

# diHARD Series 1 Ep 8 PODCAST HEALTH AND WELLBEING

[CJ] (0:00 - 0:18)

We at diHARD acknowledge the traditional owners of the land from which we broadcast, the Yalukit-Willam clan of the Boon Wurrung people of the Kulin Nation. We pay our respects to Elders past, present and emerging and Aboriginal people who are listening, as well as all Indigenous peoples who may be listening from other nations. We acknowledge that sovereignty was never ceded.

[grab voice] (0:24 - 0:25)

What a day.

[grab voice] (0:25 - 0:29)

You just can't ask me your questions. You wouldn't hurt a guy in a wheelchair. Not that question.

[grab voice] (0:29 - 0:33)

But I would hurt a guy with his wheelchair. But you're black-ish.

[grab voice] (0:33 - 0:42)

Ish? They're just people, James. They're just people exactly like us.

Oh, you is a guy. No, I just don't identify as male or female. Not a girl.

[grab voice] (0:42 - 0:42)

I'm not a girl.

[grab voice] (0:42 - 0:45)

What about that, are you still not getting exactly?

[grab voice] (0:45 - 0:52)

Well, obviously the core concept. Hey, you want straight answers, ask a straight lady. By the way, everyone here thinks I'm Taiwanese.

I'm Filipino.

[grab voice] (0:52 - 0:54)

That's actually racist, Orlaf.

[grab voice] (0:54 - 0:56)

Your dad left your mom for another dude.

[grab voice] (0:56 - 1:04)

I am not a homo, homopebic. Have you been checked for ADHD? I've had several STDs, which were probably caused by ADHD.

[grab voice] (1:05 - 1:11)

Imagine shutting up. Thoughts? Fasten your seatbelts.

It's going to be a bumpy night.

[GRANT & CJ] (1:12 - 1:14)  
You're listening to diHARD.

[GRANT] (1:14 - 1:14)  
Diversity.

[CJ] (1:15 - 1:16)  
And inclusion.

[GRANT & CJ]  
The hard topics.

[grab voice] (1:17 - 1:18)  
Shut up, it's starting.

[GRANT] (1:19 - 1:29)  
Good evening, everyone, and welcome to diHARD. Diversity and inclusion. The hard topics.

You're on Joy 94.9 with CJ and Grant.

[CJ] (1:29 - 1:32)  
And Grant, this is the last time we're getting hard together.

[GRANT] (1:33 - 1:33)  
We are.

[CJ] (1:33 - 1:34)  
And with others.

[GRANT] (1:34 - 1:37)  
Yes, getting hard with others. It's always a fun time.

[CJ] (1:37 - 1:38)  
It is our final show.

[GRANT] (1:38 - 1:40)  
I like to think it's a fun time.

[CJ] (1:40 - 1:43)  
It is a fun time, but it's our final show of having a fun time.

[GRANT] (1:43 - 1:45)  
It's gone very quickly.

[CJ] (1:45 - 1:48)  
It has. Not prematurely, though.

[GRANT] (1:48 - 1:52)  
Yeah, yeah. It was very enjoyable, and everyone kind of got satiated.

[CJ] (1:52 - 1:54)

Well, we hope so.

[GRANT] (1:54 - 1:55)

We hope so, yes.

[CJ] (1:55 - 1:57)

You know, the polls aren't quite in, but we'll see.

[GRANT] (1:59 - 2:02)

Tonight we're talking about health and wellbeing.

[CJ] (2:02 - 2:18)

We certainly are. And, yeah, we just thought it's something we need to address. You know, the good, the bad and the ugly of health and wellbeing.

People go, what, there's bad and ugly about health and wellbeing? Yes, yes, there is. So when we look at, you know, we'll go into the technical.

[GRANT] (2:19 - 2:20)

Yes, got to start somewhere.

[CJ] (2:20 - 2:28)

Tonight's resource is the Better Health Channel, which is an Australian, I was going to be old and say publication, resource.

[GRANT] (2:28 - 2:30)

Online health resource.

[CJ] (2:30 - 3:15)

Yes, that GPs will often use to direct their patients to. So it basically discusses a huge range of health topics, but in quite a simplified way that the average person can, you know, take in and understand and ask more questions about. So according to the Better Health Channel, wellbeing is not just the absence of disease or illness.

It's a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. So if you haven't gotten enough satisfaction out of listening to our show, focus on your health and wellbeing.

And in short, wellbeing could be described as how you feel about yourself and your life, which is really loaded. That's a very loaded sentence to put on a resource, but good on them.

[GRANT] (3:15 - 3:22)

There's a lot packed into that. There certainly is. To help unpack that, we are joined with two fantastic guests this evening.

[CJ] (3:22 - 4:03)

We certainly are. We have Sam Dengate, who uses the pronouns he/him, who is also known as Coach Daddy, is the founder of T-Generation Gyms, both a fitness coach, but more importantly, a socially responsible business and leadership coach. Sam has a passion for developing community-minded leaders who want to grow sustainably, thrive personally and uplift their people.

He developed the approach after getting tired of seeing community leaders give away all of their energy and spoons, while calling it looking after the community. After all, if you burn out, everybody loses. And I cannot tell you how huge an advocate I am for that mentality.

So absolutely huge welcome, Sam.

[SAM] (4:03 - 4:05)

Thank you for having me, CJ and Grant.

[CJ] (4:05 - 5:17)

And we also have Joenas. Joenas goes by the pronouns he/him, and describes himself as a trailblazer and advocate for diversity in the Bear community. Crowned Mr VicBears 2024, Joenas made history as the first bear of colour to win the title, breaking barriers and inspiring inclusivity.

