

# Continuing Conversations: Serving LGBTQ+ Veterans

**INTRO:** Welcome to the National Veterans' Training Institute Podcast Series, where we discuss pressing issues affecting today's veterans.

**Host:** Welcome, my name is Hannah Toney, and I will be the host of today's podcast. We have a fantastic panel joining us for the podcast, Continuing Conversations: Serving LGBTQ+ Veterans. Will each of you take a moment to introduce yourself, tell us where you are from, tell us about your current role, your relationship to the military, are you a veteran, and how you started to work with LGBTQ+ veterans?

**Jody:** Hey, everyone; my name is Jody Davis, I am a nurse and a social worker. My pronouns are she/her/hers, and I am the LGBTQ Veteran Care Coordinator at the Columbus, Ohio VA. I am also a veteran of the Ohio Army National Guard, and I served for eight years right out of high school, and I came out as a transgender female years after my service. I've been in this role at the VA for over two years now, and I am happy to be here!

**Heather:** Thank you so much for inviting me to be a part of this conversation. I am Dr. Heather Sperry and my pronouns are she/her. I am a psychologist and serve as the LGBTQ+ Program Manager at the VA in Indianapolis which is called Veteran Health Indiana. I am not a veteran, although several family members are on active duty or have served, including my maternal grandfather, who served in the Pacific during World War II. I began working with LGBTQ+ veterans immediately upon entering VA, because I have always had a strong interest in and desire to serve this population.

**Sarah:** Hello, my name is Sarah Chung, and I am honored to be invited to this podcast as well. I am a Technical Assistance Coach for the National Veterans' Technical Assistance Center or as we call it NVTAC. I come from the direct service side of things and have worked with the LGBTQ+ population in a range of roles, such as working in as emergency shelter staff, as a street outreach worker, case manager. I have also been a victim's advocate for LGBTQ+ youth who were being exploited.

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**Host:** It is great to have you all here with us today; I am really happy you were able to join us. As we get started, it's going to be important that we discuss some ways service providers can help LGBTQ+ veterans feel safe and supported, particularly considering many have experienced discrimination or difficulties relating to their orientation or identities. Heather, would you get us started off here?

**Heather:** I'd be happy to, Hannah. Some of the ways we can create a welcoming environment for LGBTQ+ veterans is by introducing ourselves with our names and pronouns in all interactions and by considering the physical space that we work in. For example, are there images, signs, or symbols that show that LGBTQ+ veterans are welcome and inclusively served in that space? And even when we are meeting with LGBTQ+ veterans in virtual spaces, we can consider our backgrounds and find ways to utilize symbols of inclusion like LGBTQ+ flags or flyers.

**Sarah:** I totally agree with Heather. Service providers can do a number of things to help LGBTQ+ veterans feeling safe. One thing is to ensure that the veterans' voices are heard and allow space and platform for them to tell you what's working and what's not working within your service agencies. Utilizing those with lived experience helps to ensure that participants are being listened to and considered when programmatic decisions are made. And of course compensating them for their time and expertise is needed and appreciated. Normalizing LGBTQ+ services at mainstream service agencies is also really important. Making sure that programs and support groups are catered to LGBTQ+ people, even at mainstream agencies, is very crucial. And much like Heather said, having rainbow and trans flags up at sites and in virtual backgrounds is a great first step.

**Jody:** We do our best to follow our Directives related to this role in relation to making the VA a Safe Space for our LGBTQ+ veterans. Here in Columbus, at both of our main entrances, Safe Space placards are posted, as well as in the canteen area. Last year,

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2022, was our first year flying the Pride flag out at our south entrance for the month of June, which was just very exciting to do that, and we have periodic trainings for units here in the building.

**Host:** There are great and attainable strategies. We also have to acknowledge that in the past, LGBTQ+ veterans often felt they were not accepted in the veteran community, and a lot of this has to do with prior bans or regulations relating to LGBTQ+ people serving in the military. How have these prior bans or regulations continued to affect veterans today, and how has it affected the current services, or the perception of current services, available for veterans? Jody, would you mind starting us off here?

**Jody:** Yeah, you know I served under Don't Ask, Don't Tell, and I remember the fear associated with that and the stories I hear from fellow vets about the interrogations they went through and the humiliating discharges are the legacy left behind. We do our best to help all veterans know that we want them to Do Ask and Do Tell about their sexual orientations and gender identities. During our weekly support groups, veterans have found a safe space to be themselves.

**Heather:** Those safe spaces are so so important. We know that policies such as Don't Ask, Don't Tell, and transgender military bans influence the way that veterans perceive the VA, even though they were not VA policies. Research shows that many LGBTQ+ veterans expect to be discriminated against at VA and, therefore, they might delay or avoid engaging in care at VA altogether. They might also be unaware that the VA offers LGBTQ+-specific services. What I hear most often from my LGBTQ+ veterans I serve is, "Oh, I didn't know the VA offered services for LGBTQ+ Veterans or veterans like me."

