewed). Namely they provided organizations important resources, especially during the pandemic and finding new ways to provide services as well as networking with other organizations. They also helped smaller organizations by providing resources that they cannot develop on their own. Centerlink also wrote a report identifying the COVID-19 pandemic issues faced by LGBT organization.<sup>8</sup>

In addition to Centerlink, many organizations mentioned their work with other LGBTQ organizations. There is an important network of LGBTQ organizations that work together to provide services or participant in advocacy activities. These connections can be an important resource for organizations to utilize during emergency events.

Much of the support received by organizations were local. Local governments, health depts, and law enforcement were identified as providing organizations with information and guidance as it relates to the safety of their organization. Such assistance includes regulations and codes related to building safety, especially around fire. Organizations identified law enforcement as a resource, although some have considerations about them due to their community's overall relationship with them. Local health depts were also an important resource, especially concerning COVID-19, HIV/AIDS, and Mpox.

National governmental agencies mentioned included the CDC, FBI, and Homeland Security. The CDC provided aid related to COVID-19, Mpox, and HIV/AIDS work. The FBI and Homeland Security provided resources and information as it relates to an organization's physical security. The amount of support from state and national agencies were limited. State and

federal emergency management agencies were not mentioned as providing any assistance for the organizations interviewed. This is reflected in lack of LGBTQ material produced by those agencies as mentioned earlier.

## **Conclusion**

### **Prepared for Common Hazards**

In general, organizations are prepared for hazards common for their area. Due to their location in the Midwest, snow and storms were identified as major hazards that can impact their operations. Structure fires are another hazard that organizations have plans and resources devoted towards. This is not to say that there are not areas in need of help, such as help in developing plans around tornados. Organizational preparedness is very much based on a hazard's occurrence, snow happens more often as tornados so there is more plans and resources dedicated to snow then tornados.

Each organization's level of preparedness is dependent upon the size of the organization. The larger organizations can employ people who are directly responsible for organizational safety or advocacy. Larger organization's also employ IT experts to help with cybersecurity. Smaller organizations need to rely on the support of organizations like Centerlink or local organizations.

### **Prepared for Pandemics and other Outbreaks**

The COVID-19 pandemic impacted LGBTQ organization the same as it impacted the rest of society. The initial actions of organizations involved quickly creating new systems to continue operations with the help of organizations like Centerlink. The people interviewed felt their organizations were able to adapt quickly to the needs of their community and continue operations safety. It's likely that LGBTQ organization's experience with COVID and HIV/AIDS has prepared them for the Mpox outbreak in the summer of 2022. People felt confident about their response to Mpox and were active in their critique of government inaction in providing needed resources.

## Human-Caused Hazards

Organizations have plans and relationships in place in handling human related hazards like violence and cyber security. Many have already dealt with various forms of violence from clients and the outside community, and generally believe that their current plans are adequate to handle most forms of violence. Cybersecurity remains an issue for smaller organizations who generally lack the resources that larger organizations may have to implement safety resources. There is also concern for how the current social and political climate may impact future incidents of violence.

The spread of legislation targeting LGBTQ people, and especially trans youth are concerning to the organizations. The organizations discussed how they were advocating against anti-LGBTQ legislation that is being developed in their state and working with other organizations on this. They highlighted the difficulty they have as a nonprofit in their advocacy and are dependent upon organizations and volunteers that can participate more directly in the political process.

There have already been states that have implemented policies targeting trans youth with worse being developed over time. It may create a situation where organizations may have to choose between providing services to a very marginalized community or risk losing funding for their other services. This was the case of a hospital in Oklahoma who stopped providing care for trans youth due to threats of having money taken away from them by the State's Government.<sup>36</sup>

## Governmental Support

The entities not mentioned playing a role in their organization's disaster preparedness was FEMA or their State EMA's. The larger organizations discuss working with local emergency organizations. These larger organizations also provide medical care so they can play an important role in a city's emergency response. LGBTQ organizations who do not directly provide medical care were not involved in the emergency planning of their city. Similarly, the disappearance of any mention of LGBTQ communities from the 2021 National Preparedness Report shows how emergency management resources concerning LGBTQ communities can be lacking.

A recent report by the Dept of Homeland Security highlights the increased risk of terrorism groups that faith organizations, schools, and the LGBTQI+ community.<sup>34</sup> While they highlight the increased risks LGBTQ communities are facing, they do not provide specific resources for LGBTQ communities. Resources specific to others are included though. The lack of resources will continue to place LGBTQ communities at continued risk of harm, especially smaller organizations who cannot access these resources on their own.

