

## Episode 3.20 A Trojan Horse of Radical Values with Zena Sharman

March 1, 2019

Hannah (Host):

[00:00:07](#)

[Music: "Mesh Shirt" by Mom Jeans] Hi I'm Hannah McGregor and this is *Secret Feminist Agenda*. Well, I did it. I survived oral surgery. I'm speaking to you now with two fewer teeth. Thank you for the applause which I assume that you have spontaneously broken into. I want to give a shout out to the incredible feminist networks of care that sustained me through, I mean, what was an incredibly routine procedure and I'm being super melodramatic about it, but nonetheless, Andrea Warner and Cynara Geissler and this very episode's guest Zena Sharman all brought me soup, and helped me get to and from the doctor's appointments, and brought me ice cream, and checked in on me. And it was really amazing to think first, how in the two and a half years I've been here in Vancouver has really become a place that feels like home, like a place where I have networks in community and people who will help me when I'm, you know, doing something less than pleasant and need help. And also how incredibly central this podcast has been to building that community for me. I mean, it's not a coincidence that all three of those people that I named have been guests on this podcast. And I think that's both because I sneakily use the podcast as a way to force people to be my friend, which is, I got to tell you, a pretty good approach. But also because the podcast makes me be public and accountable with things that I need and things that I value. And I think through having these kinds of conversations publicly and openly, I've gotten a little bit better about asking for what I need or even just accepting help when I need it. Anyway, I'm well on my way to healing and clearly capable of talking. And I'm not gonna say it doesn't hurt to talk, but I am going to say that I feel pretty confident that by next week it won't anymore, which is great news because next week on Wednesday, March 6th, I am giving a public talk. If you are anywhere near Hamilton, Ontario you should consider coming to it. It is free and it is public. It is being held at McMaster University on March 6th at 3:30 PM in MDCL 3022. I don't know what that means at all, but that according to the poster, is the room it's going to be in. I'll link to the event page in the show notes, if you are interested in checking it out. My talk is about feminist podcasting, which I know for a fact you're into cuz you're listening to this right now. So if you're in the Hamilton area you should come by. All right, let's meet Zena. [Music: "Mesh Shirt" by Mom Jeans] Zena Sharman is a writer,

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speaker, strategist, and LGBTQ+ plus health advocate. The thread that connects her work is a passion for moving people, organizations and systems towards greater justice, equity, and health. Zena's worked in leadership roles at national and provincial health research funding agencies for over a decade, including as assistant director of Canada's Gender and Health Research Funding Agency and currently as the director of strategy at the Michael Smith Foundation for Health Research. She has a Ph.D. in interdisciplinary studies. She's also the editor of the Lambda Literary Award winning anthology, *The Remedy: Queer and Trans Forces on Health and Healthcare* and co-editor of the Lambda Literary Award nominated anthology *Persistence: All Ways Butch and Femme*. She co-chairs the board of the Katherine White Home and Wellness Center, a low barrier wellness clinic for trans, two spirit, and gender diverse people. And she's also the proud co-parent of a very cute baby. Can confirm, have seen this baby. Very cute. [Music: "We are Circling" by Buffy Saint-Marie]

Zena: [00:04:47](#) So my title, which I really enjoy, is the director of strategy, which I always say with a particular kind of inflection. I think because it's fun to say that I'm a professional strategist and I work at an organization called the Michael Smith Foundation for Health Research. So basically we're an organization that funds health researchers in the province of BC. And for the last 10 years or so, I've been in different kinds of leadership roles in research funding organizations. So I'm really interested in working at a system level to understand how can we as the agencies that grant research dollars to people to do their research work? How can we move the system along in the ways that we need to, to create the kinds of changes and impacts that we want. And I think that that, that, that system change piece is really a through line of everything that I do, whether it's in terms of my kind of main professional work, but also everything else is, I mean, fundamentally for me it's actually really about moving systems towards justice and towards health and healing like that. That is a really kind of the, the thing that threads it all together.

Hannah (Host): [00:05:49](#) Yeah. Oh, I really, I really do want to go down this road of like, the conversation about working within systems and the need to do transformative work at a systemic level, which often means working within institutions and within existing structures, which can also be deeply difficult and deeply frustrating work on different levels. So the question that comes to mind right now for me is, I see how that work at the level of the system plays out, again in that sort of work of you know, research, funding and strategy. [Laughs] I'm going to have to ask you what

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strategy means too. There's going to be a lot of follow up questions. But do you see that that sort of system level work also being true of the community organizing, the editing that you do?

Zena: [00:06:37](#) Yes, absolutely. I try to really be very aware that I am a very small person working in very large and complex systems across a span of many generations. Right? And I say that because it is really important for me to like keep myself and my impact like deeply in perspective.

Hannah (Host): [00:06:55](#) Yep.

Zena: [00:06:55](#) Especially I think thinking about the work that I do that's more grounded in community, right? So how am I accountable to the communities that I'm working in? How am I accountable to my own capacity and my, my own ego and my own sense of what I can do? That when I think about the work of changing systems and that that is a through line of the work that I do in the various facets of, of kinds of work that I do. Why, guess what I'm ultimately wanting to land on is that this idea of working with bigness and smallness at the same time. So when we work in systems, whether it's a big complex bureaucracy, like an entire funding agency at a provincial or national level, which is the work that I've done for the last decade, or something like changing the health system, you know, which is, which is massive, right?

Hannah (Host): [00:07:38](#) Yeah. Seems, seems overwhelmingly big.

Zena: [00:07:41](#) Or thinking at, at a much broader and deeper level about changing systems of oppression, right?

Hannah (Host): [00:07:47](#) Mmhmm.

Zena: [00:07:47](#) Like racism, like colonialism, like homophobia, transphobia, fatphobia, ableism, the various kinds of forms of oppression that in turn structure, the systems in which we're working.

Hannah (Host): [00:07:57](#) Yeah.

Zena: [00:07:57](#) So that is so much bigness. Right? And so when I think about the work of systems change, I want to be able to hold the truth of that bigness and also hold the truth of my smallness, in the sense of being able to really think about, "okay, what can I do as an individual to help move this system toward justice in some kind of way? Toward health and some kind of way?" And so in

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thinking about that smallness, like I don't want to feel so small that I can't do anything.

Hannah (Host): [00:08:23](#) Yeah.

Zena: [00:08:23](#) But I don't want to feel overwhelmed by the bigness in a way of saying, "gosh, I have to change this entire system all by myself."

Hannah (Host): [00:08:31](#) Yeah.

Zena: [00:08:31](#) Right?

Hannah (Host): [00:08:32](#) Yeah.

Zena: [00:08:32](#) And so those are the pieces I think about in terms of relating to bigness and smallness and the work of systems change. And I think what I have been increasingly leaning into is thinking intergenerationally, as well.

Hannah (Host): [00:08:45](#) Yeah.

Zena: [00:08:45](#) So part of that for me is learning how to look back into my own relationship to lineages and ancestry, which I think about as a white person, as a white settler, but also someone who comes from a family shaped by intergenerational trauma. And also, as you know, I'm in newer parent. You know, I have a 10 month old. And so that has also really been shifting and deepening even more my sense of, of what it means to be able to work across time spans.

