SAFE SPACES FOR LGBT VETERANS

Oregon Veterans' Affairs focuses on LGBT-sensitivity

According to the Human Rights Campaign, an advocacy group, there are about 15,000 lesbian, gay, bisexual and transgender (LGBT) military veterans living in Oregon — roughly the population of Coos Bay.

With that in mind, the state Legislature on June 6 passed a bill creating a dedicated LGBT coordinator in the Oregon Department of Veterans' Affairs (VA). The bill puts the state in alignment with national Veterans Health Administration (VHA) directives that have, in the past two years, sought to be inclusive and supportive of LGBT identities.

While we can't pretend LGBT vets have had a square deal thus far, there are significant changes emerging in the attitudes of institutions, providers and support staff, all of whom have come to understand that "first, do no harm," like being queer, was never a choice.

Eugene, along with all of Lane, Douglas, Coos and Curry counties, is under the VA Roseburg Healthcare System. In response to the state bill, Roseburg staff created its own LGBT Awareness Committee and held a June 26 panel to sensitize providers to LGBT-specific health concerns, such as preventative care in same-sex intimacy and access to gender transition resources.

In attendance at the panel were two employees from the Eugene VA clinic — Tiffany Arnold, a medical support assistant, and Carrey Hyder, a licensed practicing nurse. Arnold represents Eugene on the awareness committee.

"I feel strongly about this," she says. "It's something people need to focus on." Arnold works the front desk of the clinic and is in a unique position to intervene when inappropriate speech or behavior emerges.

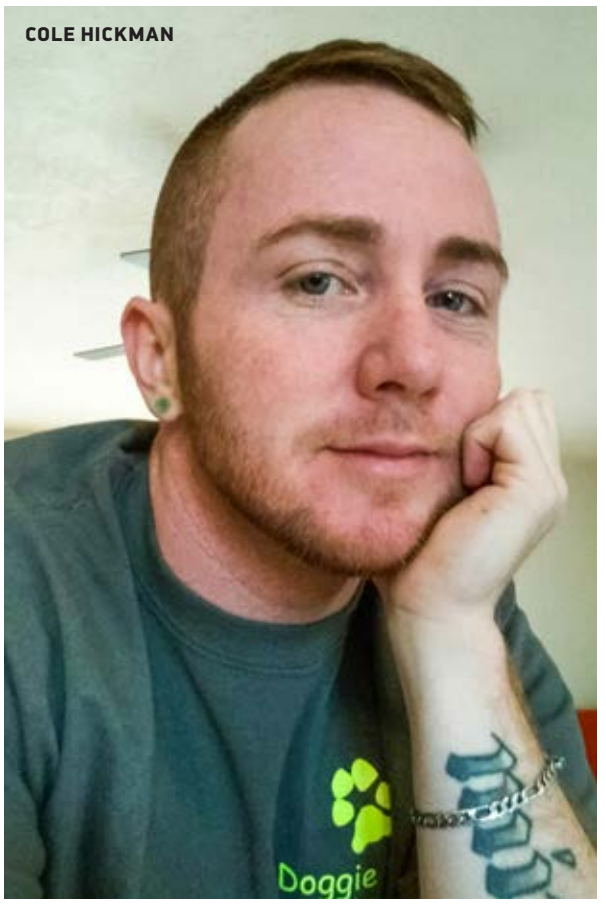
Arnold says she recalls multiple incidents in recent years in which LGBT patients were made to feel unwelcome by both staff and other patients. Roseburg staff will now receive "safe space" training, which Arnold will participate in and which aims to eliminate such encounters at the cultural level.

Cole Hickman is a 35-year-old transgender man living in Eugene who served as a truck driver in the U.S. Army for four years and deployed to Iraq. He now works as a contract welder, doing jobs as far east as the Rockies, where he's currently putting up a saw mill.

Having lived in Eugene for only seven months, Hickman has a fresh perspective on this region's VA healthcare system. He says he experienced discrimination at a VA facility in Dallas, Texas, where, while getting a pap smear, "I could hear the nurses' assistants talking to each other, saying 'Why is this *guy* in our [women's] waiting room?'"

Hickman knew he was male at the age of 5, but he didn't come out as transgender until he was 26. He wanted to begin transitioning while on active duty, but his physician deemed it "not medically necessary."

Hickman says his chain-of-command constantly had him under a microscope, first for having short hair, then for not keeping his eyes where they belonged. He was disciplined after allegedly discussing an officer's physique with another soldier. "I couldn't prove that it wasn't true," says Hickman, who was then kept from advancing in rank for a year.



COLE HICKMAN

Jose Soto-Gates, executive director of the non-profit National Alliance on Mental Illness (NAMI) Lane County, also attended the panel in Roseburg. Soto-Gates served in the Washington National Guard and says that "don't ask, don't tell" was most often violated from the asking end — and people never stood up for those who were being accused.

Regarding the VA, he says: "If you're an LGBT veteran, what motivation do you have to share your sexual orientation or gender identity with your healthcare providers, when during your service history it's been best to keep your mouth shut?" This leads to isolation, which, Soto-Gates says, is the number one cause of mental health disorders.

A 2014 report by the VHA's Office of Health Equity indicates that LGBT veterans have lower overall health status, lower rates of routine and preventative care, and higher rates of substance abuse.

According to staff at the Eugene VA clinic, there is roughly one physician for every 1,000 patients, so how can doctors even begin to earn the trust of their patients if they don't know the building blocks of their identity? Hickman says that, while his first visit to Roseburg was generally positive, the nurse had not informed his doctor of his genital configuration (which was relevant to the treatment), resulting in serious awkwardness.

Hyder has performed post-operative care for gender confirmation surgery (formerly known as sex-reassignment surgery) and says that, while it's a lot to take in, creating a safe space for the patient trumps her emotions or where she might be on the learning curve. While she can think of providers at her facility who are made uncomfortable by the concept of transgenderism, none would allow it to detract from their professionalism. Doctors have gotten the message by now.

Arnold has conspicuously placed multiple posters in her building with taglines like "We Serve All Who Served" (this one bears an image of rainbow dog tags draped over a stethoscope). Unfortunately, multiple posters have gone missing. Hyder believes a small minority of intolerant patients is behind it — and she has hope that they will learn to live and let live.

Hickman says he needs more than a poster to feel respected, though. Back in Texas, he explains, "I always felt safe while waiting at the VA, until they called out my birth name." Although Arnold goes out of her way to match LGBT patients to a male or female provider as per their request, no intake paperwork or medical charts currently distinguish between birth sex and current gender identity.

Even in Eugene, Hickman says, "I'll wait and quietly approach the desk to inform them that my name has changed, but that it is still me they just called."

Currently, the VA will provide patients with hormones and pre- or post-operative care, but will not cover any surgeries. "I had given up trying to receive any trans-related healthcare from the VA," says Hickman, who has no employer-provided insurance and had to pay $7,000 out-of-pocket for a mastectomy.

Now that the rules have evolved, Hickman at least plans to get testosterone — masculinizing hormone injections that maintain his desired appearance — through the Eugene clinic. ■

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