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White Paper

Better Serving Those Who Serve: California's LGBT Veterans Speak Out

*California Department
of Veterans Affairs*

LGBT Veterans

Leadership Forum

September 26-27, 2014

*Requested by the California Department
of Veterans Affairs, Minority Affairs Division*



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CALIFORNIA RESEARCH BUREAU

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INTRODUCTION

California has the largest number of gay and lesbian veterans in the United States.^{*} Research suggests that lesbian, gay, bisexual and transgender (LGBT) veterans “do not always request the benefits and services they have earned because of fear of reprisals.”[†] In fact, until recently, lesbian, gay and bisexual Americans could not serve openly. “Don’t Ask, Don’t Tell”—the federal policy that allowed members of the military to serve as long as they hid their sexual orientations—only ended in 2011, and federal law still prohibits transgender individuals from serving. Despite repeal, the research below confirms that LGBT service members and veterans have faced harassment, discrimination and sexual assault whether in active duty status or not.[‡]

- 19,000 service members experienced sexual-orientation-based discharges before “Don’t Ask, Don’t Tell.”
- 13,000 service members experienced sexual-orientation-based discharges during the policy.
- 4,600 incidents of anti-gay harassment toward LGB service members after the policy.
- 47% of respondents report at least one experience of verbal, physical, or sexual assault.
- 37% of respondents witness harassment and violence toward victims who may be gay.
- 91% of respondents indicate service members at risk for blackmail or manipulation.
- 86% of respondents indicate negative effects on service members’ personal relationships.
- 76% of respondents indicate negative effects on service members’ unit relationships.
- 72% of respondents indicate experiences of stress and anxiety in their daily lives.

To better understand California’s LGBT veterans’ needs, California’s Department of Veterans Affairs (CalVet) worked closely with the California LGBT Veterans Leadership Forum Planning

^{*} Researchers estimate that California is home to 136,821 gay and lesbian veterans; the state with the second highest number of gay and lesbians is Florida, with an estimated population of 66,991. See Gary J. Gates, “Gay Men and Lesbians in the U.S. Military: Estimates from Census,” The Urban Institute (2004), p. 18. Estimating the number of LGBT veterans is difficult. The Veterans Administration does not currently have a system in place to track LGBT veterans as such; sexual orientation and gender identity are also underreported. The numbers presented here are a best estimate and do not include bisexual or transgender veterans because there are little reliable data.

[†] Governor Edmund G. Brown, Jr. “2014 California LGBT Veterans Leadership Forum Welcome Letter,” California LGBT Veterans Leadership Forum Program, California Department of Veterans Affairs, September 26, 2014, p. 3.

[‡] Brittany L. Stalsburg. (2011). “After Repeal: LGBT Service Members and Veterans. The Facts.” Service Women’s Action Network. Statistics compiled from multiple sources and published in the following studies: Derek J. Burks (2011). “Lesbian, Gay, and Bisexual Victimization in the Military: An Unintended Consequence of ‘Don’t Ask, Don’t Tell?’” *American Psychologist*, Vol. 66, Nov. 7, pp. 604-613; Servicemembers Legal Defense Network. (2003). *Conduct unbecoming: the ninth annual report on “Don’t Ask, Don’t Tell, Don’t Pursue, Don’t Harass.”*; American Psychological Association Joint Divisional Task Force on Sexual Orientation and Military Service. (2009). *Report of the Joint Divisional Task Force on Sexual Orientation and Military Service*. Washington, D.C.; RAND national Defense Research Institute. (2010). *Sexual Orientation and U.S. Military Personnel Policy: An update of RAND’s 1993 study* (Report No. MG-1056-OSD).

