

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

**1. REASON FOR ISSUE:**

This Veterans Health Administration (VHA) directive establishes VHA policy for the equitable, respectful, and affirming delivery of clinically appropriate health care to lesbian, gay and bisexual (LGB) Veterans.

**2. SUMMARY OF CONTENT:**

a. Amendment dated, June 26, 2020 incorporates Appendix B which includes additional guidance for LGBT Veteran Care Coordinators (VCCs).

b. Amendment dated May 17, 2019:

(1) Incorporates 10N memo titled, Information Bulletin: National Program for Points of Contact for Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans, dated March 31, 2016.

(2) Changes to this directive address LGB issues and delineate responsibilities for the following:

(a) Director, National LGBT Health Program – new responsibility listed paragraph 5.c;

(b) Director, Veterans Integrated Service Network (VISN), new responsibilities to paragraph 5.d.(2)-(4);

(c) Veterans Integrated Service Network (VISN) Lesbian, Gay, Bisexual, and Transgender (LGBT) Lead – new responsibility listed paragraph 5.e;

(d) VA Medical Facility Director, Chief of Staff, and Associate Director for Patient Care Services or Nurse Executive – new responsibilities throughout in paragraph 5.f, formerly paragraph 5.d.

(e) LGBT Veteran Care Coordinator – new responsibility listed paragraph 5.h; and

c. It is VHA policy that all staff provides clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to LGB Veterans. Clinically appropriate care includes assessment of sexual health as indicated with all patients, and attention to health disparities experienced by LGB people.

3. **RELATED ISSUES:** VHA Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.
4. **RESPONSIBLE OFFICE:** The Office of Patient Care Services (10P4) is responsible for the contents of this directive. Questions related to Veteran care may be referred to the LGBT Health Program (10P4Y) at [VALGBTPROGRAM@va.gov](mailto:VALGBTPROGRAM@va.gov).
5. **RESCISSIONS:** Deputy Under Secretary for Health for Operations and Management Memorandum, Information Bulletin: National Program for Points of Contact for Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans, dated March 31, 2016.
6. **RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Poonam Alaigh, M.D.  
Acting Under Secretary for Health  
for Policy and Services

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

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on July 10, 2017.

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

### 1. PURPOSE

This Veterans Health Administration (VHA) Directive establishes policy regarding the equitable, respectful and affirming delivery of clinically appropriate health care to lesbian, gay, and bisexual (LGB) Veterans. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b); Title 38 Code of Federal Regulations (CFR) Section 17.38.

### 2. BACKGROUND

a. In accordance with the medical benefits package provided by 38 CFR 17.38, VHA provides care and treatment to Veterans that is compatible with established standards of medical practice and determined by appropriate health care professionals to promote, preserve, or restore the health of the individual.

b. In keeping with the Department of Veterans Affairs (VA) 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 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 care delivery.

c. Throughout the health care sector, LGB individuals, including LGB Veterans, have been identified as an underserved and largely invisible population. VA has never had a policy prohibiting care for LGB Veterans. However, the military's prior history of excluding LGB service personnel has contributed to the invisibility of LGB Veterans in VA. These military policies came to a formal end with the repeal of "Don't Ask, Don't Tell" in 2011.

d. As part of its commitment to Veteran-centered care, VHA is a place where LGB Veterans are welcome and receive patient-centered care, including services that meet their specific care needs. For these Veterans, the stress of being a member of a minority group can have adverse effects on both mental and physical health.

e. Consistent with Federal law, VA policy, and 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."

### 3. DEFINITIONS

a. **Sexual behavior.** Sexual behavior is a term for the activities that a person does of a sexual nature, either with a sexual partner or alone.

b. **Sexual orientation.** Sexual orientation refers to a person's physical, romantic, and/or emotional attraction to others. Sexual orientation encompasses sexual attraction, behavior, and self-identity, though sexual behavior is not always consistent with identity. Three common ways that Veterans may identify their sexual orientation are gay/lesbian (or homosexual), straight (or heterosexual), and bisexual. Some may identify their orientation in other terms (e.g., queer, pansexual, etc.) or choose not to label their orientation.