A passionate community leader, he's used his platform to promote representation and give back through impactful initiatives, including fundraising for Pride Foundation Australia to support LGBTQIA+ refugees and asylum seekers. As an immigrant who moved to Australia in 2018 and recently became an Australian citizen, Joenas understands the challenges of finding belonging. His journey is one of resilience, authenticity and a deep commitment to creating safe spaces for all.

Outside of his advocacy, he works in a thriving GP clinic as a registered nurse, contributing to its growth and fostering a supportive team environment. With a continuing love for the bear community as he passes the title soon to the next Bear community leader, he aims to continue to share his inspiring story, his experiences as Mr VicBears with his community. He's now preparing for the upcoming Mr Bear International 2025 competition where he will proudly represent Australia on a global stage.

Welcome Joenas.

[GRANT] (5:17 - 5:26)

Onya Joenas and Onya 'Straya.

[JOENAS]

I'm a legit Australian, okay. So thank you for having me here. I'm really happy.

[GRANT] (5:26 - 5:31)

Thank you so much for coming in. So over the last few weeks, we've been tackling the hard topics.

[grab voice] (5:31 - 5:32)

Why is it so hard to get interaction?

[GRANT] (5:32 - 5:47)

We've been talking about queer identities, we've been talking about shame and stigma, intersections. So with so much information about health online, why is health such a difficult topic for so many people? Sam, do you want to kick us off?

[SAM] (5:47 - 6:21)

Well, I guess it depends because like health is an extremely broad topic. We could go in a variety of different kind of spaces for here. One of the main reasons that I at least feel that health is just such a big, scary topic is the amount of shame, stigma, access.

It's a class issue. It's a culture issue. There are so, health is a politicized and capitalized concept and putting the giant paywalls up for quality of life and health creates this scarcity mindset.

And everyone is literally trying to scrape for access health care needs.

[GRANT] (6:21 - 6:25)

And what's your view on health and wellbeing? How do you look at it?

[JOENAS] (6:25 - 6:52)

Well, because I'm a registered nurse. So like when people come to me, they already have like, you know, the sickness or like they have like the conditions already. And they're like, I would ask them like, why just now?

But one of the reasons is like they said, like going to like a clinic has been one of our like struggles because health care, they said that it's not accessible or like it's too clinical for us to go into. Yeah.

[CJ] (6:52 - 6:57)

I remember the smell because everything smelled like this kind of alcohol-ly.

[JOENAS] (6:57 - 6:57)

Yes.

[CJ] (6:57 - 7:07)

Awful. And it used to actually, I would go into a health clinic and actually just feel sick and almost faint and tell my mum I was going to throw up because I was traumatized by a bad experience. Yeah.

[JOENAS] (7:07 - 7:10)

That's what they call it, the white coat syndrome.

[CJ] (7:10 - 7:22)

Yeah. It's kind of like that. Now, at least things are a lot more pleasant with at least, you know, the way clinics look before everything was white lino, white walls and white coats.

[SAM] (7:22 - 7:22)

Yeah.

[JOENAS] (7:22 - 7:24)

Yes, yes, yes, yes, yes, yes, definitely, yeah.

[CJ] (7:25 - 7:27)

I wish I have many and now I use them in comedy.

[SAM] (7:29 - 7:34)

I can imagine though, like all of us have had some piss poor experiences in different ways before.

[GRANT] (7:35 - 7:51)

Yeah, 100%. My first major operation was when I was 10 years old and I had a pelvic reconstruction. I was put in a body cast from my neck basically down to my toes for three months and that was my introduction to health.

[CJ] (7:52 - 7:59)

But now you are the perfect fucking machine because you have had your pelvis reconstructed and you are designed for it. Isn't that right, Grant?

[GRANT] (8:00 - 8:09)

I'm the Six Million Dollar Man. But unfortunately, in today's society, six million dollars does not go very far.

[CJ] (8:09 - 8:09)

I know. It doesn't go far!

[JOENAS] (8:10 - 8:27)

In addition to that, it's not only the physical side of the clinic, but it's also the people inside the clinic. There's a lot of like people who are like, okay, I don't think that I'm being heard. I'm saying this and like I'm being treated like a book.

[CJ] (8:27 - 8:54)

Even people have reported people going through like cancer treatments when they're in the midst of like the chemotherapy or the radiation, when they're feeling really poorly. The number of people say, well, you know, I wish the doctor or the nurse or whoever had spoken to me. I was sitting in the room and it's like, oh, you feel sick, dear, so we won't talk to you.

We'll talk to your mum or your partner or your friend or anybody. It could be your support worker. It could be the taxi driver that has brought you in.

But they're talking to them like you're not there and it's like, Errrm.

[GRANT] (8:55 - 9:09)

It's an interesting one. During my study, I'm studying Allied Health Assistance at the moment and everything is very medicalised. Often things are presented in such a dry manner that I feel as if I'm not listened to as a person.

[CJ] (9:10 - 9:12)

Do you feel like you even are a person?

[GRANT] (9:12 - 9:13)

Sometimes not.

[CJ] (9:13 - 9:14)

That's the thing, huh?

[SAM] (9:14 - 9:15)

What day of the week? Who knows!

[GRANT] (9:16 - 10:01)

It made me ask the question, okay, how would I handle this moving forward? Because this is the area that I'm wanting to go into long term. So kind of one of the approaches that I thought was, yeah, it's around transparency and being honest.

Because if a patient comes in and yes, maybe it's a cancer patient or something, so you do have to deliver some information that is going to be very hard and very dry. But you can approach it by talking to the person going, I'm just going to talk to you like a person. But then you go, now I need to deliver this information and this is going to be delivered.

It may feel a little bit dry. And just let people know what to experience and what to expect and break it apart.

[JOENAS] (10:02 - 10:10)

If you put like your personality in what to do in a professional way, that also helps. It's a human element.

[CJ] (10:10 - 10:14)

Well, if it's you, Joenas, I think everyone's going to love going to the GP, honestly.

