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A project designed and developed by

Re-centering voices and experiences

**Treat it  
Queer**

**PHOTO  
VOICE**

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The Netherlands 2022

Photographer and interviewer: Carla Curado Gloria

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**THE  
QUEER  
PICTURE**

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# THE QUEER PICTURE

2022 Treat it Queer Foundation.

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Photography and interviews: **Carla Curado Gloria.**

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Special thanks to Devika, Lieke, Sharona, Bea, Lizette K, Swan, Nikki, Micha.

**This product is available free of charge.**

If you would like to support this work, please consider donating to the Treat it Queer Foundation.

Paypal account: [treatitqueer@gmail.com](mailto:treatitqueer@gmail.com)



**Share-Net**  
Netherlands  
The Knowledge Platform on  
Sexual and Reproductive Health & Rights



# Introduction

Behind a diagnosis, **there is a person.**

Behind a prescription, a treatment, or a therapy, there is a person. Behind a mask, under scrubs, a gown, or a whitecoat, there is, first and foremost, a person. And behind every person, there is a life and a powerful story.

Queer people face important barriers in accessing and receiving healthcare, from ignorance to dismissal. This causes the queer community disproportionate levels of harm, in terms of physical, mental, emotional, and even social health.

Through this project, Treat it Queer aims to re-center and showcase the voices of the queer community, giving people and patients a space to tell their care providers (that is, you), in their own words and images, what is important to them, what they've lived through, and what they want you to know. This collection of portraits and associated testimonials presents an intimate look at queer people and their experience of healthcare in the Netherlands.

## **Why choose photovoice?**

The portraits are like windows, an invitation to behold our strong, resilient, and miraculous bodies. The words are the poetry of our daily lives, the passionate message we whisper and shout and sing and stutter and sign: “we’re here, we’re queer, we ask that you listen.” Together, they show who we are.

**So, dear care providers, we invite you to witness  
THE QUEER PICTURE.**

# Treat it queer

Treat it Queer is an international non-profit foundation dedicated to health justice, with a particular focus on the queer community. We seek to cultivate a growing awareness and understanding of the existing health inequities affecting gender and sexually diverse people worldwide, as well as bring greater visibility to the real, lived experiences of queer people in clinical practice, policy, and research.

We aim to do so using an intersectional approach, examining the ways in which different axes of privilege and oppression simultaneously contribute to health inequities. The dismantlement of power dynamics related - and not limited - to gender, race and class is central in our work.

Write us: [treatitqueer@gmail.com](mailto:treatitqueer@gmail.com)

Website: <http://treatitqueer.org>

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# Devika

**she/her**

## **“Patient”:**

mid-14c., *paciente*, “capable of enduring misfortune, suffering., without complaint,” from Old French *pacient*

Who would have thought that the origin of the word conveys so many similarities with the present-day reality of being a patient? Perhaps it's time we address it and change the experience of being a patient, which starts by changing the relation between patient and medical professional.

Dear healthcare practitioner,

Could you invite a gaze that is beyond diagnosis? Acknowledge a patient-doctor relationship first and foremost as one of two human beings?

Are you attuned to a patient's vulnerable position of not having agency? Regardless of consent. How bodies become the site of impersonal touches through goal-oriented hands looking for malfunctions, instrumental cuts and painful mechanical penetrations.

*A synthesis of blood and toxins*

Are you aware that you are a representative of a bigger system? A westernized system that is based on classification and separation. A classification of bodyparts and separate treatments for each part, not acknowledging the interconnectedness of the body and failing to see that these different conditions might share common pathways and solutions.

We are diverse bodies carrying intergenerational information on DNA level. Our bodies and health directly being affected living in a **capitalist reality**. What does it then mean to engage with a patient from this understanding?

Is it possible to queer and decolonize healthcare in the sense of re-imagining methodologies that hold space for the holistic and self-defining body?

*Illnesses are manifestations of histories and current times.*



# Lieke

**she/her**

Getting diagnosed with Autism spectrum disorder (Asd) at the age of twenty five feels like rewatching your life, but this time with the inclusion of the director's comments. You get a better understanding of why things didn't work out the way you intended and you accept that being on the spectrum is just a different neurological construction, which means that you can finally stop chasing a cure, because there is no cure.

It took me eight years to arrive here. Eight years of GGZ and being moved from pillar to post: different diagnoses and different treatments. I am a person who believes medical authority easily, so if professionals confirm a certain condition, I accept their findings and won't question them much. After a moment of crisis not so long ago, the possibility of Asd came to the surface and shortly after I was diagnosed with it.

My age is an average age for women to be diagnosed with Asd, which is quite late. I therefore really wish for more medical research on how autism manifests in people who are assigned female at birth. From an early age on, girls learn how to camouflage behaviour and copy social codes, which makes it more difficult to notice signs. Besides this, possible signs of autism in girls are usually being overlooked because of gender expectations.

I have finally reached the point where I have compassion for myself. Now I can start living.





# Sharona

**she/they**

As a black, autistic, queer, fat, single mother I have many identities that are visible and invisible whenever I step into the room of a healthcare professional. I feel that, and this has been historically proven and my experience for many times, I am often gaslighted at the doctor's office. Black femme presenting people are often mistaken for having a higher pain threshold physically and mentally than their white counterparts. This has resulted in me literally bracing myself to defend myself everytime I walk into a doc-

tor's office. And when a solution is offered, it is likely that my fat should disappear first. In the past year, I am lucky to have found a therapist who is femme and autistic herself and that helps tremendously with feeling safe and really get to important stuff, instead of working through bias first (which requires huge chunks of time and energy).

I wish that I would encounter more people in the medical field that hold the same identities as myself. People that can speak from experience, rather than projection.