## Recommendations

The lack of LGBTQ inclusion within emergency management is surprising when compared to other fields. Inclusion of LGBTQ issues within other Federal agencies have been in development for many years. The National Institutes of Health has an office dedicated to Sexual and Gender Minority Health. Health and Human Services and the CDC has provided resources and guidance regarding LGBTQ health for many years, even when excluding HIV/AIDS related resources. The Dept of Homeland Security and the Federal Emergency Management Agency need to provide more resources for LGBTQ communities. It's especially pressing currently when attacks against LGBTQ communities have been increasing in severity and number.

One aspect that emergency management agencies need to do is develop more connections with LGBTQ community organizations. The lack of resources dedicated to LGBTQ organizations is egregious when examining the vulnerabilities faced by these communities and their fraught relationship with religious and other organizations that are typically active during a disaster. At the same time, such relationships should not be top-down. Governmental organizations need to understand that they need to develop trust with the communities they wish to serve. Community members will be wary of any Governmental intrusion, so relationships need to be built over time.

In the absence of emergency management activity, other organizations have stepped forward to provide guidance about LGBTQ issues during disasters (National LGBT Health Education Center and DRR Dynamics Ltd).<sup>33,35</sup> There are people and organizations that Emergency Management Agencies can partner with in developing and improving existing resources.

The attacks on LGBTQ people and especially trans youth by governmental entities is an issue likely to impact the health of people in many ways and could be considered as much as a disaster as a tornado. Much like a disaster, these governmental actions are causing people to migrate to more supportive areas and negatively impacting the health of LGBTQ people and their families.

Historically, when governmental entities are themselves causing harm, many people began to create community resources to replace those unavailable due to governmental inaction. LGBTQ communities can turn to their HIV/AIDS history as an example of what communities can develop on their own. Community healthcare has a long history within many marginalized groups and could become an important resource for people in areas that lack those services. In the end, we can always turn to our own community for assistance and security.



### Works Cited

1. Vlahov D, Galea S, Ahern J, et al. Alcohol Drinking Problems Among New York City Residents after the September 11 Terrorist Attacks. *Substance Use & Misuse*. 2009;41(9):1295-1311.
2. Alexander AC, Ward KD, Forde DR, Stockton M. Are posttraumatic stress and depressive symptoms pathways to smoking relapse after a natural disaster? *Drug and Alcohol Dependence*. 2019;195:178-185.
3. Centers for Disease C, Prevention. *Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity*. 2022.
4. Laurencin CT, McClinton A. The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities. *Journal of Racial and Ethnic Health Disparities*. 2020;7(3):1-5.
5. Tai DBG, Shah A, Doubeni CA, Sia IG, Wieland ML. The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clinical Infectious Diseases*. 2020;72(4):ciaa815.
6. Grant JM, Mottet LA, Tanis J, Harrison J, Hermon JL, Keisling M. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian task Force;2011.
7. Institute of M. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington DC: National Academy of Sciences.; 2011.
8. Centerlink: The Community of L. *LGBTQ Community Centers Impacted by COVID-19 Pandemic*. 2020.
9. Lindsey D, Ashley K, Jennifer K. *The Impact of the COVID-19 Pandemic on LGBT People | KFF*. 2020.
10. Movement Advancement P. *Movement Advancement Project | The Disproportionate Impacts of COVID-19 on LGBTQ Households in the U.S*. 2020.
11. Fish JN, Salerno J, Williams ND, et al. Sexual Minority Disparities in Health and Well-Being as a Consequence of the COVID-19 Pandemic Differ by Sexual Identity. *LGBT Health*. 2021;8(4):263-272.
12. Dyar C, Morgan E, Kaysen D, Newcomb ME, Mustanski B. Risk factors for elevations in substance use and consequences during the COVID-19 pandemic among sexual and gender minorities assigned female at birth. *Drug and Alcohol Dependence*. 2021;227:109015-109015.
13. Ruprecht MM, Wang X, Johnson AK, et al. Evidence of Social and Structural COVID-19 Disparities by Sexual Orientation, Gender Identity, and Race/Ethnicity in an Urban Environment. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*. 2021;98(1):27-40.
14. Sevelius JM, Gutierrez-Mock L, Zamudio-Haas S, et al. Research with Marginalized Communities: Challenges to Continuity During the COVID-19 Pandemic. *AIDS and Behavior*. 2020;24(7):2009-2012.
15. Cahill SR. Still in the Dark Regarding the Public Health Impact of COVID-19 on Sexual and Gender Minorities. *American Journal of Public Health*. 2021;111(9):1606-1609.
16. Blosnich JR, Marsiglio MC, Gao S, et al. Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection. *American Journal of Public Health*. 2016;106(3):534-540.
17. Horne SG, Mallaigh M, Nedim Y, R Meredith M. The stench of bathroom bills and anti-transgender legislation: Anxiety and depression among transgender, nonbinary, and cisgender LGBTQ people during a state referendum. *Journal of Counseling Psychology*. 2021.
18. Hatzenbuehler ML, Keyes KM, Hasin DS. State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health*. 2009;99(12):2275-2281.
19. Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *American journal of public health*. 2010;100(3):452-459.
20. Hatzenbuehler ML. The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*. 2011;127(5):896-903.
21. Everett BG, Hatzenbuehler ML, Hughes TL. The impact of civil union legislation on minority stress, depression, and hazardous drinking in a diverse sample of sexual-minority women: A quasi-natural experiment. *Social Science & Medicine (1982)*. 2016;169:180-190.
22. Eleanor Klibanoff. New lawsuit seeks to block Texas trans child abuse investigations | The Texas Tribune. *The Texas Tribune* 2022; <https://www.texastribune.org/2022/06/08/transgender-texas-child-abuse-lawsuit/>.