**Host:** Thank you for sharing. It's really important to know how history is still impacting how veterans seek out services today. It's also important to recognize that everyone has biases, and I am going to say it again, that everyone has biases. How can veteran service providers work to recognize their own potential biases and thoughts so that they can better serve LGBTQ+ veterans?

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**Heather:** You are so right, Hannah. When we know better, we can do better. The National LGBTQ+ Health Program Office within the VA offers numerous free trainings on different facets of LGBTQ+ care that staff and providers can complete. In completing trainings like these on a regular basis can help us identify knowledge gaps to ensure we are providing competent, quality care. We must also keep in mind that the LGBTQ+ population is diverse, and so knowledge on LGBTQ+ identities alone is really insufficient. We can also increase our knowledge and competence in working with additional identity variables. This facilitates our ability to competently serve LGBTQ+ veterans who carry a myriad of intersecting identities. I think it is also important to be receptive to critical feedback. Biases are often insidious, lurking there without our knowledge, so if we receive feedback from someone that we have misstepped, such as stating inaccurate information, using outdated language, or that we did something that was offensive or harmful, we should receive that information, reflect on it, and seek out more information to inform the ways in which we work.

**Jody:** I agree 100 percent, Heather. All of us have our implicit biases that we typically don't even know about. As Heather mentioned, we must also keep in mind that the LGBTQ+ population is diverse, so knowledge about LGBTQ+ identities alone is not enough. We must increase our knowledge and competence in working with identity variables, such as race and ethnicity, ability status, and religious background.

**Host:** This is such critical information you both provided. I'll also share that NVTI offers a course, 9650: Unconscious Bias: Diversity, Equity, Inclusion, and Accessibility in Veteran Services, as well as a microlearning on the topic of Unconscious Bias. All of that is at [NVTI.org](https://nvti.org), and it is just so important that we all acknowledge our role in biases. Now as we continue to explore LGBTQ+ veterans' needs, what are the most frequent services or supports that you find these veterans require? And in your experience, are they typically received? Jody, what are your thoughts on this?

**Jody:** Oftentimes, veterans I talk to, whether I see them at the VA, or I see them out at a resource fair in the community, they're just surprised that the VA even has an

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LGBTQ+ program! And the looks on their faces, the smiles, and this kind of like sense of relief is just fun to see. And you know, once they find out we have a program, they are happy to see how many services available. Here in Columbus, we also have our Pride Clinic, especially focused on our transgender veterans, that provides affirmative care for all LGBTQ+ veterans.

**Heather:** In my experience, LGBTQ+ veterans are often looking for two things. One is access to affirming care; or healthcare that acknowledges and affirms who they are, which may be through primary care, mental health, specialty care, or other services. And second, many are looking for community. There is an important intersection of identities when you are both a veteran and an LGBTQ+ person. It is crucial to support LGBTQ+ veterans by connecting them to affirming healthcare providers with whom they can develop rapport and a strong relationship. It is also imperative we help connect them to one another, whether that is through community resources or services through the VA, like our LGBTQ+ support groups.

**Host:** Community and connections are so, so important! Now we have talked a lot about what LGBTQ+ veterans often need, but specifically, what are some of the resources and services the VA offers to LGBTQ+ veterans?

**Heather:** I am so glad you asked this question. Every VA provides an LGBTQ+ Veteran Care Coordinator, or VCC, whose contact information can be located on every VA's webpage, and the VCC can help connect veterans to affirming primary care, mental health, and specialty service providers, and they can connect our transgender and gender-diverse folks to gender-affirming care like hormone therapy, prosthetics, and speech therapy. Another rapidly growing resource for LGBTQ+ veterans is PRIDE In All Who Served, which is a 10-week health promotion group focused on topics like the coming out process, identity development, military culture, VA culture, sexual health, and LGBTQ+ families. Early veteran-reported outcome data suggest PRIDE In All Who Serve reduces suicidal ideation, decreases LGBTQ+ identity-related stress, and increases resilience. PRIDE In All Who Served has been implemented at over 50

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different VAs and served approximately 800 Veterans so far. The VCC can connect a veteran to the PRIDE In All Who Served group or any other service I have mentioned.

**Jody:** Well as mentioned, every VA provides an LGBTQ+ Veteran Care Coordinator, you can find the information quickly by searching the VA website. The Veteran Care Coordinator helps veterans with necessary services, such as general medical care, mental health, and specialty service providers. These providers can help transgender and gender-diverse people to access gender-affirming care.

