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Abstract

This chapter explores the experiences and status of lesbian, gay, bisexual, and transgender (LGBT) older veterans and service members. Examined are the history and background of LGBT veterans, the efforts of the Department of Veterans Affairs to address the recognition and needs of these service members and veterans, and the creation of the VA *Office of Diversity and Inclusion* (US Department of Veterans Affairs, 2014 VA Diversity and Inclusion Strategic Plan for FY 2012–2016) and key policies and procedures that have addressed the discriminatory practices that have been a part of the military and post military experiences of LGBT individuals. A meta-analysis of elder LGBT veterans and military personnel is offered as are mental health and psychosocial adjustment issues for LGBT elder veterans. Discussed is the *Transitional Accommodation Syndrome* providing insight into understanding the process faced by LGBT veterans. Finally, clinical considerations with elderly LGBT veterans are offered as are a set of resources and references that may be beneficial for further inquiry into understanding of the issues faced by LGBT veterans across the life span.

Keywords

LGBT veterans • Military personnel • Equality • Public policy

Overview

This chapter explores the experiences and status of LGBT older veterans and service members. Examined are the history and background of lesbian, gay, bisexual, and transgender (LGBT) Veterans, the efforts of the Department of

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Veterans Affairs to address the recognition and needs of these service members and veterans, and the creation of the VA *Office of Diversity and Inclusion* (US Department of Veterans Affairs 2014) and key policies and procedures that have addressed the discriminatory practices that have been a part of the military and post military experiences of LGBT individuals. A meta-analysis of elder LGBT veterans and military personnel is offered as are mental health and psychosocial adjustment issues for LGBT elder veterans. Discussed is the *Transitional Accommodation Syndrome* providing insight into understanding the process faced by LGBT veterans. Finally, clinical considerations with elderly LGBT veterans are offered as are a set of resources and references that may be beneficial for further inquiry into understanding of the issues faced by LGBT veterans across the life span.

Learning Objectives

By the end of the chapter, the reader should be able to:

1. Identify the transitions faced by LGBT veterans across the life span
2. Explain the history and significance of military policies regarding
3. Discuss research findings addressed in the meta-analysis
4. Present insights into understanding the discrimination faced by LGBT veterans
5. List and discuss the stages of the “Trauma Accommodation Syndrome” for LGBT veterans

Introduction

It was President Abraham Lincoln whose sensitivity to human rights etched a promise for all veterans to expect “care for all who bore the

battle,” as well as for all of one’s family members by serving and honoring the men and women who are America’s veterans. This commitment must include LGBT veterans. As human beings and as veterans, we all have a sexual orientation and a gender identity, and this shared fact means that discrimination against members of the LGBT community, based on sexual orientation and/or gender identity, is an issue that transcends that community and affects all of us.

When we speak of sexual orientation, it must be realized that this concept covers one’s sexual desires, feelings, practices, and identification. Sexual orientation conceptually can be toward people of the same or different sexes. Gender identity refers to the complex relationship between sex and gender, referring to a person’s experience of self-expression in relation to social categories of masculinity or femininity (gender). A person’s subjectively felt gender identity may be at variance with his or her sex or physiological characteristics (Shipherd and Kauth 2014).

For many of today’s older veterans, their experiences in the military was not under the auspices of Public Law 103-160, commonly known as “Don’t Ask, Don’t Tell” (DADT). It is important to note that transgender persons (those who have undergone gender reassignment surgery) cannot openly serve in the military and thus were not included in the DADT Repeal Act. Older lesbian veterans served at a time when their sexuality was scrutinized if they did not conform to gender stereotypes. They may have experienced lesbian baiting, “the practice of pressuring women for sex and sexually harassing them by using the threat of calling them lesbians as a means of intimidation” (Legal Policy Department of the Campaign for Military Service 1993). Furthermore, older LGBT veterans face a host of service-connected physical and mental health issues, and their partners are denied many rights and benefits, which heterosexual partners and spouses enjoy, including health benefits and family supports (Service Women’s Action Network, n.d.). Similar to their nonmilitary counterparts, older transgender veterans are reluctant to seek health care and report negative experiences with healthcare institutions including the

VA, are refused medical treatment for being transgender, and postpone or neglect to seek medical care when they are sick for fear of discrimination or maltreatment (Grant et al. 2011).

As a population, older LGBT veterans and service members represent a unique population. Estimating the number of LGBT veterans and service members is difficult for various reasons ranging from many of them being “closeted” to the current Veterans Health Administration (VHA) demographic data-collection strategies not allowing for routine identification of LGBT veterans and service members within the system. This limitation makes a population-based understanding of the health needs of LGBT veterans receiving care in VHA difficult, yet because of its patient size, the VHA is likely the largest single provider of health care for LGBT persons in the USA (Mattocks et al. 2014).

US Department of Veterans Affairs’ (VA’s) Office of Diversity and Inclusion (ODI)

The US Department of Veterans Affairs’ (VA’s) Office of Diversity and Inclusion (ODI) mission statement draws on a set of traditional core values. The VHA defines a culture and dedication involving respect, integrity, commitment, integrity, and excellence toward all veterans in their care. **Respect** involves treating all those individuals in their care and whom they employ with dignity and respect. **Integrity** refers to adhering to the highest professional standards while

maintaining the trust and confidence of all with whom the Department of Veterans Affairs engage. There is also a **commitment** to serve all veterans and other beneficiaries by being “veteran-centric.” **Excellence** strives for the highest quality and continuous improvement through thoughtful and decisive leadership and accountability (Department of Veterans Affairs 2015).

ODI prepares program reviews and annual accomplishment reports for such programs as Federal Equal Opportunity and Recruitment, Disabled Veterans Affirmative Action, Affirmative Employment, and People with Disabilities. The organizational structure for this office is summarized in Fig. 11.1.