Committee to convene the first state LGBT Veteran Leadership Forum. The forum was held September 26-27, 2014, at California State University, Sacramento. CalVet requested that the California Research Bureau (CRB) provide research consultation for pre- and post-event surveys, train facilitators, develop a specialized forum methodology and publish the results (see Appendix A for methods).^{*}

Forum participants included: community leaders who serve veterans, service members and/or the LGBT population in general; those with extensive experience as LGBT and/or veteran service providers; those with significant interactions over time with LGBT veterans as well as LGBT veterans and their spouses.[†] These participants understand well the discrimination and alienation they and their clients have experienced and came to the forum focused on finding solutions rather than recounting those experiences. By assembling these community leaders, CalVet hoped to provide multiple avenues of communication and facilitate improved access to services and earned benefits. Attendees had “the important task of identifying current best practices” in California, “examining programs currently available, investigating gaps and exclusions in services and coming up with potential new programs and initiatives.”[‡]

In total, approximately 32 invitees attended the first day and approximately 36 the second day.[§] For the first day of the event, focus group discussions fostered active, positive interactions about housing, employment, health, education and legal assistance. These discussions were intended to: (1) understand LGBT veterans’ needs, (2) recognize gaps and exclusions in benefits and services and (3) identify existing programs and best practices. The second day was designed for participants to review the data compiled from the first day, prioritize needs and suggest solutions. Both days were structured to provide opportunities for attendees to connect and strategize courses of action to better serve their clients.

CalVet held a separate transgender veteran focus group on December 8, 2014. Results from that focus group are not presented here. Results will be presented in a forthcoming paper.

This white paper summarizes the results from the qualitative and quantitative data collected before, during and after the forum.

^{*} The resource list developed from the forum can be found here: <https://www.calvet.ca.gov/calvet-programs/minority-veterans>.

[†] Veterans service organizations present included individuals associated with the following organizations: Mather Veterans Affairs, Alexander Hamilton Post 448, Sacramento LGBT Center, California Military Department, VITAS Innovative Hospice Care, Transgender American Veterans Association, Los Angeles LGBT Center, Courage to Call, San Francisco City College, Sacramento Veterans Resource Center, Swords to Plowshares, Outserve-SLDN, San Francisco VA Medical Center, Veterans Palo Alto Health Care System, California Governor’s Interagency Council, San Diego LGBT Senior Housing, Sacramento Valley Veterans, California Department of Military and Veterans Affairs, County of Los Angeles Department of Military and Veterans Affairs and Veterans for Peace Jon Castro Chapter 19.

[‡] Governor Edmund G. Brown, Jr. “2014 California LGBT Veterans Leadership Forum Welcome Letter,” California LGBT Veterans Leadership Forum Program, California Department of Veterans Affairs, September 26, 2014, p. 3.

[§] Some participants could not attend both days. The attendees on Day 1 were not necessarily the same as those on Day 2.

RESULTS

The story of LGBT veterans includes experiences of being lesbian, gay, bisexual and/or transgender and being a veteran. Thus, the needs and gaps discussed pinpointed issues particular to one experience or the other and both. They also included issues around LGBT veteran families. Participants suggested policy and practice remedies that cross-cut policy areas ranging from the local, state, and federal levels that incorporate service providers and organizations from both the LGBT and veteran communities. Some items are repeated because attendees view them as important across topic areas.

Staff originally envisioned two separate discussions about needs and gaps. The actual discussions about needs and gaps in the focus groups overlapped; when looking over the data, it was apparent that participants often did not differentiate between the two. This was evidenced on data sheets labeled as “needs/gaps.” As a result, needs and gaps are presented together below.

This section provides an overview of the number of distinct written texts (i.e. data) generated in focus groups, the count results from the Day 2 prioritization of needs, potential policy changes derived from the data, and the qualitative results from Day 1 by topic (i.e., housing, employment, health, education and legal), theme (i.e., institutional, family, information, discrimination and points-of-service), and discussion area (i.e., needs, gaps, services and solutions).

Priorities voted on during Day 2 are important as underscored by the number of votes each received from participants. However, while there was much discussion about those items receiving votes there was also much discussion of those that did not. Prioritizing some needs over others was not meant to devalue the importance of each of the needs and gaps participants brought up in focus groups. Thus, beyond the prioritized ideas, the needs and gaps generated on Day 1 also include a range of important items pointing to five themes: institutional, family, information, discrimination and points-of-service.

