

EVI S1EP14: Improving Homeless Services for LGBTQ+ Veterans

Lindsay Church: [00:00:00] LGBTQ service members and Veterans are some of the most amazing human beings that literally joined the military knowing full well that their identities were going to be criminalized. Whether or not we knew the full extent of how bad it was gonna be is a whole different story, but we knew. I knew full well that I was putting on this uniform and that this nation mattered more to me than my personal and individual freedoms.

And I hear this from military Veterans who are LGBTQ across history. We put our country in front of us. And the people that fall within this community are some of the most amazing individuals that continue to serve after. That wore the uniform at the sacrifice of their own mental wellness, their own physical wellness, their own life expectancies. Across all of these things people, still chose to serve in their military.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran [00:01:00] who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

It's June! You know what that means? It's Lesbian, Gay, Bisexual, Transgender, and Queer Pride Month when we celebrate how LGBTQ+ people across the country make our country stronger. Pride Month is also a reminder that just as LGBTQ+ Veterans volunteered to defend our freedoms, it's our responsibility now to defend theirs.

Indeed, more than a decade after, Don't Ask, Don't Tell was repealed, LGBTQ+ Veterans continue to face discrimination and violence in America simply for being their authentic selves. And the consequences of such discrimination reverberate across [00:02:00] generations. LGBTQ+ Veterans are more than twice as likely to have indicators of housing instability in their VA health records compared to non-LGBTQ+ Veterans. Rejection from their families and exclusion from employment opportunities further contribute to homelessness.

Not only that, but many of the risk factors for homelessness that LGBTQ+ Veterans face, including decreased social support, stressful life events, and chronic discrimination, significantly overlap with risk factors for suicide. Tragically, those who are sexual and gender minorities are more likely than their cisgendered and heterosexual peers to experience suicidal ideation and attempts.

The high rates of these negative outcomes among LGBTQ+ Veterans are distressing. But they can be prevented, and it's up to all of us to prevent them.

And we've got a lot of work ahead of us.

As an organization, VA isn't perfect. Many of our services still aren't as accessible as they should be for all Veterans. And many of the [00:03:00] assistance programs aren't as effective as they need to be for all Veterans. There are gaps in our data that need to be filled. And there are broken promises that need to be mended.

VA isn't perfect, but it's filled with dedicated mission-driven staff who wanna do better.

Where do we start? It's a really great question. So, to help us learn more about why it's critical that VA homeless programs are accessible to and effective for America's LGBTQ+ Veterans, I could think of no one better to talk to than our next two guests.

First we have Dr. Jillian Shipherd, Deputy Director of VHA's National LGBTQ+ Health Program, where she has led a 10 year plus nationwide initiative to establish and promote VA healthcare policies related to best practices for LGBTQ+ Veterans.

Today she's joined by Lindsay Church, Executive Director and Founder of Minority Veterans of America, a nonpartisan non-profit organization designed to create belonging and advanced equity for underrepresented [00:04:00] Veterans.

Jillian, Lindsay, welcome to the show.

Jillian Shipherd: Thank you. It's great to be here.

Lindsay Church: Great to be here, Shawn. Thanks for having us.

Shawn Liu: Yeah, great to have you both here. This is gonna be a really interesting discussion. I wanna acknowledge out of the gate, we don't have a, we have a little bit of data and research and some best practices, but we don't have a lot to share.

A lot of times on this show we're sharing about all the awesomeness that somebody has already done in VA or in homeless services. But this is a little bit different. We're kind of trying to build the case about why more people across the country should be focused on this subpopulation of Veterans and create awesomeness and why it's the right thing to do.

I also wanna acknowledge right at the gate, Lindsay, your organization, Minority Veterans of America, we are formal partners. We actually have a Memorandum of Agreement that outlines some of the outreach work that we do. I want to get into a little bit about why that partnership that we set up was so important. But before we do, we usually start off this show with getting to know our guests a little bit more.

So, Jillian, I'd love to [00:05:00] start with you. I did totally crib your intro line from your LinkedIn. But tell us a little bit about your role as helping to lead our National LGBTQ+ Health Program.

Jillian Shipherd: I'm so glad you're calling me Jillian. I am a clinical psychologist by training. I do not usually ask people to call me Dr. Shipherd. That sounds too formal to me. I also use she her pronouns.

I started in this work basically, because I am someone who has specialized in trauma recovery, and so 20 years of working in the VA brought me to working with transgender and gender diverse people initially who were recovering from trauma, and later on brought me to working with LGBTQ Veterans specifically around trauma recovery. That made it clear to me that we really needed to be doing more as a system in terms of our policies, our education programs, our support for LGBTQ+ Veterans. [00:06:00] So that's really what brought me into doing this work and becoming the Deputy Director for LGBTQ+ Health.