#### 4. POLICY

It is VHA policy that all staff members provide clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to LGB Veterans. Clinically appropriate care includes assessment of sexual health as indicated with all patients, and attention to health disparities (see Appendix A) experienced by LGB people. It is VHA policy that any attempts (formal or informal) by VA staff to convert or change a Veteran's sexual orientation are prohibited.

#### 5. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all of the VHA medical facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Director, National LGBT Health Program.** The Director, National LGBT Health Program, is responsible for:

(1) Disseminating this policy to the field and as well as responding to staff questions, concerns, and educational needs regarding implementation of this policy.

(2) Responding to Veteran questions and concerns about this policy.

(3) Communicating with LGBT VISN Leads about activities in their region to ensure ongoing quality improvement with measurable gains and to monitor compliance in their region with this policy.

(4) Conducting national LGB-specific monitoring and reporting.

**NOTE:** *Transgender Veteran care is addressed in a separate directive, VHA Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018, also overseen by this office because there are unique health concerns for transgender Veterans. For additional information, please see: <http://go.va.gov/Transgender>. NOTE: This is an internal VA Web site that is not available to the public).*

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

(1) Clinically appropriate, comprehensive, Veteran-centered care is provided with respect and dignity to all Veterans, regardless of their sexual orientation identity, attractions, or sexual behavior, at all VA medical facilities in the VISN.

(2) Appointing a VISN-level LGBT Lead. Each VISN has a designated VISN-level LGBT Lead whose responsibilities are described in paragraph 5.e. This is a collateral position, but the LGBT VISN Lead receives adequate allocated administrative time to fulfill the responsibilities of the role.

(3) Supporting the LGBT VISN Lead in their work with the LGBT VCCs in their region.

(4) Ensuring that appropriate administrative support staff is designated and available to assist the LGBT VISN Lead with data and reporting requirements.

e. **LGBT VISN Lead.** Each LGBT VISN Lead is responsible for:

(1) Assisting facilities in their region with identifying and appointing LGBT Veteran Care Coordinators (VCCs), as well as working collaboratively on any remediation needed with LGBT VCC performance or time allocation. The LGBT VISN Lead will also serve as a reliable source of information regarding the appropriate amount of time a VCC may need to perform their duties above the suggested minimum, as well as the need for local resources to support their work.

(2) Assisting the LGBT VCCs with development and coordination of strategic plans and program activities across the VISN and local problem solving, and engagement of facility leadership when necessary.

(3) Communicating, on a minimum quarterly basis, about activities in their region with the national LGBT Health Program in order to ensure ongoing quality improvement with measurable gains.

(4) Conducting VISN-level LGBT-specific monitoring and reporting.

f. **VA Medical Facility Director, Chief of Staff, and Associate Director for Patient Care Services or Nurse Executive.** The VA medical facility Director, Chief of Staff, and Associate Director for Patient Care Services or Nurse Executive are responsible for ensuring that:

(1) Establish at least one designated LGBT VCC as a collateral position who dedicates adequate non-clinical time (that is, dedicated administrative time) to fulfill the responsibilities of the role. The LGBT VCC reports to the VA medical facility Director.

(2) Staff members offer LGB Veterans all clinically appropriate care included in VA's medical benefits package.

(3) LGB Veterans receive patient-centered care with respect and dignity in a welcoming environment.

(4) If a Veteran requests that sexual orientation information be modified in the record once it has been entered, VA staff must follow the procedures outlined in VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.

(5) All staff members, including medical and administrative staff, treat as confidential any information about a Veteran's sexual orientation, attractions, and sexual behavior.

(6) Maintaining an environment free from harassment of any kind. **NOTE:** *The LGBT Veteran Care Coordinator (VCC) is a resource for the medical facility Director in implementing corrective actions and training. For more information, see LGBT VCC section below.*

(7) The facility Patient Advocate and Ethics Consultation Service are available for staff and Veterans to bring concerns about interactions that are disrespectful, biased, or discriminatory.

