Ryder, L. Physical Therapy Support for the LGBTQIA+ Community: Putting Words Into Action.

On behalf of the APTA Academy of Leadership & Innovation, Washington State Delegation, and APTA Academy of Leadership and Innovation's LGBTQIA+ Committee-Catalyst Group, PT Proud, I am thrilled to celebrate with you the passing of motion RC 16-22 at the 2022 APTA House of Delegates (HOD) annual meeting in Washington, DC on August 15, 2022. The motion RC 16-22 delineates APTA as an organization committed to supporting the LGBTQIA+ population and addressing policies and practices that perpetuate exclusion of individuals who are LGBTQIA+ in our Association, our profession, and society at large. RC 16-22 passed with overwhelming support of over 92% of delegates voting in favor of the motion.

My name is Lee Ryder, my pronouns are they/them, and I am the Advocacy Committee Chair of APTA Academy of Leadership and Innovation's PT Proud Committee-Catalyst Group. I was present at the HOD meeting to witness the aforementioned historic moment. Although the timing did not permit me to share my statement during the House session, I am grateful to have the opportunity today to share the words that I had prepared to deliver at the House of Delegates:

I invite everyone here to a moment of introspection. Can you remember a time when you felt alone or excluded? When you desperately wished for someone to stand up for you when you needed it most?

This motion, at its core, speaks to these moments. Moments that are felt daily by members of the LGBTQIA+ community, especially in healthcare settings. This motion addresses experiences such as:

*When my endocrinologist, who prescribes my testosterone hormone therapy**,** expressed that nonbinary patients, like me, are frustrating. Or when the pharmacist who taught me how to do my first testosterone shot proceeded to misgender me (use the wrong pronouns) and deadname me (use my old name) even now, two years later. Or when I see myself in the statistics on mental health disparities listed in motion RC 16-22.*

It is no longer acceptable for the APTA to remain idle as people are harmed. Silence is violence.

In healthcare, as in any other business, data drives decision-making. Comprehensive demographic data are needed to inform and direct medical care and research. The US Census Bureau's "Household Pulse Survey" administered in 2021 revealed that at least 20 million adults in the U.S. (approximately 8% of the total adult U.S. population) identify as being LGBTQ+[1]; with

nearly a quarter (24.6%) of these individuals being between 18-24 years old[2]. However, there is currently no demographic data available on how many PTs, PTAs, or even healthcare providers in general identify as LGBTQIA+. This is in part due to enormous barriers in collecting this information. Additionally, the physical therapy profession lacks research on the impact of gender identity and sexual orientation on clinical practice. In 2022 Ross et. al. published the first known study to explore the lived experiences of LGBTQIA+ individuals in physical therapy. This study identified that LGBTQIA+ individuals are, to this day, experiencing inequities due to their continued marginalization[3]. Additional research from the 2019 National School Climate Survey conducted by GLSEN reveals the striking inequities experienced by LGBTQ+ individuals in U.S. school settings. Out of 16,000+ students (13-21 years old) in the study, 50.1% of LGBTQ students reported feeling unsafe at school due to their sexual orientation, 42.5% due to their gender expression, and 37.4% due to their gender identity.[4] Additionally, 86.3% of these students reported experiencing harassment (verbal, electronic, or physical), bullying, and physical assault linked to identifying as LGBTQ+, which is likely to negatively impact student academic performance, career goals, and overall wellbeing[4].

Even after reflecting on these data, thoughts may have crossed your mind, like, "Gender identity doesn't make sense," or, "I don't understand why pronouns matter so much," or, "What does this have to do with physical therapy?" I invite you to transform these frustrations by adopting an outlook of empathy, such as, "While I may never fully understand their gender identity, I recognize, respect and believe my colleagues' experience." Demonstrating trust and respect for other individuals is a practice we do with patients all the time, such as believing their pain experience even if we ourselves haven't felt that before. PTs and PTAs are experts in empathy. We are experts in addressing the entire person and all the factors that interact to create the complex human experience. This is a foundational and baseline expectation, and we are called by the APTA Code of Ethics[5] (PTs) and the Standards of Ethical Conduct for the Physical Therapist Assistant[6] (PTAs) to act in accordance with these principles.