Shawn Liu: Also, just wanna acknowledge a little bit behind the scenes. Usually because I'm a social worker and healthcare hierarchy is weird, I almost always call somebody doctor until they give me explicit permission. So I'm glad you kind of acknowledged that behind the scenes a little bit. Cuz, for all the prep it was like Dr. Shipherd, Dr. Shipherd. So very, very awesome.

Lindsay, let's go to you next. Executive Director, Founder of Minority Veterans of America. Tell us a little bit about your role and your background.

You're a Veteran yourself as well, right?

Lindsay Church: I am. Thank you. And thank you for having me on the show. I am Lindsay Church. I use they/them pronouns. I'm a trans, non-binary Veteran. I'm queer as well. I served in the United States Navy from 2008 to 2012. I served all but three months under the Don't Ask, Don't Tell policy. I still talk about the night that the policy overturned as one of the biggest coming out parties in the country's history.

And when I returned from the military, I went back to Seattle, Washington. My mom is a Veteran and so [00:07:00] I navigated transition through some of the lenses of which she provided.

And then I went on to college, met my co-founder, Katherine Pratt. She is a Korean American woman Veteran. We were both University of Washington students, and we were working with Student Veterans of America. And we knew that there were exclusionary policies and histories of many the organizations that serve Veterans. And that there were very few places for us to exist. Her as a woman Veteran, as a Korean American woman. Me as a non-binary queer person. So we came together under the premise that when one of us is harmed, we're all harmed and created this intersectional movement of minority Veterans.

We work on race, gender, sexual orientation, and religious identity. We started as two people, as a co-founder team, to five people in my living room, to now over 3,000 members around the country and the world.

Shawn Liu: I remember when we were originally starting our partnership, we were like, "Oh, so what, what is the full spectrum of minorities?" Like, Shawn, the list is huge. Like if you're underrepresented, you're a minority, you are part of this crew.

Also, I should acknowledge since we're mentioning pronouns. I use he/they pronouns. I'm 42. I grew up in the eighties and [00:08:00] nineties, so you can kind of imagine what gender dynamics and social mores were at the time.

My daughter who just recently turned 18, she's been educating me on my own gender identity and she said, "Dad, you're what's called a demi boy."

And I'm like, "What's a demi boy?"

"You know, you're not quite non-binary, but you're not quite male."

"All right. Can I do like demi, like male, demi, adult, maybe a, like, acknowledge that I'm old?" Which is fantastic how the young folks today are really helping educate us in things that were always present. Lindsay you mentioned living under, Don't Ask, Don't Tell.

It was always there. But one of the wonderful things about the modern times that we live in is how slightly more acceptable it is to be authentic and have discussions about it too. It's the kids who are teaching us. I remember when I was growing up, it was like, "What are we gonna tell the kids?" Like, no, how do the kids tell their parents?

Jillian Shipherd: As somebody in their fifties when I was growing up, queer was not a word that someone used to describe themselves, and the fact that I can now use that word to describe myself as a bisexual-identified person and part of the queer [00:09:00] community, it's so empowering to have reclaimed that word.

Shawn Liu: Wanna shift gears just slightly and dive into our topic.

Lindsay, I want to come back over to you.

LGBTQ+.

So we have a big initialism there. Lesbian, gay, bisexual, transgender, and queer. We have a plus there to acknowledge that there are more identities, there are more dimensions of the human experience. From your perspective, what are they like, what are... educate us. Especially for those who have their open hearts and open minds to learn more. Tell us.

Lindsay Church: Well, I'm glad we have small questions on this show.

LGBTQ service members and Veterans have existed across history from the beginning of military service whether it be our countries or across the world. No matter whether we wanna believe that they could or whether policy said that they could exist openly or not. We have always been there.

There are early examples from the Revolutionary War, to the Civil War, to every war in our nation's history of LGBTQ people serving under policies that criminalize their identity.

Interesting things about military services that they didn't always care about [00:10:00] sexual orientation or gender identity. Actually, they always cared about gender identity, I lied. But they didn't always care about sexual orientation as much. It wasn't until the forties and the sixties that they really started to criminalize sexual orientation within the military service and started to call us either unfit for military service due to mental condition. We were considered misfits and mentally unwell. We were considered a detraction to unit readiness and morale. We've been criminalized. Our identities have been stigmatized.

But I wanted to tell you, LGBTQ service members and Veterans are some of the most amazing human beings that literally joined the military knowing full well that their identities were going to be criminalized.