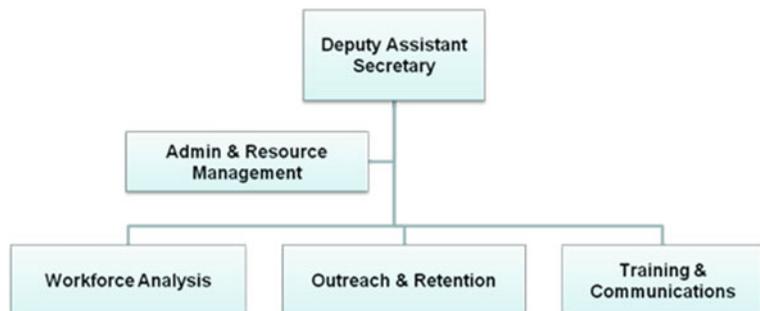
The identified mission of the ODI is to build a diverse workforce and to cultivate an inclusive workplace to deliver the best services to our nation’s veterans, their families, and beneficiaries.

Identified as its vision, it states that the VA is a leader in creating and sustaining a high-performing workforce by leveraging diversity and empowering employees to achieve superior results in service to our nation and its veterans (Department of Veterans Affairs 2015).

Focus on the LGBT Elder Veteran Community

It has been estimated that 9 million Americans identify as LGBT (Gates 2011). It has also been approximated that 1.5 million adults, aged 65 or

Fig. 11.1 Organizational structure



older, are LGB (no transgender estimate provided) (Movement Advancement Project (MAP), Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), the Center for American Progress (CAP), and *LGBT Older Adults: Facts At A Glance* (National Academy on an Aging Society (GSA) and SAGE (2011)). It should be noted, however, that estimates of the LGBT population may vary depending upon measurement methods and consideration of those who may not self-identify as LGBT due to societal stigma. Gates (2010) estimated in a report to the National Center for Transgender Equality that there are 70,871 LGBT individuals currently serving in the US military and over 1,000,000 veterans who are LGBT. Though the number of transgender service members and veterans is notoriously difficult to count, the *National Center for Transgender Equality* estimates that transgender individuals are twice as likely to join the US military compared to the general population.

The Department of Veterans Affairs states a commitment to a diverse workforce and an inclusive healthcare delivery environment. We understand that diversity and inclusion are essential for a high-performing organization that delivers the best service to our veterans. The LGBT community is an integral aspect of our human diversity. To that end, VA has implemented several policies and programs over the last few years that specifically address the needs and concerns of the LGBT community (Frazer 2009; Department of Veterans Affairs 2013, Movement Advancement Project 2009, 2010a, b, National Institute of Drug Abuse 2015; National Institute of Mental Health 2015). Since 2009, VA has included equal employment opportunity protections for employees on the basis of sexual orientation in the *Secretary's Annual EEO, Diversity, and No Fear Policy Statement*, which added protections based on gender identity and parental status as well. To complement this, the Department of Veterans Affairs developed and implemented an internal complaint process to provide employees with an internal avenue of redress for complaints based on these areas:

VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, parental status, sexual orientation, age, disability, genetic information, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

While sexual orientation, genetic information, parental status, marital status, and political affiliation are not listed as protected bases in Title VII of the Civil Rights Act, discrimination on these bases is strictly prohibited by VA. Complaints of discrimination filed on these bases will be processed according to the aforementioned Federal EEO complaint process up to and through the investigation stage of the EEO process. The VA Office of Employment Discrimination Complaint Adjudication will issue a Final Agency Decision on the merits of the claim within 60 days of its receipt of the complaint file. Complaints filed solely on this basis will not proceed to the US Equal Employment Opportunity Commission. Other avenues of redress available to raise a claim of discrimination based on sexual orientation, gender identity, or parental status include the negotiated or administrative grievance procedure. Both permit claims of discrimination, and if otherwise appealable, raising the matter with the Office of Special Counsel and/or the Merit Systems Protection Board if the claim of discrimination is coupled with adverse impact and/or prohibited personnel practices. Although a discrimination allegation may be raised with these avenues, it does not constitute initiation of a complaint through this internal complaint process, and it does not extend the 45-day time limited to initiate such complaint with the VA Office of Resolution Management.

The *VA Office of Diversity and Inclusion* (US Department of Veterans Affairs 2014) is leading the effort to increase education and awareness of the LGBT community by establishing a formal LGBT special emphasis program. To enhance that program, an LGBT employee resource group under the auspices of the VA Diversity Council

was also established. ODI holds annually nationally broadcast VA-wide LGBT Observance Program in Washington, DC, in June focusing on LGBT veterans. Additionally, we are developing cultural competency training in this area for employees, supervisors, and managers, throughout the VA system.

In the area of healthcare delivery, the VHA is committed to a patient-centered approach that organizes services around the needs and values of the LGBT veterans. To that end, in 2010, VA issued a policy statement last June providing for patient visitation rights in support of the needs of LGBT family members. Last June, VHA issued a policy directive on respectful delivery of health care to transgender and intersex individuals and is currently providing training for healthcare providers on services for transgender veterans. In 2013, VA's commitment to LGBT health care resulted in 120 VA's participating in the Human Rights Campaign (HRC) Health Equity Index (HEI) almost 80 %, which was voluntary participation. An impressive 91 of those facilities reporting or 76 % were awarded HEI 2013 Equality Leader status.