[JOENAS] (10:14 - 10:15)

Actually, yes, they do.

[CJ] (10:15 - 10:18)

Yeah, they're like, yes, my favourite nurse is there.

[GRANT] (10:18 - 10:20)

The smile on Joenas's face right now is...

[CJ] (10:21 - 10:33)

We need a Joenas, everyone. We need to know there's a Joenas at our health clinic that we can go, we're going to see that smiling face and hear that warm voice and go, we're going to understand what's going on and he's gonna care.

[JOENAS] (10:34 - 10:36)

Well, you have to clone me or something.

[SONG] (10:53 – 13:15)

[CJ] (13:18 - 13:23)

This is diHARD, diversity and inclusion, the hard topics, and you're with Grant and CJ.

[grab voice] (13:23 - 13:25)

What a day. You're just going to ask me your questions.

[grab voice] (13:25 - 13:27)

You wouldn't hurt a guy in a wheelchair.

[grab voice] (13:27 - 13:28)

Not that question.

[SAM] (13:28 - 13:48)

That sad reality is sometimes, at least within my experience, any caring practitioners, and I'm just going to use that as a sweeping term, it's because they've been up shit creek themselves. And they have, that is their lived experience.

And they're trying so hard to make differences where they can. But it is, it's lots of little silos amongst this giant swirl of a system.

[CJ] (13:48 - 13:50)

Yeah. Yeah, it's pretty incredible.

[JOENAS] (13:51 - 13:51)

It is incredible.

[CJ] (13:51 - 13:55)

And what we have here is actually so amazing compared to so many other places.

[JOENAS]

It is amazing

[SAM] (13:56 - 14:02)

So here's the part, though, when healthcare is run like a business, and I'm sure there is quotas and times and bits.

[CJ] (14:03 - 14:04)

Ah, the KPI.

[grab voice] (14:04 - 14:15)

Last quarter, we saw 4% growth. Double it. You got it.

Double. Done. I'm not kidding.

Neither am I. It's already done. I'm just kidding.

It's going to take some time.



[grab voice] (14:15 - 14:15)

Double.

[SAM] (14:16 - 14:17)

There we go.

[JOENAS] (14:18 - 14:18)

Yes, yes, yep.

[SAM] (14:18 - 14:26)

You know, there's your compromising quality of care and continuity of care in a, because you've got a very short window to try and do the things and bits.

[CJ] (14:26 - 15:30)

A lot of us in the health sector, particularly in the government health sector, have really pushed back against this whole sort of KPI, or as we call them, KPMs in that field. But there are ways around it, and we utilise those. Once COVID hit, the government just completely decimated our field, and the expectations and the way we were treated was appalling.

And then it sort of followed on with the way the community were treating us. Now, yes, it was born out of fear in the beginning, but then it just perpetuated anyway. But also, I have to be really honest.

Everyone sits there and goes, oh, but you're a doctor. You must make amazing amounts. No, no.

To make a really good living as a GP, you would minimum have to work eight to six face-to-face with patients, literally seeing five to six patients an hour without a break. And on top of that, all the paperwork, checking people's results, liaising with other clinicians, writing letters that people go, oh, can't you just write that letter and I won't come in? That is all unpaid work.

And tell me anybody else that would go and do that amount, 20% of their job unpaid and would agree to actually do that?

[grab voice] (15:31 - 15:31)

What?

[grab voice] (15:31 - 15:33)

No way.

[GRANT] (15:33 - 15:43)

Do you think people can separate health and wellness and just focus on one or just focus on the other?

And if they do that, what are the risks?

[JOENAS] (15:45 - 15:58)

For me, I don't think that you could separate the two, because you really have to have a really good set of mental health also.

[SAM] (15:58 - 16:14)

When I think health, I think of the medical field, industry, space. That is hospitals. That's GP clinics.

That is clinician base. When I think of wellbeing in that sense, that is a multifaceted concept when we're talking about social, physical, mental.

[GRANT] (16:14 - 16:30)

One of the reasons I ask is I know, kind of, curated posts on social media, for example. I know some really "healthy", I'm doing air quotes, healthy people who are extremely unwell.

[JOENAS]

Ah, haa

[SAM]

Yes

[SAM] (16:33 - 16:47)

And I come to this a lot because I run a gym. I am having conversations constantly around unrealistic body images, unrealistic pathways to health. Air quotes, then nobody would have seen that.

[CJ] (16:48 - 16:49)

The joys of radio.

[SAM] (16:50 - 17:14)

I guess because of the marginalized nature of the folks that I work with and the amount of barriers that they access, we have to take it one conversation at a time. And by making the choice to look after marginalized folks, like PTs have a cert three and four, you can call yourself a fitness expert, transformation, body specialist the next day. I mean, grow up.

[CJ] (17:15 - 17:29)

We used to see it when I was doing circus a lot. People would all of a sudden become trainers. And I'm thinking, I've got 40 years of experience and I'm not training anyone right now.

And you've been training for two years. And all of a sudden, I'm a coach. It's like... ummm

[SAM] (17:29 - 17:37)

Hundo. So going back to social media, and I still get conversations around the lemon detox diet for fuck's sake.

[CJ] (17:38 - 17:40)

Good thing I have a lemon tree then.

[SAM] (17:40 - 17:47)

Hey, look, live your best life, but... Do not recommend that.

And I'm qualified to say don't do it.

[CJ] (17:47 - 17:49)

To me, it's just cystitis waiting to happen.

[SAM] (17:49 - 18:13)

There's so many problems, but it's always... It's not the lemon detox diet is not the problem. It's the behind why.

Why do you think that this is the way to do it? Not the detox diet. It's the quick way to shortcut and get through health because you're getting roadblocked or shamed or pushed off everywhere else.

So folks can't... They don't have a healthy relationship with their own health and wellbeing.