Housing

“Senior vets going ‘back into the closet’ for Cal Vet housing benefits!-Fear of violence.”
~ Housing Focus Groups

Participants generated a list of 124 housing items on Days 1 and 2: 46 needs, 28 gaps, 42 services, and 8 solutions.* These items were most noted in the institutional (81) theme; fewer items were generated concerning family (5), information (25), discrimination (4) and points-of-service (9) themes.†

* See Appendix E for a detailed list of the raw data.

† For a precise accounting of the number of housing items by theme and needs, gaps, services and solutions, see Appendix F.

Priority Vote

On Day 2 participants voted and prioritized the following housing needs (see Appendix B for a complete accounting of the priority vote):

- 1) Modify homes to accommodate those veterans living with Post-traumatic Stress Disorder, Military Sexual Trauma and Traumatic Brain Injury. For example, install grab bars for veterans with Traumatic Brain Injuries.
- 2) Upgrade discharge papers. It is difficult now for veterans to upgrade their discharge papers to change their names or reverse an other-than-honorable discharge that might have been related to their sexual orientations. When they do, the changes are reflected on a corrected discharge paper. However, they are still sometimes required to show their actual discharge papers.
- 3) Implement a survey to gather data about LGBT housing. Asking LGBT veterans more about their housing situations and needs might better identify problems they experience with sex-segregated housing, a lack of choice in housing and needs for family housing among other things.
- 4) Train service providers, leaders and organizations about LGBT housing needs. Many non-LGBT veterans interact with and represent LGBT veterans. Training about specific LGBT veterans' needs, such as housing, that includes their families and sensitivity training would benefit those interacting with LGBT veterans as well as the veterans.
- 5) Including LGBT family (e.g., genetic and adopted children) in housing accommodations. LGBT families are diverse in their composition. Participants see a need to expand the definition of family.

Potential policy and practice related to the housing items participants prioritized include, but are not limited to, the following:

- Provide housing that accommodates trauma associated with military service.
- Upgrade federal discharge paperwork so veterans and their families have access to housing benefits associated with military service. (Participants also prioritized this need in the employment and legal discussions.)
- Include LGBT families in the definition of family.
- Collect data from LGBT veterans and use that to inform policy. Listening to LGBT veterans about who they are and what they need will better address their concerns.
- Implement training to educate housing service providers about LGBT veterans.

Needs and Gaps

Participants discussed the following topics as needs or gaps within each theme whether or not they were identified as a priority:

Institutional Theme

Keywords associated with institutional changes that surfaced in the housing focus groups included “HUD-VASH,” “funds,” “consistency,” “eligibility” and “transition.” Participants expressed a number of issues related to the U.S. Department of Housing and Urban Development, Veterans Affairs Supportive Housing Program. They asked that they be able to use vouchers to transition seniors into permanent homes, for an increase in the number of vouchers available, for living spaces that are safer and friendlier for LGBT veterans, to expand the supportive housing program in ways that benefit LGBT veterans, for landlord financial assistance to repair damaged dwellings and to expand definitions of homelessness to include veterans who are “couch surfing.” Another key U.S. Department of Housing and Urban Development program is the Good Neighbor Next Door Sales Program. This program currently allows firefighters, school teachers, law enforcement officers and emergency medical technicians to buy homes in areas with low household incomes, high foreclosure rates and low home ownership rates at 50 percent the list price. Adding veterans to the list of eligible occupations could help to revitalize these communities even as it addresses housing issues for all veterans.

Participants asked that veterans’ benefits such as home modifications for those with service-connected injuries such as Post-traumatic Stress Disorder, Military Sexual Trauma, or Traumatic Brain Injury be consistent whether or not they are low income. They also considered qualifying for Veterans Affairs home mortgage programs important.