Hannah (Host): [00:09:12](#) Yeah.

Zena: [00:09:12](#) So I guess I'm starting really expansive because of that kind of bigness, and smallness, and intergenerationality.

Hannah (Host): [00:09:19](#) Yeah.

Zena: [00:09:19](#) And kind of temporality that thread through the way that I think about what I do and how I do it. And I've only just been recently starting to articulate those things I think, and trying to put the pieces together in terms of the work that I do say now, as a strategist.

Hannah (Host): [00:09:33](#) Yeah.

Zena: [00:09:33](#) And we can talk about what strategy is.

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- Hannah (Host): [00:09:37](#) I mean, so many questions.
- Zena: [00:09:38](#) And also various other kinds of work I've done as a writer, as an editor, as someone doing health advocacy work, as someone doing various kinds of community oriented work that is often about health equity, but also about joy and resilience and celebration.
- Hannah (Host): [00:09:51](#) Yeah, I mean I love that idea. It really reminds me of these ideas I've learned from studying history, which is the difference between a synchronic approach and a diachronic approach. So basically the diachronic is this way of, sort of, moving horizontally across time, while the synchronic is, sort of, cutting vertically through time. So they're like two different ways of thinking about history. One in which you're sort of choosing a thread and tracking the way that it moves forward or backwards through time, and the other is, sort of, you're taking a deep slice and trying to sort of look at the way that various forces intersect with each other. And like, you know, an ideal sort of way of thinking about history, at least from an academic history perspective, is to bring those two things into conversation, right? So that you want to be thinking about the way that particular systems move backwards and forwards through time, but also thinking about the way that in any particular moment they're intersecting with lots of other things. And as an interesting way to think about locating your own work, especially when you're working in these, these big, in some ways seemingly unassailable systems, is that both, sort of, tracking them. The vertical, I think the vertical is the one that my mind often sticks in, the sort of where are we right now and what's the complexity of the way that all of these things are interacting with each other. But it's so interesting to hear you talk about this other piece, the, sort of, looking forward and looking back. And maybe for me even more so the looking back cause I do feel like the looking forward is often a way we think about transformative work. What world am I making or what possibilities in my opening up? But the sort of thinking backwards is, is one that I really thought about in my own work.
- Zena: [00:11:34](#) Well and I want to acknowledge, I think for, for, for both of us in this moment, what does it mean to be white folks engaging with that kind of knowing, because I also want to be really transparent and say, you know, these are not my ideas. These are not my revelations. I mean, it has felt revelatory for me in the last several years as I've read the work of Black, Indigenous and People of color, particularly folks doing work in healing justice, people doing work in disability justice. Like that reading has been utterly transformative for me. So I really want to

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acknowledge like, I try to think about, and I know that that there's still so much I don't understand, about the ways in which being a white person have cut me off from a sense of interrelationship and interdependence.

Hannah (Host): [00:12:21](#) Yeah.

Zena: [00:12:21](#) And so I feel like a lot of the, the work in healing I've been doing, that of course is then informing the advocacy and writing and other work that I do, is actually about coming back into relationship or coming into new relationship with, with lineages, with interdependence. And that for, for many folks and many communities across time, these have, have been just kind of default assumptions, right?

Hannah (Host): [00:12:47](#) Yeah.

Zena: [00:12:47](#) Just kind of baked into the ways that they are in relationship with one another and in relationship with the world.

Hannah (Host): [00:12:52](#) Very much present in my head right now is a book that I'm maybe a third of the way into. It's just Christina Sharpe's *In the Wake*. You would love it. I know that you are a very fast reader, so I will officially recommend it to you. Christina Sharpe is a brilliant black feminist scholar, also Dionne Brand's partner. And *In the Wake* is a book about the presentness of the history of slavery in Black life in North America. And so the argument is that slavery is never in the past because it is, it is a irreversible transformation that continues to be fully present in what it means to be Black. And the, the sort of image in the title *In the Wake* is pointing both towards the idea of the week as in mourning, as in living in a perpetual state of mourning, what was lost via transatlantic slavery as well as the wake, as water coming off the back of a ship. So that the, the ship, as in the slave ship, also remains, sort of, ever present in the way that she's thinking about history. And it's this thinking about history and the, sort of, impossibility of putting history in the past. That has been really striking me as I'm reading it and has actually been, over the past week, making me want to think more about what it means for whiteness to be associated with a cutting off, of history and associated with these narratives of, "well I'm not responsible for what my ancestors did." And how that itself is a sort of fantasy of unilinear, unidirectional relation that I think whiteness is in a lot of ways built on. And and what Dr. Sharpe is arguing in this book is that for Black people, that idea of cutting off the past is just entirely impossible, like entirely unthinkable.

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- Zena: [00:14:43](#) One of the things I was thinking about as you were sharing some of your reflections on that book with me is the awfulness of the phrase "get over it."
- Hannah (Host): [00:14:51](#) [Hum of emphatic agreement].
- Zena: [00:14:51](#) And I mean I think there is, there was so much violence in the assumption that we have to get over it. And I'm thinking about the conversation. I mean, as you know, I'm a *Secret Feminist Agenda* superfan.
- Hannah (Host): [00:15:03](#) [Laughs].
- Zena: [00:15:03](#) And I know that you recently interviewed Vivek Shraya. And you and Vivek, we're talking about resilience, right? And the relationship between fear and resilience. What I want to bring into this as well is like, where's the space for grief?
- Hannah (Host): [00:15:17](#) Mmhmm.
- Zena: [00:15:17](#) Where is the space for holding to the truth of the horror? Not just that has been, been wrought upon us and wrought upon other communities, but that we have wrought.
- Hannah (Host): [00:15:29](#) Yeah.
- Zena: [00:15:29](#) Right? And I mean that is certainly something I sit with and, and try to work with in the context of doing work that's centered around changing the health system, specifically to make it more welcoming, more affirming, and safer for queer and trans folks. Because it's interesting to think about like, what does it mean to be in conversation with healthcare providers, doctors, nurses, maybe people training to be healthcare providers? Recognizing of course that there are many folks that are doing that work. I mean, not as many as there should be for a whole kind of systemic reasons, but that there are also, you know, queer folks, trans folks, you know, people of various kinds of sexual and gender identities that are, that are doing that work. So I don't want to set up a binary as if to say the health system is populated only by, you know, cruel, heterosexual, cisgender folks who don't have any awareness of queer and trans health. Right?
- Hannah (Host): [00:16:19](#) [Laughs] It's just, I really enjoy the phrase "cruel heterosexuals." I'm just gonna...[Dissolves into laughter]
- Zena: [00:16:20](#) Maybe *Cruel Heterosexuals* is your next podcast. I don't know.

