



02/21/2025

The past several years have seen unprecedented efforts to erase the rights of LGBTQ+ individuals. In particular, a record-breaking number of bills attacking the rights of trans and gender non-conforming people have been proposed; in 2024 alone, over 600 anti-trans bills were considered nationwide (<https://www.them.us/story/anti-trans-legislation-record-breaking-year-2024>; <https://translegislation.com>). **Given these disturbing trends and recent anti-Queer executive orders, this statement seeks to clarify the Queer Neuropsychological Society's (QNS) views on recent anti-Queer efforts and threats to privacy while reaffirming its mission to be a source of support and advocacy for Queer individuals.**

Since taking office, the current Trump administration has signed multiple executive orders targeting individuals in all marginalized groups, including transgender and gender non-conforming individuals. At the time of writing, these executive orders include (but are not limited to):

- Outlawing gender-affirming healthcare for children and adolescents at hospitals and medical schools that receive federal funding/grants, and for children who use TRICARE or federal employee health insurance (EO signed on 01/28/25)
- Banning DEIA-related activity/training in all federal institutions (including VA hospitals). Implementation of this policy has included: the removal of all DEIA staff positions, banning the display/wearing of Pride and Black Lives Matter flags and lanyards by staff, banning the use of pronouns in staff email signatures, and banning the use of pronouns other than she/her/he/him in clinical reports
- Revoking the ability for transgender and gender-nonconforming individuals to openly serve in the military
- Banning the use of the word “gender” or “gender identity” on all federal documents/forms, including in the medical chart/psychological reports in VA hospitals
- Requiring that government-issued identification documents, including passports, can only reflect one's sex assigned at birth; transgender individuals are now having their passports suspended without steps for resolution
- Ensuring any practices that are interpreted to target Christians are ended, which includes specific reference to sexual orientation and gender identity

Simply put, these executive orders are harmful to the freedoms of health, safety, and right to self-determination of transgender and gender-diverse individuals that have been previously



acknowledged and protected at the federal level (e.g., the 14th Amendment to the U.S. Constitution; *Bostock v. Clayton County* 2020; Barbee, Deal, & Gonzales, 2023). **Further, these executive orders infringe on the ability of psychologists to carry out ethical and evidence-based clinical care, training, and research.** As such, the QNS stands resolutely in opposition to these orders. Rather, QNS celebrates an extensive body of rigorous, peer-reviewed, and multidisciplinary research that overwhelmingly supports that: **(1) Biological sex is not a binary (Morrison, Dinno, & Salmon, 2021); (2) gender diversity is a normal and healthy part of human psychology; and (3) access to gender-affirming care for children and adolescents is a fundamental human right that has saved countless lives (Coleman et al., 2022).** Moreover, QNS will continue to acknowledge and advocate for the existence of gender terms beyond the narrow binary proposed by the White House. In the words of poet and nonbinary activist Alok Vaid-Menon, “This is not about erasing men and women but rather acknowledging that man and woman are two of many—stars in a constellation that do not compete but amplify one another’s shine.”

These executive orders have disproportionately impacted Veterans Affairs (VA), the largest provider of psychology and neuropsychology training in the United States. **Although Individual and Cultural Diversity is one of the core competencies for APA accreditation, VA Training Directors and supervisors have been directed to eliminate all diversity-related training from their programs.** The ability of VA to meet accreditation and licensure standards is critical for our field’s existence. As such, the mandate to eliminate all diversity-related training will devastate our field. Additionally, Federal workers have been instructed to report their colleagues who appear to be in violation of these directives or face adverse consequences. These mandates not only hurt trainees by limiting their ability to treat patients competently, but also negatively impact marginalized Veterans by destroying their trust in a system that should make them feel safe.

In addition to these harmful executive orders, we are alarmed by recent reports of healthcare entities that have unethically and inappropriately shared the medical records of transgender and gender non-conforming individuals (Senate Finance Committee, 2024). As neuropsychologists, postdoctoral residents, interns, and trainees, it is our duty to maintain and advocate for the privacy and confidentiality of *all* our patients, especially for our more vulnerable and marginalized Queer population. Not only is privacy and confidentiality a pillar of our Ethics Code, it is also our obligation to adhere to privacy laws such as HIPAA. QNS opposes the inappropriate release of medical records by any healthcare entity. We will continue to maintain our commitment to privacy, protection, and advocacy for our Queer community.

In the words of the fierce and beloved transgender advocate Marsha P Johnson, “History isn’t something you look back at and say it was inevitable, it happens because people make decisions that are sometimes very impulsive and of the moment, but those moments are cumulative



realities.” We must not sit idly by while our rights are being abolished. Because the existence of our community has been politicized against our will, we must take a firm stance against any attempts to harm and discriminate against our community. We are therefore calling for the following:

For everyone: Email APA board members requesting that they take action against legislation that is harmful to psychologists and to protect psychologists who stand against these policies: <https://www.apa.org/about/governance/board>.

