

**PROVISION OF HEALTH CARE FOR VETERANS WHO IDENTIFY AS LESBIAN,  
GAY, BISEXUAL AND QUEER**

**1. SUMMARY OF MAJOR CHANGES:**

a. Includes updates in language to be more inclusive, such as the addition of queer and other identities reflected by “Q+”. **NOTE:** *The ‘+’ symbol captures identities beyond LGBQ, including pansexual and asexual and those who are questioning their sexual orientation identity. The ‘+’ symbol is used throughout the directive but is not in the directive title due to assistive technology accessibility needs. See paragraph 5 for additional information regarding terminology.*

b. Paragraph 2.e.: Specifies a minimum number of working hours for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Veterans Integrated Services Network (VISN) Leads based on current VISN Lead activities.

c. Paragraph 2.f.(1): Increases the recommended minimum number of hours for Department of Veterans Affairs (VA) medical facility LGBTQ+ Veteran Care Coordinators (VCCs) and clarifies current duties, which have expanded since the inception of the program.

d. Paragraphs 2.f.(5) and 2.g.(2): Strengthens the recommendation to collect Veteran sexual orientation and gender identity information during clinical encounters to improve individual Veteran care and aid analyses of LGBTQ+ Veteran population needs.

e. Paragraph 6: Adds definitions for sexual health and reproductive health.

f. Appendix A: Adds qualifications for LGBTQ+ VISN Leads and VA medical facility VCCs.

**2. RELATED ISSUES:** Veterans Health Administration (VHA) Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.

**3. POLICY OWNER:** The Office of Patient Care Services (12) is responsible for the contents of this directive. Questions related to Veteran care may be referred to the LGBTQ+ Health Program (12POP3) at [VHALGBTQ+Health@va.gov](mailto:VHALGBTQ+Health@va.gov).

**4. RESCISSIONS:** VHA Directive 1340(2), Provision of Health Care for Veterans Who Identify as Gay, Lesbian or Bisexual, dated July 6, 2017, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of September 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo  
DNS, ARPN-BC, FAANP  
Acting Assistant Under Secretary for Health  
for Patient Care Services/CNO

**NOTE:** *All references herein to the VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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## PROVISION OF HEALTH CARE FOR VETERANS WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL AND QUEER

### 1. POLICY

It is Veterans Health Administration (VHA) policy that all Veterans Affairs (VA) staff provide clinically appropriate, comprehensive, Veteran-centric care with respect and dignity to lesbian, gay, bisexual and queer (LGBQ+) Veterans within an affirming environment. Additionally, it is VHA policy that any attempts (formal or informal) by VA staff to convert or change a Veteran's sexual orientation are prohibited. LGBQ+ Veterans and other eligible beneficiaries must receive health care from VA in a manner consistent with this policy. **NOTE:** *The health needs of transgender and gender diverse Veterans differ from Veterans with LGBQ+ identities, and these needs are addressed separately in VHA Directive 1341(2) Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018. See paragraph 5 for additional information regarding terminology.* **AUTHORITY:** 38 U.S.C. § 7301(b); 38 C.F.R. § 17.38.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Service/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting the LGBTQ+ Health Program with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, LGBTQ+ Health Program.** The Executive Director, LGBTQ+ Health Program, is responsible for:

(1) Providing oversight for VISN and VA medical facility compliance with this directive by communicating with LGBTQ+ VISN Leads about continuous quality improvement activities, reviewing VA medical facility reports and surveys regarding LGBTQ+ populations, raising awareness about complaints or problems from VISNs and VA medical facilities and ensuring corrective action is taken when non-compliance is

identified, including sharing challenges and needs with Clinical Informatics, Office of Information and Technology, and other offices as appropriate.

(2) Disseminating this directive to VISNs and VA medical facilities and responding to staff questions, concerns and educational needs regarding its implementation.

(3) Facilitating connections between VA medical facility and VISN stakeholders as needed.

(4) Conducting national LGBQ+-specific monitoring and reporting on prevalence of LGBQ+ Veterans, health services utilization and health care needs.

(5) Communicating with the LGBTQ+ VISN Leads, on a minimum quarterly basis.

d. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring clinically appropriate, comprehensive, Veteran-centered care is provided with respect and dignity to all Veterans in an affirming environment, regardless of their sexual orientation, identity or sexual behavior, at all VA medical facilities in the VISN.

(3) Appointing a LGBTQ+ VISN Lead, ensuring sufficient allocated time to meet their responsibilities, meeting at least quarterly, and supporting the LGBTQ+ VISN Lead in their work with the VA medical facility LGBTQ+ Veteran Care Coordinators (VCCs) in their region.

(4) Ensuring a minimum of quarterly attendance by the LGBTQ+ VISN Lead at VISN staff meetings.