Ensuring that homeless veterans receive special assistance was a concern of participants. They suggested that CalVet, Veterans Affairs, and veterans service organizations could help homeless veterans in the following ways: creating a process or resource center to help them upgrade their discharge papers and get other documents in order, working with veterans to prevent homelessness immediately after discharge and consistently throughout and beyond their transition from the military, setting up emergency funds to assist veterans who may be experiencing crises that increase their risk for homelessness and expanding programs such as the Aspire Center, a rehabilitation program that is a part of the San Diego Veterans Affairs healthcare system. Other suggestions to prevent homelessness were offering sober housing for LGBT veterans who may require it and providing “bridges” to veterans in low-income communities who may be at risk of losing their housing due to gentrification and community upgrades.

Increasing housing eligibility for LGBT veterans who have served in the California National Guard, National Guard/Reserves—regardless of the minimum number of days deployed—was also noted by participants.

Participants suggested needs having to do with the GI Bill to better assist LGBT veterans with housing issues: expand on existing model partnerships that assist student veterans who need housing, extend or supplement the housing allowance to allow for consistency of access to housing and extend the timeline for benefits beyond 36 months to allow for time to complete a college degree.

Transitional housing^{*}—for LGBT veterans who are transitioning to civilian life as well as transgender veterans transitioning gender—was present on the minds of participants. Attendees suggested that choices in housing options for LGBT veterans are important. Housing for special demographic groups was also discussed in terms of HIV/AIDS communities.

Participants also cited a need for the protection of Health Insurance Portability and Accountability Act (HIPAA) information and for military sexual trauma veterans who may be sharing a room in transitional housing. Adherence to Veterans Affairs policies on transgender veterans' services was a concern, as was the need to enforce existing laws protecting transgender veterans. It was important to participants that transitional housing be based upon the individual and what is best for the individual in their community. Financial literacy education during transition from military to civilian life would also be helpful.

Participants specifically cited Proposition 41, California's Veterans Housing and Homeless Prevention Bond Act, in terms of next steps. They would like to see monitoring of the implementation process and partnerships encouraged at the local level with all stakeholders—local governments, developers and service providers—for land donation and other services. They thought these actions would bolster applications to Housing and Community Development as well as increase the potential for receiving funding.

Participants also discussed the implications of nonstandardized Status of Forces Agreements. The nonstandardization of Status of Forces Agreements as well as of marriage laws in the U.S. impact LGBT service members' and veterans' housing options. Status of Forces Agreements establish the rights of service members while in a foreign country. These agreements stand as a barrier for real equality for LGBT veterans. For instance, if an active-duty soldier relocates to a country that does not recognize a same-sex spouse as a dependent, then command cannot approve benefits such as the basic housing allowance. Nonstandardization of marriage laws in the U.S. also impacts LGBT veterans, as access and eligibility to Veterans Affairs home loans depends upon where a same-sex military couple was married and/or where they reside.

^{*} Participants noted that transitional housing is currently being built on the Mather Campus for veterans in Sacramento.

Family Theme

Keywords associated with family that surfaced in the housing focus groups included “spouse,” “family” and “kids.” Besides working to standardize Status of Forces Agreements as they pertain to LGBT veterans and their families, it was important to participants that clarity concerning children—genetic vs. adopted—and their housing options be taken into consideration in all housing considerations. Being housed with the gender a veteran identifies with, yet having children of the opposite gender, may have consequences for a family such that they may have to separate.

For transgender veterans, being recognized as the gender with which they identify can impact the housing options they have. They would like to have more choices in housing that include living with people who are transgender, or alternatively, who have similar gender identities rather than the same physical sex. Accommodating transgender veteran housing needs such as this requires funding to establish and maintain the different kinds of housing. Participants also indicated that local, state and federal housing discrimination protections for transgender veterans are unclear. They ask that protections apply whether or not transgender veterans have amended their identity documents or have undergone gender reassignment surgeries.

Information Theme

Keywords associated with information that surfaced in the housing focus groups included “connect,” “training” and “disseminate.” Participants felt that much more could be done to connect LGBT veterans to centers, programs and resources that offer them support. They cited significant knowledge gaps among veterans and housing providers about available programs and eligibility guidelines.

