Let’s Talk: Intercultural Dialogue on Sexual Orientation in Global Health
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SocMed: Who We Are
SocMed, a U.S. based non-profit, advocates for and implements curricula founded on the study of social medicine for health professional students through immersion courses in Uganda and Haiti. Built upon the principles of praxis, the personal, and partnership, the innovative curriculum involves both local and international medical and nursing students to create a transformative educational environment.

Why dialogue in a global health class?
• Opportunity to learn about others and oneself
• Develop skill of working with people with whom one disagrees
• A social determinants of health lens requires changing the societal status quo, compelling difficult conversations
• Unique heterogeneous SocMed course community built upon friendship and trust. Contrasted with rational debate, “relationships become absolutely crucial” to changing perspectives¹
• Why not? Fear is rarely productive
• LGBTQ issues in Uganda present controversial and health-related content

LGBTQ and Uganda
• October 2009: The Anti-Homosexuality Bill No. 18 introduced in Parliament
• Bill held for further discussion
• December 2013: The Parliament of Uganda passed the bill without the death penalty
• February 2014: President Museveni signed law
• August 2014: Constitutional Court of Uganda ruled the law invalid

Dialogue Design
• Identify activity goals as the pursuit of mutual understanding and the development of dialogue skills, not to change minds or impose belief systems
• Develop consensus on key terminology
• Present framework on “How to Have Difficult Conversations”²
• Foster non-judgmental curiosity through anonymous questions
• Create safe spaces for constructive dialogue through small group discussions
• Facilitate feedback and reflection on experience through large group debrief

Outcomes
Each course has included this activity. In the 2013 course (n=29), 79% of the students stated that they "agreed" or "strongly agreed" that they found the [sexual orientation] section of the course interesting and [they] learned a considerable amount. In the 2015 course (n=26), 76% stated that they "agreed" or "strongly agreed" that they found the module interesting and [they] learned a considerable amount.”

Qualitative student feedback demonstrates numerous perspectives:
• “People feel very strongly in opposite directions – with essential divisions on fundamental moral premises – so bringing people to consensus may not be realistic. However, learning to discuss and explain you view with dignity is important – also, without respectful dialogue, you ruin relationships – ruined relationships end discussion.”
• “I can feel safe having this conversation with those of the opposite opinion.”
• “My stress level was high. I was sweating and a bit shaky. It was difficult to not but in and be argumentative. Had we not just reviewed guidelines, I may have been a worse conversation participant. It was useful to practice suppressing a strong desire to scoff or ridicule a belief. At the same time, I feel like we didn’t get to see people’s full and true thoughts.”
• “[It was difficult] not trying to convince others that I am right and they are wrong.”
• “I did learn that people can disagree and still have respectful conversation but at the end of it all, I still left the conversation feeling sad and hurt.”

References