(8) Any attempts (formal or informal) by VA staff to convert or change a Veteran's sexual orientation will be addressed by corrective actions and training.

(9) Ensuring the facility LGBT VCC has adequate allocated time to fulfill responsibilities (see LGBT VCC section below). It is suggested that the Medical Facility Director meet at least annually with the VCC to ensure that responsibilities are being fulfilled and to develop improvement plans as needed. LGBT Veteran needs may vary across settings for multiple reasons. Based on data from currently serving LGBT VCCs, it is recommended to allocate the following minimum number of hours for the LGBT VCC role relative to facility complexity and enrollment:

(a) For facilities with less than 25,000 Veterans enrolled, a minimum of 4 hours per week.

(b) For facilities with 25,000 to 75,000 Veterans enrolled, a minimum of 6 hours per week.

(c) For facilities with over 75,000 Veterans enrolled, a minimum of 8 hours per week.

(10) Determining, based on local needs, whether to assign more than one VCC or to increase the minimum number of hours necessary for this role at the facility. Need for more than one VCC and/or more than the minimum number of hours may be due to:

- (a) The size of the facility.
- (b) A high number of community-based outpatient clinics and/or multiple campuses.
- (c) A high number of anticipated LGBT Veterans.
- (d) A great distance between sites.
- (e) Minimal existing services for LGBT Veterans.

(11) Ensuring that appropriate administrative support staff is designated and available to assist the LGBT VISN Lead with data and reporting requirements.

g. **VA Medical Facility Clinical Staff**. The VA medical facility clinical staff is responsible for ensuring that:

(1) VHA providers ask Veterans about their sexual orientation as well as sexual behavior as part of routine health care and provide appropriate follow up.

(2) Providers discuss with the Veteran how information about sexual orientation will be included in the Veteran's health record. The Veteran has a right to not be identified as "gay" or "lesbian" or "bisexual" or any other label, unless omitting this information would compromise medically necessary care.

(3) Veterans are made aware that open communication with providers about sexual orientation, sexual attractions, and sexual behavior is a part of routine care that will be delivered with respect and without judgement or bias.

(4) Providers do not attempt to alter a Veteran's sexual orientation.

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

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

(2) Investigating and recommending corrective action upon awareness of an issue and, as appropriate, offering recommendations to facility leadership for further action to assist the facility in educating staff and creating a welcoming environment,

(3) Communicating with individual facility services to provide tailored guidance and education as needed.



(4) Serving as a point-person, source of information, Veteran advocate, and problem-solver for LGBT Veteran-related health care issues at the VA medical facility. The LGBT VCC thus identifies the needs of local LGBT Veterans, assists the facility in developing needed care, serves as liaison with external LGBT community organizations, and develops relationships with internal facility stakeholders.

(5) Communicating to the public via outreach measures, for example, sustainment of a dedicated Internet page for the facility's LGBT Veteran care resources and participation in community events, and promoting a welcoming environment for LGBT Veterans (e.g., Web site, advisory council, LGBT awareness posters, Pride events) that directly counteracts expectations of discrimination.

(6) Conducting LGBT-specific monitoring and reporting in their VAMC and related CBOCs. The LGBT VCC is the primary designee of the facility Director for monitoring and reporting on LGBT Veterans in the catchment area.

## 6. REFERENCES

- a. 38 U.S.C. 7301(b).
- b. 38 CFR 17.38(c).
- c. VA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.
- d. VHA Directive 1341(2) Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.
- e. Rights and Responsibilities of Family Members of VA Patients and Residents of Community Living Centers, <http://www.va.gov/health/rights/familyrights.asp>.
- f. VHA Health Equity Action Plan, [http://www.va.gov/HEALTH/EQUITY/docs/Health\\_Equity\\_Action\\_Plan\\_Final\\_Rev03042016.pdf](http://www.va.gov/HEALTH/EQUITY/docs/Health_Equity_Action_Plan_Final_Rev03042016.pdf).
- g. The Joint Commission. (2011). Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: A field guide. Oak Brook, IL.