Whether or not we knew the full extent of how bad it was gonna be is a whole different story, but we knew. Going in, many of us knew that we were queer. I was a drag king before I joined the military. I served as a lesbian, a closeted lesbian and didn't come out as non-binary until I was 37 years old. I directly attribute that to the Don't Ask, Don't Tell policy that told me that I had to adhere to one gender identity. Even now non-binary individuals cannot serve openly. I would still have to pick a gender [00:11:00] identity. So I knew full well that I was putting on this uniform and that this nation mattered more to me than my personal and individual freedoms.

And I hear this from military Veterans who are LGBTQ across history. We put our country in front of us. Our LGBTQ service members serve at higher rates. And especially transgender individuals, I think it's like twice the rate of cisgender counterparts. You're looking at one in five trans people in this country at some point will serve in the military.

And so understanding that there's a broad spectrum of LGBTQ. That's why the acronym is always like alphabet soup as they call it. But really what we're trying to do is categorize and put labels on gender identity and sexual orientation.

And the people that fall within this community are some of the most amazing individuals that continue to serve after. That wore the uniform at the sacrifice of their own mental wellness, their own physical wellness, their own life

expectancies. Across all of these things people still chose to serve in their military.

After service LGBTQ individuals go on to be movement leaders. You're looking at Harvey Milk, you're looking at Greta Cammermeyer, people across history that have [00:12:00] continued to serve in their nation long after they took the uniform off.

Shawn Liu: Well said. I want to shift gears slightly. You touched on some of the challenges that you have faced, that others have faced, and so I want to talk about what those challenges are and how it can put them at heightened risk for housing instability and homelessness.

Acknowledging a couple things. I mentioned a couple general data points right in the topper. We did a little bit of a review and came up a little bit short when it came to good quality data on housing instability, homelessness among LGBTQ+ Veterans.

So that's obviously an area that we need to focus on.

But Jillian, I want to get your take. What do you think are some of those unique challenges that put LGBTQ+ Veterans at heightened risk?

Jillian Shipherd: LGBTQ+ identities are social determinants of health. Sexual orientation and gender identity are social determinants of health. They should be talked about in healthcare in general, but that is not happening in many, many places.

And partly because we as community members don't even realize that our [00:13:00] identities put us at risk. One of the challenges is that LGBTQ+ Veterans don't wanna talk about their sexual orientation and gender identity in healthcare because they've been outright discriminated against and they don't understand that it's related to their healthcare.

VA providers are in this position of needing to ask about sexual orientation and gender identity, but a lot of times their programs that they came up in professionally didn't teach them about why it's important to health and they didn't teach them how to ask about sexual orientation and gender identity well.

So we've got two groups of people who don't wanna talk about this, who don't know how to talk about this, don't know why it's important in healthcare. So It's really complicated.

One of the first things that we need to do is to destigmatize the conversation. This is important in terms of homelessness. We need to be thinking about the context in which all of this is [00:14:00] happening. We don't have a lot of research on homelessness for LGBTQ+ Veterans.

We do have a few studies of transgender Veterans specifically, and we have been able to document that they are at increased risk for homelessness. Not a big surprise. But here's the good news. Among VA users, they are also more likely to use the great services that your program office provides. So yes, they're at increased risk and also they're more likely to use services than their cisgender counterparts.

The other good news is now that we are routinely asking about sexual orientation and gender identity and have training programs for staff about how to do that well, I think we're gonna have better data to be able to look at are LGBTQ+ Veterans at increased risk for homelessness or not when they're coming to VA, and are they using our programs?

And now I wanna get back to your actual question which was what are [00:15:00] the things that are contributing to risk for LGBTQ+ Veterans? And I think we wanna talk about direct causes and we wanna talk about indirect causes.

In terms of direct causes, we can look no further than policies and laws in various states that allow people to evict LGBTQ+ people simply for who they are and to deny housing to people who are LGBTQ+ identified. That is possible in many states in the country. It's shocking in 2023 that is still the case.

In addition to all the things that you mentioned, discrimination and employment, which obviously can directly lead to homelessness. Other indirect causes have to do with the chronic stress and stigma, the increased risks for physical and mental health conditions that put people at risk. Things like substance abuse problems, if people are constantly telling you, you're no good, you're less [00:16:00] than, you're not good enough. Why wouldn't you start using substances or drinking alcohol at increased rates? Higher rates of depression and anxiety. Post-traumatic stress disorder, which is the condition that I came to find this community of Veterans. We know that there are higher rates of PTSD among LGBTQ+ Veterans, and partly that is because there are increased rates of military sexual trauma in LGBTQ+ Veterans relative to their straight and cisgender counterparts.