Meta-Analysis of Elder LGBT Veterans and Military Personnel

Elder LGBT must begin with understanding the incidence and prevalence rates for the presence of LGBT military and veterans in our society. The Department of Veterans Affairs' Office of Diversity and Inclusion (ODI) estimates suggest that more than 36,000 gay men and lesbians are serving in active duty, representing 2.5 % of active duty personnel (Department of Veterans Affairs 2012). When the guard and reserve are included, nearly 65,000 men and women in uniform are likely gay or lesbian accounting for 2.8 % of military personnel. Gay men and lesbians have served in all military eras in the later part of the twentieth century. In particular, military service rates for coupled lesbians far exceed rates for other women in every military era of the later twentieth century. Nearly one in 10 coupled

lesbians age 63–67 report that they served in Korea, compared with less than one in 100 of other women. Even in the most recent service period from 1990 to 2000, service rates among coupled lesbians age 18–27 are more than three times higher than rates among other women (Department of Veterans Affairs 2012).

While years of service do not differ much between coupled gay men and other men, lesbians report longer terms of service than other women. Among all women aged 18–67 who report military service, nearly 82 % of coupled lesbians and less than 74 % of other women report serving more than two years (Cáceres et al. 2008). Coupled gay men who are veterans or report training in the guard or reserve show greater racial and ethnic diversity than do other men. Among men who report guard or reserve training, the proportions of coupled gay men who are African-American and Latino exceed those of other men. Among female veterans, the pattern is the opposite of that shown with men. Coupled lesbians are more likely to be white than other female veterans and are less likely to be African-American. Coupled gay men who report guard or reserve training or who are veterans report annual incomes below that of other men, while coupled lesbians report incomes above that of other women. An exploration of employment status provides some explanation for the income gaps observed. Coupled gay men with guard or reserve training are less likely to be employed full time and more likely to not be in the labor force than other men. Conversely, coupled lesbians who are veterans or report guard or reserve training have substantially higher rates of full-time employment than other women and are less likely to report not being in the labor force.

There are five states including Dakota, Hawaii, Alaska, Virginia, and Idaho having the largest proportion of veterans among same-sex couples. Men and women in same-sex couples in North Dakota are twice as likely to be a veteran as the national average. Among metropolitan areas, Pensacola, Florida; Norfolk, Virginia; San Diego, California; Dayton, Ohio; and Santa Rosa, California, have the highest rates of veterans among same-sex couples. Pensacola's rate of 34 % is

more than three times the national average. Nearly one million gay and lesbian Americans are veterans. The states with the largest population of gay and lesbian veterans include California, Florida, Texas, New York, and Georgia. Among metropolitan areas, Los Angeles, Washington, DC, San Diego, Chicago, and New York have the highest populations of gay and lesbian veterans. The District of Columbia leads all states with a rate of 10.2 gay or lesbian veterans per 1000 adults, more than double the national average. Per capita rates are also high in Vermont, Hawaii, Maine, and Washington.

LGBT Elder Veterans and Challenges of Aging

LGBT elder veterans face the typical challenges of aging, including the possibility of elder abuse or domestic violence, in combination with the threat of discrimination and abuse due to their sexual orientation or gender identity (Cook-Daniels 1998). The reader is referred to Chaps. 16 and 17 for additional information on elder abuse and mistreatment. In a 2006 study by the *MetLife Mature Market Institute*, 27 % of LGBT Baby Boomers reported that they had great concern about discrimination as they age. Cook-Daniels (1998) notes that growing up in a homophobic or transphobic environment, some LGBT elders may go to extraordinary measures to hide their sexual orientation. There may be such significant stigma for these elders that they will not label themselves. This may affect an abuse victim's willingness to seek help, out of fear of needing to "out" themselves to authorities and face possible hostility. This may also affect his or her desire to enlist home care services out of fear of abuse. LGBT adults from older generations lived under severe stigmatization of their identities. Many victims of attacks due to sexual orientation do not tell others of the attacks out of fear that their sexual orientation will be disclosed or that authorities will act with hostility or indifference (D'Augelli and Grossman 2001).

Discrimination and the Don't Ask, Don't Tell Policy

The Department of Veterans Affairs' Office of Diversity and Inclusion (ODI) acknowledges that discriminatory practices have occurred toward both VHA providers and LGBT veterans. Several policies, perhaps the most significant of which was the "Don't Ask, Don't Tell" effort, resulted in reported concerns about stigma and discrimination against LGBT veterans (Shipherd and Kauth 2014).

Among formal policies that have been cited as most discriminatory against LGBT military and veterans since its inception has been the "Don't Ask, Don't Tell" policy. Military and veterans who are lesbian, gay, bisexual, and transgender Americans have experienced historic progress over the past three years. In 2010, Congress repealed the discriminatory "Don't Ask, Don't Tell" policy, which prevented gay, lesbian, and bisexual service members from serving openly and with honesty. More recently, the Supreme Court struck down Section 3 of the Defense of Marriage Act (DOMA), which forced the federal government to deny more than 1000 federal benefits and protections to legally married same-sex couples that were freely available to different-sex couples. The Pentagon has resisted such legislation, stating that current law already grants "reasonable accommodation" of religious freedom to service members. At the same time, the White House pointed out that the amendment would actually tie the hands of commanders, who have the ultimate responsibility of ensuring good order, discipline, and unit morale and who would be helpless to stop religious bullying under the amendment. Since the successful repeal of "Don't Ask, Don't Tell," opponents of LGBT equality have made considerable efforts to undermine the effort toward inclusion and respect for both active military and for veterans. The Department of Veterans Affairs has demonstrated efforts to address this policy and correct the discriminatory impact of LGBT veterans.