[GRANT] (18:13 - 18:20)

That quick fix is also such a huge problem. The change your body, change your life in 10 weeks.

[grab voice] (18:20 - 18:27)

Inhale. Exhale. One more.

Inhale. Now the legs go out and in. Here we go.

[CJ] (18:27 - 18:29)

Yeah, the 12-week challenge.

[SAM] (18:30 - 18:45)

Marketing and sales. And like critical thinking skills, bringing that back in to be like, oh no, they're trying to get into a gym.

That's what they're trying to sell me into something here and what have you, as opposed to an actual health solution. They're running really unethical practice and business there.

[GRANT] (18:45 - 19:23)

And I think there can be some good things about social media when it does come to adaptations. Because if you do find someone who has a similar condition as you do or is in a similar kind of life phase, you can probably learn from them and learn how to adapt. But I spent ages hunting for an adaptive fitness course.

And there really isn't one. There is a very small one that's run overseas. But it's something that comes from lived experience and kind of being in a position to trial and experiment yourself, which can be hugely challenging.

[CJ] (19:23 - 19:25)

And dangerous, to be honest.

[SAM] (19:25 - 19:51)

Absolutely. And that is how I understood and had to learn the concepts of adaptive fitness. It was whether it was through all of the various changes within my own body.

It was my body has been in very different sizes, shapes, variations over the years. And it was the own roadblocks myself for my body and my brain and sitting there trying to virtually, almost the equivalent of banging your head against the wall until you worked it out.

[JOENAS] (19:51 - 19:58)

Because some people just forget that they have a unique body. Their body's different from anybody else.

[CJ] (19:58 - 20:02)

And that's inside and outside.

[JOENAS]

Yes

[CJ]

The physiology as well as the exterior.

[JOENAS] (20:03 - 20:23)

They've been exposed to, ever since when you're younger, magazines and now social media. And those marketing people just keep on posting, like, you know, this is the ideal person, this ideal one. But they lose focus on themselves.

They lose their identity as themselves. And that reflects through their health also.

[GRANT] (20:23 - 20:53)

So I've been using a wheelchair now for probably about seven or eight years. So prior to that, I remember going into a gym, free PT sessions on sign up as they do. And sat down and they were actually good in asking me questions about my background.

And I spoke about degenerative bone condition through my lower limbs and unable to walk long distances and things like that. And they suggested jumping on a treadmill and warming up for 10 minutes and I'm just like, ummmm.

[SAM] (20:53 - 21:00)

My eyes twitched.

I'm twitching, I'm twitching. The cognitive dissonance.

[CJ] (21:04 - 21:11)

Did anyone like... Ohh we'll just open the book to the same page. The really dirty page that it's been opened on because it's so filthy because it's been sitting there.

[GRANT] (21:12 - 21:21)

I'm just like, you could be the smartest person in this place. But obviously you do not know how to listen, which means we are not going to get on.

[CJ] (21:21 - 22:11)

And it's not just that, it's actually something that's come out across many of our shows now is people losing their ability to use critical thinking. It's not just about listening. It's listening, it's hearing what the person is actually saying and then going, what do I think?

We'd sit in a classroom, I'm showing my age. We had a blackboard and the teacher would write a sentence on the blackboard and they'd go, write an essay. And you'd go, what do I think?

What do I want to write about? That step seems to be gone now with this instant gratification and this flashes up in front of our eyes all the time. People don't stop, take a breath, disconnect.

And you don't have to disconnect from social media for a week and a half. You just need to put your phone down or even hold your phone in your hand and go, what do I actually think?

[JOENAS] (22:12 - 22:26)

And then also you have to be wise on who to listen to and which advice to take. Because sometimes it's your gut feeling to say that, okay, he might be telling the truth, but you have to listen to yourself also.

[SAM] (22:26 - 22:54)

I guess anyone hearing at home, listening at these points, understand that you have so much more power than you think you do in these spaces to advocate for yourself and use your voice, speak up, scream, go somewhere else if the vibe is just not there. And maybe for any of the clinicians listening now, it is not a personal attack if somebody decides to go with a clinician of a different technique or skill set or different vibe, but that means you two just aren't clicking.

[JOENAS] (22:54 - 22:55)

Don't take it personally.

[GRANT]

Yeah

[CJ] (22:56 - 23:30)

And you also, as a clinician, don't want to deal with someone who doesn't really want to be there. Let's be honest, as any professional, you don't want someone like a client coming to you that doesn't really want to be there. And they're like, I don't really want to be here.

I don't want to talk to you. It's like, well, okay, maybe you shouldn't come. You know, yes, there are certain instances now with healthcare where unfortunately, there's certain things that people can afford.

So they have to go to the limited resources that are available because there's no other option.

[JOENAS]

But the quality's not there. The quality is not there right? [CJ]

Or it's just that maybe it doesn't fit with that person, but they don't have the option of choice.

[SONG] (23:44 - 27:10)

Bad Habits by Billy Field

[GRANT] (27:11 - 28:23)

(27.01) [grab voice]

They're just people James. They're just people exactly like us.

[GRANT]

And welcome back to diHARD, Diversity and Inclusion, the hard topics. And we are talking Health and Wellbeing.

I wanna switch things up a bit

(27.11) and talk specifically about our queer community because health and wellbeing it's something that evolves with us over time and quite often for people within the LGBTQIA+ community There have been negative health interactions from quite a young age from sport or rec and kind of being involved in communities and it can cause some long-term damage.

I was looking at some statistics around some of the health issues within our community just in Australia and approximately 75% of the Rainbow Community have experienced a mental disorder in their lifetime compared to 40% of heterosexual individuals When you look at other areas such as sports and participations You're you're talking about 30% of people participating in sports compared to 60% of yeah, non-LGBTI peers So kind of those types of things are going to cause long-term stigma and shame Or concerns around health care

[CJ]

And not to mention the pathologizing of even being queer, for example

[CJ] (28:23 - 28:28)

That you know, it's you're mentally disturbed. Do you know what I mean rather than it actually being like, No, born this way.