The other risk factors that contribute to homelessness, having chronic health conditions like Hepatitis C or other stress related conditions that manifest themselves physically. And of course being involved in the justice system. Having justice involvement does increase your likelihood for homelessness. Due to all the chronic stress and discrimination, LGBTQ+ people are at increased risk for justice involvement.

Shawn Liu: That was really comprehensive. So what I heard there: [00:17:00] direct causes like policy and indirect causes like the healthcare framework that each Veteran has to live through. And what that reminds me of a lot is a conversation that we're having in the homelessness side about trying to shift how we think about homelessness away from individual factors, right? When you hear on the news, there's so much of focus for homelessness about mental illness or substance addiction. More to like recognizing the role that structural factors play. So like lack of affordable housing, zoning laws, the history of structural racism and redlining, and how that can impact a Veteran's risk for homelessness.

And what I'm hearing from you is, we think of those structural factors as indirect, but what you're almost hinting is that no, maybe we should think about those structural factors as the direct causes. That's a really, really insightful way.

And I'm really also appreciative that you brought in the intersection of justice involvement as well. Because Lindsay, that's the big reason why we formed a formal partnership with Minority Veterans of America. It's that originally we wanted to take a look at enhancing [00:18:00] our outreach efforts for justice-involved Veterans.

Can you tell us a little bit about why that is so important as a focus for MVA and us at VA? And then other risk factors that you think are important to note?

Lindsay Church: As I was listening to you, Jillian, I was thinking about this is a spectrum in the sense that justice involvement doesn't start after a person gets out of the military. Often at times it's way upstream in the military. Minority Veterans and minority service members are more likely to face criminalization as a result of their identity. And while this doesn't probably make a whole lot of sense to people that didn't serve, but if you did, you get it.

Because, you can get in trouble for anything. I got in trouble for my hair. I had a faux hawk and they told me it was faddish. I told in 2003, we've been wearing this hair for 50 years. It's not faddish anymore. But it was up to somebody's judgment whether or not it was faddish or whether or not I was in violation.

And so you would actually see people that were minority service members, race, gender, sexual orientation, religion that we're more likely to get in trouble and more likely to go to Captain's Mast, more likely to get dishonorable discharges. And the justice involvement starts long before they're ever actually discharged from the military and added into the US justice system.

[00:19:00] And so looking at military sexual trauma, looking at post-traumatic stresses, this is a spectrum. We do a lot of work on military sexual trauma, the UCMJ, and you wouldn't think that a minority Veteran organization would care so much about the military laws.

And it's actually because if we don't stop it there, it's never gonna stop here. And we're never gonna get to the root of the cause because we're always gonna be fighting 16 steps behind. And so when we think about justice involvement, it starts long before. When we think about housing and homelessness and housing instability, it starts long before military service and separation from the military.

When you think about the way that Dishonorable Discharge and anybody that gets anything other than Honorable is treated very poorly, has different access to VA services, to federal services, and oftentimes never engages with them at all.

So Jillian, your point about people that experience VA services are getting better service, but how many people are not actually gaining service, and we will never know that because right now we don't collect enough LGBTQ data either in DOD or VA to be able to track this. But we know that there's a whole portion of our community that never touches VA or any type of services.

I know how hard military transition is and doing it by [00:20:00] yourself, especially as a Veteran that doesn't have an Honorable Discharge, the services that you need to navigate are inaccessible. If I come from a minority background, you don't have the generational knowledge to navigate the system. When you think about women's service members, right? Women have only been allowed to serve for the last 50 years.

Well, the generational knowledge doesn't go back nearly as far. Queer people were only allowed to serve openly 10 years ago. Our generational knowledge is not very long.

And so when you think about what happens in transition and how messy it is, how disorienting it is, and how desperate you become to be anything other than the traumatized self that you are when you come home, you self-medicate.

You get into trouble, you start a fight, you have post-traumatic stress that nobody can ever understand. And somehow you navigate yourself right into the justice system. And when you navigate yourself into the justice system and you try to navigate out of it, it's not a one person thing.

This is a whole of a system that is trying to put you back there. And so for us, we've been looking at how do we make sure that [00:21:00] back in service or changing the laws in the UCMJ? How do we make sure that service members are less likely to be incarcerated, less likely to get dishonorable discharges and make sure that they have a better transition experience so that when they go out into the regular society, that they have a better experience trying to navigate housing.

You talked a lot about discrimination. Discrimination happens again back in service. When you are discriminated against, often you act in incoherent ways that the system cannot have coherence around how you're acting. When we think about that and we move into discrimination, people just don't access services.