Upon transitioning out of the military, providing LGBT veterans with specific housing information would be helpful. For instance, the San Diego Veterans Village is a place where homeless veterans and those transitioning to permanent housing can receive needed services and sober living.* They suggest creating an enhanced LGBT veterans village—one that could connect “Rainbow” and senior communities to existing veterans service providers and California veteran service officers.

Cultural competency training for people and organizations who work directly with LGBT veterans was another important concern for participants. Training people who serve LGBT veterans about their needs and the culture of the community would help disseminate information and create greater awareness and education about LGBT veterans. Training would also provide an alternative to stereotypical media representations of veterans.

* See <http://www.vvsvd.net/index.htm>.

Discrimination Theme

A keyword associated with discrimination that surfaced in the housing focus groups was “EEO.” Participants expressed concern that landlords discriminate against U.S. Department of Housing and Urban Development, Veterans Affairs Supportive Housing program participants and veterans because of stigmas associated with Post-traumatic Stress Disorder. LGBT veterans also continue to experience discrimination despite existing EEO standards—these standards need to specifically include LGBT.

Points-of-service Theme

A keyword associated with institutional changes that surfaced in the housing focus groups included “facilities.” Participants noted a need for more LGBT veterans housing facilities, as well as the increased presence of LGBT representatives at all CalVet resource fairs. Los Angeles currently includes LGBT representatives at resource fairs, but statewide standardization is needed.

Services and Solutions

While there are many housing needs and gaps for LGBT veterans, participants also discussed the variety of services already available (see Table 1 below) and proposed solutions to problems identified above.

Participants commented that within the larger veterans’ community there is an anti-LGBT attitude that creates fear. Further, participants noted that some senior LGBT veterans are going “back into the closet” because they fear violence being directed at them. They also feel that not being “out,” retired or not, protects their rights to receive CalVet benefits.

Suggested solutions to the problems participants identified included Safe Space transgender veteran transitional housing, special funding to provide LGBT-exclusive housing and development of veteran peer- support certification programs that would assist homeless and transitioning vets and their spouses with housing and jobs. In particular, Safe Space housing can provide havens for LGBT veterans to live with other LGBT veterans and allies.

Of particular importance for transgender veterans is having options for housing that include safe-space transgender housing. They would like to have choices about where they live. Participants also suggested working with LGBT vets in ranch or rural housing settings and assisting them with skills to take care of their personal hygiene, helping them find their voice and think clearly and teaching them to take a mature view of alcohol consumption were also suggested as solutions.

Table 1 – Participants Identified Many Current Housing Services and Benefits*

California’s Interagency Council on Veterans identified homeless providers in California with VA connections	CalVet and VA have home loan programs
Department of Housing and Community Development	Dream Makers program
Habitat for Humanity	Healthcare for homeless veterans includes a housing component
OutServe-Servicemembers Legal Defense Network	Post-9/11 GI Bill connected to school housing
Some community college campuses have corporate partners that assist students with housing support	Supportive services for veteran families federal grants for homeless prevention
Transitional housing	Vacant California National Guard armories could be sold to the city/county in certain areas to be converted to house homeless
Veterans Villages	U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing

Employment

“*From employment a lot of other good and bad things happen. Get them at the start.”
 ~ Employment Focus Groups

Participants generated a list of 158 employment items on Days 1 and 2: 71 needs, 46 gaps, 32 services and 9 solutions.† These items were most noted in the institutional (74) and information (62) themes; fewer items were generated concerning family (3), discrimination (10) and points-of-service (9) themes.‡

* Services are corrected for spelling and grammar to aid in clarity. For verbatim text see Appendix E.

† See Appendix E for a detailed list of the raw data.

‡ For a precise accounting of the number of employment items by theme and needs, gaps, services and solutions, see Appendix F.