**Host:** Great services, thank you! Now we have talked about the LGBTQ+-centered resources and services that the VA offers, but we also know that veterans are also often referred out for services. So what are some services for which the VA provides referrals?

**Jody:** Well that is a good question. Just like every veteran is different, the experience at one VA can be different from another VA. We work to help veterans get identity documents updated at the state and federal levels, and we also do our best to write World Professional Association for Transgender Health, or we just call them WPATH letters, for veterans seeking surgeries or needing additional services.

**Heather:** To build on what Jody has shared, LGBTQ+ VCCs and other VA staff can provide referrals to resources and agencies that assist with things like discharge upgrades when someone was discharged due to their sexual orientation, gender identity, or HIV status, and they can also refer to resources for legal name and gender marker changes, or other community resources relevant to whatever the veteran's needs.

**Host:** This is great information. Jody, I think you had some additional things to say about resources, services, and supports that are available that we haven't discussed. Would you mind jumping in here real quick?

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**Jody:** Sure! It's important to identify resources and connections outside of the VA in all of our communities. For me, connecting with student veterans whether at Ohio State, Columbus State or other local universities or really important. As well as our primary LGBTQ community center here in Columbus, known as Stonewall Columbus. We also connect churches and temples in the area that support their own LGBTQ attendees.

**Host:** Thank you! How can we help veteran service providers better understand how their own traumatic experiences as a member of the LGBTQ+ community or as a member of another marginalized community may be activated in their work with LGBTQ+ veterans? What supports are available for the veteran service providers? Heather, would you get us started on this?

**Heather:** Of course, Hannah, this is a really big and important question. People who are part of a historically disenfranchised population often experience what we call minority stress, which are the various ways that discrimination and stigma can impact a person's mental and physical well-being. This effect is cumulative, meaning that if you are part of more than one group, like an LGBTQ+ Person of Color, you are likely to face discrimination and stigma for each of those marginalized identities. Racial and queer battle fatigue are additional ways of describing the physical, emotional, and mental exhaustion of racism, homophobia, and transphobia. All of this is true for providers who hold these identities and/or live in the intersections of those identities. It is really imperative that providers engage in self-reflection, self-care, and boundary-setting. This could look like engaging in individual psychotherapy, engaging in a supportive community, or "unplugging," and is likely to look different for different people and at different times. The VA has an Employee Assistance Program that provides counseling and also has Special Emphasis Program Managers or SEPMs for multiple positions, such as an LGBTQ+ SEPM, Black and African American SEPM, and Women's SEPM, who focus on supporting employees. They are excellent resources for more information and for those seeking community in their workplace.

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**Jody:** That is just such great information, Heather! I also believe that it's really important to be present, to listen, and help our veterans connect to all the resources we have related to the trauma they have been through. Follow-up is really important.

**Host:** Thank you; this so important. We can't serve others if we're not taking care of ourselves. Really want to drive that home, that need for self-care. Now we know that organizations are doing better to provide services for LGBTQ+ veterans; however, would you explain why is it critical for organizations to include LGBTQ+ veterans in decision-making regarding the services and supports they offer? Sarah, I am going to ask you to begin here for us if you don't mind?

**Sarah:** Great, thank you. So those who are LGBTQ+ veterans know best about what services and supports they need. What works, doesn't work for them. Having people with lived experience, or lived expertise rather, tasked with providing expertise and making decisions that impact them, that needs to be normalized.

**Jody:** I agree, Sarah. A lot of veterans, especially if they served way back in the Vietnam era or even in Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF), feel like their service was criticized back at home or just misunderstood. It can be really hard to shift back into civilian life, and many grieve the loss of that mission and purpose in their lives. For LGBTQ+ veterans, this is even more of a challenge as some may not have felt they could have been involved with decision-making due to historical military policies. The VA is trying to give LGBTQ+ veterans a voice in their own healthcare so they can focus on their whole health and the health of their families.

**Heather:** As both my peers have shared, people who are part of a historically disenfranchised population, like LGBTQ+ veterans, often find that decisions are made about them and without their input. We talked earlier about the legacy of Don't Ask, Don't Tell and transgender military bans as it relates to perceptions of the VA. And even if we work for an organization that did not enact these policies, it is still the responsibility



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of all of us to ensure LGBTQ+ veterans are included in all spaces where decisions are made.

**Host:** Oh wow, I am going to say that again, even if we work for an organization that did not enact these policies, it is still the responsibility of all of us to ensure LGBTQ+ veterans are included in all spaces where decisions are made; that was such a powerful statement, Heather, thank you. Now we know it is important to involve LGBTQ+ veterans in discussions related to their care and organizational decision-making, but how can service providers compensate people with lived experiences when they provide expertise to make programmatic decisions?