Policy-Box

Don't Ask, Don't Tell (DADT) is the moniker for the former official US policy (1993–2011) regarding the service of persons who were homosexual and in the military. In 1993, Pres. Bill Clinton in 1993 signed a law (consisting of statute, regulations, and policy memoranda) directing that military personnel “don't ask, don't tell, don't pursue, and don't harass.” When it was implemented in October 1, 1993, the policy theoretically lifted a ban on homosexual service that had been instituted during World War II, though, in effect, it continued a statutory ban. In December 2010, both the House of Representatives and the Senate voted to repeal the policy, and Pres. Barack Obama signed the legislation on December 22. The policy officially ended on September 20, 2011. The policy was not met with enthusiasm: Notably, military officers feared that the mere presence of homosexuals in the armed forces would undermine morale. The policy was further subverted by discrimination suits that upheld the right of gays to serve in the military without fear of discrimination. Under terms of the law, homosexuals serving in the military were not allowed to talk about their sexual orientation or engage in sexual activity, and commanding officers were not allowed to question service members about their sexual orientation. By the 15-year anniversary of the law in 2008, more than 12,000 officers had been discharged from the military for refusing to hide their homosexuality. When Barack Obama campaigned for the presidency in 2008, he pledged to overturn “Don't Ask, Don't Tell” and to allow gay men and lesbians to serve openly in the military (a stance that was, according to public opinion polls, backed by a large majority of the public). During Obama's first year in office, the Act was repealed, and the repeal took effect on September 20, 2011.

Adapted from Encyclopedia Britannica. Don't Ask, Don't Tell (DAT): <http://www.britannica.com/EBchecked/topic/1553878/Dont-Ask-Dont-Tell-DADT>.

Discussion Questions:

1. What was the intent of the law as Clinton passed it?
2. What were problems with the law?
3. How has repeal of the law changed the landscape for LGBT persons in the military now?

The Don't Ask, Don't Tell Policy has transitioned through a number of changes over the past decade. Summarize the key points of this policy and how it has changed for elder veterans served by the Department of Veterans Affairs.

Defense of Marriage Act

Another policy that has been cited as discriminatory is the DOMA, which has prevented the military and the Department of Veterans Affairs from extending benefits programs to the same-sex spouses of service members and veterans. As a result, same-sex spouses were denied nearly 100 military benefits that were freely available to different-sex spouses, including health care, housing allowances, and survivor benefits. On June 26, 2013, the Supreme Court struck down Section 3 of the law, clearing the way for the military to include same-sex spouses in benefits programs for the first time in our nation's history. On September 3, 2013, the Department of Defense began extending these benefits. Service members who were married before the Supreme Court ruling will receive entitlements retroactive to June 26, and those who marry in the future may start drawing benefits on the date of their marriage. Furthermore, gay and lesbian service members are eligible to receive federal spousal benefits through the

military even if they are stationed in a state that does not recognize their marriages.

The military has authorized commanders to grant up to seven days of leave for stateside couples and 10 days of leave for couples overseas so they can travel to a state in America and legally wed. Although traveling to a state with marriage equality imposes a significant financial expense for military families—especially for junior enlisted members and those stationed outside the continental USA—the military’s willingness to accommodate the marriage of same-sex couples despite disparate state laws is a significant step toward equality for all service members.

A concern is that the situation for veterans seeking benefits for a same-sex spouse is less clear. In an August 2013 letter to Congress, Secretary of Veterans Affairs Eric Shinseki expressed concerns about a separate statute governing veteran’s benefits, which legally prevented the department from extending these benefits to the same-sex spouse of a veteran. Less than a week after that announcement, a federal judge in California overturned the statute, which arguably created a legal pathway for the Department of Veterans Affairs to recognize same-sex spouses. As a result, the Department of Justice announced that it would no longer enforce the law that restricted veteran spousal benefits to different-sex couples.

While the Department of Veterans Affairs now finds it lawful to extend veterans benefits to same-sex spouses, another factor complicates the situation. Though the Department of Defense has decided, it will judge the validity of marriages based on where a couple was married instead of where the military member is currently stationed, it is uncertain whether or not the Department of Veterans Affairs will authorize veterans in same-sex marriages eligibility for federal benefits if they reside in a state that does not recognize their marriage.

“Less than honorable discharges” for LGBT veterans have provided another area of concern for former service members. Veterans who were discharged for “homosexual conduct” under

Don’t Ask, Don’t Tell received Honorable or General under Honorable discharges. Before 1993, service members who were found to have engaged in homosexual conduct were likely to receive discharges that were “Less than Honorable.” This affects several elder veterans who are LGBT. A less than honorable discharge characterization can have severe consequences that follow a veteran for his or her entire life. In most states, it is legal for private employers to discriminate on the basis of a discharge characterization, and a less than honorable discharge all but disqualifies a person from working in the public sector. While there are efforts to address this issue, a *less than honorable discharge* characterization may mean forfeiture of veteran’s benefits, such as G.I. Bill education benefits and healthcare coverage.

Elderly veterans who were LGBT discharged before 1993, undergo additional hurdles and a lengthy review process in efforts to obtain an upgrade for VA benefits. With the additional hurdles, advocates have called the current process “cumbersome and bureaucratic” and have noted that it could take several years for LGBT veterans to receive a response from the review board. In summary, the repeal of DADT and the Supreme Court’s decision on DOMA does not mean the end of discrimination for the LGBT veterans who serve in our nation’s military. It is not clear whether gay and lesbian veterans will receive spousal benefits if they do not reside in a state that recognizes same-sex marriage.

Elder LGBT Veterans

In 2012 that the VHA initiated an effort to address the specific needs of elder LGBT veterans. The *Metlife Mature Market Institute* study (2006) reveals that about one in three LGBT aging veterans did in fact report that they had great concern about discrimination as they mature and age. There are several subtle discriminatory practices facing elder LGBT veterans, but among these the most significant are

regularly denied same-sex partners and restrict the most basic rights such as hospital visitation or the right to die in the same nursing home.