Priority Vote

On Day 2 participants voted and prioritized the following employment needs (see Appendix B for a complete accounting of the priority vote):

- 1) Implement a federal nondiscrimination policy protecting the LGBT community. LGBT veterans report facing discrimination in the workplace and elsewhere and see a need for formal protections and enforcement of those protections.
- 2) Receive employment and college credit for military experience. One of the toughest parts of transitioning to civilian life is translating military jobs and duties into relevant civilian employment. Establishing policy and procedures that crosswalk military service with nonmilitary employment is an example of ensuring military service translates into civilian employment and pay structures.
- 3) Ensure LGBT veterans' centers and veterans service organizations provide point people who understand LGBT veterans' points of view and places that feel safer to LGBT veterans.
- 4) Train employers to be sensitive to LGBT veterans' needs and value. Many non-LGBT veteran employers could hire LGBT veterans. Training them to recognize the value of LGBT veterans as employees would benefit the employers as well as the veterans.
- 5) Upgrade discharge papers. It is difficult now for veterans to upgrade their discharge papers to change their names or reverse an other-than-honorable discharge that might have been related to their sexual orientations. When they do, the changes are reflected on a corrected discharge paper. (Participants also prioritized this need in the housing and legal discussions.)

Potential policy and practice related to the employment items participants prioritized include but are not limited to the following:

- Create explicit and strengthen federal LGBT nondiscrimination employment protections.
- Encourage employers to count military service as employment experience when hiring and setting salaries.
- Certify veteran service organizations that include specialized support for LGBT veterans.
- Support sensitivity training for employers who want to hire veterans.
- Upgrade LGBT-related discharge paperwork so veterans are not outed when employers request proof of military service.

Needs and Gaps

Participants discussed the following topics as needs or gaps within each theme whether or not they were identified as a priority:

Institutional Theme

Keywords associated with institutional changes that surfaced in the employment focus groups included “formal,” “companies,” “transition” and “program.” Institutional needs and gaps related to employment for LGBT veterans included formal changes (i.e., certification processes, paperwork, law, bureaucratic change), recruiting LGBT veterans for employment, help with transitioning from military to civilian employment and programs encouraging the employment of LGBT veterans.

LGBT veterans who have an other-than-honorable discharge from the “Don’t Ask, Don’t Tell” era and prior to it are immediately “outed” for their sexual orientations or gender identities when presenting their paperwork to potential employers. Participants recommend updating the reentry code or narrative on discharge paperwork to change the code indicating a person was not fit for the military and/or references to “homosexual.” For transgender veterans, updating discharge paperwork could mean allowing them to change their names.

At the federal level, participants suggested creating congressionally-chartered private veteran service organizations specifically for LGBT veterans and using special hiring authority to staff the organizations. For California, a gubernatorial proclamation could convey the unique value LGBT veterans add to an organization even as it also encourages businesses to hire these veterans. Certifications could be developed to indicate when a veteran service organization specializes in services for LGBT veterans.

Many forum attendees shared that transgender veterans experience the most employment discrimination out of all LGBT veterans. Participants seek clarification from the military on transgender service because “LGB people are being fired for spectrum gender identities,” (Employment Focus Groups). Clarifying the acceptance of transgender identities would benefit those service members and veterans, LGB or not, who present a gender identity not associated with their biological sex (e.g., a biological female who prefers to have short hair and wear little makeup will sometimes be considered by others as more “manly” and not “feminine” despite her gender identification as a woman). The expectation is that formal acceptance of transgender identities and unconventional gender expressions will promote the kind of safety and job security that people with more conventional gender expressions experience.

Participants discussed several ways to close the employment gaps for LGBT veterans. Given the difficulty that many transgender veterans experience in finding employment, participants suggest

offering special employment services aimed at stable jobs for these veterans. Transgender veterans need help in finding and maintaining meaningful employment. Other suggestions included preference points in hiring for private organizations, nonprofit organizations prioritizing the hiring of LGBT veterans and point preference for government and union jobs. In one focus group, attendees suggested that “More Fortune 500 companies ... actively, vigorously recruit LGBT vets,” (Employment Focus Groups) emphasizing that LGBT veterans would like to work in the private sector at successful companies.

Similar to educational needs of transitioning military service into credits, participants pointed to active-duty-to-civilian transition services to help them translate military service occupations into civilian occupations.