(5) Monitoring vacancies in the VA medical facility LGBTQ+ VCC role and facilitating an appointment if the position is vacant for more than 2 months. **NOTE:** *Vacancies for more than 2 months are considered deficiencies.*

(6) Communicating with the LGBTQ+ VISN Lead on a minimum quarterly basis about the LGBTQ+ activities at the VA medical facilities.

e. **LGBTQ+ Veterans Integrated Services Network Lead.** **NOTE:** *The LGBTQ+ VISN Lead is appointed by and reports to the VISN Director. The role of the LGBTQ+ VISN Lead requires a minimum of 8-12 hours per week. The number of hours allocated for the LGBTQ+ VISN Lead will vary by number of VA medical facilities in the VISN, size of VA medical facilities, number of VA medical facility LGBTQ+ VCCs in the VISN and support needs of the VA medical facility LGBTQ+ VCCs. This can be a collateral position. VISN Directors may determine that the LGBTQ+ VISN Lead work be assigned*

as part of regular duties (i.e., full or part time). The LGBTQ+ VISN Lead is responsible for:

(1) Assisting VA medical facility Directors in their VISN with identifying and appointing VA medical facility LGBTQ+ VCCs and allocating sufficient time for their responsibilities, as well as working collaboratively on any remediation needed with VA medical facility LGBTQ+ VCC performance or time allocation.

(2) Serving as a reliable source of information regarding the appropriate amount of time a VA medical facility LGBTQ+ VCC may need to perform their duties above the suggested minimum, as well as the need for local resources to support their work.

(3) Supporting the LGBTQ+ Health VCC program by orienting newly appointed VA medical facility LGBTQ+ VCCs to their roles and responsibilities.

(4) Attending the VISN staff meetings at least quarterly.

(5) Assisting VA medical facility LGBTQ+ VCCs across the VISN with development and coordination of strategic plans and program activities, local problem solving and engagement of VA medical facility leadership when necessary.

(6) Communicating with the Executive Director, LGBTQ+ Health Program, on a minimum quarterly basis, about activities in their VISN to ensure ongoing quality improvement with measurable gains and to monitor compliance with this directive.

(7) Communicating with the VISN Director on a minimum quarterly basis about the LGBTQ+ VISN Lead's activities and activities at the VA medical facilities, including sharing results of VA medical facility LGBTQ+ VCC activities (e.g., training and education initiatives, outreach efforts, LGBTQ+ awareness campaigns, Pride events).

(8) Communicating on a minimum of monthly basis with VA medical facility LGBTQ+ VCCs in the VISN to ensure quality improvement within VA medical facilities, including but not limited to conducting an annual survey of VA medical facility LGBTQ+ VCCs to gather information about VA medical facility initiatives.

(9) Conducting an annual meeting with each VA medical facility Director and VA medical facility LGBTQ+ VCCs to review the strategic plan progress, as well as review VA medical facility data collection progress for Veteran's sexual orientation identity in the electronic health record (EHR).

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Appointing at least one designated VA medical facility LGBTQ+ VCC who dedicates non-clinical time (that is, dedicated administrative time and labor mapped appropriately) to fulfill the responsibilities of the role. **NOTE:** *The VA medical facility LGBTQ+ VCC reports to the VA medical facility Director.*

(a) VA medical facility LGBTQ+ VCC positions can be ancillary duty assignments, but increasingly are full-time positions in combination with delivery of LGBTQ+ Veteran direct care or serving as a LGBTQ+ Special Emphasis Program Manager for Equal Employment Opportunity. (See Distinctions Between the Roles and Responsibilities of the VA medical facility LGBTQ+ Veteran Care Coordinators and LGBTQ+ Special Emphasis Program Managers in VA Handbook 5975.5, Special Emphasis Program Management, dated December 28, 2017.) LGBTQ+ Veteran needs may vary across settings for multiple reasons. Based on data from currently serving VA medical facility LGBTQ+ VCCs, it is recommended to allocate the following minimum number of hours for the LGBTQ+ VCC role relative to VA medical facility complexity and enrollment:

1. For VA medical facilities with less than 25,000 Veterans enrolled, a minimum of 12 hours per week (or.30 full-time employee equivalent (FTEE)).

2. For VA medical facilities with 25,000 to 75,000 Veterans enrolled, a minimum of 16 hours per week (or.40 FTEE).

3. For VA medical facilities with over 75,000 Veterans enrolled, a minimum of 20 hours per week (or.50 FTEE).

(b) Determining, based on VA medical facility needs, whether to assign more than one VA medical facility LGBTQ+ VCC or to increase the minimum number of hours necessary for this role at the VA medical facility. Need for more than one VA medical facility LGBTQ+ VCC or creation of a full-time LGBTQ+ VCC position may be due to:

1. The size of the VA medical facility.

2. A high number of community-based outpatient clinics (CBOCs) or multiple campuses.

3. A high number of anticipated LGBTQ+ Veterans receiving care in the health care system.

4. A great distance between sites.

5. Minimal existing services for LGBTQ+ Veterans.

(2) Meeting with the VA medical facility LGBTQ+ VCCs at least twice annually to ensure that responsibilities are being fulfilled, ensure sufficient time is allocated to meet their responsibilities, and develop improvement plans as needed.

(3) Overseeing the VA medical facility LGBTQ+ VCCs and supporting staff, education and training to promote an affirming clinical environment.