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- Hannah (Host): [00:16:25](#) [Laughs] I'll just interview straight people. [Laughs] Mmhmm. Yup.
- Zena: [00:16:33](#) I'm going to stay tuned. But, but what I mean to say is--
- Hannah (Host): [00:16:35](#) Mmhmm.
- Zena: [00:16:35](#) --in terms of this idea of coming back to the notion of sitting with the grief, sitting with the horror sitting with the violence that that system's wreak upon individuals and communities. So how to do that work and how to, how to enable individuals and organizations and entire systems to sit with that, and not get stuck in it. And that, that is always, I think a a puzzle I'm trying to figure out. It's definitely why I've used story in my work and it was for sure the genesis of *The Remedy*, which is the queer and trans health anthology that I edited. Many years later, I read a really interesting article called "Using Story to Change Systems." And so it was basically saying, "look, using story is actually an incredibly important tool of systems change. We can't just come in and convince people with statistics." You know? And, and even in my introduction to the anthology, I sat for a long time about whether I actually wanted to include any sort of roundup of the very ample literature we have on the health disparities that queer and trans communities face. And in saying "queer and trans" I want to acknowledge that, that, that as a very imperfect shorthand that I use, recognizing actually that that encompasses a whole incredible diversity of sexual and gender identities. And so just want to name that and that I will continue to use that shorthand in this conversation. And so I really thought about, "wow, you know, do I actually want to reduce the complexity of people's lives and people's health to a bunch of statistics?" And I did in the end with a lot of context around it, but the book itself is a collection of stories.
- Hannah (Host): [00:18:10](#) Yeah.
- Zena: [00:18:10](#) And that was a very deliberate systems change intervention because I know that there's some really amazing work out there. There's academic journal articles, there's clinical practice guidelines. You know, there are all of the things that people in the medical system, in the health system are accustomed to reading to be able to learn about, "okay, how do I understand, you know, the prevalence of disease? How much of a particular disease exists in a certain population? Or what are the steps I can take as a provider to be able to treat whatever this condition is?" But it's a whole other thing to actually, I think, start to connect with empathy.



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- Hannah (Host): [00:18:40](#) Yeah.
- Zena: [00:18:40](#) And for me, stories first person narrative, the creative nonfiction work that's in that's in that book was a really important point of intervention.
- Hannah (Host): [00:18:49](#) There's recently rereading *The Storyteller*, which is probably my favorite Benjamin, but he basically argues that modernity is the rise of information and the death of story. And that that story had, at least when he was writing, started to lose a lot of it's cultural power. Again in the context of, sort of, like mid 20th century modernity information had become king, and that an over adherence information means that you lose certain kinds of truths when you're, when you're adhering to things like statistics, and numbers, and that particular way of, of linking truth and data together. Where a story, rather than being distanced from truth, is another way of getting at things that information can't get at. Sorry for bringing Benjamin into the conversation, I was just...
- Zena: [00:19:35](#) I know I definitely cannot reciprocate and say, "well my favorite Benjamin is..."
- Hannah (Host): [00:19:38](#) [Laughs] What's your favorite Benjamin?
- Zena: [00:19:40](#) it's interesting that I think we do actually live in a context where story and even the phrase storyteller is used so much. I mean, so especially in in marketing, right? And this whole notion of, you know, how are we digitally storytelling? So story is getting used in a whole bunch of ways for a whole bunch of purposes, including capitalism. Right? And also, I mean even, sort of, the, the suggestion that there could be a binary between story and data. I mean, to me that reminds me, and I say this as someone who was trained as a qualitative researcher, so someone who was trained to do research that, in my case, centered around interviewing people, hearing their stories and then, and then really listening for the themes, looking for patterns, understanding kind of what is coming through in those stories. And I, I think one of the things that often comes up, perhaps less so now, I don't know, I mean I've kind of been academic adjacent for a long time, so I don't know how qualitative research gets talked about in graduate seminars anymore.
- Hannah (Host): [00:20:34](#) I mean, I've never done a qualitative research, so totally, totally no idea. You can just make it up. [Laughs]

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- Zena: [00:20:38](#) But I do remember, you know, certainly, I mean certainly at least in my experience of, of some of my training, you know, that notion that stories, that qualitative is seen as less valid.
- Hannah (Host): [00:20:48](#) Mmhmm.
- Zena: [00:20:48](#) Which of course is because it's also feminized, right? Because you can't kind of put, you can't put your hands around it the same way. You can say, you know, "25% of X looks like this." Which also isn't to say, I mean you can do amazing stuff with, with quantitative research. Like I'm basically, I'm a fan of data.
- Hannah (Host): [00:21:06](#) [Laughs] It's all good.
- Zena: [00:21:07](#) I'm a fan of stories. And I, I mean ultimately that also comes back to the strategy part of my brain, right?
- Hannah (Host): [00:21:12](#) Yeah.
- Zena: [00:21:12](#) Because fundamentally what I'm really, what I'm really wanting to do is figure out, okay, how do we learn together to create the change we need to see and stories and data. You know, those are things that are incredibly useful in enabling us to learn together to create the change we want to see.
- Hannah (Host): [00:21:27](#) Your point about the feminization of qualitative analysis reminds me of the divide between the soft skills and hard skills, which gets used a lot in discussing like how the humanities might still be useful in our STEM world. That it's like, "well, you need those soft skills," and it's like, "can you, can we just call them lady skills and get it done with?" For fuck's sake! Anyway, let's talk about strategy.
- Zena: [00:21:51](#) Great.
- Hannah (Host): [00:21:52](#) Strategy is as far as I'm aware, the thing that is useful to be good at chess, which I'm bad at.
- Zena: [00:21:59](#) Well it may comfort you to know that I do claim an identity as a professional strategist and I definitely don't know how to play chess.
- Hannah (Host): [00:22:06](#) That's very comforting. Thank you, yes. [Laughs]
- Zena: [00:22:06](#) So step number one. What I also say, and I am only ever half joking when I say this is a, I do feel like one of the things that I, that I have managed in terms of becoming someone who gets

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paid to do strategy is actually have I have monetized hyper-vigilance.

Hannah (Host): [00:22:23](#) [Laughs] Wow.

Zena: [00:22:27](#) And you know that, the reason that's only half joking is one of the ways that I have learned, and I learned this very early in my life, to adapt to the circumstances around me was to be incredibly attuned to what's happening around me. I'm attuned to other people's feelings. I'm attuned to my context. I am trying to understand what are possible scenarios that could happen and how do I respond to those. If I want a particular scenario to happen, you know, what are the things I could do to move towards that scenario? And those are actually, those are skills that one uses and strategy, right? I just have, have kind of expanded and professionalized it. So I really want to acknowledge those deep roots because that's something again, that I've kind of come to understand, especially in the last several years, because actually I've been doing work like this professionally, really, it's been over the last decade essentially since I stepped away from a much more traditional academic career path. But it's only really in the last several years that I've come to call myself a strategist and had a name for this whole set of skills than I have.

Hannah (Host): [00:23:24](#) Yeah.

Zena: [00:23:24](#) I mean, one quick definition that I'll use, and I'm sure I read this somewhere and I don't actually remember where, so I definitely don't want to take credit for this, but I do think it sounds smart-  
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Hannah (Host): [00:23:32](#) [Laughs].

