

No Longer Invisible: Transgender Care at the VA Health Care System

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In May 2014, Secretary of Defense Chuck Hagel stated that the current ban on transgender military service “should be reviewed.” In support of this, an independent commission led by a former US surgeon general indicated that there is no “compelling medical reason” preventing a transgender individual from serving in the military.¹

Lifting this ban will mark a significant step forward in the provision of health care to transgender veterans who may still feel unwelcome and “invisible” in the Veterans Health Administration (VHA) system.^{2,3} According to a recent study, the prevalence of gender identity disorder (GID)—a medical term used to describe distress caused by discordance between biological sex and identified gender—is five times higher in the VHA than in the general US population, and it is estimated that 246 new cases of GID are diagnosed among veterans each year.⁴ Although the specific health care needs of transgender veterans are uncertain, it is likely that they experience the same high rates of depression, anxiety, substance abuse, and smoking that prevail in the general transgender community. Suicide rates, in contrast, are 20 times higher among transgender as compared to non-transgender veterans.⁴ Despite the increasing awareness of “transvets” and their important health care issues, many may feel inhibited about disclosing their gender identity to their health care provider.³ In a small focus group study of LGBT veterans receiving care at two VA hospitals, only 24% had discussed their sexual orientation with a VA provider; fear about negative consequences related to their disclosure was cited as an important concern.³ Although

the “Don’t Ask, Don’t Tell” policy, which barred openly gay, lesbian, or bisexual persons from serving in the military, was repealed in 2010, many LGBT veterans distrust, expect rejection, or feel the need to conceal information from the VHA.² Moreover, only 28% of LGBT veterans perceive the VHA to be welcoming.³

Currently, the VHA is working hard to change these perceptions, as well as to improve the quality of health care for transgender veterans. In 2011, the VHA published the first-ever directive regarding the care of transgender and intersex veterans. This guide outlines the specific health care services that the VHA provides for all transgender veterans, regardless of their stage in transition. Transgender veterans are entitled to hormonal therapy, mental health care, pre-operative evaluation, and post-operative management of any complications associated with sex-reassignment surgery. An accompanying document provides recommendations (which are very similar to published guidelines) on the benefits, risks, formulations, and monitoring parameters for hormonal therapy. Written informed consent is not necessary for the prescription of hormone therapy, but the VHA recommends that providers who are experienced in hormonal therapy adequately counsel patients. More recently, the VHA updated its policy statements to disavow discrimination based on gender identity or expression and provide a more inclusive definition of family.²

The VHA has acknowledged that there is a shortage of health care providers who are knowledgeable about LGBT care and has launched a variety of clinician-oriented educational initiatives. The Office of

Health Equity and LGBT workgroups have produced several online training modules that review the VHA pharmacy guidelines for transgender hormonal therapy and the role of the mental health provider in assessment and diagnosis of GID. Several helpful tools can be found on the transgender sharepoint, including a guide for changing gender in the electronic health record and templated physician attestation letters to assist veterans with obtaining a new driver’s license or other official documents.

While transgender veterans are still banned from serving in the military, the VHA is taking significant steps to eliminate bias and improve care for transgender veterans. The end result will be a medical system that makes both providers and veterans proud by acknowledging and celebrating differences and attending to each individual’s personal and emotional needs.

References

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