(4) Maintaining an environment free from harassment of any kind. **NOTE:** *The VA medical facility LGBTQ+ VCC and the national LGBTQ+ Health Program are resources for the VA medical facility Director in implementing corrective actions and training. For more information, see paragraph 3.*

(5) Meeting with the LGBTQ+ VISN Lead and VA medical facility LGBTQ+ VCC at least once a year to review the strategic plan progress, as well as reviewing VA medical facility data collection progress for Veteran's sexual orientation identity in the EHR.

(6) Ensuring the VA medical facility has the mechanisms available for staff and Veterans to bring concerns about interactions that are disrespectful, biased or discriminatory (e.g., Patient Advocate, staff member's supervisor, EEO Office, Disruptive Behavior Committee).

(7) Ensuring VA staff are aware that attempts (formal or informal) to convert or change a Veteran's sexual orientation (i.e., their physical, romantic or emotional attraction to others) are prohibited and will be addressed by corrective actions and training. **NOTE:** *When corrective actions or trainings are undertaken, the staff member's direct supervisor is informed. Repeated infractions of this directive by a staff member can result in disciplinary actions by the direct supervisor, the VA medical facility Chief of Staff (CoS) or the VA medical facility Director.*

**g. VA Medical Facility Chief of Staff or Associate Director for Patient Care Services.** The VA medical facility CoS or Associate Director for Patient Care Services (ADPCS) is responsible for:

(1) Ensuring clinically appropriate, comprehensive, Veteran-centered care is provided with respect and dignity to all Veterans in an affirming environment, regardless of their sexual orientation identity or sexual behavior.

(2) Monitoring completion rates of the sexual orientation and gender identity data fields in the EHR by staff and clinicians to ensure that this information is available on all Veterans. Data in the sexual orientation field can be updated at any time by a VA health care provider.

(3) Ensuring all staff members, including medical and administrative staff, treat as confidential any information about a Veteran's sexual orientation and sexual behavior.

(4) Ensuring VA health care providers assess sexual behavior as part of routine health care visits, document this information in the EHR and provide appropriate Veteran-centered follow up.

(5) Ensuring VA health care providers conduct an assessment of sexual orientation and assess sexual health for sexually active Veterans and update annually as needed, including discussions of Pre-Exposure Prophylaxis (PrEP) when relevant and family planning as part of routine health care visits.

(6) Ensuring VA health care providers ask Veterans about their sexual orientation, discuss with the Veteran how information about sexual orientation will be included in the Veteran's EHR and populate the sexual orientation identity field. **NOTE:** *VA will comply with the Veteran's decision not to be identified as "gay," "lesbian," "bisexual" or "queer" or another label as long as the omission of this information does not compromise medically necessary care.*



(7) Educating Veterans about the need for open communication with VA health care providers about sexual orientation and sexual behavior as part of routine care that is delivered with respect and without judgment or bias.

(8) Ensuring VA clinical staff are aware that attempts (formal or informal) to convert or change a Veteran's sexual orientation are prohibited and will be addressed by corrective actions and training. **NOTE:** *When corrective actions or trainings are undertaken, the staff member's direct supervisor is informed. Repeated infractions of this directive by a staff member can result in disciplinary actions by the direct supervisor, the VA medical facility CoS or the VA medical facility Director.*

**h.VA Medical Facility LGBTQ+ Veteran Care Coordinator.** **NOTE:** *The VA medical facility LGBTQ+ VCC coordinator is appointed by and reports to the VA medical facility Director and coordinates activities with the LGBTQ+ VISN Lead. The VA medical facility LGBTQ+ VCC plays a critical role in ensuring culturally competent, Veteran-centered and effective care for LGBTQ+ Veterans because LGBTQ+ Veterans are seen at every VA medical facility. See Appendix B for additional guidance for LGBTQ+ VCCs. The VA medical facility LGBTQ+ VCC is responsible for:*

(1) Supporting the implementation of national policies related to LGBTQ+ Veteran health at the VA medical facility to ensure consistent access to culturally competent care for LGBTQ+ Veterans.

(2) Investigating and recommending corrective action upon awareness of an issue and, as appropriate, offering recommendations to the VA medical facility Director for further action to assist the VA medical facility in educating staff and creating an affirming environment.

(3) Communicating with individual VA medical facility services (e.g., primary care, rehabilitation, mental health, homelessness) to provide tailored guidance and education as needed.

(4) Serving as a point-person, source of information, Veteran advocate and problem-solver for LGBTQ+ Veteran-related health care issues at the VA medical facility.

(5) Identifying the needs of LGBTQ+ Veterans within the VA medical facility (e.g., town hall meetings, needs assessment) and assisting the VA medical facility in developing needed care.

(6) Serving as a liaison with external LGBTQ+ community organizations.

(7) Developing relationships with internal VA medical facility stakeholders, such as primary care, mental health, women's health, police, eligibility and enrollment.

(8) Ensuring coverage of VA medical facility LGBTQ+ VCC duties during absences and coordinating with the VA medical facility Director to determine a backfill when needed.

(9) Communicating to the public via outreach measures, for example, sustainment of a dedicated website for the VA medical facility's LGBTQ+ Veteran care resources.