Zena: [00:23:32](#) --which is this idea that strategy is a compass. It's not a map. Although strategy, you know, has its roots, certainly, I mean some of it is very much rooted in, in, in military operations, right? This idea that we're going to make a plan to be able win this battle in order to win a war.

Hannah (Host): [00:23:47](#) My powerful mental image is the big map table in *Game of Thrones*, and then like you got little, little horsey guys and then you push them across the table, maybe with some sorta push stick. I, those were all of the correct terms for sure. Push stick, horsey guys. Doing it.

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- Zena: [00:24:02](#) For better or for worse, I have no horsey guys or push stick. I mean, I don't know if that's something I need to bring into my work life in 2019. Stay tuned.
- Hannah (Host): [00:24:10](#) The cats are flocking around you like they're just, there's some powerful magic happening here.
- Zena: [00:24:16](#) I will acknowledge we did have to reschedule this interview twice because you got sick and then I got sick and I definitely chose this date on purpose because it is a super moon.
- Hannah (Host): [00:24:26](#) Yeah, for sure.
- Zena: [00:24:27](#) So...
- Hannah (Host): [00:24:27](#) For sure. You're just exuding this like magical aura and the cats are just like want to be near it. [Laughs].
- Zena: [00:24:33](#) I'm into it. So I'm surrounded by cats here. I have no push stick. But coming back to this, this notion of "the compass, not a map," I mean ultimately what I think about in terms of developing strategy is getting really deeply into the purpose of something. The why. Why are we here? And then really trying to understand where we trying to get. And that that's not just about a destination, like there's a visionary element to it, right?
- Hannah (Host): [00:24:55](#) Yeah.
- Zena: [00:24:55](#) And so I think it's really about understanding, "okay, well where are we now? And who are we? And why are we here and where do we want to go? And what are the things we need to do in order to get to that desired state? And how can we again learn and experiment?" So that's the compass piece because we don't just chart a map from point a to point B and get there. It never works like that. Especially when you're working in complexity.
- Hannah (Host): [00:25:18](#) Yeah.
- Zena: [00:25:18](#) And here I really want to acknowledge, I mean there's lots of people I think that have had thoughtful things to say about this. So for example, ideas of adaptive strategy. But adrienne maree brown's book *Emergent Strategy* I think is such--
- Hannah (Host): [00:25:31](#) I haven't read it yet!
- Zena: [00:25:31](#) I'm, I'm just rereading it now and I really, really encourage you to read it. I think it is such, such a brilliant book. I mean, I'm

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such a fan of, of hers. And again, it really, I think especially taking cues for movement work, from organizing work, but also from working community from the natural world and really thinking about what are the ways in which we can embrace adaptation and embrace emergence, this idea of things, things will, will come up. Right? And that for me is actually one of the most fun and interesting things about the work of strategy is that it's always surprising. I'm always learning. And there's a real deep creativity to it.

- Hannah (Host): [00:26:06](#) Mmhmm!
- Zena: [00:26:06](#) Because it is about, I mean, honestly I think so much about doing experiments large and small, and some of the work I do, I mean, it feels like we're basically doing design experiments, sometimes with hundreds of thousands or millions of dollars in funding.
- Hannah (Host): [00:26:20](#) Yeah.
- Zena: [00:26:20](#) And that's really, I mean, high stakes in the sense, I take it very seriously.
- Hannah (Host): [00:26:24](#) Yep.
- Zena: [00:26:24](#) But it's also a really interesting creative challenge in terms of thinking about, again, how do we move this thing in the direction we want to go?
- Hannah (Host): [00:26:31](#) Yup.
- Zena: [00:26:32](#) And then how do we course correct if we know we're kind of, you know, on the way they realizing, "Whoa, this is not turning out like we planned and not in a good way."
- Hannah (Host): [00:26:41](#) Yeah [laughs]. So there is like a level of improvisation in there, a sort of comfort with the way that things happen unpredictably and that you have to be ready to respond to unpredictability.
- Zena: [00:26:54](#) Yeah, absolutely.
- Hannah (Host): [00:26:55](#) So we've talked really big picture about change and transformation and strategy as a tool set, and then the other big part of the picture is like there are a million entry points into being somebody who wants to enact transformative change. Like if that's, you know, you have a sense that there are oppressive systems that structure the possibilities of relation

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within the world and that you want to figure out. Like, I think so many of us are just like trying to find our entry point into that, like because of our smallness. Where's going to be the, the place that I come into these systems? So why health?

- Zena: [00:27:33](#) For me specifically?
- Hannah (Host): [00:27:35](#) For you specifically.
- Zena: [00:27:35](#) Yeah, that's a great question. I mean I probably, I probably could answer that in several different ways. I think if I were to go with a purely academic answer, which I won't--
- Hannah (Host): [00:27:49](#) [Laughs] Which I will, get ready.
- Zena: [00:27:49](#) I mean, I can trace the roots of my more research oriented interest in health back to when I started my masters, because I came into my master's with a very strong interest in care work and in emotional labor, and specifically the work of women being paid to do emotional labor to do care work. And I was looking at that in a number of different contexts, but then an opportunity came up for me to start doing research in a hospital context. And so that was my first entry point into researching health.
- Hannah (Host): [00:28:22](#) Yeah.
- Zena: [00:28:22](#) And that was, I mean obviously life shifting in a whole bunch of ways.
- Hannah (Host): [00:28:25](#) Yeah.
- Zena: [00:28:25](#) Cause I'm thinking in this case, I mean this goes way back to 2001 and we're sitting here in 2019 right?
- Hannah (Host): [00:28:31](#) I was going to be like, "no, no, no, it was 2018. Don't be silly."
- Zena: [00:28:35](#) It's definitely 2019.
- Hannah (Host): [00:28:38](#) It's 100% 2019.
- Zena: [00:28:38](#) And that definitely happened 18 years ago. So...
- Hannah (Host): [00:28:40](#) Ahhh! Fine. Time. What?
- Zena: [00:28:40](#) It was so long ago that I had brown hair, now it's very silver. It's been silver for a long time. And also when I think more

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expansively and more holistically about why health, that's where I really come back to my own family history. Right? And I think even this piece about trying to think through, well, why was I so interested in emotional labor? Why was I so interested in care work? And I was raised by a single mom. I'm an only child. My mom raised me in poverty and then she died in 2014, but you know, she was someone who survived unimaginable trauma. And, and of course that resonated through her life and mine.

- Hannah (Host): [00:29:21](#) Mmhmm.
- Zena: [00:29:21](#) She also parented me in a way that really fundamentally shifted some cycles of intergenerational trauma in our, in our lineage. Right?
- Hannah (Host): [00:29:31](#) Yeah.
- Zena: [00:29:31](#) So I feel like I kind of straddle this, this generation shifting kind of place in terms of my position as her daughter, but it, it was an experience of being the caregiver to my caregiver.
- Hannah (Host): [00:29:44](#) Yup.
- Zena: [00:29:44](#) A very specific kind of relationship between the two of us. And she was also an activist and an artist. And so, so much of the work that she did and that I, that I witnessed her do and was a part of doing, cause it was just the two of us. There wasn't, you know, it wasn't like there was a budget for it, a lot of childcare, babysitting. She did a lot of work specifically with, with women, with children, with people who, who were survivors of violence, within families, but also within the context of, of various systems, the, the prison system, the state. And so that was, I think also a place where I learned really early about really specific intersections between art and activism and also, really community engaged solutions. And really thinking about, you know, how do we actually come together and change a system or create an alternate system because the one that we have isn't serving us. So that for me is I think really where the deepest roots of this work lie. And then the last thing I'll say on this is health and the health system, I mean ultimately it touches all of our lives. You know? And we're so lucky to be in Canada relative to, to places like the states for example, where we have access to publicly funded healthcare, right?
- Hannah (Host): [00:30:55](#) Yeah.