Many LGBT elders experience social isolation and ageism within the LGBT community itself (see Chap. 29). Also, Social Security pays survivor benefits to widows and widowers but not to the surviving same-sex life partner of someone who dies. This may cost LGBT elders \$124 million a year in unassessed benefits. Married spouses are eligible for Social Security spousal benefits, which can allow them to earn half their spouse's Social Security benefit if it is larger than their own Social Security benefit. Unmarried partners in lifelong relationships are not eligible for spousal benefits. In examining the Medicaid regulations that protect the assets and homes of married spouses, when the other spouse enters a nursing home or long-term care facility, no such protections are offered to same-sex partners. Finally, tax laws and other regulations including 401(k) and pensions discriminate against same-sex partners. This often results in costing the surviving partner in a same-sex relationship financial penalties during their life. There is an extensive summary of benefits for LGBT veterans available on the Department of Veterans Affairs Web site at: <http://www.benefits.va.gov/persona/lgb.asp>. This resource may be beneficial in addressing benefits for LGBT veterans.

LGBT elder veterans face several challenges with respect to benefits. Summarize the key benefits to which they are entitled and how these benefits have changed for elder veterans receiving care and treatment by the Department of Veterans Affairs.

There are additional concerns faced by LGBT veterans. They often struggle with their access to adequate health care, affordable housing, or other social services that they need due to institutionalized heterosexism. Veterans who use VHA tend to be older, less educated, and unemployed than veterans who do not use VHA. Moreover, veterans who receive services from VHA have worse perceived health, use more health care, and have multiple medical comorbidities. For LGBT veterans being a member of both veterans

and LGBT communities may contribute to a higher level of risk for poor health than membership in just one of these populations (Mattocks et al. 2014). Existing regulations and proposed policy changes in programs such as Social Security or Medicare, which impact millions of LGBT elders, are discussed without a LGBT perspective engaging the debate.

Federal programs designed to assist elderly Americans can be ineffective or even irrelevant for LGBT elders. Grant et al. (2011) and others have documented widespread homophobia among those entrusted with the care of America's LGBT seniors. Most LGBT elders do not avail themselves of services on which other seniors thrive. Many retreat back into the closet, reinforcing isolation. Several federal programs and laws blatantly treat same-sex couples differently from married heterosexual couples.

Mental Health and Psychosocial Adjustment Issues for LGBT Elder Veterans

Cook-Daniels (1998) has addressed critically important strategies necessary in the care and treatment of LGBT veterans. There are both physical and mental health issues faced by these veterans. They often face a lack of legal protections, which results in insecurity, uncertainty, and avoidance. For example, an elder male veteran who is gay with limited income has no legal right in many states to a portion of his abusive partner's income.

VA healthcare professionals are encouraged to connect and build rapport with the elder veteran who is LGBT by asking about their career/profession, friends, and personal effects. Attention is needed especially to the LGBT elder veterans' input and awareness that not all couple relationships are heterosexual. Changes are warranted to use the same terminology used by the elder (e.g., partner, roommate, friend) when referring to the other member of the couple. It is critical to ask the elder whether the partner/roommate/friend can be counted on to

provide care or financial assistance to him or her, keeping in mind that a large age gap between partners in a gay couple does not necessarily imply an exploitative relationship.

Elder LGBT Veterans' Integrative Health Care

Integrative health care is the provision of coordinated care, comprehensive care, and seamless care that is accepted as a worldwide trend in healthcare provision (Miller 2012). Many LGBT elderly veterans have never heard of integrative health care, but this holistic movement has left its imprint American medicine and health care in the twenty-first century. *Treating the Whole Person* has become the standard of practice for all Americans including our veteran population. Both healthcare providers and patients alike are bonding with the philosophy of integrative healthcare provision and its whole-person approach, which is designed to treat the person, not just the disease or illness as in the past.

The physical and mental health of all veterans served through the Department of Veterans Affairs is achieved through a consumer friendly integrative approach to meeting the health and well-being of all veterans. Even before the repeal of Don't Ask, Don't Tell, the Department of Veterans Affairs launched initiatives to ensure that LGBT veterans have access to the health care and coverage they need. In 2011, the VHA released a groundbreaking policy statement on the provision of care to transgender veterans. VHA Directive 2011-024 established a policy for the department about the respectful delivery of care to transgender veterans. Directive 2011-024 affirmed VHA's zero-tolerance policy for harassment, required respectful treatment of veterans according to their self-identified gender, and clearly stated that nonsurgical transition-related care is available to transgender patients under the VA's medical benefits package. A second directive renewed these policies in 2013 and extends through February 2018.

In February 2012, the Department of Veterans Affairs extended similar protections to lesbian, gay, and bisexual veterans. A department-wide memorandum required that all VA medical centers adopt nondiscrimination and visitation policies protecting the rights of veterans, regardless of sexual orientation or gender identity. The Department of Veterans Affairs has complemented these policy directives with guidelines for implementing LGBT-inclusive care in local VA healthcare facilities. The VHA provides clinical competency training for VHA physicians to ensure that transgender veterans receive high-quality, comprehensive health care. VHA medical providers are given additional guidance on meeting the medical needs of transgender veterans through medical guidance on the use of hormone therapy. This kind of training and use of clinical standards is particularly significant because medical providers are often given insufficient training in medical school on the provision of care to transgender patients. VA medical centers have been quick to adopt these changes, and LGBT special emphasis groups may assist many of them in increasing cultural competency and conducting outreach to LGBT veterans. These significant advances in LGBT-inclusive health care have been noted by the HRC's 2013 Healthcare Equality Index. Eighty percent of VHA facilities nationwide participated in the index, and of those, more than three-quarters were awarded "Leader in LGBT Healthcare Equality" status.