I know, and I know you all work in homelessness. How many Veterans have you met that said, "I would rather go it alone than go to a shelter, than go to permanent housing, than go to any housing office, talk to anybody from any government." Because it's the only little bit of control that you can take when you get outta the military that just took every bit of control.

Economics are a huge factor. We don't have the generational wealth to pass down in order to be able to gain access to housing. My mom's not leaving me a house. I was very lucky that my mom had a place that I could stay and I had a room in her bedroom. If that didn't happen, I [00:22:00] don't know what I would've done because I was discharged two years before I was supposed to go, and I had just had all of my insides ripped outta my body because the military, that is what it is.

You think about those economic factors, they go so deep from just your regular what do you earn in a month, to are you ever gonna inherit wealth from anybody that's gonna help you buy a house?

This is a whole of systems piece, and if we keep looking at individual factors, we're never gonna fix the problem.

Shawn Liu: We're only scratching the surface. And I really hope for those who are listening in, impressing upon them why this is a really important topic for us

to continue to dive in, continue to get better data, continue to improve the provider -patient relationship so that Veterans can feel more trusting and feel more authentic. And so not only can we learn more from them, but we can provide them with better care.

Lindsay, you also brought up a really important point about discharge status and intersections with the criminal justice system. One of the things that is interesting about homeless services is that a lot of our eligibility for our programs are a little bit broader [00:23:00] than standard VHA healthcare eligibility. VHA usually requires a General or Honorable discharge, a lot of homeless programs that we have, I won't bore folks with the alphabet soup, but we're able to work with folks with Bad Conduct discharges, shortened, maybe not the full two years of active duty time after 1980.

I think back a lot, especially with the work that you all do, with the work that our Justice Programs do, about helping Veterans who are justice-involved. That discharge status and discharge upgrades and how they could be receiving way more services, way more help than just the little bit of extra stuff that we give them in our homeless program if they were able to boost up to a General or even an Honorable after that.

Jillian Shipherd: This issue of upgrading your Character of Discharge is one that comes up a lot.

And I work in the Health Administration, not on the Benefits side of things. But I have to say that this is an area where Veteran Benefits Administration has put in some effort and there are some very clear guidelines about how LGBTQ+ Veterans [00:24:00] can get upgrade in their Character of Discharge.

For folks who are looking for that information, we do have some information on the LGBTQ+ Health Website. I mentioned earlier that folks don't know what conditions they're at increased risk for. There's also fact sheets on there for each of the different populations. We do update them regularly based on new research that has come out.

We just put a bunch of them up recently. I know I'm sort of putting in a plug here for it. For, for our website. But um...

Shawn Liu: This whole show is about plugging stuff. So basically...

Jillian Shipherd: If you'll...

Shawn Liu: Plugging and policy is what I like to say.

Jillian Shipherd: If you will allow it, I will say go to the LGBTQ+ Health website. We are a part of Patient Care Services. On there you'll be able to find this information about Character of Discharge upgrades. You'll be able to find information about health risks, and you'll be able to see our great policies. The LGBTQ+ Policy Directive 1340, and our Directive [00:25:00] 1341, which is for transgender gender diverse and intersex Veterans.

Shawn Liu: We're gonna put a link to that website in the description so folks can check it out.

Jillian, I wanna stay with you on this topic as well, cuz you teed it up really, really nicely. The tailored and specific services that we at VA have for LGBTQ+ Veterans.

We just had a whole conversation about discharge status and eligibility for benefits and services. And so without diving too much into the lack of access, for those Veterans who do have access to the services, basically have access to everything that any other Veteran has access to.

We are starting, especially in the homelessness side, to recognize the value of tailored services: services that are specific and customized. I don't wanna say like, special or extra. But tailored services for subpopulations, acknowledging unique challenges, barriers, needs. Recognizing that we want good health outcomes for all Veterans. And so sometimes that involves providing tailored, targeted, specific services to some. Can you tell us a little bit about what VA provides for... VHA the [00:26:00] healthcare side, cuz that's your expertise, to LGBTQ+ Veterans.

Jillian Shipherd: It's really important to talk about the specific care, the specific services that we provide, but I'm gonna take a step back again and remind folks that healthcare happens in a context. I mentioned these directives that we have, Directive 1340 and Directive 1341, because it is important to remember the culture in which the healthcare is being delivered is a part of the intervention that is happening.

For example, when someone walks into a VA hospital, they should be able to use the restroom that is consistent with their gender identity and not get grief from people who happen to also be in the hospital at the same time or from VA employees or anyone else. That is healthcare. It's not a specific service, but it is

healthcare to be able to move freely as your authentic self in a space. That [00:27:00] is healthcare.