“Training codes and exp[erience]. Needs to be translated to education for employment.
Translation of service to civilian equivalent.”
~ Employment Focus Groups

Currently, the military provides service members exiting active duty with the Transition Assistance Program.* This program could include a focused breakout curriculum for LGBT service members addressing the particular circumstances they face upon reentering the civilian world.

Participants generally contributed many ideas about programs to address needs and gaps—employment programs encouraging hiring LGBT veterans, rewards for employers hiring LGBT veterans, best practices and skill-building programs. For example, Workforce Investment Boards already emphasizing the hiring of veterans could specifically include hiring LGBT veterans. Tax breaks could be offered for companies who do hire LGBT veterans. For those companies who say they will hire veterans, and do not, participants would like them to be held accountable for not doing so. Two examples of best practices participants would like to see replicated are Los Angeles’ one-stop-shop model and expanding the Transgender Economic Empowerment Project to cities and counties.

Family Theme

Keywords associated with family that surfaced in the employment focus groups included “kin,” “marriage” and “spouses.” Needs and gaps for family members of LGBT veterans focused on helping family/kin/relatives find employment. It is challenging for LGBT families to move because some states do not recognize same-sex marriages, and spouses’ access to assistance varies according to a state’s recognition of same-sex marriage. This is problematic because if there are employment benefits for spouses of service members or veterans in a state where the family lives, but a same-sex military spouse is not recognized as such, then they cannot access

* For more information about Transition Assistance Program, please, see <http://www.dol.gov/vets/programs/tap/>.

those benefits. Further, family members need help explaining their frequent moves and gaps in employment related to military transfers. Licensed professionals experience further difficulty because states have different requirements for professional licenses needed to practice.

Information Theme

Keywords associated with information that surfaced in the employment focus groups included “outreach,” “training” and “media.” General topic areas for information needs and gaps were outreach, training, creating and disseminating lists and Internet information and data collection. Participants brought up the benefits of launching a mass media campaign to hire LGBT veterans and veterans more generally. They suggested public service announcements featuring celebrities and public figures as a means to revamp the image of veterans as “broken” to a more positive image and a way to start the conversation. Targeted outreach to LGBT veterans identified in focus groups included LGBT-friendly businesses identifying as such, creating new flyers that have an LGBT veteran focus from the existing “Hire a Vet” campaign and expanding California’s Employment Development Department outreach activities to LGBT communities. There also needs to be specific and identified spaces coordinated with veteran service organizations where LGBT veterans can be recruited for employment. Participants discussed that statewide collaboration between companies and veteran service organizations is key in identifying LGBT veterans for employment, bringing services to them and influencing policy.

Training needs and gaps include those for businesses, veteran service organizations and LGBT veterans. Cultural competency,^{*} sensitivity and safe-space training for businesses and veteran service organizations could include such things as “discuss[ing] possible scenarios that employers might fear [to] Break the fear cycle,” (Employment Focus Groups) and specialized curriculum that identifies LGBT-specific issues. Unions need to be introduced to the value of hiring LGBT veterans. Mentors and apprenticeships will help LGBT veterans to apply for jobs at the federal level as well as help them learn how to interview in civilian settings:

“Language/communication “translator” to succeed in job interview. In military, short (and) to the point answers does not work in civilian job interviews. Need to elaborate (and) converse.”

~ Employment Focus Groups

Participants not only asked for training, they pointed to easily accessible information to be made available online. Frequently participants brought up making available lists of LGBT-friendly companies and requirements for transitioning out of the military, having search engines specifically for LGBT veterans or employment sites that include an LGBT veteran search option and making information about programs, such as the Small Business Administration veteran programs, easily accessible.

^{*} Participants consistently emphasized the importance of, and dire need for, cultural competency training for anyone involved with LGBT veterans.

Finally, information needs and gaps include access and the collection of data. Participants want more data collected and already-collected data made available. For example, they suggested that California Employment Development Department identify LGBT veterans to target specific resources to them. Participants would also like to have access to "...survey data of Veterans Affairs Health/HRC collaborative done annually on LGBT vets," (Employment Focus Groups) and see the Better Business Bureau assess LGBT veteran hiring trends.