Mental Health Care for Veterans Who Are LGBT

The *National Academy on an Aging Society/GSA and SAGE* (2011) identified stigmatization and its consequences along with the fear of discrimination, and its reality result in underutilization of VA healthcare services. Mental health needs are among the spectrum of health care sought by veterans who are LGBT through the Department of Veterans Affairs and other community

services. The Institute of Mental Health (NIMH) and the National Institute of Drug Abuse (NIDA) report that veterans within the LGBT community have complications of depression, substance abuse, and traumatic stress disorder for which they seek treatment. In addition, LGBT Veterans face a number of transitional challenges in life. Accommodation theory (Miller 1989, 2010, 2014) has relevance for elder LGBT veterans and may aid in understanding how one cognitively processes one’s understanding of self and their identity. The *Trauma Accommodation Syndrome* (1989) has aided mental health professionals in understanding and recognizing the process of coping with stressful life transitions including isolation, bullying, and stigmatization experienced by some LGBT veterans across the life span.

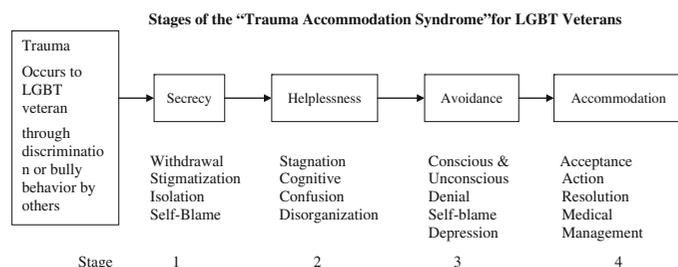
The *Trauma Accommodation Syndrome* (1989) identifies five sequential stages in understanding what a person goes through when he faces an environment, which is hostile discriminatory and or traumatizing as is experienced by some LGBT veterans. It is summarized in Fig. 11.2 and includes the following stages: secrecy, helplessness, avoidance, and accommodation, which many LGBT veterans and nonveterans can recognize having experienced in coping with the stigmatization they have often faced and the isolation that they have often felt.

The stage of *secrecy* involves stigmatization, isolation, and self-blame. Secrecy often occurs and is prompted by feelings of uncertainty or inadequacy, guilt, and shame. Secrecy about one’s LGBT may lead to feelings of *helplessness*. The helplessness experience results in depressive

features and may show itself clinically through a limited motivational response as well as the usual signs of clinical depression.

Clinically, the *Trauma Accommodation Syndrome* (1989) is summarized through the phases, which match DSM-5 (American Psychiatric Association 2013) criteria for traumatic stress disorder and are summarized in Fig. 11.3. It reflects what any person would experience through discrimination or a hostile environment that results in traumatic stress for a human being. Discriminatory behaviors often faced by elder LGBT veterans can result in this sequence of clinical symptoms. Initially, the individual experiences a stage of secrecy and helplessness. During this stage, the person may develop characteristic symptoms of anxiety and stress that is not easily managed. Often this may lead to psychological reactivity, a sense of fear or feelings of helplessness. At the same time, it may lead to physiological reactivity as realized through somatization. Such reactivity, whether physical or psychological, often results in individuals revisiting the life transition they are facing both consciously and unconsciously. The revisiting process is often cyclical for the individual, which leads to ineffective coping strategies such as avoidance, detachment, irritability, numbing, hyper-vigilance, marked by cognitive disorganization, sleep difficulty, and recurrent distress. For an elder LGBT veteran, these symptoms may result in a functional depressive reaction to the thoughts and feelings they experience. Eventually, this leads the individual to accommodate the trauma and learn to cope with the discrimination resulting in adjusting or adapting to the discrimination.

Fig. 11.2 Stages of the “Trauma Accommodation Syndrome” for LGBT veterans



The Five Phases of the “Trauma Accommodation Syndrome”

Adapted For LGBT Elderly Veterans

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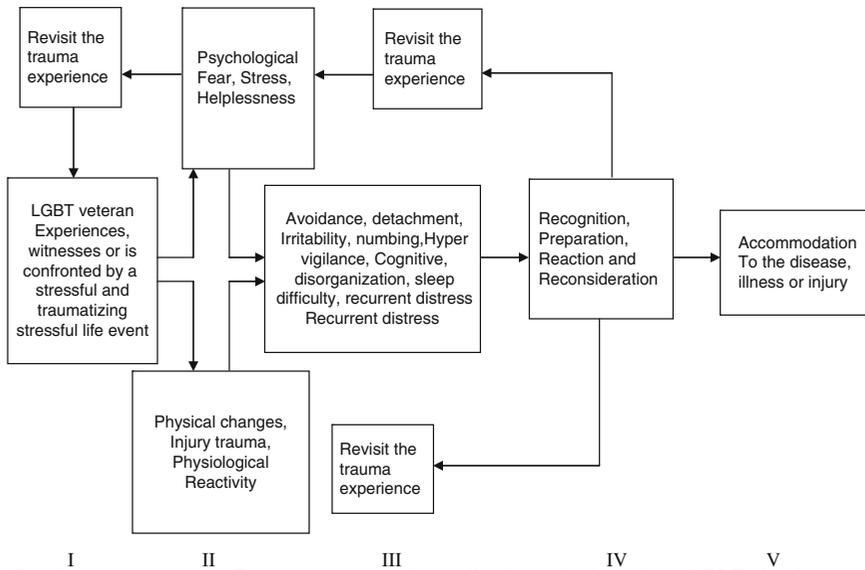


Fig. 11.3 The five phases of the “Trauma Accommodation Syndrome” adapted for LGBT elderly veterans

The impact of discrimination experienced by LGBT elder veterans has led to mental health issues. Explain how the *Transitional Accommodation Syndrome* provides insight into understanding the process faced by these veterans. Summarize the key stages of accommodation for some elder LGBT veterans.

mentors and community support. Issues related to self-image, coming out, managing identities in different environments, alcohol and substance abuse and anxiety, depression, and other typical mental health concerns.