APPENDIX A

**FREQUENTLY ASKED QUESTIONS (FAQs) REGARDING THE PROVISION OF HEALTH CARE FOR VETERANS WHO IDENTIFY AS LESBIAN, GAY OR BISEXUAL**

**1. What do the terms lesbian, gay, bisexual and heterosexual/straight mean?**

a. There are many terms associated with sexuality and these are just a few. It is up to the Veteran to decide upon the term that best suits them.

(1) **Lesbian**. A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

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

(3) **Bisexual**. A sexual orientation that describes an individual who is emotionally and sexually attracted to men and women.

(4) **Heterosexual/Straight**. A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

b. Some people prefer not to name their sexuality or use different labels (e.g., queer). 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 considered most respectful.

c. These terms are evolving and may be used differently in the future. For assistance with these terms, speak with your facility LGBT Veteran Care Coordinator.

**2. What about the term homosexual?**

This is a clinical term that may be stigmatizing to some Veterans; however, other Veterans may prefer this term to gay or lesbian. Using the label that the Veteran prefers is considered most respectful.

**3. Are there other sexual orientations?**

Yes. People identify many different ways. Refer to the glossary on the LGB SharePoint (<http://go.va.gov/LGB>). **NOTE:** *This is an internal VA Web site that is not available to the public.* Using the label that the Veteran prefers is considered most respectful.

#### 4. Do we need separate LGB and transgender policies? Aren't the issues the same?

No, the issues are not the same. LGBT people 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 men and women are very different from sexuality and sexual health-related issues experienced by LGB men and women. See VHA Directive 1341(2), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018, or subsequent policy document, for more information on transgender care in VHA, or SharePoint for resources on transgender health: <http://go.va.gov/Transgender>. **NOTE:** *This is an internal VA Web site that is not available to the public.* All people have a gender identity and a sexual orientation. Accordingly, transgender people may identify as lesbian, gay, bisexual, or any of the other terms people use to describe their sexual orientation.

#### 5. What health disparities do LGB populations experience?

a. In brief, compared to heterosexual women, lesbians and bisexual women are more likely to be victims of violence, and they have higher rates of smoking, alcohol abuse, obesity, heart disease, suicide, and early death from cancer. Bisexual women are often at higher risk for health disparities compared to lesbian women. Lesbians and bisexual women are also less likely to get important preventive health screenings than heterosexual women.

b. Compared to heterosexual men, gay and bisexual men are more likely to be victims of violence, and they have higher rates of 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 sexual minority people experience these health concerns or conditions. The literature is quickly evolving, but for the most current information, see the LGB SharePoint: <http://go.va.gov/LGB>. **NOTE:** *This is an internal VA Web site that is not available to the public.* For more detailed information see the factsheets on LGB health that can be downloaded from <http://www.patientcare.va.gov/LGBT>.

#### 6. What are “conversion” or “reparative” interventions?

“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 employ of VA say something negative about LGB Veterans?**

Discrimination against Veterans and VA employees based on sexual orientation is a violation of VA policy. Furthermore, expressing negative personal beliefs about LGB 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, and/or report the behavior to the employee's supervisor.

**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 employ of VA?**

a. Support the Veteran. Explore whether the Veteran would like to speak with the Patient Advocate or LGBT Veteran Care Coordinator; if so, help to facilitate the Veteran's connection to these individuals. To find your LGBT VCC, go to <http://go.va.gov/LGBTVCC>. **NOTE:** *This is an internal VA Web site that is not available to the public.* For a list of known VA LGBT Program facility webpages, see <http://www.patientcare.va.gov/LGBT/VAFacilities.asp>.

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

**9. Why do LGB populations experience health disparities?**

Many factors contribute to health disparities among LGB populations. One common explanation is that LGB people experience social stigma and discrimination that contribute to difficulty in accessing appropriate health care. Other factors may include unhealthy coping strategies, 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 LGB people, can lead to health disparities is known as minority stress theory.