Additionally, your VA colleagues need your support and advocacy more than ever. Many of them may now be working in an environment they experience to be hostile or in direct conflict with their personal and professional values.

If you practice in an organization that is not currently subject to federal directives but nevertheless is considering making changes in line with such directives (e.g., dismantling efforts to increase diversity, equity, inclusion, and accessibility; restricting gender affirming practices), we are gathering a list of resources and papers in support of diversity and inclusion efforts that you may share with your organization’s decision makers, if you so choose. These will be available on our website.

Clinicians, we must be aware that even if our own institutions are not adopting anti-trans policies, our gender diverse patients may be facing increasing threats to safety and mental health in multiple aspects of their lives. We encourage you to investigate the ways in which recent political action is potentially impacting your own patients. We invite you to familiarize yourself with local health care and legal resources available in your community.

If there are ever questions about medical records requests, it is prudent to consult with professional organizations and legal resources where available.

To the leaders in our field at INS, AACN, SCN, and NAN: We urge you to come together to issue a statement of noncompliance, affirm the necessity of diversity, equity, and inclusion efforts, and detail a plan to protect neuropsychologists, patients, and trainees who are, or may soon be in, hostile institutions.

For department heads/training directors: There is power in numbers. Thus, we urge you to work together with your staff to clearly outline the impact of recent directives on your programs. If your training site is no longer safe for LGBTQ+ trainees, we ask you to make this known to all potential applicants for internship and postdoctoral fellowships.

Trainees: Reach out to your training directors and supervisors. If you feel safe to do so, hold them accountable for providing training in compliance with current standards for clinical competence where possible. Consider removing hostile institutions from your match rankings, especially if you are trans or gender nonconforming. The government receives funding for each



student that matches in these programs. It is unclear whether trainees would have insurance coverage for gender-affirming care through these institutions.

To APA and State Psychology Organizations: Vocalize how you will protect clinicians who continue to follow our code of ethics. We also ask you to temporarily allow access to your legal consultation services for all clinicians, regardless of membership status.

Accrediting bodies: We ask you to uphold the importance of DEIA-related accreditation standards and to alert those in power to the potential implications of losing accreditation, including losses of funding, ability to recruit employees from training programs, etc.

To allies of LGBTQ+ rights: You have unique power! We plead with you to use it on behalf of your Queer colleagues and trainees. As Martha P Johnson said, “You never completely have your rights, one person, until you all have your rights.” Now is your chance to prove – both to history and to yourself – that your allyship is not just performative.

If you are a Queer individual in a hostile institution: Reach out to us at QNS and let us know how we can help you. If you are an ally in a hostile institution, please continue to share any policy updates from your institution with the broader community. We cannot work to stop what we don’t know is happening.

Resources:

GLAD Law Know Your Rights: <https://www.glad.org/know-your-rights/>

Human Rights Campaign Healthcare Bill of Rights:

<https://healthcarebillofrights.org/Assets/Documents/Partners/BOR/hrc.pdf>

The Trevor Project: <https://www.thetrevorproject.org> (Phone: 212-695-8650)

National Suicide Prevention Lifeline: <https://988lifeline.org> (Phone: 988)

SAGE LGBT Elder Hotline: <https://www.sageusa.org> (Phone: 1-877-360-LGBT [5428])

Trans Lifeline: <https://translifeline.org/> (Phone: 1-877-565-8860)

LGBT National Youth Talkline: <https://lgbthotline.org> (Phone: 800-246-7743)

Everywhere is Queer: <https://www.everywhereisqueer.com/>

APA Link to Provide Examples of Policy Change Impact:

<https://www.votervoice.net/APAAAdvocacy/Surveys/12210/Respond#/?page=respond>

Link to APA Response Letter and Ways to Take Action: <https://updates.apaservices.org/letter-to-psychologists-2-7-25>

In solidarity,

The QNS Executive Committee, QNS Advocacy Committee, and QNS Communications Committee



Barbee, H, Deal, C., & Gonzales, G. (2022). Anti-trans legislation – A public health concern for transgender youth. *JAMA Pediatrics*, 176(2), 125-126. doi: [10.1001/jamapediatrics.2021.4483](https://doi.org/10.1001/jamapediatrics.2021.4483)

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(sup1), S1–S259.
<https://doi.org/10.1080/26895269.2022.2100644>

Morrison, T., Dinno, A., & Salmon, T. (2021). The erasure of intersex, transgender, nonbinary, and agender experiences through misuse of sex and gender in health research. *American Journal of Epidemiology*, 190(12), 2712-2717. Doi: <https://doi.org/10.1093/aje/kwab221>