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- Zena: [00:30:55](#) I mean, as imperfect as the system is, at the end of the day, all of us are, are people with bodies, you know, and, and our bodies are going to have all different kinds of experiences through our whole lives. And so I mean, that, that broad relevance is really, really interesting to me. And of course, because I know the statistics, I know that folks in the queer and trans community are particularly disproportionately affected by health disparities, especially people who are racialized, especially people who are trans and gender diverse, especially people who are living in poverty. Folks who are stigmatized in different kinds of ways, whether perhaps they're sex workers or they're drug users. So also really thinking about, you know, what are the responsibilities that I hold as someone who, sure I'm queer, but I also have an enormous amount of privilege. Like how can I actually leverage the knowledge and the privilege that I have again, to be able to do my small part in moving this system towards justice?
- Hannah (Host): [00:31:53](#) Yeah. I love the way that that answer also ties into that, sort of, thinking about about generation and inheritance and the way that we can understand the work that we're doing and the work we're driven to do by, in part, sort of, turning back and saying like, you know, "where did these instincts, where did this come from?" And then also just that, that fact that when you are looking at systems that impact people throughout their lives and that have really evident structural disparities, like the health system seems like one that I think would really quickly come to mind alongside, you know, the quote unquote "justice" system, like the penal system, the prison system. Like the sort of big often state oriented systems seem to be particularly responsible for forms of, of violence throughout people's lives. And it is also making me think about, about the histories of these systems too. When you go back and learn more about like, the 19th century and the sort of invention of a lot of new forms of science that emerged alongside what were major transformations in terms of how we thought about nature, and biology, and inheritance, and genetics, and a lot of these fields emerging newly in that time period. And a lot of the way that science in that period understood the world was about constructing justifications for the status quo of power rather than actually trying to, to understand things. And so we get things like phrenology that are, you know, sort of pseudoscientific inventions that are meant to justify, and to naturalize, and render inevitable the way that power was already working in the world. And so like looking historically, you can also really see the degree to which medicine and 2019, as you claim it is, is still structured by a lot of these same ideas



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and still like has inherited so much, so much from the last couple of hundred years.

Zena: [00:33:53](#) Well, of course, I mean, because the medical system, the health system and, and the research enterprise that, that in turn generates the knowledge, the evidence, right, that that informs a lot of the practice that is done in the system. Like these, these are all structures that exist within the larger system of oppression or systems of oppression that touch every other aspect of our lives. So of course we're replicating those kinds of dynamics within the health system.

Hannah (Host): [00:34:21](#) Mmhmm.

Zena: [00:34:21](#) And, you know, thinking about, again, various kinds of histories. I saw a really interesting talk last week by Julian Gill-Peterson. Who is a Canadian person but who is a faculty member at the University of Pittsburgh. And Julian recently published a book called *Histories of the Transgender Child*, and it's archival research and looking at the intersections of race and gender, and really kind of tracing back this history of trans children. I haven't had an opportunity to read Julian's book yet, but saw them give a talk about it. And I was incredibly powerful to think about, as Julian called it, this idea of using history as a tool for justice, but also in this case, looking at basically the ways historically, and we're looking decades and decades back. So again, also pushing back against this notion that say, trans kids are this kind of trendy new invention rather, as always, of course they have always been here, but the very different ways that that white trans kids and youth were treated and the way that racialized trans kids and youth were treated. And specifically kind of who was told, "Oh, you know, just wait until you're older and see what happens." And who was pathologized, institutionalized, given a mental health diagnosis.

Hannah (Host): [00:35:31](#) Yeah.

Zena: [00:35:31](#) And I also want to really honor the work again of disability justice writers and activists. Eli Clare's book *Brilliant Imperfection: Grappling With Cure* has also been really mind shifting for me in the last couple of years. And Eli is a trans person, a disabled person, and the whole book, again really as the title suggests, takes up this whole concept of cure. And some of that is also again, looking at the histories of the ways in which disabled folks have been treated by structures and institutions. It's a really important book.

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- Hannah (Host): [00:36:05](#) And that thinking about cure and, and care, which my brain is linking for obvious reasons, but you know, cure and care I think also have a hand in hand the way that they are, the language that is framed as being good and has been used in massively harmful ways historically. The association I'm thinking of care work with white femininity in the way that white women have been positioned within white supremacy. And then the way that "curing" also has, you know, had this history of, of white supremacy, of ableism, of, of violence and damage always sort of justified under this, this ruse of doing good. It was a revelation to me again In the Wake. I'm reading it right now. It's very much in my brain. It was a revelation to me that the, the slave ship Zong, which I knew mostly because of M. NourbeSe Philip's famous long poem about it called *Zong!* with an exclamation mark, was actually like the, sort of, the ship had been labeled The Zong, but it was actually a mislabeling when it was taken over by the British. The original name of the ship was the Dutch word for care. And that way that, that language of care has, sort of, this particular like, caring for whom? Curing whom?
- Zena: [00:37:25](#) Well, but to me does raise the question, and again, this is the part of my brain that is always orienting toward transformation. Like what would it look like to create a system that that really deeply cares?
- Hannah (Host): [00:37:37](#) Yeah.
- Zena: [00:37:38](#) Right? And of course, I mean that would require deep transformation on a number of levels, because of course our experiences of health don't begin and end, you know, when we're stepping into the doctor's office, or the hospital, or whatever, sort of, site of, of health care delivery. It's also about, you know, do we have access to housing? Do we have access to a secure income? You know, do we have access to community? The various things, you know, the social determinants of health, right?
- Hannah (Host): [00:38:01](#) Yeah.
- Zena: [00:38:01](#) That actually fully and fulsomely enable our health. But if we were to think about it, say, in the context of, of the health system, you know, again, which is a system I'm thinking the most about, or at least engaging the most with.
- Hannah (Host): [00:38:12](#) Yeah.