23. Ronan W. 2021 Slated to Become Worst Year for LGBTQ State Legislative Attacks as Unprecedented Number of States Poised to Enact Record-Shattering Number of Anti-LGBTQ Measures Into Law - Human Rights Campaign. *HRC Press Release* 2022; <https://www.hrc.org/press-releases/2021-slanted-to-become-worst-year-for-lgbtq-state-legislative-attacks>.
24. Beason T. It's a 'sad and scary time' as anti-LGBTQ bills skyrocket - Los Angeles Times. *Los Angeles Times* 2022; <https://www.latimes.com/politics/story/2022-03-29/experts-worry-dont-say-gay-bills-promote-hate>.
25. Fortin M. Bomb Threat at Boston Children's Hospital; Police Give All-Clear *NBC10 Boston*. November 16, 2022, 2022.
26. Marcotte A. Proud Boys protests over drag performers are turning violent — and now they're targeting kids. *Salon*. October 26, 2022, 2022.
27. Price Asher. LGBTQ rights: Why some Texans are leaving the state - Axios Austin. *Axios Austin* 2022; <https://www.axios.com/local/austin/2022/08/17/texas-lgbtq-other-states-migration>.
28. Rivera JD, Nickels AE. Social Capital, Community Resilience, and Faith-Based Organizations in Disaster Recovery: A Case Study of Mary Queen of Vietnam Catholic Church. *Risk, Hazards & Crisis in Public Policy*. 2014;5(2):178-211.
29. Sledge D, Thomas HF. From Disaster Response to Community Recovery: Nongovernmental Entities, Government, and Public Health. *American Journal of Public Health*. 2019;109(3):437-444.
30. Dept of Homeland S. *2020 National Preparedness Report*. Washington DC: Homeland Security;2020.
31. Dept of Homeland S. *2021 NATIONAL PREPAREDNESS REPORT*. Homeland Security Administration;2021.
32. Rushton A, Gray L, Canty J, Blanchard K. Beyond Binary: (Re)Defining “Gender” for 21st Century Disaster Risk Reduction Research, Policy, and Practice. *International Journal of Environmental Research and Public Health*. 2019;16(20):3984-3984.
33. Seglah HA, Blanchard K. *LGBTQIA+ PEOPLE & DISASTERS*. DRR Dynamics;2021.
34. DHS Issues National Terrorism Advisory System (NTAS) Bulletin [press release]. Online: Dept of Homeland Security, November 30, 2022 2022.
35. National LGBT Health Education Center. *Emergency Preparedness and Lesbian, Gay, Bisexual & Transgender (LGBT) People: What Health Centers Need to Know*. Web page: National LGBT Health Education Center, Fenway Institute; July, 2020 2020.
36. Associated Press, Yurcaba J. Oklahoma governor signs bill withholding hospital funding over trans youth care. *Today*. Oct 5, 2022, 2022.