[SAM] (28:28 - 28:38)

Someone that was categorized.

[GRANT]

What are people's experiences of health and wellbeing kind of from youth to adulthood?

[SAM] (28:38 - 29:11)

So, I began my transition journey quite young, 18 um, and that's when I accessed HRT all of that stuff there and there was a few years prior to that with just coming into queer identity and as we're y'know queers we start to express ourselves and our attitudes and our belief systems and There you were ostracized. You were ostracized from Like a lot of that the

group um the group belonging in the group connection through sports and things because of discrimination because of prejudice at that point so...

[CJ] (29:11 - 29:27)

And also fear it's like, you know, we can't have a homo in our change room because then they're going to be looking at us and I'm like Ugly is ugly to everyone if you're ugly on the inside.

No gay man is going to find you attractive, so just don't even worry about which way your back is facing man

[SAM] (29:27 - 29:54)

Exactly so and that it was almost like that rejection of you are not allowed to have a relationship with your body or an Understanding with or any connection to it Everyone is entitled to that and everybody should have access.

[CJ]

100%

[SAM]

But that was the gateway. Like you had to go through that way. So... And the same was my experience in gym life I was kicked out of a gym for in the first year of my transition just living authentically That's the reason I was like, well, you know, fuck you and I have my own now

[SAM] (29:55 - 30:01)

That's literally what started it all.

[CJ]

You were like fine if you're not going to let me in yours, I'll make my own. and I'll make it better than yours.

[grab voice] (30:01 - 30:03)

Anything you can say at the gym that you can't say about your partner.

[grab voice] (30:04 - 30:07)

Hey, if you're going to use the thing at least wipe off your sweat

[SAM] (30:10 - 30:18)

When it comes to trans health fitness movement, our name is synonymous. I have an entire trans healthcare team So it's like don't piss off a trans person.

[SAM] (30:18 - 30:52)

We'll work it the fuck out.

[JOENAS]

Well through... Sorry, yeah, so because like here in Australia like people are like, uh, the community the members of the community are like really lucky that they have like this kind of like mentality and uh, Uh, like space and opportunity also because like I grew up in the

Philippines and I just came here in 2018 It's a complete, uh, different story. Completely different.

[CJ]

Like in what way like in what way?

[JOENAS]

Like in what way?

[CJ]

Mmm.

[JOENAS]

I have to do my HIV test in a stairwell of a building.

[CJ]

Wow!

[JOENAS]

It's not a proper clinic

[CJ]

Because like it's as long as it like... it's not real?

[CJ] (30:52 - 30:56)

So yeah, they pretend like you're not there like how does that even?

[JOENAS]

Yeah

[CJ]

Ooof!

[GRANT] (30:56 - 31:02)

Like is it still? Is being queer considered criminalized in the Philippines or where are they at progression-wise?

[JOENAS] (31:02 - 31:11)

It's not. It is accepted but not tolerated.

[GRANT]

Gotcha.

[CJ]

It's I think it's not accepted.

[CJ] (31:11 - 31:12)

It's acknowledged. Okay, that exists.

[JOENAS] (31:13 - 31:13)

Yes. Yes. Yes



[CJ] (31:13 - 31:20)

Yes, because it's like that ugly sculpture in the art gallery It's there but I don't like it and i'm not gonna look at it and we'll pretend it isn't there

[JOENAS] (31:20 - 31:34)

And then like there would still be like a lot of like factors that instills fear for those people Because like even if like, you know, we have like really nice drag queens and like, you know really nice queer members of the queer community, but

[SAM] (31:34 - 31:39)

They are just are incredible. Incredible shows coming out of the Philippines performance.

[JOENAS] (31:40 - 32:27)

Yeah.

[CJ]

And it's just stunning.

[JOENAS]

The creativity is there but like it's still the fear is still there.

[CJ]

That's just wrong, it's bullshit.

[JOENAS]

And like It's also like it's really sad. It starts with the family also

[CJ]

Yeah

[JOENAS]

Starts with the family because of like the culture because of like religion plays a really big role also

[SAM]

Yeah

[JOENAS]

So that's why when I came here like oh my god, like it's it's a big relief for me. It's like it gave me like a new start and like when when, because like the first thing that I think I searched was How could I get like vaccines how could I get PrEP? Or something like that.

[CJ]

Yeah

[JOENAS]

Which is the first clinic that gave me like my during that time 2018 I think like Hep A was still free for members of the community.

[CJ] (32:27 - 32:27)

Yep.

[GRANT] (32:27 - 32:35)

Oh, yeah

[SAM]

Yeah

[JOENAS]

So I got my first shot of like Hep A which I never had in the past.

[CJ]

Which is bizarre coming from the Philippines

[JOENAS]

Yes!

[CJ]

Where you'd actually need it more than you would need it here.

[JOENAS] (32:35 - 32:40)

Yeah

[CJ]

Wow, it must have been such a... So were you a nurse before you came to Australia?

[JOENAS] (32:40 - 32:52)

Yes Yeah

[CJ]

And were you a general, is like General Practice sort of a similar thing there?

[JOENAS]

Ahh, no, no, no, no. I was like, in hospital more of like an emergency also. So like I'm part of like an ambulance also in the Philippines.

[CJ] (32:52 - 32:53)

Okay.

[JOENAS] (32:53 - 33:27)

Yeah, but...

[CJ]

Sort of paramedic kind of role.

[JOENAS]

But I'm not like this open in the Philippines because like I ever said I was scared to like, be myself.

[CJ]

Was it something you might like lose your job over? [JOENAS]

Oh, no, no, no.