And our policies say that is what should happen at VA facilities. Now, I fully recognize that is not always what happens. That some facilities do a better job of educating their staff about the policies. And of course, there are visitors to the hospitals who don't know about our policies. Who may make things difficult. And we are working on that. We are a work in progress. We haven't totally checked the box in every location, but we are trying to move the needle in that regard.

In addition to policies, it's really important that when you get into the room with a healthcare provider that they know how to talk to you in a culturally responsive way. That they use the pronouns that you use. That they use, the name that you go by. These are direct healthcare interventions. It is important that providers are validating of you as an individual. This is education [00:28:00] that we have been trying to disseminate to healthcare providers. Not just primary care docs, but mental health providers, speech language, pathologists, endocrinol, every type of profession. I'm gonna get in trouble cuz I haven't listed all the professions, but nursing, social work. Everybody should be aware that VA policy is to treat you based on your preferences.

In addition to this kind of cultural competence training, we also need to train providers how to deliver the tailored care.

Every Veteran should have a sexual health assessment every year. And the questions that a provider will ask you will basically be the same as what they ask anybody else, but some of the follow-up questions might be tailored to your specific needs. And so teaching providers how to do that and how to document your answers so that they can tailor their treatments that are specific to you and make sure that they're doing health risk [00:29:00] assessments and health screenings at the appropriate frequency. That's super important. LGBTQ+ Veterans should be getting a culturally competent sexual health assessment.

Other kinds of specific tailored care we provide is we offer hormone therapy for folks who are working to change their physical gender expression. We offer mental healthcare for folks who are seeking to explore their gender identity or sexual orientation. We offer voice and communication coaching. This one is a particular interest of mine. We have a pilot program where we have trained 10 speech language pathologists to help folks have a voice and a communication style that is more consistent with their gender identity. We have a feminizing spectrum and we have a masculinizing spectrum manual and training for these

speech language pathologists. And what's especially [00:30:00] exciting about this is that the healthcare is delivered from trained speech language pathologist to the Veteran's home. They don't have to come into the VA facility. They can get it anywhere in the country. The care is consistent all across the country. This work has been possible through support from the Office of Rural Health who appreciated that this kind of care was not available in rural places.

Other kinds of care that we provide, gender affirming prosthetic support, preoperative evaluations including hair removal for folks who are undergoing gender affirming surgeries. Unfortunately, we do not provide the initial gender affirming surgical care for folks who are in the process of transition. But we do provide long-term post-operative care and corrective procedures when there is a complication from those surgeries.

Our goal is to provide data-driven, patient-centered healthcare for every Veteran, including [00:31:00] LGBTQ+ Veterans. That we're being responsive to their needs, offering them whatever medically necessary care that is appropriate for them.

Shawn Liu: It's interesting how it can both be a lot, and complex, and still we have more work to do. We still have more to grow.

We're gonna go ahead and put links as well to the Directives cuz I know, I guarantee you there's gonna be somebody out there who's like, " I wanna read those Directives for myself."

This has been fantastic.

Lindsay, I wanna come back over to you as we start closing out our show for today. I know you give a lot of feedback. You give a lot of feedback to the government, to Congress, to federal agencies, to us. And so I'm gonna give you another opportunity to provide feedback. But if I could put a little bit of a guardrail on it, just focus on kind of like us in the homeless programs. From your vantage point, what are the things we in homeless services need to focus on to do better for our LGBTQ+ Veterans?

Lindsay Church: Shawn, that was the nicest way anybody has ever said that my activist skills are put to use.

Shawn Liu: I got you fam. I got you.[00:32:00]

Lindsay Church: I appreciate that. First and foremost, Jillian, thank you for talking about what VA is designed to do because I think it like, what's happening at Central Office, Shawn, you're doing great work, Jillian, you're doing great work. And, it's the ground level that's really the problem, right? That's like we build these really great policies and getting them to the ground is really the hardest part.

Jillian, you were talking a lot about bathrooms. I have been harassed in the bathroom like by a staff member. I know that it's not universal. I know that not all VAs are like this. And, I can't keep telling people to come to VA if I can't even kind of guarantee that they're gonna have a decent experience. Like if I've been harassed in a bathroom, how do I, in my good conscience, tell people to go use VA facilities when we have already harmed them by the DOD. We know that there's already institutional harm that's been done, and so it's really hard for people like us to say, "Hey, yeah, if you go to VA, you're gonna have better care," when a lot of us don't.

And we hear a lot of stories like that. And so I think part of it is how do we take it from the top and get it all the way to the bottom across the country, and not just like, one VA is really good, but we don't all live in [00:33:00] Seattle. Like I don't live in Seattle anymore. I live in the South now. And now it's important for that same care and continuity of care to reach the all of the places the VA is intended to serve.

