Lane Equity Coalition – Equity, Sex, and Healthcare by Rituparna Roy, January 2019

I was once asked to define wellness in 5 words, my response was "community healing by eradicating barriers" which to me is how social justice and healthcare intersect. This will be the essence of my talk today in response to the theme of equity, sex, and healthcare. I will be making pointed remarks to those of us who are health service providers with the recognition that ALL of us are consumers of healthcare. That our roles as consumers and service providers is to actively work towards reducing these barriers if we want access to good quality services. Thus, I will be sharing how I try to do this by operating from my core ethical values which are rooted in trauma informed and anti-oppressive praxis.

Which starts by respecting the land and its history where we are gathered upon today. We are all, firstly, guests of the Kalapuya people; who are local to what is now considered Oregon and the Willamette Valley - which is from the Kalapuya word "willamut". Our shared moment descends from not only a history of violence and resistance, but also the histories of people, which include their stories of empowerment, resilience, and reclamation.

Similarly, it's important to recognize, that when we are seeing our clients who are coming to us because somehow they have been broken due to a form of trauma - physical or emotional - we, as providers, need to see our roles not as fixing or saving them, but in empowering them to reclaim their health and supporting their resilience through their healing processes. This is the crux of trauma informed care – a holistic, strengths-based, person-centered response focused on improving an individuals' all around wellness rather than simply treating symptoms of illness.

So in using this framework, we not only must adapt our services to understand how trauma affects the neurobiopsychological processes and societal experiences of an individual, but also to recognize how our current healthcare systems can re-traumatize individuals. A part of creating safer environments for our clients also includes imparting this level of intention towards us – the providers - and work towards decreasing our vicarious trauma & burn out.

Why should we care about trauma for our personal selves beyond our professional roles? Because trauma and its impacts have always existed but we now have better understanding around why it is so prevalent in our human experience. In the mid-90s, the foundational CDC & Kaiser Permanente's Adverse Childhood Experiences (ACE) study assessed associations between childhood trauma/stress/maltreatment to well-being later in life. Almost two-thirds of participants regardless of gender reported at least one adverse childhood experience and more than one of five reported three or more such experiences. ACE scores have been incredibly accurate in predicting serious negative mental, physical & societal outcomes as well as increased likelihood to disease, disability, & early death. When we look beyond our childhood experiences to incorporate experiences of trauma that occur in adulthood, this prevalence of trauma in all our lives feels inescapable. This is not a reason to trivialize trauma, but to normalize it as a human experience that so strongly shapes all our lives.

When I think of trauma, I am thinking of how trauma impacts both the person and how navigating our society can be traumatic due to other forms of violence including oppression. We can understand that violence done to our physical selves as trauma. I also want us to recognize that violence done to our communities is a macro/societal form trauma. All of us being in the USA, means that we inherently carry with us the historical implications of indigenous genocide and slavery. Us in our individual identities have different relationships to this violent racist, colonial history and are thus impacted by it differently.

This especially because there has been a lot of recent research, such as Youssef et als 2018 study found that trauma changes our DNA which is then passed along into the next generations. This biologically inherited generational trauma has been studied to have sustained discriminatory impact across race, gender, poverty & violent incidents such as war.

Jude M. Hines states that Anti-Oppressive Practice "considers how personal, institutional, cultural, & economic issues influence individuals' behaviors and their opportunities to grow into their full potential as persons living

within these oppressive contexts." This is important to note because oppression is trauma and trauma hinders us from developing into our full potential both as individuals, as an identity based group, and thus as a society because we have not addressed the root trauma piece of oppression.

Unsurprisingly when we analyze gender based oppression, women were significantly more likely than men to report more traumatic experiences in childhood per the ACES study. There was no collected data on people that didn't identify as man or woman (gender binary). Listen, trans, nonbinary and gender diverse people definitely existed in the 90s and long before that, they were just erased out of the data. This is disappointing because the 2015 US Trans Survey shows that our transgender siblings are at the highest risks of abuse, harassment, violence & early death with the least access to options that can provide them accurate treatments & resources - that's me synthesizing 300 pages for you.

I bring this up because so much of the research that we consider as gold standard, replicate, and base most of our work on is still often only collecting information on the majority experience. Not asking questions that allow us to assess the experiences of the most marginalized communities is in itself a form of oppression. This also means that most of our best practices are only meant for the majority, which is reflected in how minoritized individuals report lowest satisfaction and poorest health outcomes when we finally do decide to study them – grants-willing.