[CJ]

No, okay.

[JOENAS]

But like it's more of like me.

[CJ]

Yeah

[JOENAS]

It's more of me what will other people say? What will my family say?

[CJ]

It makes me sad because you're such an awesome human, you know, I look forward to hanging out with you whenever I see you it's like, Yes! And to think that you had to be this sort of shell. It's really just a shell of a person.

[CJ] (33:27 - 34:00)

It's someone who you take your sort of professional knowledge and everything and that's your defining persona

[JOENAS]

Yeah

[CJ]

You know, unless you're traveling away from home by the sounds of it.

[JOENAS]

Well, it's sad that I have to like leave home to be

[CJ]

Oh absolutely

[JOENAS]

To be who I am right now because like I love home. Yeah Conversely though. Have you been able to use? Mr. Vic bear 2024 title like your title as a platform to promote health and wellbeing.

[JOENAS] (34:00 - 34:05)

Yes. Well not in the clinical, like in my clinic. But like outside.

[CJ] (34:05 - 34:06)

Yeah, that's what i'm saying.

[JOENAS] (34:06 - 34:18)

Like, you know, because like there's a lot of like people like asking Joenas you're a nurse; if I got my MPox vaccine this time and then like I missed it etc, could I get it again? Yes, of course

[CJ] (34:19 - 35:29)

Yeah I think people from the queer community particularly given lived experience given A lot of the journeys that many of us have taken When it comes to being clinicians, I sort of feel like we're rehumanizing the medical world.

[JOENAS]

Yes

[CJ]

And that's kind of the word that came to mind just when I was speaking, when you were just speaking Joenas now and I was thinking, you know it's Your your position right now Joenas. you could, it's twofold. You can either Use your community experience and your lived experience To humanize the sort of medical environment that you're working in but conversely You know if you wanted to and I do this as you know, a kinky person is I use my clinical knowledge and experience to Bring the human element into people accessing health information and first aid information So I do use that as a platform and um, have you ever thought like that you, Would you go and do sort of health talks or have you given health talks or sort of Mr Vic Bears

[JOENAS]

Well not yet...

[CJ]

Or is it something well, you're interested to do?

[JOENAS]

I had experience talking to a lot of like people before because like in the Philippines, I was like a trainer, also first aid trainer.

[CJ] (35:29 - 35:40)

Oh, wow.

[JOENAS]

I did CPR also and I had like experience so I think I think being If given a chance, why not?

[SAM]

I'm hearing yes, please book him.

[GRANT] (35:41 - 35:43)

This needs to happen

[grab voice]

Because I'm smarter than the average bear yeah-hay-hay

[JOENAS] (35:47 - 36:13)

Because, because like once you have like that, uh person to person interaction like okay, okay I could not like tell it to the mic I could not tell it directly into the mic, but I could like pull that research person somewhere and have like a talk I cannot okay. I'm not comfortable saying this in public or like, uh in front of lots of people. So i'm just taking this opportunity to talk to you. Maybe you could help me, that's, you know

[GRANT] (36:13 - 36:36)

That's, that's why I love um, because I have been to a few health talks where people can just write down their question. I think kind of we did it. We were both at an event recently Sam and myself where people could just write down a question, put it in a bag and then have it asked

[SAM]

And have it asked by somebody else. But that way your your question is still being answered.

[SAM] (36:36 - 38:29)

Yeah, you don't have to go without the knowledge you need to get the care you need.

[SONG](36:58-40:02)

Werk Out by Todrick Hall

[GRANT] (40:09 - 40:13)

Welcome back to diHARD. Diversity, inclusion, the hard topics.

[CJ] (40:15 - 40:29)

You know, thinking of negative experiences in the sort of health and wellbeing space, I mean, by nature, when we talk about wellbeing, it has the word well in it. But have either of you experienced sort of a negative impact of focus on wellbeing? Loaded question.

[JOENAS] (40:32 - 40:57)

Just recently in the practice, my professionalism was like questioned and said that I was favouring patients because what happened was I was dealing with a patient and then one patient just came and knocked on my door. So I was surprised that he was there and then another doctor was asking me to do something. So there's a lot of things happening.

[CJ] (40:57 - 41:17)

Yeah. For anyone that doesn't know, in general, General Practice Nursing is insane. If you work in a clinic and you're the one nurse on and there's four doctors on and they're all throwing things at you and there's the same, like four doctors, four patients waiting in the waiting room, one with you and all the doctors are expecting you to have done that task next.

So just a little bit of a picture of what it's like for a General Practice Nurse.

[JOENAS] (41:17 - 41:26)

I could cope up with that stress. But when he attacked my professionalism saying that you're not that professional, why do you favour like this, like this?

[CJ] (41:27 - 41:37)

So was it the person that knocked on the door

[JOENAS]

Yes

[CJ]

That said you were favoring someone else because you wouldn't focus on them

[JOENAS]

Yes

[CJ]

When you were already with someone else?

[JOENAS]

Yes, yes That's just like basic manners that we learn in kindergarten though.

[JOENAS] (41:37 - 41:44)

But like, yeah, okay. I told him, okay, have a seat here. I'll just finish this one.

I'll just do that one. I'll come back to you.

[CJ] (41:44 - 41:44)

Mm-hmm.

[JOENAS] (41:45 - 41:57)

And then when he came to my room, I closed the door. He just like attacked me verbally and because like my profession, I hold it like really dear for me.

[CJ] (41:57 - 41:58)

Absolutely.

[JOENAS] (42:00 - 42:16)

And that time I didn't, I almost like didn't want to go to the clinic.

[CJ]

Awww. I didn't go to like the waiting room as the way I should. I went to the back room, to my room, and I stayed there for like two hours.

[CJ] (42:16 - 42:16)

Wow.

[JOENAS] (42:17 - 42:21)

I told the other nurses, doctors, could you just give me space?