**Jody:** Well, you know at the Columbus VA, I am always surprised with how many different kinds of professions we have here, but we have over 100 social workers, and all kinds of programs. And one of the programs that social work has started a few years ago is an art project where we have veterans come in, and create art, and we set up a space for them with canvases and all of the tools you might need. They put together these amazing murals and we put them up in our hallways. And that might not be “compensation,” but it does help the veterans feel recognized and that this is their VA.

**Sarah:** Providers can convene veteran centered lived experience task forces and counsels that are created by and for the veterans specifically. Veterans can be compensated as consultants with either gift cards or provided other incentives. It is a national best practice to pay people with lived experience at least minimum wage, as we would pay anyone of course, to perform a task or provide expertise at our agencies.

**Host:** You have all shared so many great services, supports, and resources that exist; however, we know there are still some needs. What are some gaps that you still see in the services, supports, and resources that exist for LGBTQ+ veterans?

**Sarah:** I see that there is a lack of LGBTQ+ housing opportunities, which is super important because LGBTQ+-specific housing keeps people safe. There are gaps

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between mainstream agencies and shelters not upholding their anti-discrimination policies, which, again, definitely impacts safety.

**Jody:** Well as others mentioned, the lack of safe housing for LGBTQ+ people is always an issue. Trans veterans struggle with gender dysphoria, and many would LOVE it, love it, if the VA covered facial hair removal. And they are hopeful that the VA can trans-affirming surgeries someday!

**Host:** Great input and advise, thank you. Now often, when a service providers is new, they might be unsure of how to best serve an LGBTQ+ veteran. If you were to give guidance to a brand new provider who may have never worked with an LGBTQ+ veteran before, what would your number one piece of advice be?

**Sarah:** I would say definitely each out to other providers who serve the LGBTQ+ people, maybe even specifically veterans, and become partners and friends with them. You can do such things as setting up an information booth at the agency and vice versa, asking them if they would give your staff training, can be very helpful when building that rapport with other agencies. Also, consider hiring people who are LGBTQ+ who can relate, of course, to LGBTQ+ veterans that you serve.

**Jody:** Hmm, I would say listen, listen, listen. Take the time, really get to understand the veterans you work with. Leave your assumptions about sexual orientation and identity at the door. Express empathy, with the lives that veterans, the stories, the struggles, the combat they have been through. Relate as well as you can. Be the sister or brother or sibling that they need right now.

**Heather:** I am going to cheat here, because my advice is two-fold. So first, do not make assumptions, and second, engage in learning about LGBTQ+ veterans outside of your clinical encounters with them. Ask veterans about their identities and what their identity means to them, certainly, but walk a careful line on asking LGBTQ+ veterans to

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educate you – it is not their responsibility. It is our responsibility to identify where we need to grow and seek out information, education, and resources.

**Host:** Great advice again, thank you so much! As we wrap up this amazing podcast today, what are your final thoughts? What would you like to leave our audience with today?

**Jody:** I really appreciate the opportunity, these kind of trainings are so important. The trans community in this country is on “red alert” right now. So much legislation is out there against trans-affirming care through bathroom bills, women’s sports bans, potential bans on adolescent trans care. Our society, and sometimes even our families, are so polarized. We, as a community, are afraid.

**Heather:** Like Jody, I just really appreciate the opportunity to be here today as I could talk about this forever. I hope that conversations like this one help people to think a bit more about the diversity within the LGBTQ+ community and the veteran community collectively. LGBTQ+ folks have served in the armed forces forever, and their needs should be highlighted and their service celebrated.

**Sarah:** Just like Heather and Jody, I am quite honored to be here as well today. I would say that if a social service agency wants to make progress towards providing more LGBTQ+ inclusivity, it’s really important that you look at the staff and the leadership at your agencies and identify where areas are that need additional representation so that you can become more inclusive. The people who you serve need to reflect the staff who provide the services, and that is all the way up through management to the board of directors. The clients need to see themselves represented in the staff that are serving them.

**Host-** This has been such an important conversation today and like you, I could talk all day! Thank you, Jody, Heather, and Sarah, for joining us for the podcast and providing all of this valuable information to help veteran service providers better support LGBTQ+ veterans. To our listeners, if you would like more information about serving LGBTQ+

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veterans, please visit [NVTI.org](http://NVTI.org) to access resources such as this podcast. We are constantly adding new material, so check back often. We also, of course, invite you to continue the conversation at the Making Careers Happen for Veterans: Community of Practice. Thank you so much.

**Outro:** This podcast is brought to you by the National Veterans' Training Institute, whose mission is to further develop and enhance the professional skills of veterans, employment, and training service providers throughout the United States. This program is funded by the U.S. Department of Labor, Veterans Employment & Training Service and administered by Management Concepts. For more episodes, visit the NVTI website at [www.nvti.org](http://www.nvti.org).