Jillian Shipherd: I do wanna say that we do have LGBTQ+ Veteran Care coordinators at every facility. For folks who are nervous about coming into the VA, understandably because of things they've experienced in the past, things that they experienced even more recently at VA, the LGBTQ+ Veteran Care Coordinators can sometimes be a buffer for folks who wanna come in and they're nervous about seeing somebody and they just wanna make sure that they're talking to somebody who's gonna be affirming.

Lindsay Church: I agree and moving forward, I hope from a policy perspective that those folks get more resources. We know that they exist. They're amazing folks that don't have nearly enough resources to do the jobs that they have to do.

And so part of that is really resourcing and making sure that those folks who are our frontline have the resources that they need to not just be there, but to be actually effective in the things that they're wanting to do and that they have the power[00:34:00] and the agency to do.

The other things that I think that need to happen is the continued focus on education. This is not a VA problem. This is not a Vet Center problem. This is not a VSO problem. This is across the military and Veteran community. We have an education problem. And so continuing that education.

When I talk about doing outreach, and Shawn, you and I have talked a lot about outreach to minority and disenfranchised populations, you cannot in good conscience and good faith expect that you're gonna keep your retention numbers up if you have not created a culture in which the people that you're asking to come into your facilities can thrive.

So when you're thinking about outreach and when you're thinking about, "I want more LGBTQ Veterans, it's Pride Month, I don't have enough people." Well, what have you done to create a culture in which they cannot just go there, be traumatized, and have to leave again and never come back and tell all of their friends?

Because I do, when I experience those things, my friends know, and it's a Veteran thing. Like we tell people, word of mouth travels very far in our community.

That internal education and that cultivating a culture of trust and a culture of acceptance and welcoming, [00:35:00] that's the charge of VA that's the charge of every institution.

My first question is not how many LGBTQ Veterans do you serve? I'm first gonna ask you, what have you done to create a culture in which LGBTQ Veterans can be fully affirmed, seen as themselves, and experience your culture in a better way? Like what have you done? And so education is really important.

The other thing is focus on trust. Secretary McDonough and I've had this conversation: it is important for you to think about minority populations in the lens of trust. Trust is so important because trust will keep your retention numbers up. It will keep the generations of LGBTQ Veterans that are at the door. The next generation of service member is the most gender, racially, sexually, religiously diverse in all of our nation's history. And if we're not in front of that, we're behind that. We're gonna get crushed by it.

So creating that culture of trust for generations to come, that investment and continued relationship, that in continued education, that investment in continued

outreach. Continuing that investment will bring you those people and more and all the way into the future.

Trust [00:36:00] scores are going to be what keeps you going. If your trust scores fall, Veterans know, we know before any of your metrics ever come out, whether or not we trust you. You can figure out how do I talk to those people who have been hurt, who have been harmed, and show them that this is a place that they can get the access to the things that they most need.

Because otherwise, we become homeless. We become mentally unwell. We push ourselves to the brink of suicide. The number of factors that come as a result of lacking trust in those institutions is really, really large.

You all just started data collection. I think it's really important, really glad to see it. There are questions we need to keep training people on how to ask those questions because I am training people on how to ask those questions in my appointments when I am not in education mode. It is not my job when I am a patient to be in education mode.

So it's really important to teach people how do you get that information? Because people are saying no that I know are queer as hell. People that are queer are saying no to that question because they're scared because they have an institution that has criminalized their identity because they don't believe the VA is gonna not gonna do the same. We're missing the mark at the beginning.

[00:37:00] And, I've asked the question a number of times, what are we doing with that data? Where is the data plan? Where is the report plan? What are you planning on using that information with? When can I expect you to tell me the outcomes of LGBTQ Veterans? And so taking that data and not just asking us the question because you're forced to ask the question, but what are you gonna do with that information?

If you're asking a question, have a reason. Otherwise, don't ask me. Don't ask your people a question if you never plan on using that information for something that's valuable to our community.

And then the last thing that I'll say is just finding people. Our community had 13,000 LGBTQ veteran or service members that got a Dishonorable Discharge or Don't Ask, Don't Tell discharge. We know that we haven't even upgraded all of those discharges. There should be a list somewhere that like, we should be able to contact these people and say, "Hey, you have an automatic discharge upgrade." But we can't even do that.

So we know we've already lost a lot of those folks. There were like, what, a hundred thousand people that were expected throughout history that probably received some type of discharge for their sexual orientation or gender identity throughout history. We don't even know who those people are. And so really it's about finding those people.