People that can meet you where I am, instead of me having to educate them. That I will be supported, instead of putting in emotional labour or receiving rejection 5 times before getting helped the 6th time. A place where heteronormativity has no place and it is not assumed I am with a man, or with my child's father to begin with.

More for us, by us.





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The Queer Picture  
Treat it Queer



# Bea

**she/her**

I am a non-binary, demisexual and panromantic person living with anxiety.

Growing up in Italy, a conservative country, it was always hard for me to feel accepted by other people of my age, and potential partners. Moving to the Netherlands really helped me reconnect with my identity and my sexuality. Since the LGBTQIA+ community is so big in Amsterdam, I thought doctors would be more prepared and open to discuss queer health issues. I was disappointed when I discovered this is not always the case.

I won't go into details but my GP is apparently knowledgeable enough to refuse to prescribe me tests specifically requested by my (very experienced and competent) Italian gynecologist, referring me to a Dutch one instead (who I will have to pay profusely); but when I inquired about some basic (but queer) sexual health advice, she was not able to help, and lacked to indicate any external sources I might use.

Moreover, I found my GP unprepared to deal with my mental health struggles. I literally had a full panic attack in front of her last year.

She stared at me without doing anything, looking at me as if I were an alien. After I was able to calm myself down, she behaved like nothing happened.

I guess I wish my GP were more empathetic, to begin with. And, in general, more prepared to assist young queer individuals struggling to find information about queer sexual health, and struggling with their mental health.



# Lizette K

**she/her**

I tell healthcare providers I'm queer as soon as I can. That way I can remind them who they're talking to when they make an assumption or forget that not everybody is straight or cis.

That kind of disclosure is scary sometimes. It makes me feel vulnerable. It also sets in motion the trust and power thing where I give trust and power and usually, I get rewarded.

I'm well aware that I am in a privileged position. If I don't like my healthcare provider, I'll find a new one.

It is much harder for me to unmask in the context of my neurodivergence, even though I suspect a similar thing might happen. I prefer to conceal and even deny the things I struggle with. I fear being called lazy, unmotivated, arrogant, even though

ADHD also make me creative, thoughtful, determined.

Pride, to me, is the opposite of shame. And I love pride. I love the joy of being queer, I love the comfort of knowing myself. I'm proud of how hard I've worked to get to know myself, and to communicate that to others, and to be creating a life around the things that work for me.





# Swan

## they/them

Care is a simple word that we all know yet take for granted.

Pain. Care. Caring for the pain. Nursing the pain that comes from caring. Navigating various levels of carelessness from healthcare professionals in order to receive care. Finding the words and ways to ask for care. Finding the words and ways to care for the ones you love who are in pain. Caring for your own pain, validating your own pain. Caring for the pain of others, validating, but setting boundaries to not

let it influence your own pain. Caring and taking care of your pain when it's dismissed by the Authorities on Pain and Care. Knowing that everything you say, the way you present, the way you mask, will all be read, considered, evaluated to determine what you suffer from. But that moment you meet is only a sliver of you, of your entire existence as a complex being. Knowing other's experience, wanting to use it to help yourself, but not fearing being manipulative. Wanting to trust but mi-

croagressions and dismissive words make it hard. Squeezing your partner's hand when you're in the hot-seat. Squeezing your partner's hand when you're not in the hot-seat. Losing control of emotions when you're triggered by your partner's experience through similar systems.

How to feel in control, safe, or protected when you're being poked and prodded with no aftercare?



Nikki (she/they) - Swan (they/them)

# Micha

**she/her**

My name is Micha Adarian.

I'm a fierce transgender girl, who was trapped her whole life in the body of an angry.. insecure boy, who helped her in the end to become her beautiful authentic self!

That's who I am, that's how I identify. Any other opinions don't really matter.. especially if it's coming from a psychiatrist or a psychologist or anyone in the medical field. I SAY WHO I AM, not you!

The struggle is real for us, transgender people, in the healthcare system in the Netherlands like everywhere else is the world!

Imagine being treated as a sick person just because you are who you are! Well, that's our medical life, sitting there in front of doctors.. who know who we are as biological transgender people.. yes.. but they know nothing about our stories, our trans resistance, our queer struggles, our queer

history, our trans ancestors, our trans culture, our dreams and our daily fights with the whole world just by existing!

I have one thing to say: Us.. existing, is a revolution by itself! And OUR right to transition is OUR call, not anyone else's! And waiting hopelessly as numbers on the waiting lists will not be the punishment for our right to be! NEVER!

The revolution is TRANS!



# Carla Curado Gloria

**she/her**

Carla is a photographer, currently based in Amsterdam. She formally studied photography at the Fotoacademie Amsterdam, but prefers to capture people and situations as raw, unedited and in the moment as they come. She is committed to use her photography and art to increase the much needed visibility of queer bodies and their lived experience.

Being queer, neurodiverse and having dealt with a chronic illness her whole life, Carla has grown a heightened sensitivity around what it means to approach (queer) bodies with care and attention.

She therefore has aspirations to open a massage center specifically catered to queer bodies, in order to contribute to providing care and support within communities that are dear to her.



# Elia Zeno Covolan

**they/them**

Elia is a transmasc non-binary, neuroatypical graphic designer and illustrator with disability from Trento, Italy.

They have an extensive background as graphic designer and accessibility consultant. Since 2012, they have worked with many cultural events, academic projects and NGO's, in Italy and abroad.

Their work focuses on the creation of inclusive contents by re-centering marginalized and disabled people, and on the translation of complex concepts into accessible visual forms. They employ a mixed approach to thematic research in their works, through the lenses of qualitative sociology, design thinking, queer and crip studies.



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# WORLD

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