In addition to inheriting oppression based trauma physically, trauma is also passed on based off of what community members' collectively poor experiences are. Going back the US Trans Survey, almost a quarter (23%) of respondents reported that they did not seek healthcare due to fear of being mistreated as a transgender person. A rightful fear, because one-third (33%) of those who saw a provider had at least one negative experience related to being transgender. Negative experiences ranged from verbal harassment to refusal of treatment.

Which is why I insist that anti-oppressive practices need to also be sex-positive. There isn't really a standardized definition to sex-positivity, so let me tell you what it means to me. Philosophically, sex positivity pushes us to think beyond our restrictive notions about sex, gender, sexual orientation to also be more inclusive of size, ability, & desire as a whole. Every being is desirable especially when certain bodies are told by the media and society that they are not enough or ugly and therefore not deserving of love or basic respect.

So, to me a sex positive approach, would not be assuming – rather accepting – of bodies, sexualities and relationship types. Which inherently address trauma because it cultivates attitudes that are free of the shame and stigma of natural biological and intimate desires. We create positive environments where a person or a community of people feel confident and knowledgeable to make decisions and partake in systems that affirm and celebrate their identities and bodies. Instead it focuses on making all relationships healthy, consensual, and respectful. This means everyone deserves love based on how they want to receive that love – whether it's not being sexual, being monogamous, having multiple partners – whatever the fuck you want as long as noone ever feels pressured into, but feels safe to engage & say no.

In fact, healthy and consensual communication is key to all relationship dynamics. SO. This one time I went to the gynecologist, the nurse kept pressuring me about getting back on birth control and asking circuitous questions till I finally had to say that "my partner is a cis-woman and I'm not currently sexually active." Her response was, "oh I'm so sorry, I didn't realize!" Firstly the assumption of heterosexuality put me in an uncomfortable position where I felt forced to share more personal information than I needed to - so not consensual. Her response made it clear that I was right in not being forthcoming in the first place. I'm still very privileged in that it was solely a microaggression where she was apologizing to me because of my sexuality because she could not tell by looking at me.

If she had asked instead, "are you thinking about going back on birth control? Why or why not?" I could have answered "no, I don't need it right now, I was on it for my specific medical diagnosis and not based on having sex.

Actually, are there alternative cheaper options?" End scene. The risk of outing myself is removed, but I would have been able to have a clearer and quite frankly, more useful dialogue about my health.

A sex positive environment emphasizes that our connection to each other - intimate, sexual, platonic – is of the utmost importance, moreso than bodily characteristics and sexual behaviour. In a healthcare setting, that is not assuming an individual is heterosexual or cisgender, it is not assuming that because of a client's weight or disability or age that they are not sexually active which leads to not providing comprehensive medical information and increases their shame. It is not increasing shame for folks that have multiple partners or having queer sex since that is immediately labeled as "risky behaviour." Also all of these assumptions are based off of medically inaccurate and outdated beliefs.

Providers, be explicit about what you're asking and please don't use sentences that include "are you at risk of?" E.gs: "I just want to make sure you have access to all the information and are making an educated decision. Is it alright if I ask a few more probing questions to help with that?" Or "I have to ask certain questions for your medical history/insurance. Please let me know if this question is applicable to you or not. I apologize if any question makes you feel uncomfortable. *insert joke about how shitty your job is*." Ask more expansive questions like, "are you sexually active and what does being sexually active mean to you? Do your sexual partners have penises, vaginas or both? Do you currently have one sexual partner or multiple?" After which a great response could be, "based on your answers, I recommend we have you take an STI and/or HIV test just to cover all the bases, do you have any questions or concerns about that?"

The beauty of these questions is that it makes it feel safer to be truthful about oneself, because they are purely clinical in the reason for asking and doesn't have value judgements tied to them. They are respectful but also direct, and still allow for people with different life experiences to answer them honestly. Also, they highlight a simple way in which you can bring empowerment and consent into communicating with clients. We all deserve to be treated with the same practice of respect without service providers modulating behaviour based around what they think a person is – because as we just heard, you can't "just tell."

It might feel awkward at first and it'll take time to change your thinking and work out of a trauma informed, sex positive anti-oppressive modality. That's okay, anything worth learning has growing pains. The cost of discomfort for the product of a less oppressive environment is a great deal! If you feel resistant to this opportunity to grow - get over it! Discomfort < trauma. This should be basic bedside manners. In 2011, Lown, Rosen & Martila found that only half of the patients said they experienced compassion when getting healthcare. HALF! As clients we DON'T deserve this!