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- Zena: [00:38:12](#) What would it look like to build a system that really cared? And that, that is a really interesting but also exciting question. You know, because again, I think that there are examples of those kinds of shifts happening. And I do, I do maintain a deep hopefulness in the midst of, of, of sitting with the weight of the violence, the weight of the harm, the weight of the loss, right?
- Hannah (Host): [00:38:35](#) Mmhmm.
- Zena: [00:38:35](#) But also that the change is happening. And I think that there are really are powerful opportunities to shift the way that we care for people. And I've been thinking about this, I gave a talk in the fall of 2018 on queer and trans youth health. And one of the things that I was learning about as I did research for the talk, was thinking about how the kind of experience that a young person has of accessing care, say, you know, maybe as a, as an adolescent, that actually can resonate across their entire life. So imagine if you had a really safe and affirming experience accessing healthcare as a teenager. How could that shift your perspective around the experience of accessing care? And of course that would then presume that the system would be able to deliver that experience to you more than that one anomalous time. But that that is a powerful point of intervention. And it is something that an individual can do as much as it also requires a system to respond to, right?
- Hannah (Host): [00:39:36](#) Yeah.
- Zena: [00:39:36](#) What would it mean for one provider to start making shifts in their practice in a way that could actually create a safer and more affirming experience for everybody? And especially for people who are both currently and historically experiencing the most violence and marginalization in the system. And then if you really want to get super deep and intergenerational about it.
- Hannah (Host): [00:39:56](#) Uh huh.
- Zena: [00:39:56](#) You know, the thing that's also powerful to think about is so we, we carry trauma across generations in our bodies, right? Like, I mean, of course many of us know this in a very felt way. And also because science tells us we do.
- Hannah (Host): [00:40:11](#) [Laughs].

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- Zena: [00:40:11](#) Right? So, so if you think about that, you can intervene on someone's health, not just in the moment, but there is this potential for intergenerational healing that happens, right?
- Hannah (Host): [00:40:25](#) Mmhmm.
- Zena: [00:40:25](#) Like, that's incredible!
- Hannah (Host): [00:40:26](#) Yeah.
- Zena: [00:40:26](#) So that, that again, is where I start to come back to that powerful relationship between the bigness and the smallness, right?
- Hannah (Host): [00:40:34](#) Yep.
- Zena: [00:40:34](#) So what does this one interaction mean? What does it have the potential to transform? And then how does that potential for transformation not just carry across, say, maybe the chronology of this one person's life, but also could it shift their relationships in some way? Could it shift their lineage in some way? And that, that is a very exciting question for me to sit with.
- Hannah (Host): [00:40:56](#) Yeah.
- Zena: [00:40:56](#) I mean, I'm certainly not sitting here with a bunch of answers, but I love the question.
- Hannah (Host): [00:40:59](#) It is thinking again about, so sort of bigness and smallness, you know, it makes me think of the way that simultaneously those possibilities for, you know, how could one act of care ripple through someone's community for multiple generations through their whole lives and beyond. And then how can one act of harm ripple in similar ways. And that doing work that intervenes, you know, in a system was such a great capacity for care or harm also has that sort of, "heaviness" isn't the word want to use, but like capacity in both directions, right? That, that knowing that the work that you're doing has the possibility of transformation is like, transformation is not always the good kind. Like that is a big part of the small things that you're doing. That one is doing, not you in particular.
- Zena: [00:41:50](#) Well yeah. And I, I appreciate you naming the potential for those ripple effects of harm, right? Because certainly so many people, and I'm not just saying this abstractly, like in my intimate circles, in my wider community, and certainly in the work that I do have experience so much harm in the health

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system that they don't want to access care. There's a really, really great resource that Kelli Dunham who has a piece *in The Remedy*, and also is someone who is trained as an RN, is this gender queer storyteller comic. And Kelly has a great resource for queer and trans folks. You can find it online, I'm sure you'll put it in the show notes, as you do, and it's called, "You Don't Have to Love Your Body to Take Care Of It," and it's this trauma informed, community sourced guide. Basically two strategies folks can use to really make accessing health care possible. So things like for example, "okay, I know that it's really hard for me to go to the doctor because not only the experience that I might have in the moment, but also all the history that I'm carrying with me of medical encounters and also potentially, you know, other harms that I've experienced in my life. So what is my safety plan?" Is it that I need to have a friend come with me? Is it that I need to know that I get to bring a stuffed animal with me? Is that I get to go and have a really special delicious meal afterwards? Whatever it looks like.

Hannah (Host): [00:43:13](#) Yeah.

Zena: [00:43:13](#) So that to me, is a really, really useful resource because again, it acknowledges, it acknowledges the harm, but it also offers, you know, as we so often do, and we're very good at this and queer and trans community, these community created community sourced solutions for making the system work as best as possible--

Hannah (Host): [00:43:33](#) Yeah.

Zena: [00:43:33](#) --so that we can stay alive.

Hannah (Host): [00:43:35](#) That reminds me of, of something I've seen circulate so many times, which I think is a similarly, sort of, community sourced and definitely community circulated resource, which is the "What to Do If You're Not Okay," which just walks you through like, have you had water, do you need to lie down? Do you need to eat something? Do you need to like, and those resources, which, you know, a lot of the time trauma can result in us being like, really divided from knowing what our bodies need, and that sort of externalizing those things that, you know, I'm thinking of friends I have who are, who are chronically ill, who have had really traumatic experiences of going to the doctor. And it's that, sort of, catch-22 situation, where the people who most need the resources to make something like a doctor's visit less traumatic, are often, sort of, least in the position to leverage those resources, or even to, sort of, take that step back and ask themselves like, "well, what do I need in this situation

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to feel okay?" So having those resources that are like, here you go. I will walk you through what is available to you. I'll put it in the show notes.

Zena: [00:44:39](#) Well, yeah, I mean it's like how can you advocate for yourself if you are in a trauma response, right?

Hannah (Host): [00:44:44](#) Mmhmm.

Zena: [00:44:44](#) Like if you are in fight, flight, freeze, appease. I know tend and befriend get mentioned sometimes, too. I'm never sure sort of what the definitive list is.

Hannah (Host): [00:44:52](#) I've never heard anything beyond flight/fright.

Zena: [00:44:53](#) So, so we know, we know fight, we know fright. No, who fright? [Laughs] It's fight, flight, freeze--

Hannah (Host): [00:45:00](#) [Laughs] I said fight and fright. [Laughs]

Zena: [00:45:04](#) I mean, let's be real trauma, trauma's scary.

Hannah (Host): [00:45:07](#) Yeah, yeah, yeah.

Zena: [00:45:07](#) And you know, it's like the weary laughter, where we're like, "ah, it's just experienced some trauma. Let's laugh about it because we don't feel like crying right now."

Hannah (Host): [00:45:15](#) [Laughs].

Zena: [00:45:15](#) So this, this the appease piece, right, is about, "I'm going to make it okay." I mean, and I know you and I have had conversations about are really excellent skills of codependence. So obviously that's, that's an appease response, right? Like, how do I, how do I make myself and my needs smaller in a particular kind of way--

Hannah (Host): [00:45:35](#) Yeah.