This motion reflects current best-practice and this motion is the way of the future. My statement today is a Call-To-Action for APTA, for PTs and PTAs, physical therapy students, and all individuals, to demonstrate support of RC 16-22 to better the lives and health outcomes of those in the LGBTQIA+ community.

I extend my sincere gratitude to the House of Delegates for their support in voting to adopt RC 16-22. I simultaneously encourage us to revisit the fourteen tangible action items nestled within the motion for the APTA to act on in order to demonstrate support for the LGBTQIA+ community. These action items include measures such as:

(i) Updating the APTA membership profile webpage to be gender inclusive by providing options beyond only female or male,

(ii) Updating the APTA.com Diversity, Equity, and Inclusion web pages to include resources specific to the LGBTQIA+ community,

(iii) Sponsoring LGBTQIA+ advocacy efforts by publishing statements that explicitly express support for inclusive healthcare legislation for the LGBTQIA+ community as well as denounce discriminatory laws that create barriers to care.

The passing of RC 16-22 is without a doubt a monumental and exciting step in the right direction; and, it is absolutely imperative that the work does not end here. To help illustrate the need for this work to continue, I'd like to share a personal account of my experience at the House of Delegates. Even in the presence of those who zealously expressed support of our motion, I had disheartening experiences. For example, I was consistently misgendered by many folks who specifically asked for my pronouns and then chose not to use them. Additionally, there was lack of signage for the only gender-neutral bathrooms in the facility, which were positioned in a somewhat unassuming location. Meanwhile, the entire weekend I would quietly leave the House mid-session to use the restroom during less crowded times, in order to lessen the confused stares I often get while using any public restroom due to my fairly gender-ambiguous presentation. I mention these examples not to invoke shame, nor to complain, nor reprimand. Rather, I bring forth these examples with the hope of raising awareness that even within supportive spaces, harmful experiences can and do still occur.

The motion RC 16-22 in its purest form builds a system of support for those who, due to inequitable power dynamics and social hierarchy, are frequently silenced and forgotten. Without action, the motion becomes performative. Without action, the motion has potential to do harm. Without action, members of the LGBTQIA+ community will continue to experience the same treatment in healthcare settings that has always occurred.

The passing of this motion is a catalyst for change. It lays a foundation of opportunity. It is our responsibility to use this momentum to stand against discrimination, to protect vulnerable communities, and to strive for equity for all people. I invite and encourage the APTA and all listening to this message today, to join together in building a better future for LGBTQIA+ individuals both within our APTA community and society at large.

References:

1. Powell, L. We Are Here: LGBTQ+ Adult Population in United States Reaches At Least 20 Million, According to Human Rights Campaign Foundation Report. Available at Human Rights Campaign website Dec. 2021. https://www.hrc.org/press-releases/we-are-here-lgbtq-adult-population-in-united-states-reaches-at-least-20-million-according-to-human-rights-campaign-foundation-report.

2. Anderson L. File T. Marshall J. McElrath K. Scherer Z. New Household Pulse Survey Data Reveals Differences between LGBT and Non-LGBT Respondents During COVID-19 Pandemic. Nov. 2021. Available at U.S. Census Bureau website https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html?utm_campaign=20220601&utm_medium=toolkit&utm_source=shorthand.

3. Ross MH. Hammond J. Bezner J. Brown D. Wright A. Chipchase L. et. al An Exploration of the Experiences of Physical Therapists Who Identify as LGBTQIA+: Navigating Sexual Orientation and Gender Identity in Clinical, Academic, and Professional Roles. PTJ: *Phys. Ther. & Rehab. J.* 2022 Mar 1;102(3):pzab280. doi: 10.1093/ptj/pzab280.

4. The 2019 National School Climate Survey: Executive Summary: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools. https://www.glsen.org/sites/default/files/2020-10/NSCS-2019-Executive-Summary-English_1.pdf.

5. APTA Code of Ethics available at APTA website https://www.apta.org/siteassets/pdfs/policies/codeofethicshods06-20-28-25.pdf

6. Standards of Ethical Conduct for the Physical Therapist Assistant. Available at APTA website https://www.apta.org/siteassets/pdfs/policies/standardsofethicalconductptahods06-20-31-26-.pdf.