[CJ] (42:21 - 42:25)

Yeah. And it is, yeah, it's a big thing when someone attacks your professionalism.

[JOENAS] (42:25 - 42:31)

And not only professionalism, she also talked about my mom without even like knowing me.

[CJ] (42:32 - 42:32)

Wow.

[JOENAS] (42:32 - 42:49)

And he doesn't know that I came here like, you know, as an immigrant, not seeing my family for a very long time.

So sometimes, yeah, I just hope like, you know, some people could be also sensitive to like health professionals.

[CJ] (42:49 - 42:49)

Yeah.

[JOENAS] (42:50 - 43:00)

Because like they don't know what's happening also at the back. So just be kind to like health professionals because like, yeah, we're doing so much for you guys.

[CJ] (43:01 - 43:23)

Particularly in the general practice sector. It's a very overloaded sector and it's not that sector's choice to sort of be charging for consults and things. Like I said, it actually isn't financially as lucrative as everyone thinks it is.

And the expectation is very, very high. No one expects a specialist to churn through three or four or five or six patients in an hour.

[JOENAS] (43:23 - 43:31)

It's not only like in the health sector. Generally, everyone, everyone doesn't need, like doesn't deserve to be treated like, you know, the way that person treated me.

[SAM] (43:31 - 43:35)

In any service based human business.

[GRANT] (43:35 - 43:35)

Yeah.

[SAM] (43:36 - 44:26)

And it's because it's a different experience, I guess, on my end is a lot of the challenges that I come across is the community I want to serve and help.

Because as a group, we are a very like traumatised, marginalised folk with so many varying life experiences. And when it comes to health care or body autonomy, they've probably had quite a few crap experiences before they've come anywhere near me. And so because of the space and just, you know, the heightened nature of the world at the moment, like you don't get the address until we've met or I've seen you or we've had discussions.

All of that. Also, we do video calls and certain things. So folks on the other end don't have to just walk straight into an intimidating space.

They can meet, see, decide, check the vibe... then if you want to go in.

[CJ] (44:26 - 44:27)

Yeah, if you click with them.

[SAM] (44:27 - 44:45)

Exactly. But what that means, though, is myself and coaches, we have to be in a space because the second that phone call comes or the Zoom call, we get straight away, "I don't want this and not this and don't do this and you are, nah" and push and it's, I haven't even said hi yet.

[JOENAS] (44:45 - 44:47)

Yes. Yeah, that happens.

[SAM] (44:47 - 45:09)

Yes. So the ability to be able to have that perspective. Push, push that separation between stimulus and response and not bite when, you know, the your personal, professional, dating, social, lived experience is all the same pool. Try to help navigate and work and without stepping out of duty of care.

But also, hang on, don't speak to me like this. We just met.

[CJ] (45:10 - 45:11)

Just some courtesy.

[SAM] (45:11 - 45:12)

Just some courtesy.

[CJ] (45:12 - 45:19)

Amongst people.

It's nothing to do then the professional thing doesn't come into it. It's like you need to just treat me with courtesy as a normal person.

[SAM]

Let's just do the thing and we'll work this out together.

[JOENAS] (45:19 - 45:31)

Yeah, because there's a lot of like really wonderful people in the health care business or like in the wellbeing community. But there are also people, they burn out.

[GRANT] (45:32 - 45:43)

It's funny, I'm thinking about other areas that health can potentially be negative. And what comes to mind is hyper-fixation. And I know it's something that I've done in the past.

[CJ] (45:47 - 45:49)

It's go hard, go harder and then go even harder.



[grab voice] (45:50 - 45:51)

That's what she said.

[SAM] (45:51 - 45:53)

Your body has to earn the right to go hard please and thank you.

[CJ] (45:56 - 45:58)

It's not diHARD everywhere, people.

[SAM] (45:59 - 46:01)

Christmas is done now for those Christmas films.

[GRANT] (46:04 - 46:22)

Like we get annoyed when people treat us like tick-boxes. And I know I have treated myself like a tick-box. I've become so hyper-fixated either on a social media personality or this ideal kind of and linked it to if I, then I.

[SAM] (46:23 - 46:48)

Yes. So you're getting to identity politics and I am and I and this and aligning yourself. Yeah.

A dogmatic approach to anything is where you get in some big hot water of sorts. And I see it a lot. So one of the big reasons of like the screening is it's not my job to dictate your goals, but I need to know they're coming from a healthy place or at least within my scope and my practice for duty of care so that we don't do any harm.

[CJ] (46:48 - 47:45)

Like if someone's five foot 10 and they come into you and they're five foot 10 and they're 50 kilos, but maybe they're actually just lean. Like there are certain people that just have a body habitus where they are slight and that's actually fine and healthy for them. But they come in and say, I want to lose 15 kilos.

And you're like, hmmm

[SAM]

And you're like, where is this coming from?

[CJ] That begs the question for me, because this term is bandied around and it is big in the wellness space and the wellbeing space is the concept of self-care and what that looks like. Because I have to say, sometimes for me, if I've been at work in a clinical setting all day, then I might come home and want to work on drafting questions for the show.

And even though it is a big job, because people are like, you're always working. I'm like, no, I'm enjoying that. I'm supposed to be keeping my mind empty.

And no, I'm just really stressed today. That is not self-care for me.

[GRANT] (47:46 - 48:42)

My main background is graphic design, branding and communications. Normally I want to get away from the computer for self-care. So typically it'll be journaling or getting tactile using kind of pen and paper and sketching ideas and thoughts or whatever it may be.

But the other day I'd kind of seen online all of this discourse, I guess, about in the UK, they were saying that almond milk could not be called almond milk because you're misleading people by calling it milk. So I came up with my self-care activity was designing nut juice.