Clinical Considerations with Elderly LGBT Veterans

There has been a growing literature on clinical care and treatment interventions that are directly relevant to elderly veterans who are LGBT (Israel et al. 2008; Riggle et al. 2008; Shelton and Delgado-Romero 2013; Gonzalez et al. 2013; Simmons and White 2014). Most seek professional assistance, care, and treatment for supportive identity affirming counseling, along with negotiating new, contextual understanding of self. There is also often the need for guidance and brainstorming ways to navigate various social systems and locating resources such as

Summary

The Department of Veterans Affairs has made inroads in the care and treatment of elderly LGBT veterans since the joint memorandum on LGBT inclusion was sent to Veterans Integrated Service Network VISN and VA Medical Centers Directors by the Principal Deputy Under Secretary for Health and the Deputy Under Secretary for Health for Operations and Management. That memorandum directed VA medical facilities to undertake at least three specific initiatives in Fiscal Year 2013 to “help build a welcoming and inclusive environment for LGBT Veterans within their facility.” Among the suggested initiatives was participation in the Healthcare Equality Index

(HEI) survey for 2013. The HEI, a quality improvement tool created by the HRC in collaboration with the Gay and Lesbian Medical Association, benchmarks best practice and policy for equal treatment of LGBT patients and families within US healthcare systems. The Office of Health Equity (OHE) served as the VHA program coordinator for the 2013 HEI and a resource to facilities pursuing HEI endorsement. In 2013, 121 VA facilities participated in the HEI, with 92 achieving leadership status. Information about this achievement and the 570 projects undertaken in FY 2013 is available on the OHE SharePoint site (see paragraph 8.d.) dated July 1, 2014 IL 10-2014-14 5. For elder veterans who are LGBT, equality post military and in later life is not just an issue of fairness; it is also about facing the reality that LGBT Americans serve in uniform and make sacrifices on our behalf, just like their heterosexual counterparts. It is the explicit duty of members of Congress and the commander in chief to support our military and to ensure that the men and women in uniform are able to perform to the best of their abilities, particularly to support the FY 2014 National Defense Authorization Act—the single-most critical bill to ensuring the functioning of our nation’s veterans so that there is appropriate care for our veterans and LGBT equality for all service members who are honored LGBT elder veterans.

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Resources

US Department of Veterans Affairs’ (VA’s) Office of Diversity and Inclusion (ODI)
 Jillian C. Shipherd, PhD Michael R. Kauth, PhD. Lesbian, Gay, Bisexual, and Transgender (LGBT) Program Coordinators Office of Patient Care Services (10P4Y) at VA Central Office, Washington, DC
 VHA Office of Health Equity, Washington, DC
 Case-Based Transgender E-Consultation with Department of Veterans Affairs
 Three regional Transgender E-Consultation programs: Loma Linda, CA (VISN 22), Minneapolis, MN (VISN 23), Tucson, AZ (VISN 18)
 VHA Transgender & LGB Education Share-Points: Contact: Michael.Kauth@va.gov or Jillian.Shipherd@va.gov
 American Psychological Association: www.apa.org/pi/lgbt/resources/
 World Professional Association for Transgender Health: www.wpath.org
 Healthy People 2020 available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>
 Gay, Lesbian Medical Association: www.glma.org

Learning Exercises

Self-Check Questions (5 questions)

1. What are transitions that LGBT veterans face that are not faced by those elders who are not veterans?
2. Explain the significance of the “Don’t Ask, Don’t Tell” policy.
3. Discuss discrimination faced by LGBT elder veterans.
4. Discuss and explain the “Trauma Accommodation syndrome.
5. What are particular challenges of aging faced by LGBT veterans?

Experiential Assignments

1. Visit a VA medical Center and request an appointment with the Director of the facility to discuss policies and procedures in addressing the healthcare needs of LGBT veterans
2. Vet Centers provide community outreach. Meet with one of the counselors in the Vet Centers in your area to discuss screening and treatment interventions offered through the Vet Center program
3. Contact the VA Office of Diversity and Inclusion (ODI) and ask for information about their annual report and how they are addressing their mission and vision statement.

Multiple-Choice Questions (10)

1. What is not a key feature of the mission statement of the US Department of Veterans Affairs' Office of Diversity and Inclusion?
 - a. Silence
 - b. Respect
 - c. Integrity
 - d. Commitment
2. The population of LGBT elder veterans is
 - a. Nonexistent
 - b. Totally unknown
 - c. Easily identifiable
 - d. Identified somewhat
3. Coupled gay men who are veterans or report training in the guard or reserve, when compared to heterosexual veterans
 - a. Similar
 - b. Predominantly Asian
 - c. More often African-American and Hispanic
 - d. More often from urban areas
4. Coupled gay women who are veterans or report training in the guard or reserve, when compared to heterosexual veterans
 - a. More often white
 - b. Predominantly Asian
 - c. More often African-American and Hispanic
 - d. More often from urban areas
5. Challenges that LGBT elders face include all these except
 - a. Isolation
 - b. Threat of discrimination
 - c. Adequate social services
 - d. Fear of abuse
6. The policy regarded as the most discriminatory for LGBT veterans was
 - a. Social Security
 - b. Don't Ask, Don't Tell
 - c. Medicare
 - d. Elder Justice Act
7. What are ways that the Veterans Administration is working to help LGBT elders?
 - a. Training of the workforce
 - b. Training the military
 - c. Adapting clinical standards for treatment
 - d. All of the above
8. In the past, mental health care for LGBT veterans has been
 - a. Excellent
 - b. Fairly adequate
 - c. Good
 - d. Poor
9. Historically, LGBT Elder veterans have been treated _____ by the Veterans Administration:
 - a. Fairly
 - b. Unfairly
 - c. Adequately
 - d. Appropriately
10. Stages of the "Trauma Accommodation Syndrome" for LGBT Veterans include all the following except:
 - a. Secrecy
 - b. Helplessness
 - c. Accommodation
 - d. Reimbursement