Zena: [00:45:35](#) --so that I can kind of smooth over and make everything okay. Like at the end of the day, you know, the thing that's in common is when we are in that kind of a response, of course like our animal self is, is driving, right? And so we're not in in a headspace, a body space where we can interact with a system in a way where we would need to navigate the complexity of the system. I mean the, the sheer, the hierarchy that exists in a medical encounter, just at the most basic sort of

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say, doctor, patient level for example. Let alone when you're adding in, in intersecting oppressions. And something I will, we'll always say and remind myself of in terms of the, the health, health advocacy work that I do, like I am a white, cisgender femme. I can pass for straight if I need to. I am someone who, as an adult has economic privilege, and I'm very educated, and I work in, in the health sector. My body is not the body that is at risk of the violence that the system has, the capacity to perpetuate. And that that is something I, I work hard to never forget in terms of doing this work and especially the complexity of then being positioned as an expert because I know that I get positioned as an expert. And I have learned to work within systems in a way that actually allows me to use my positioning as an expert, I mean, basically to bring into my like radical queer values, you know, in this sort of occasionally deceptively polished package--

Hannah (Host): [00:47:09](#) [Laughs] I love that!

Zena: [00:47:09](#) And like that's something I'm good at and I know that, right? Like I, I don't, I pass in a number of ways, but I, I tried to be a Trojan horse of radical values within, within systems. But anyways, it is, I think again, just a part of these layers of like, what does it mean to be accountable to self and community in doing work of trying to create change? And I think for me, especially where I am both kind of inside and outside of the communities that I'm most trying to serve.

Hannah (Host): [00:47:36](#) Mmhmm.

Zena: [00:47:36](#) Like in terms of the broader queer and trans community, like yes I am a queer person, you know? Yes. That is kind of my home community. And also that that is an extraordinarily diverse community that intersects with so many other forms of identity and experiences of oppression and violence that I have not experienced and will not experience because of the body that I happened to be born into. Right?

Hannah (Host): [00:47:57](#) Yeah, and the incredible importance of never allowing your own intersections with violence become a way that you sort of claim knowledge of other people's lives or other people's experiences, which is I do think a thing that you see sometimes in, sort of, white queer communities in particular. A sort of claim that you know, "I'm queer so that means I can't possibly be racist," or you know, "I'm disabled so I can't possibly be being racist," or you know, like we, we see that kind of thing happening a lot and the need to understand that like experiences, identities are not

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- collapsible into each other. Can we talk a little bit more about *The Remedy*?
- Zena: [00:48:36](#) Yes.
- Hannah (Host): [00:48:36](#) Great. [Laughs].
- Zena: [00:48:36](#) [Laughs]
- Hannah (Host): [00:48:40](#) [Laughs] So *The Remedy* is a collection that you edited with Arsenal Pulp Press. And what I would really like to start with is why editing seemed like an extension of the work that you are doing. Like what drew you to editing?
- Zena: [00:48:59](#) I mean a few different things. So I had co-edited a previous anthology, *Persistence: All Ways Butch and Femme*. So that I co-edited with Ivan Coyote, it came out with Arsenal in 2011. And I've always loved anthologies as a form.
- Hannah (Host): [00:49:12](#) Mmhmm.
- Zena: [00:49:12](#) As a reader, I love them. And I have a specific affinity for them as an editor now having, having edited a couple of them. So I mean certainly there was that piece about, you know, having done it already, having had an affinity for anthology. I mean, and I know you've, you've recently co-edited one. And in terms of the genesis of *The Remedy* specifically, I mean, part of threads back to something I was talking about earlier in this conversation, this idea of stories as, as a tool to change systems. But the genesis of the book actually came up when I had been guest lecturing in a class for first year medical students at the Faculty of Medicine at the University of British Columbia. So they had an oddly titled, and I don't know where this title came from, I'm assuming it's historical. It was a "Sexual Medicine" lecture. We did not dispense sexual medicine, per se. I'm not sure if that's adjacent to sexual healing or not.
- Hannah (Host): [00:50:01](#) I was gonna say, if it so close, just call it "Sexual Healing." Like...
- Zena: [00:50:01](#) I know.
- Hannah (Host): [00:50:06](#) Okay.
- Zena: [00:50:06](#) So the, the, the sexual medicine class became the LGBTQ health class. And so I ended up being, being part of the team of people who would come in and co-lecture to these first year med students, you know, the one lecture that they would get.



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Because the aside I will make is there is, to date, just woefully inadequate queer and trans health education happening as part of the training of healthcare providers. So there was a survey of medical schools done in the U.S. and Canada fairly recently and they found, I haven't looked at the data recently, but my recollection is it was between one and five hours of education on LGBT health, like across the entire curriculum.

Hannah (Host): [00:50:44](#) [Whistles].

Zena: [00:50:44](#) And again, that's, that's starting to shift, although it's certainly not consistent across schools, but you know, the key message is: if you're training to be a doctor, you're not learning a lot about queer and trans health. Wow. And so it was in that context of again, doing what I was doing at the time, putting together PowerPoint presentations, giving lectures, trying to have this opportunity to be able to say, "okay, let me give you an overview of these health disparities. Let me show you the statistics you need to see to believe me that this is actually a problem. And also let me find a way to actually ground this in an awareness of the fact that this is actually not because queer and trans people are inherently sick, or that there's anything inherently wrong with, with us and with folks in the, in this community, but actually this is about, this is about systemic violence and oppression and the health impacts of that." And that was where I was really thinking, "Gosh, you know, there is, there is a particular kind of inadequacy of trying to explain this using numbers." And in the context of that class, the students also had the opportunity to engage with community members on a more small group basis. So that was really where I had the idea for this collection was to say, "okay, I actually think that it would be incredibly powerful for healthcare providers, for healthcare providers in training to be able to read this collection of voices." And I also really wanted it to be an offering to the community because I wanted it to be, I mean, and I've heard this from folks also a place to receive validation. I'm not the only one that's had these kinds of experiences, but also to really honor the resilience and creativity that so many folks bring to caring for one another, caring for themselves, navigating the system. So I mean, all of those things came together to me stepping back and saying, "you know, I think this book needs to exist." And I sat with a project for a while I really wanted to think about, "okay, you know, do I want to do this? Do I have the capacity to do this?"

Hannah (Host): [00:52:38](#) Yeah.

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Zena: [00:52:38](#) It was very much a project on, in my quote unquote, sort of "free time" around my full time job.

Hannah (Host): [00:52:43](#) [Laughs] yep.

Zena: [00:52:43](#) And there's 30 essays in that, in that anthology.

Hannah (Host): [00:52:46](#) Yeah, it's a big anthology.

Zena: [00:52:46](#) It's, it's, it's a real big anthology.

Hannah (Host): [00:52:49](#) Yeah.

Zena: [00:52:49](#) It was a, you know, I don't, I don't do my side projects lightly.

Hannah (Host): [00:52:53](#) No, I edited a much shorter anthology and there were three editors and it was still like, "whoa, this is a lot of work."

Zena: [00:52:59](#) I was very tired.

Hannah (Host): [00:52:59](#) And it's hard work. Those are hard stories that you are caring for in sitting with and working with, like that's emotional work too.