And Shawn, I think the [00:38:00] reason why I love our relationship so much is it's all about finding people. We are not a big community, but we invest the time and resources because we know we have the opportunity to reach more people that you may never find because they'll never trust you. Using those trusted agents as a door to your facilities and a door to your organization is the way to keep those people and bring them into a service and making sure that they keep coming through and finding them through these unique partnerships.

Shawn Liu: Really well said. And I love the focus on trust. I know I've probably worked with many LGBTQ+ Veterans that didn't self-identify. But regardless, especially when it came to accessing services, that same thread remained. Whether it's mental health, seeing a psychiatrist for the first time, whether it's seeking urgent care because they're feeling suicidal right this moment.

One of the things that is so important is can they trust that as soon as like, you leave me Shawn, am I gonna have a good experience or am I gonna be re-victimize, re-traumatized again? You hit it right on the head. That responsibility of engendering that trust, [00:39:00] that's on us. That's not on you.

Speaking of that, I want to go ahead and wind us down and close with a tradition on this show. Closing with "why." I love that we're transitioning from the topic of trust to this precisely because I'm not a Veteran. I have not done military service. I come from a quirky military family, but I'm here repping for Vets. I'm here working with Vets. I have a background of doing case management, doing outreach with my boots going under bridges and stuff like that.

And one of the most important things for skeptical Vets to know about me was that this was not just another job. Like I wasn't just collecting a paycheck, especially since I wasn't a Veteran. That I was here for them, I was here for the mission.

Lindsay, you are a Veteran, so I have a sense of where your why is coming from, but Jillian, I want to start with you as we close down the show.

What's your why for this work? You're obviously a hyper-competent person. You could be repping for any other subpopulation. You could be doing a lot of other jobs, but you're here for LGBTQ+ Veterans. What's your why for this work?

Jillian Shipherd: First of all, as a member of the LGBTQ+ community myself, it's really [00:40:00] important to me to address the health disparities of my community.

A lot of VA employees would say there's a certain satisfaction to giving back to people who have served their country. This is especially true for me because the LGBTQ+ community has faced discrimination, and I think Lindsay said it perfectly. These are folks who joined the military even knowing that they couldn't be their full authentic selves. So passionate about serving their country and even knowing that they were gonna be marginalized during their service. They stepped forward and said, I want to serve our country. Nothing that I could do could match up to what they have done. And so for me, it's a true passion and trying to just give a fraction back that, that they have given our country. It's a debt that can never be repaid.

Shawn Liu: Lindsay, I'll give you the last word. Now, I'm pretty sure your morals and values probably wouldn't have permitted you [00:41:00] to do anything other than the advocacy work that you're doing now. But as we close out for today, what's your why for this work?

Lindsay Church: I served from 2008, 2012. Almost all of my time was under Don't Ask, Don't Tell. That does not mean that I didn't find ways to be my authentic self in spaces where I could. I snuck out to go to San Francisco Pride and every Pride I could in California, I protested in the uniform against Don't Ask, Don't Tell and hid my face, like different things that I did as an expression of just trying to be myself. When I got outta the military, I was looking for a purpose and passion and anything literally like, just help me find myself cuz I couldn't find myself. Worked in all these different communities and like they were mean and toxic and just downright awful.

We started 12 days after the trans ban. The military trans ban, was right after the Muslim ban, which was right after the first assault on reproductive rights, on abortion. And 12 days after the trans ban, we came together, Katherine and I, because I've lived through that policy before. And I lost my youth. I lost parts of my humanity that I'll never get back. I lost so much of myself that I'll never be able to truly [00:42:00] capture again or even be able to articulate the pieces of myself that I lost in my uniform.

And thinking about the next generation experiencing those policies, it was time to say, "Enough. You can't do this to us, nor can you do this to all the other people that you're doing this to."

It was always about creating a bigger voice, creating a stronger community, a community that though we have our things internally, I would rather fight with you and take that fight to them. Because, we are stronger when we are together. We create more change when we build a more unified voice. I would be ashamed to leave this community in the way that we have it five years ago to the next generation. We've come a long way, but we still have so far to go.

Shawn Liu: Dr. Jillian Shipherd is the National Director of VHA's National LGBTQ+ Health program, and Lindsay Church is the Executive Director and Founder of Minority Veterans of America.

Jillian, Lindsay, my friend, thank you so much for the gifts of your time.

Lindsay Church: Thank you so much for having us, Shawn.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us [00:43:00] online at www.va.gov/Homeless.

And if you're a Veteran who's Homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week.

That number, again is 877-424-3838. That's all for this month. We've hoped that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.