Key (For Multiple-Choice Questions)

- 1-a
- 2-d
- 3-c
- 4-a
- 5-c
- 6-b

7-d
8-d
9-b
10-d

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (Vol. 5). Washington, D.C.: American Psychiatric Association. (Text Revision).
- Cáceres, C.F., Konda, K., Segura, E.R., & Lyerla, R. (2008, Aug). Epidemiology of male same-sex behavior and associated sexual health indicators in low- and middle-income countries: 2003–2007 estimates. *Sexually Transmitted Infections*, 84(1), i49–i56. doi: 10.1136/sti.2008.030569.
- Cook-Daniels, L. (1998). Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues. *Journal of Elder Abuse & Neglect*, 9(2), 35–49. Available at: http://www.tandfonline.com/doi/abs/10.1300/J084v09n02_04
- D’Augelli, A., & Grossman, A. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, 16(10), 1008–1027. Available at: <http://jiv.sagepub.com/content/16/10/1008>
- Department of Veterans Affairs. (2014). *VA Diversity and Inclusion Strategic Plan for FY 2012–2016*. Washington, D.C. Available at: <http://www.diversity.va.gov/products/diar.aspx>
- Department of Veterans Affairs. (2015). *Office of Diversity and Inclusion* (ODI). Washington, D.C. Available at: <http://www.diversity.va.gov/programs/lgbt.aspx>
- Department of Veterans Affairs. (2013). *Federally mandated reports: DVA Reports Achieves*. Washington, D. C. Available at: <http://www.diversity.va.gov/products/reports.aspx>
- Department of Veterans Affairs. (2012). *VA benefits for elderly veterans*. Washington, D.C. Available at: <http://www.benefits.va.gov/persona/veteran-elderly.asp>
- Frazer, S. (2009). *LGBT Health and Human Services needs in New York State*. Albany, NY: Empire State Pride Agenda Foundation. Available at: <http://www.prideagenda.org/Portals/0/pdfs/LGBT%20Health%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf>
- Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Washington, D.C.: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Gates, M.A. (2010). Post-traumatic stress disorder in veterans and military personnel: Epidemiology, screening, and case recognition. *Psychological Services*, 9(4), 361–382.
- Gates, G. (2011). *How many people are lesbian, gay, bisexual, and transgender?* Williams Institute: UCLA School of Law. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>
- Gonzalez, K. A., Rostovsky, S. S., Odom, R. D., & Riggle, E. D. B. (2013). The positive aspects of being a parent of an LGBTQ child. *Family Process*, 52(2), 325–337.
- Israel, T., Gorcheva, R., Burnes, T. R., & Walther, W. A. (2008). Helpful and unhelpful therapy experiences of LGBT clients. *Psychotherapy Research*, 18(3), 294–305.
- Legal Policy Department of the Campaign for Military Service. (1993).
- Mattocks, K. M., Kauth, M. R., Sandfort, T., Matza, A. R., Sullivan, J. C., & Shipherd, J. C. (2014). Understanding health-care needs of sexual and gender minority veterans: How targeted research and policy can improve health. *LGBT Health*, 1(1), 50–57.
- Miller, T. W. (1989). *Stressful life events*. New York: International Universities Press Inc.
- Miller, T. W. (Ed.). (2010). *Handbook of stressful transitions across the life span*. New York: Springer Publishers Incorporated.
- Miller, T.W. (Ed.). (2012). *Praeger handbook of Veterans’ Health: Volume III: Mental health: Treatment and rehabilitation*. Santa Barbara, California: Praeger ABC-CLIO Publishers. ISBN 978-0-313-38349-6; eISBN 978-0-313-38350-2.
- Movement Advancement Project. (2009). Snapshot advancing gender equality. Available at: <http://www.lgbtagingcenter.org/resources/resource.cfm?r=501>
- Movement Advancement Project, Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, & Center for American Progress. (2010a). *LGBT older adults and inhospitable health care environments*. Available at: http://sageusa.org/uploads/lgbt_environments.pdf
- Movement Advancement Project, Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, & Center for American Progress. (2010b). *LGBT older adults: Facts at a Glance*. Available at: <http://lgbtagingcenter.org/resources/resource.cfm?r=22>
- MetLife Mature Market Institute, Lesbian and Gay Aging Issues Network (ASA), & Zogby International. (2006). *Out and aging: The MetLife study of lesbian and gay baby boomers*. MetLife: New York. Available at: <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-out-aging-lesbian-gayretirement.pdf>
- National Academy on an Aging Society (GSA), & SAGE. (2011). Integrating lesbian, gay, bisexual, and transgender older adults’ into aging policy and practice. *Public Policy and Aging Report*, 21(3), 1–36.

- Available at: <http://www.sageusa.org/uploads/PPAR%20Summer20111.pdf>
- National Institute of Mental Health (NIMH). (2015). Transforming the understanding and treatment of mental illnesses. Bethesda, Maryland. Available at: <http://www.nimh.nih.gov/index.shtml>
- National Institute of Drug Abuse (NIDA). (2015). The science of drug abuse and addiction. Bethesda, Maryland. Available at: <http://www.drugabuse.gov/>
- Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice, 39*(2), 210–217.
- Service Women's Action Network. (n.d.). *After repeal: LGBT service members and veterans—The facts*. New York, NY: Author.
- Shelton, K., & Delgado-Romero, E.A. (2013). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual and queer clients in psychotherapy. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 59–70.
- Simmons, H., & White, F. (2014). Our many selves. In L. Erickson-Schroth (Ed.), *Trans bodies, trans selves: A resource for the transgender community* (pp. 3–23). New York: Oxford.
- Shipherd, J.C., & Kauth, M.R. (2014, August 8). *LGBT Veteran health care is coming out of the closet*. Washington, D.C.: American Psychological Association.