(10) Participating in community events such as Veteran outreach activities, Transgender Day of Remembrance and LGBTQ+ Pride events.

(11) Promoting an affirming environment for LGBTQ+ Veterans (e.g., VA medical facility LGBTQ+ resource webpage, advisory council, LGBTQ+ awareness posters, Pride events) that directly counteracts any potential expectations of discrimination. These activities occur in coordination with the VA medical facility's Public Affairs Office.

(12) Conducting LGBTQ+-specific monitoring and reporting in their VA medical facility and related CBOCs, including strategic planning.

(13) Serving as the primary designee of the VA medical facility Director for monitoring and reporting on LGBTQ+ Veterans in the catchment area.

(14) Participating in strategic planning processes and responding to the annual national survey of VA medical facility LGBTQ+ VCC activities.

(15) Ensuring LGBTQ+ VCC contact information on the VA medical facility LGBTQ+ website is accurate and current.

(16) Creating local educational materials (e.g., fliers and brochures) and confirming the accuracy of information on the national LGBTQ+ VCC directory.

(17) Meeting with the VA medical facility Director at least twice a year to ensure that responsibilities are being fulfilled and developing improvement plans as needed.

(18) Meeting with the LGBTQ+ VISN Lead and VA medical facility Director once a year to review the strategic plan progress, as well as review VA medical facility data collection progress for Veteran's sexual orientation identity in the EHR.

(19) Communicating at least once a month with the LGBTQ+ VISN Lead to ensure quality improvement within the VA medical facility through existing formal quality improvement projects or through informal changes in VA medical facility processes, including but not limited to the annual survey of LGBTQ+ VCCs.

(20) Communicating to the VA medical facility Director if insufficient time has been allocated to ensure the responsibilities of the VA medical facility LGBTQ+ VCC are fulfilled. **NOTE:** For more information on time allocation, see paragraph 2.f.(1)(a) and (b).

### 3. TRAINING

Recommended staff training on LGBQ+ health and other educational and clinical resources may be accessed through the LGBTQ+ Health Resources SharePoint <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>, which includes direct links to

the Talent Management System (TMS) trainings. **NOTE:** *This is an internal VA website that is not available to the public.* These trainings cover general information for non-clinical staff and brief, topic-focused modules for clinicians.

#### 4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

#### 5. BACKGROUND

a. In accordance with the medical benefits package provided by 38 C.F.R. § 17.38, VHA provides Veterans with care that is determined by appropriate health care professionals to be needed to promote, preserve, or restore the health of the individual and is in accord with generally accepted standards of medical practice.

b. In keeping with VA's mission to honor and serve America's Veterans, VA continuously strives to create and maintain a health care environment that provides high quality, equitable, Veteran-centered and compassionate care. The VA Core Values of Integrity, Commitment, Advocacy, Respect and Excellence - better known as "I CARE" (38 C.F.R. Part 0) - establish an expectation that VA will advocate for Veterans and provide the best possible service to them, their families and their caregivers, treating every Veteran with dignity and respect throughout all aspects of health care delivery.

c. The population of focus for this directive is Veterans with LGBQ+ identities, which refer to sexual orientation identities. **NOTE:** *Gender diverse identities are often represented by the term "transgender" denoted by a "T" in the longer acronym LGBTQ+. The health needs of transgender and gender-diverse Veterans differ from Veterans with LGBQ+ identities, and these needs are addressed separately in VHA Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018. The use of the acronym "LGBQ+" in this directive without the "T" is deliberate and refers to a specific subgroup of LGBTQ+ Veterans. This directive also refers to the LGBTQ+ Health Program, which has oversight of the VA medical facility LGBTQ+ VCCs who work to address the needs of LGBQ+ Veterans as well as gender-diverse Veterans.*

d. Throughout the health care sector, LGBQ+ individuals, including LGBQ+ Veterans, have been underserved and largely unrecognized due to stigma and discrimination. VA has never had a policy prohibiting care for LGBQ+ Veterans. However, the military's prior history of excluding LGBQ+ service personnel has contributed to an absence of focus on LGBQ+ Veterans in VA. These military policies came to a formal end with the repeal of the "Don't Ask, Don't Tell" policy in 2011. Despite the repeal, anti-LGBQ+ sentiment remains pervasive in society.

e. As part of its commitment to Veteran-centered care, VHA provides services that meet the specific care needs of LGBQ+ Veterans. Due to the legacy of exclusion, VHA

must be proactive to address expectations of discrimination with inclusive messaging and training for VHA staff. For LGBTQ+ Veterans, the stress of being a member of a marginalized group can have adverse effects on both mental and physical health. As a health care organization, VA can help reduce health burden by providing inclusive and affirming care.

f. Consistent with Federal law, VA policy and the accreditation standards of The Joint Commission, VA has established that Veterans, family members and caregivers will not be subject to discrimination for any reason, including age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

g. Additionally, VA considers a Veteran or community living center (CLC) resident's family to include anyone related to the Veteran or CLC resident in any way (e.g., biologically or legally) and anyone whom the Veteran or CLC resident considers to be family. LGBTQ+ families are included in this definition with VA recognizing family members that the Veteran identifies (e.g., partner; children), even without biologic or legal ties. VA has a broad definition of family for both inpatient and outpatient settings.