Sometimes the answers we have for our clients are not optimistic, in my job – that's often the reality - sometimes we have nothing to say. The least providers can do is treat clients how they want to be treated, to just listen, remind them that they are not alone, allow them to be angry at us, to let them cry on us – because they might not have any other outlets. If our clients do not trust us enough to open up, we will have incomplete knowledge of their medical histories, which is dangerous and can lead to costly and unnecessary procedures & diagnoses. We must "be" with our clients and genuinely ask the "why" behind the statistics, symptoms, and 'risk factors'. Liz Bondi & Judith Fewell, advocate for the inclusion of embodied knowledge within research which often can often be so depersonalized. They say, "Feminist critiques of science occupy a central place within our stories….we understand the personal in research as inevitable, contextually located and deeply relational." Or put another way, "knowledge is knowing that tomato is a fruit, wisdom is knowing not to put tomatoes in a fruit salad." I read that in an Instagram post once, proof memes are just as insightful as ivory tower theory. Bringing it back, cultivating wisdom occurs from listening to the personal narratives of your clients thereby providing good quality health services. Which is why I'm really glad that we have panelists willing to be vulnerable with you and share today after I'm done gabbing. Liz Bondi elsewhere has stated "that experience must be given its due, acknowledged as valid,

because without an acknowledgement of personal experience, it is hard to know how to judge the inequities and oppression that exist in the world."

Oppressed people are already constantly being pushed to the margins which further continues to disempower and harm us - mostly by people in power and the systems that keep them in power. For e.g Native and Indigenous women are 2.5 times more likely than other women in USA to experience sexual violence - often by white men who cannot be prosecuted by tribal court. On the flipside, we see media portrayals where Black and Latino men are seen as aggressive and violent - which is directly correlated with our treatment of them which further perpetuates violence against them instead. I bring up these examples because the way we talk and think about people is often rooted in stereotypes and becomes the way we and any of the systems we work in treat those people.

Remember, service providers always have more power than those seeking healthcare due to being seen as experts which inherently puts clients in a position of less power. We need to bring in unconditional empathy into our work, especially since people who are hurting are coming to us for healing. For us as practitioners to be able to serve our clients well, means we also have to understand where we are situated at the personal and socioeconomic level. We have to talk about our power and privilege. I'm someone that can check literally every minority box in the US but I still occupy a lot of privilege and have the ability to act oppressive when I'm in positions of power. How have our identities and lived experiences impacted us as individuals but also as what we represent in society, and consequently what are the ramifications of that when we are operating in our professional roles?

This is my question to you. It's an ask, because whether we recognize it or not we are the sum of our experiences and many of us have had experiences of trauma that inform how we act, think, and react to others – including our ability to be empathetic, listen, and grow. **Experiences of trauma - lead to feeling powerless, I believe the way to reconcile with having power and feeling powerless based on our personhood is to elevate trauma informed care to center healing for all of us.** Part of gaining that power back should be on us having to do this personal work for ourselves as they will impact how we show up professionally. Even in my oppression, I constantly am recognizing how I have had the opportunity to work on or transcend some of my trauma. I consider it part of my job to constantly be critical of my actions & thoughts as well as to figure out where they are stemming from. If this is too much to ask, it might be time to ask yourself why you decided to enter this sector first and whether you can reconnect with that part of you.

My intention today was to hopefully make you think and reevaluate how you approach your job as well as provide you with some frameworks that help me to do so. Beyond just the professional, at the core, I believe we have to do a lot of personal work to be better professionals and vice versa. So, my hope is that you can take all this fancy theory and integrate them into your life philosophy in a way that makes meaning for you. It might not feel easy at all, but it takes intention and prioritizing what matters in providing good quality services. If it were easy to be inclusive, we wouldn't be having events like these. For you to show up is the first step, now I also need you to go further and do something about it. True, sustained, change cannot happen without making the effort to address inequities in all aspects of your life, or else it's just superficial band aid solution without addressing the root problems which cause oppression and injustice. Just like a flimsy band aid cannot fix a deep wound, a sign saying that "we love people of *insert a marginalized identity" - may be a nice visual depiction of trying to help, but not very effective.

So let's commit to going beyond that. Please continue to learn and grow by building empathy, to understand the community you're in – especially those who are different from you and whom you do not relate to. Providers, it doesn't matter what your personal opinion is, we all have codes of ethics that teach us to do no harm and treat each client with respect and dignity regardless of whether we like them personally or not**. If we are to talk about healthcare, let's focus on the C.A.R.E.**

In fact, you can start practicing your listening skills and empathy building right now, by turning your attention over to the panel which is up next!