Zena: [00:53:06](#) Well, and I was extremely validated and moved by a passage in the introduction to *Refuse* that you, and Julie, and Erin wrote, where you talked about the work of editing of anthologies specifically, right? And this idea of the, the affective work and the work of, I think it was community formation. So, so that piece, but also the complexities again, and the tensions that I know you all felt and certainly that I felt, again by virtue of the identity based stuff that I've touched on this conversation, like "who am I to bring these voices together?" And also "I am the person to bring these voices together." And so how do I, how do I do that as ethically as possible and as accountably as possible and like really see this as an offering to the community. And for me fundamentally it's sacred work. And it's funny to even say this out loud because I think sometimes, for me, like bringing in this notion of the sacredness or the magical feels like I will diminish my credibility, especially with more, sort of, science or health oriented audiences. You know, and I am, I am a person who loves research, I have a Ph.D., and I also have a deep connection to the sacred and the magical and that that informs and enriches the work that I do. And I think of *The Remedy* as a spell that was very intentional because as you know, like when you, when you create a book, you then put it out into the world and, and then you just lose control of it completely.

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- Hannah (Host): [00:54:32](#) Yeah.
- Zena: [00:54:33](#) And so for me, *The Remedy* is and will continue to be a spell of systems change because it just, it just keeps moving out there through the world. And one thing I have often heard from meters that I appreciate so much, is people will say, "I read *The Remedy* and I gave my copy away." You know? Or "wow, I bought a copy, a second copy and gave it to someone else because they had to read it," and that, that moved me really deeply because to me it really speaks to the core intention of, of that book.
- Hannah (Host): [00:55:02](#) I've done that with *The Remedy* to people.
- Zena: [00:55:03](#) Great!
- Hannah (Host): [00:55:03](#) I've given people copies of *The Remedy* and, and largely, like I haven't given it to anybody who I know is a healthcare provider, but largely that's because my friend Katelyn, who's a rad feminist sexual health nurse had already received a copy. But I've largely given it to people I know who are, who are going through traumatic experiences with the healthcare system out of that sense of being seen and of knowing that you're not alone enough having models for resilience and community-based healing available. I mean there's an incredible power in knowing that the experience you're going through is not something you're experiencing in isolation.
- Zena: [00:55:40](#) Well and knowing that you're not broken.
- Hannah (Host): [00:55:42](#) Yeah.
- Zena: [00:55:42](#) The system is.
- Hannah (Host): [00:55:43](#) Yeah.
- Zena: [00:55:43](#) That I think is a really, really important thing to keep remembering. And that it's hard. It's hard to remember it, especially if you are someone who, as many people are, someone who is experiencing constant interactions with the system that is trying to invalidate your identity.
- Hannah (Host): [00:56:01](#) Yep.
- Zena: [00:56:01](#) You know, and again, I really want to, and I will continue to do this in my work, really want to acknowledge how learning about healing justice and learning about disability justice has been

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incredibly transformative for me and continues to be and will continue to be, I'm sure. I want to specifically acknowledge that both of those lineages are ones rooted in the brilliance and work of Black, Indigenous, people of color, queer, and trans folks. And a few places I would absolutely want to point listeners to. I love the *Healing Justice Podcast*. It's an outstanding podcast and what's so cool about it is that it's a mix of interviews but also practices. And so you get to listen to people who somehow work at the intersections of healing, and justice, and art, and activism talk and incredibly thoughtful and in depth ways about the work that they do in the world, but then they also offer practices that you can try out, whether it's a singing practice, or a journaling practice, or a meditation practice. You know, just try it out. I've, I've sung alone in my bedroom, and you know, journaled, and done spell work--

Hannah (Host): [00:57:02](#) [Laughs].

Zena: [00:57:02](#) --because of that, that podcast. But also writing on disability justice, I know I mentioned Eli Clare's work earlier. And the other book that again, I just, I actually have now bought multiple copies and have been giving it away is Leah Lakshmi Piepzna-Samarasinha's book *Care Work*--

Hannah (Host): [00:57:19](#) Yeah.

Zena: [00:57:19](#) --*Dreaming Disability Justice*. And that is again, I think such an important book. And I've been joking that I kind of want to be like the Gideons who give away bibles, except instead I just give away Leah's book.

Hannah (Host): [00:57:30](#) I've also given people copies of that book.

Zena: [00:57:32](#) Yeah.

Hannah (Host): [00:57:33](#) That's such an incredible book.

Zena: [00:57:34](#) Yeah, it's really outstanding. And I know you, I know you've talked about on the show before, but, but again, I just really want to lift up that work, because to me I think what disability justice, and the little that I am learning right as someone who is newer to this world, with the little that I have learned is that so much of it is actually about like how do we actually create change in the larger conditions. And that it is never about individual wrongness, it's actually about systemic brokenness. So how do we actually, again, use brilliance, use creativity, that

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there is so much, kind of, brilliant wisdom out there in the community--

Hannah (Host): [00:58:09](#) Yeah.

Zena: [00:58:09](#) --to be able to reimagine and like refashion the system and systems that we need.

Hannah (Host): [00:58:15](#) Yeah, yeah.

Zena: [00:58:17](#) The only thing that I can think of that we haven't touched on, or maybe that I've only touched on indirectly is, is to speak to your listeners and to say that your bodies are right, your bodies are wise, your bodies are beautiful, and that you are the expert on your body. And so are there ways that you can really sit with that deep knowing and that deep expertise, and be able to love and care for that body and, and be cared for in ways that will really serve you and serve your health? And I want to offer that, and of course continue to sit with the complexity that not everyone has equal access to care of various kinds for a whole host of reasons. So also to say like my continued commitment, as just one small person in all of this bigness, is that I want to keep working towards this change. I'd maybe, maybe some of you are too. So let's, let's change it together and know that we don't have to get it all done in this lifetime.

Hannah (Host): [00:59:24](#) [Laughs].

Zena: [00:59:24](#) I find that very relaxing.

Hannah (Host): [00:59:27](#) So soothing. Listen, we're not, we're not all going to fix it right now. It's okay.

Zena: [00:59:29](#) Definitely not.

Hannah (Host): [00:59:30](#) It's okay.

Zena: [00:59:32](#) Just keep it in perspective. You're doing great. I believe in us. [Music: "We are Circling" by Buffy Saint-Marie]

Hannah (Host): [00:59:54](#) If you'd like to learn more about Zena, you should definitely check out her beautiful new website at [zenasharman.com](http://zenasharman.com). That's Z E N A S H A R M A N.com. You can also follow her on twitter [@zenasherman](https://twitter.com/zenasherman). And you can find show notes and all the episodes of *Secret Feminist Agenda* on [secretfeministagenda.com](http://secretfeministagenda.com). You can follow me on Twitter [@hkpmcgregor](https://twitter.com/hkpmcgregor) and you can tweet about the podcast using the

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hashtag #secretfeministagenda. Also you can and should review the show on Apple Podcasts we're at is tremendously helpful for me. There is a new review up this week from AKetchum22, so thank you very much for that. The podcast's theme song is "Mesh Shirt" by Mom Jeans off their album Chub Rub. You can download the entire album on free music archive.org or follow them on Facebook. Zena's theme song was "We are Circling" by Buffy Saint-Marie. *Secret Feminist Agenda* is recorded on the traditional and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh first nations where I'm grateful to live and work. This has been *Secret Feminist Agenda*. Pass it on. [Music: "Mesh Shirt" by Mom Jeans]