## 6. DEFINITIONS

a. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

b. **Sexual Behaviors.** Sexual behaviors are the activities that a person does that are of a sexual nature, either with a sexual partner or alone.

c. **Sexual Health.** Sexual health is the state of well-being regarding one's sexuality and not just the absence of disease or dysfunction. An assessment of sexual health gives VA health care providers important information about the overall health and well-being of the Veteran, including concerns and dysfunctions that may signal other health conditions.

d. **Sexual Orientation.** Sexual orientation is a person's physical, romantic or emotional attraction to others. Everyone has a sexual orientation, and how they label themselves may change over time. Sexual orientation encompasses sexual attraction, behavior and self-identity, though sexual behavior is not always consistent with identity. Ways that Veterans may identify their sexual orientation include but are not limited to gay/lesbian (or homosexual), straight (or heterosexual), bisexual and queer. Some may identify their orientation in other terms (e.g., pansexual, asexual) or choose not to label their orientation.

e. **Reproductive Health.** Reproductive health is the condition of reproductive systems during all stages of life. These systems include organs (e.g., uterus, penis) and hormone-producing glands (e.g., ovaries and testes).

## 7. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. 38 C.F.R. Part 0.
- c. 38 C.F.R. § 17.38.
- d. VA Handbook 5975.5, Special Emphasis Program Management, dated December 28, 2017.
- e. VHA Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.
- f. VA LGBTQ+ Resources, <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public.*
- g. VHA Health Equity Action Plan, [http://www.va.gov/HEALTHY/HEALTHY/docs/Health\\_Equity\\_Action\\_Plan\\_Final\\_Rev03042016.pdf](http://www.va.gov/HEALTHY/HEALTHY/docs/Health_Equity_Action_Plan_Final_Rev03042016.pdf).
- h. VHA LGBTQ+ Health Program, <http://www.patientcare.va.gov/LGBT>.
- i. American Psychological Association, APA PsycArticles, An Empirical Investigation of Challenges and Recommendations for Welcoming Sexual and Gender Minority Veterans in VA Care, <https://doi.apa.org/doiLanding?doi=10.1037%2Fa0034826>.
- j. Medical Care, Official Journal of the Medical Care Section, American Public Health Association, Veterans' Reported Comfort in Disclosing Sexual Orientation and Gender Identity, [https://journals.lww.com/lww-medicalcare/Abstract/2021/06000/Veterans\\_Reported\\_Comfort\\_in\\_Disclosing\\_Sexual.12.aspx](https://journals.lww.com/lww-medicalcare/Abstract/2021/06000/Veterans_Reported_Comfort_in_Disclosing_Sexual.12.aspx).
- k. Plos One, Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0107104>.

**FREQUENTLY ASKED QUESTIONS REGARDING THE PROVISION OF HEALTH CARE FOR VETERANS WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL OR QUEER****1. What do the terms lesbian, gay, bisexual, queer, “+” and heterosexual/straight mean?**

There are many terms associated with sexuality and these are just a few. Some people prefer not to name their sexuality. Because of social stigma, some may choose an identity that does not match their sexual attractions or behavior. Using the label that the Veteran prefers is respectful.

a. **Lesbian**. Lesbian is a sexual orientation that describes a woman who is emotionally, romantically and sexually attracted to other women.

b. **Gay**. Gay is most commonly used to describe the sexual orientation of a man who is emotionally, romantically and sexually attracted to other men. Gay may also be used to describe a woman who is emotionally, romantically and sexually attracted to other women, but a more common term is lesbian.

c. **Bisexual**. Bisexual is sexual orientation that describes an individual who is emotionally, romantically and sexually attracted to men and women.

d. **Queer**. Queer is an umbrella term often used to describe a sexual orientation outside of heterosexual/straight. This term has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive.

e. **“+”**. The ‘+’ sign is used to capture identities beyond lesbian, gay, bisexual and queer (LGBQ), including pansexual, asexual and additional identities.

f. **Heterosexual/Straight**. Heterosexual/straight is a sexual orientation that describes women who are emotionally, romantically and sexually attracted to men, and men who are emotionally, romantically and sexually attracted to women.

**NOTE:** *These terms are evolving and may be used differently in the future. See the glossary on the LGBTQ+ SharePoint for additional examples (<https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>). This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

**2. Is using the term homosexual problematic?**

This is an outdated term previously used as a clinical diagnosis. It may be stigmatizing and offensive to some Veterans who are aware of this history. Use the term the Veteran prefers in documentation and discussion.

**3. Do we need separate LGBQ+ and transgender policies? Aren't the issues the same?**

No, the issues are not the same. All people have both a gender identity and a sexual orientation (see the LGBTQ+ SharePoint for more information:

<https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public*). LGBTQ+ individuals often share common experiences of stigma and discrimination and share similar, but not the same, health concerns. Gender transition-related health issues experienced by transgender and gender diverse individuals are very different from sexuality and sexual health-related issues experienced by LGBTQ+ individuals. See Veterans Health Administration (VHA) Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018, for more information on transgender care in VHA, or SharePoint for resources: <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public*. Accordingly, transgender and gender diverse people may identify as straight, lesbian, gay, bisexual, queer or any of the other terms individuals use to describe their sexual orientation.