[CJ]

Mmm, nom nom nom nom nom

[GRANT]

I developed, yeah, the packaging and layout.

And it was so therapeutic for me because I'd realized it had been ages since I did design. That was for me and that was for fun.

[SAM] (48:42 - 49:23)

Yeah. And so I would probably say like five years into my coaching career, my study around stress physiology and framework and how that affects the body, and that changed my whole concept on the concept of self-care. Firstly, get out of each other's business.

Like self-care is different for everybody. The same access to care is in one person's speed does not, you know, mean you're an underproductive human or you, in fact, some people just do more.

ADHD brain life exists as well. I like to do more things. I like to be active and be busy.

[grab voice]

Squirrel!

[SAM]

The big thing with self-care though, if it is your profession and you spend a lot of time in it, it cannot be a source of relaxation, rejuvenation and self-care.

[CJ] (49:23 - 49:24)

Mmm

[GRANT]

Hmm.

[SAM] (49:24 - 49:29)

I am a movement professional. Training is not a switch off. It can't be a switch off.

[CJ] (49:29 - 49:31)

It's a downtime for you.

[SAM]

It's not downtime.

[SAM] (49:31 - 49:56)

I can go and read a book, but if I read a book around anything to do with body training, regardless if I might feel calm, those areas of your brain are still on. It's still happening. So I

approach self-care now as what do you need to do in your life to keep showing up in the way that you want to.

And as much as I'd like to get around it, I wish sleep wasn't as important as it is.

[CJ] (49:57 - 50:01)

Yeah, like it's quite a drag. How much time it takes out of our lives? Seriously?

[SAM] (50:01 - 50:30)

We've all tried to get around it, but if, you know, it doesn't change the fact that you do need X amount of sleep, et cetera. But if it's a case of some people want to sit and need to watch TV and disappear and zone out, that's your vibe.

But if you find the tools or watch it in a way, or access it in a way, that is not in, terms of your profession, I can get around elements of that. I have to be careful with how much training I do in a week because I love to do it. My brain and my body does it, but stress physiology-wise, that's not a switch off.

[CJ] (50:30 - 50:36)

And also the hyperfixation side of it is you can get caught up in that. I'll just do this extra five minutes and this extra whatever.

[SAM] (50:37 - 50:37)

Yeah, you can.

[CJ] (50:38 - 50:39)

Quality, not quantity.

[SAM] (50:40 - 50:50)

Exactly. And that's why at the gym, because it's 90% neurodiverse folks community overlap, it's all structured coached programs where it's like, nup, stop here. We go one, two, right.

That's enough out for that exact reason as well.

[CJ] (50:50 - 50:54)

So people get spank, spank on the bot, bot if they try and go over time.

[SAM] (50:54 - 50:58)

In a loving way, or at least the discussion has had because body has to earn the right.

[CJ] (50:59 - 51:00)

And consent, blah, blah, blah, blah, blah.

[SAM] (51:00 - 51:02)

All the things and bits. Yeah.

[CJ] (51:02 - 51:06)

Wow, you must have people with really big smiles leaving your gym. It's a gym I didn't even know this much about.

[SAM] (51:07 - 51:11)

Whatever movement practice for you if you need somatic release of sorts. Yeah.

[CJ] (51:12 - 51:13)

Not to mention fucking.

[SAM] (51:14 - 51:15)

No, that counts.

[CJ] (51:15 - 51:16)

Let's just go there.

[SAM] (51:16 - 51:16)

That's my hobby.

[CJ] (51:18 - 51:28)

What do you do in your spare time? I shag. And I'm not talking carpet, dear.

Joenas. You? Your self-care activities?

[JOENAS] (51:28 - 51:28)

My dog.

[CJ] (51:29 - 51:30)

Oh, your cute dog.

[JOENAS] (51:31 - 51:44)

Yeah, yeah, yeah. So yeah, walk her every day in the morning, go to gym. Also in the evening, leave my phone at home and then just do like an hour, two hour walk.

[CJ] (51:44 - 52:25)

And in healthcare, that's huge to be... Now, here's the thing. PSA. If Joenas can do it working as a health practitioner, then you can do it too.

Because the bottom line is in health, we have to acknowledge that sometimes when you leave something, something can go wrong with a human being. Like if someone's like, if you don't get a particular document finished, they don't get access to the level of their care, things can go very wrong. So being able to recognize where you can create that space and taking that space, credit to you, Joenas, I have to say that it just shows that there is space for everyone.

Nothing is that urgent.

[GRANT] (52:26 - 52:51)

I think the other thing about kind of self-care is being aware of your body and what it's telling you.

[JOENAS]

True

[CJ]

Oh gosh... How used to ignoring our bodies, you get to push through, particularly when you're disabled.

[GRANT]

Yeah.

[SAM]

Yep

[GRANT]

Which is why I'm bringing it up because my body is telling me I need some self-care. So we may wrap this up. Thank you very much, Sam.

Thank you, Joenas.

[JOENAS] (52:51 - 52:51)

No worries.

[SAM] (52:52 - 52:53)

Yeah, it's a pleasure.

[CJ] (52:53 - 52:56)

And this actually is our last show.

[JOENAS]

Ohhh!

[SAM]

Booo!

[SAM] (52:58 - 52:59)

We're having too much fun.

[JOENAS] (52:59 - 53:00)

Yeah.

[CJ] (53:00 - 53:04)

We've been hard for eight whole weeks and now...

[GRANT] (53:04 - 53:07)

You should really see a doctor at this point in time for multiple reasons.

[CJ] (53:08 - 53:21)

Yep. It was a health and wellbeing show, so yep, see your doctor. Thank you so much for listening.

We hope you've enjoyed all the hard topics. And as we say in our business, go hard or go hard.

[SONG] (53:21-57:36)

(I've Had) The Time of My Life by Bill Medley, Jennifer Warnes