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

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, or bisexual. 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 patient-centered care.

**11. Why is it important to know my patient's sexuality if I'm "fixing a broken leg"?**

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. Knowledge of your patient's sexual orientation, relationships, and support resources can

shape the questions you ask and how you ask them. 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 patient'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.

## **12. I treat all my patients 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 and not as individuals may lead to an assumption that everyone is heterosexual. Discussing a patient's age or family history, for example, provides information that will inform subsequent clinical screenings and treatment planning. Similarly, discussing a Veteran's sexual orientation and sexual behaviors is part of constructing an individualized treatment plan.

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

Some patients may indeed be upset. Health care professionals routinely ask very personal questions of patients because those questions are relevant to the patient's health care. When providers are comfortable asking these questions, patients are more comfortable, too. It is important to let all patients know that you are asking questions about sexual orientation, sexual health, sexual behavior, and the like because the information affects their care. 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.

## **14. My patients 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 patient doesn't mention sexual orientation or sexual behavior doesn't mean they think that it's unimportant. Some patients 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. Although the topic can be uncomfortable and embarrassing for some patients and providers, it is the provider's responsibility to ask about this important health-related issue. The literature shows that most patients expect and want their health care providers to ask about sexuality and sexual health. Asking these questions gets easier with practice.

## **15. How do I become more comfortable talking to patients 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 LGB

SharePoint site: <http://go.va.gov/LGB>. **NOTE:** *This is an internal VA Web site that is not available to the public.* Webinars on LGB Veterans and Assessing Sexual Health as well as a glossary can be found on the SharePoint.

*b.* Your local LGBT Veteran Care Coordinator can assist with finding additional resources and education products. The LGBT VCCs can also assist with questions that may arise in clinical care. Look up your LGBT VCC's contact information here: <http://go.va.gov/LGBTVCC>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

## APPENDIX B

**ADDITIONAL GUIDANCE FOR LGBT VETERAN CARE COORDINATORS**

1. The Lesbian, Gay, Bisexual, and Transgender (LGBT) Point of Contact program was established in 2016 to ensure that culturally competent LGBT clinical services are provided at local facilities consistent with Veterans Health Administration (VHA) policies and priorities. Research shows that LGBT Veterans expect to experience discrimination in VA medical facilities which may impair their engagement in care. Research also shows that LGBT Veterans as a group experience higher rates of several health conditions compared to non-LGBT Veterans including suicidal ideation and attempts. The elevated risk for health disparities 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 in order to provide equitable health care for LGBT Veterans.

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

a. **Create a safe and welcoming environment throughout the facility.**

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

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

(3) Display or distribute LGBT safety signals (e.g., pins, lanyards) to raise awareness.

(4) Connect Veterans to LGBT-focused programming.

(5) Collaborate with the Patient Advocate, Equal Employment Office 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 LGBT care at the VA medical facility.

b. **Build a network of stakeholders, including building allies and partners within the facility and the community.**

(1) Maintain current contact information for LGBT VCCs on the VA medical facility website.

(2) During the VCCs regular tour of duty, hold at least one joint event (e.g., training, outreach events, town halls) with Equal Employment Office or other VHA program groups, including Women Veteran Program Managers or Suicide Prevention Coordinators.

(3) During the VCCs regular tour of duty, attend at least one external LGBT community event to foster collaborative relationships.

(4) Meet at least annually with VA medical facility leadership to improve communication about achievements and ongoing needs for LGBT Veterans at the facility.

**c. Knowledge of local LGBT services and identification of gaps in care.**

(1) Know what LGBT Veteran services are provided by VHA and what services are available locally.

(2) Identify gaps in local services and take steps to resolve as appropriate.

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

**d. Educate and train staff to reduce barriers to LGBT Veteran care to improve access to and quality of care at the facility.**

(1) Provide optional LGBT trainings to staff and providers, at least annually.

(2) Disseminate information (e.g., email, screensavers, posters, announcements in meetings) to staff and providers about LGBT Veteran trainings, resources, services, and events.