#### 4. What are some of the health inequities LGBTQ+ populations experience?

a. In brief, compared to heterosexual/straight women, lesbians and bisexual women are more likely to be victims of violence, including Military Sexual Trauma (MST) and Intimate Partner Violence (IPV), and they have higher rates of post-traumatic stress disorder (PTSD), smoking, alcohol abuse, obesity, heart disease, suicide and early death from cancer. Bisexual women are often at higher risk for health inequities compared to lesbian women. Lesbians and bisexual women are also less likely to get important preventive health screenings than straight/heterosexual women.

b. Compared to heterosexual/straight men, gay and bisexual men are more likely to be victims of violence (including MST and IPV), and they have higher rates of PTSD, depression, anxiety, smoking, alcohol use, hypertension, heart disease, suicide, sexually transmitted infections (especially HIV) and anal cancer. Also, bisexual men are often at higher risk for health disparities compared to gay men.

c. Every Veteran is unique; not all LGBTQ+ individuals experience these health concerns or conditions. The literature is quickly evolving, but for the most current information, see the LGBTQ+ SharePoint: <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public*. For more detailed information see the factsheets on LGBTQ+ health that can be downloaded from <http://www.patientcare.va.gov/LGBT>.

#### 5. Why do LGBTQ+ populations experience health inequities?

Many factors contribute to health inequities among LGBTQ+ populations. One common explanation is that LGBTQ+ people experience social stigma and discrimination that contribute to difficulty in accessing appropriate health care. Other factors may include unhealthy coping strategies, VA health care provider attitudes and lack of knowledge and a general reluctance by the individual to seek health care given these emotional and institutional barriers. This explanation for how social stigma, prejudice

and discrimination of minority groups, like LGBTQ+ people, can lead to health inequities is known as minority stress theory.

#### **6. Does VA support “conversion” or “reparative” interventions?**

No. These are discredited practices that are not in accordance with widely accepted medical practice. Conversion or reparative interventions are attempts to change someone’s sexual orientation. Such interventions are potentially harmful and are not offered by or through VA. Many major professional organizations, including the American Psychological Association, the American Psychiatric Association and the American Medical Association, have established that there is no clinical evidence to support these interventions and that the harms that they can produce are inconsistent with fundamental norms of clinical professionalism.

#### **7. As an employee, how should I respond if I hear a VA employee or contractor under the employment of VA say something negative about LGBTQ+ Veterans?**

Discrimination against Veterans and VA employees based on sexual orientation is a violation of VA policy. Furthermore, expressing negative personal beliefs about LGBTQ+ Veterans or employees is both inappropriate and disrespectful. If you witness such behavior, you may advise the employee to stop, report the behavior to your supervisor or report the behavior to the employee’s supervisor. It is also advised to seek support from the VA medical facility LGBTQ+ Veteran Care Coordinator (VCC).

#### **8. As an employee, how should I respond if a Veteran complains to me about their treatment by another VA employee or contractor under the employment of VA?**

a. Support the Veteran. There are several mechanisms for reporting poor treatment. Explore whether the Veteran would like to speak with the Patient Advocate or VA medical facility LGBTQ+ VCC; if so, help to facilitate the Veteran’s connection to these individuals. To find your VA medical facility LGBTQ+ VCC, go to <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public. For a list of known VA LGBTQ+ Health Program VA medical facility websites, see <http://www.patientcare.va.gov/LGBT/VAFacilities.asp>.*

b. For additional information about the Patient Advocate see <http://www.va.gov/health/patientadvocate/>.

#### **9. Why do I need to ask about sexual orientation if I ask about sexual behavior?**

Asking about sexual behavior and assessing sexual risk is part of a good assessment of sexual health. Sexual behavior does not always align with sexual attraction or sexual orientation identity. For example, some men engage in sexual behavior with other men, and some women engage in sexual behavior with other women, but may not identify as gay, lesbian, bisexual or queer. Knowing a Veteran’s sexual orientation does not tell you about their sexual practices and vice versa. Identity



and behavior influence many aspects of health. Assessing them is an important part of planning and delivering good person-centered care.

### **10. Is it important to know a Veteran's sexuality for every encounter?**

Information about sexuality is one of many variables that contribute to successful care planning. It is not necessary to ask about sexuality at every clinical encounter. However, knowledge of a Veteran's sexual orientation, relationships and support resources can shape the questions you ask and how you ask them and better engage the Veteran. In the case of a broken leg, for example, you will need to know about the Veteran's living situation and support system so you might ask the Veteran: Who do you live with? Who can help you? What is your relationship with this person? How involved is this person in your health care? Acknowledging the Veteran's relationships communicates that you care about the Veteran's well-being and that the Veteran is in a welcoming clinical environment where information can be discussed without judgment. Conversely, not asking specifically about personal relationships and support in meeting a Veteran's health care needs at home may communicate a lack of concern or false assumptions.

### **11. I treat all Veterans the same, so why do I need to ask about sexual orientation?**

Everyone has a sexual orientation and unique treatment needs. Treating everyone the same is not good care. It also may lead to an assumption that everyone is straight/heterosexual. Equality of care assures that everyone receives the same care, but equity of care assures that everyone receives the care they need. Discussing a Veteran's age, family history or sexual orientation, for example, provides information that will inform subsequent clinical screenings and development of an individualized treatment plan.

### **12. Sexual orientation is personal. Won't Veterans be offended if I ask about their sexual orientation or sexual behavior?**

Some Veterans may not want to discuss their sexual orientation or behavior because they don't understand the relevance to health. Health care professionals routinely ask very personal questions of Veteran's because those questions are relevant to the Veteran's health care. When VA health care providers are comfortable asking these questions, Veterans are more comfortable, too. It is important to let all Veterans know that you are asking questions about sexual orientation, sexual health and sexual behavior because the information affects their health. Asking about sexual orientation communicates to the Veteran that they are free to raise any health concerns related to sexuality or sexual health during a clinic visit. Studies show that the vast majority of people, including Veterans, will answer these questions. See [https://journals.lww.com/lww-medicalcare/Abstract/2021/06000/Veterans\\_Reported\\_Comfort\\_in\\_Disclosing\\_Sexual.12.aspx](https://journals.lww.com/lww-medicalcare/Abstract/2021/06000/Veterans_Reported_Comfort_in_Disclosing_Sexual.12.aspx) for additional information.

**13. My Veterans have never mentioned their sexual orientation. Why should I bring it up if they don't think it's important enough to raise themselves?**

Just because a Veteran doesn't mention sexual orientation or sexual behavior doesn't mean they think that it's not important. Some Veterans won't raise the issue even if it is important to them because they worry about being judged or discriminated against based on their responses. This is especially true for former Service members who served under "Don't Ask, Don't Tell" or similar policies. Although the topic can be uncomfortable and embarrassing for some Veterans and VA health care providers, it is the VA health care provider's responsibility to ask about this important health-related issue. Research shows that most people expect and want their health care providers to ask about sexuality and sexual health. Asking these questions gets easier with practice and contributes to shared decision-making. See <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0107104> for additional information.

**14. How do I become more comfortable talking to Veterans about sexual orientation and sexual behavior? Where can I go to find more information?**

a. It takes education and practice. Over time, asking sensitive questions becomes easier. Information about how to ask these questions can be found on the LGBTQ+ SharePoint site: <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public. Webinars on LGBTQ+ Veterans and Assessing Sexual Health as well as a glossary can be found on the SharePoint site.*

b. Your VA medical facility LGBTQ+ VCC can assist with finding additional resources and education products. The LGBTQ+ VCCs can also assist with questions that may arise in clinical care. Find your LGBTQ+ VCC's contact information here: <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public.*

**15. Who typically serves as LGBTQ+ VISN Leads and Veteran Care Coordinators?**

a. VA employees who serve in LGBTQ+ VISN Lead positions are familiar with LGBTQ+ Veteran health issues, best clinical practices, VA medical facility clinical operations and VHA policies and are motivated to improve care for LGBTQ+ Veterans in the VISN. LGBTQ+ VISN Leads are most effective when they meet regularly with VISN Leadership and VA medical facility LGBTQ+ VCCs as detailed in this directive. A clinical background can be an advantage to advise VA medical facility LGBTQ+ VCCs and resolve issues involving gaps or conflicts in clinical processes.

b. VA employees who serve as VA medical facility LGBTQ+ VCCs are knowledgeable about LGBTQ+ Veteran health issues, best clinical practices and their VA medical facility and local community's service availability. Typically, VA medical facility LGBTQ+ VCCs benefit from a clinical background and are familiar with VA medical facility clinical services, processes and leaders. Effective VA medical facility

LGBTQ+ VCCs are excellent advocates for Veterans and teachers who are able to tailor educational or training content for different clinical and non-clinical learners.

**16. How have VA medical facilities staffed LGBTQ+ VCC positions to provide appropriate coverage?**

This directive offers guidance for the minimum allocated time for VA medical facility LGBTQ+ VCCs based on the size of the VA medical facility. Other factors, such as the number of campuses, community-based outpatient clinics (CBOCs) and size of the LGBTQ+ Veteran population also influence the amount of time provided for this role. See paragraphs 2.f.(1)(a) and (b) in the body of the directive. Many VA medical facilities have provided larger amounts of allocated time to their LGBTQ+ VCC. Some VA medical facilities have established a full-time LGBTQ+ VCC position or multiple part-time LGBTQ+ VCCs. Having more than one LGBTQ+ VCC and having VCCs located in CBOCs may be especially advantageous for coverage of very large VA medical facilities or VA medical facilities with multiple campuses. Multiple VCCs can be helpful for engaging CBOCs, as well as providing coverage during leave.

**ADDITIONAL GUIDANCE FOR LGBTQ+ VETERAN CARE COORDINATORS**

1. The Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Veteran Care Coordinator (VCC) program was established in 2016 to ensure that culturally competent LGBTQ+ clinical services are provided at Department of Veterans Affairs (VA) medical facilities consistent with Veterans Health Administration (VHA) policies and priorities. Research shows that LGBTQ+ Veterans expect to experience discrimination in VA medical facilities which may impair their engagement in care. Research also shows that LGBTQ+ Veterans as a group experience higher rates of several health conditions compared to non-LGBTQ+ Veterans including suicidal ideation and attempts. The elevated risk for health inequities is attributed to the psychosocial stressors inherent in belonging to a minority group. Therefore, additional efforts to reduce minority stress and engage this vulnerable population are necessary to provide equitable health care for LGBTQ+ Veterans. See <https://doi.apa.org/doiLanding?doi=10.1037%2Fa0034826> for additional information.

2. The LGBTQ+ Health Program in collaboration with LGBTQ+ Veterans Integrated Service Network (VISN) Leads, VA medical facility LGBTQ+ VCCs and VISN leadership strongly recommend that VA medical facility LGBTQ+ VCCs follow guidance under four priority areas listed below. VA medical facility LGBTQ+ VCCs are encouraged to complete at least the activities listed for each priority area. Furthermore, VA medical facility LGBTQ+ VCCs are encouraged to participate in additional activities specific to the needs of the VA medical facility.

**a. Create a Safe and Affirming Environment Throughout the VA Medical Facility.**

(1) Place LGBTQ+ VCC program materials throughout the VA medical facility (e.g., LGBTQ+ posters, handouts, fact sheets), including main campuses and community clinics.

(2) Make outreach information available at VA medical facilities to inform LGBTQ+ Veterans of LGBTQ+ specific services, role and contact information of the LGBTQ+ VCC.

(3) Display or distribute LGBTQ+ safety signals (e.g., pins, lanyards) to raise awareness and denote spaces where staff are trained in affirming practices. Decisions to display safety signals, and which signals, are made by VA medical facility leadership.

(4) Connect Veterans to LGBTQ+-focused programming.

(5) Collaborate with the Patient Experience Officer, Patient Advocate, Equal Employment Opportunity office (including Inclusion, Diversity, Equity and Access (I-DEA) initiatives) and VA medical facility leadership in responding to compliments, complaints, inquiries and recommendations from various stakeholders, including staff,

patients, caregivers, congressional inquiries, White House Hotline and others about LGBTQ+ care at the VA medical facility.

(6) Promote collection of preferred name, pronouns, sexual orientation and gender identity patient data in the electronic health record (EHR).

(7) Support the VA medical facility's completion of the Healthcare Equality Index survey.

**b. Build a Network of Stakeholders, Including Building Allies and Partners Within the VA Medical Facility, the Community and the Veterans Integrated Services Network.**

(1) Maintain current contact information for VA medical facility LGBTQ+ VCCs on the VA medical facility website and LGBTQ+ Resource SharePoint, <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) During the VA medical facility LGBTQ+ VCC's regular tour of duty, hold at least one joint event annually (e.g., training, outreach events, town halls) with the Equal Employment Office or other VHA programs (e.g., Mental Health, Women Veterans Health, Suicide Prevention, Intimate Partner Violence Assistance Program, Healthcare for Homeless Veterans, M2VA Post 9/11 Military to VA Care Management).

(3) During the VA medical facility LGBTQ+ VCC's regular tour of duty, attend at least one external LGBTQ+ community event annually to foster collaborative relationships.

(4) Meet at least twice annually with VA medical facility leadership to review the VA medical facility's LGBTQ+ VCC Program strategic plan and facilitate communication about achievements and ongoing needs for LGBTQ+ Veterans at the VA medical facility.

(5) Participate in national LGBTQ+ Health Program and LGBTQ+ VISN calls to maintain awareness of program updates and resources.

**c. Knowledge of LGBTQ+ Services and Identification of VA Medical Facility Gaps in Care.**

(1) Know what LGBTQ+ Veteran services are provided by VHA and what services are available at the VA medical facility. VA medical facility LGBTQ+ VCCs will participate in orientation to develop this foundational knowledge.

(2) Identify gaps in local services and take steps to resolve as appropriate with VA medical facility leadership and relevant stakeholders.

(3) Establish a process to address LGBTQ+ Veteran concerns about services, VHA policies and processes.

**d. Educate and Train Staff to Reduce Barriers to LGBTQ+ Veteran Care to Improve Access to and Quality of Care at the VA Medical Facility.**

(1) Provide LGBTQ+ trainings to staff and VA health care providers at least annually. Develop a plan with VA medical facility leadership regarding when and where trainings are needed (e.g., new employee orientation, clinic meetings, in response to complaints). Examples of training content include the need for and how to collect preferred name, pronouns, sexual orientation and gender identity data in the EHR and ways to provide affirming health care and service to LGBTQ+ Veterans. Trainings can be accessed through the LGBTQ+ Health Resource Sharepoint at <https://dvagov.sharepoint.com/sites/vhava-lgbt-resources>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Disseminate information (e.g., emails, VA medical facility newsletters, posters, brochures, announcements in meetings) to staff and VA health care providers about LGBTQ+ Veteran health trainings, resources, services and events.