Discrimination Theme

One particular keyword associated with discrimination that surfaced several times in the employment focus groups was "protection." Participants suggested that veteran service organizations, LGBT organizations and government online resources could be focused on how LGBT veterans can be empowered to overcome the discrimination they experience.

They reported being fearful about whether or not there will be a "Rainbow glass ceiling" (Employment Focus Groups) in the workplace and whether or not they will experience discrimination because changes to California's Fair Employment and Housing Act protect veterans but not LGBT as such.

Participants suggested there be formal, federal protections that make LGBT a protected status generally and in the military. Participants view military protections, especially those that protect transgender service members who are transitioning from male-to-female or female-to-male, as helping to protect them when they reenter the civilian world. Finally, they suggested that LGBT centers really make efforts to understand those who are also veterans.

Points-of-service Theme

Keywords associated with points-of-service changes that surfaced in the employment focus groups included "job fairs" and "job clubs." Participants emphasized points-of-service aimed at recruiting LGBT veterans and places in the business world where LGBT veterans could feel safe and network.

They noted that companies should hold events aimed at finding LGBT veteran employees and that job fairs should emphasize this group's participation. Providing community Rainbow Chambers of Commerce could present a safe place for LGBT veteran business owners or would-be business owners to build their businesses and business skills.

Finally, they also recommended contacting and working with the David Bohnett Foundation's Cyber Centers to include information specifically aimed at LGBT Veterans.

Services and Solutions

While there are many employment needs and gaps for LGBT veterans, participants also discussed the variety of services already available (see Table 2 below) and proposed solutions to problems identified above.*

Table 2 – Participants Identified Many Current Employment Services and Benefits†

CalVet.Ca.gov	CalVet state employment
Employment Development Department has veterans preference to move to the head of the line	Helmets to Hardhats
LinkedIn free upgrade for veterans	Proposition 41 monies for job training
Society for Human Resource Management	Statewide unions
VA.gov	Veteran Employment Offices—CalVet matches military experiences to job/career
California Workforce Investment Board	Work for Warriors

Solutions included those that are more formal and institutional, focused on information sharing and available at a specific place. Formal solutions included tasking the California Employment Development Department to work with the LGBT Resource Centers to reach more LGBT veterans; certifying veteran peer support specialists in employment assistance for veterans, spouses and their children; establishing mentor programs to help LGBT veterans prepare and feel safe during the employment process and Veterans Affairs hiring more LGBT veterans.

Of equal importance, they would like CalVet and California Employment Development Department to partner on an initiative to hire more LGBT veterans. This initiative would include identifying LGBT-friendly businesses early on to better disseminate and publicize this information during LGBT Pride Month in June.

* In the Sacramento area, Veterans of America operates a Mather Community Campus which offers job development and housing assistance to LGBT veterans (<http://www.voa-ncnn.org/housing-services-greater-sacramento>).

† Services are corrected for spelling and grammar to aid in clarity. For verbatim text see Appendix E.

Further information-related items include creating meaningful connections among military occupational specialties and civilian job skills and employment, providing data about which states have protections in place for LGBT so that separating service members can make informed decisions about where they move and mentoring from one veteran to another. Finally, they would like to have town hall meetings in every geographical area with a large population of veterans.

Health

“VA needs to have continuity of care for trans vets including gender reaffirming surgery.”
~ Health Focus Groups

Participants generated a list of 175 health items on Days 1 and 2: 65 needs, 49 gaps, 48 services and 13 solutions.* Health refers to both mental and physical health.† These items were most noted in the institutional (73), information (57) and points-of-service (32) themes; fewer items were generated concerning family (7) and discrimination (6) themes.‡

Priority Vote

On Day 2 participants voted and prioritized the following health needs (see Appendix B for a complete accounting of the priority vote):

- 1) Implement cultural sensitivity training for Veterans Affairs staff and healthcare providers. Non-LGBT veteran healthcare providers and staff might interact and provide services to these veterans, but many may know little about them. Training them to understand the particular health needs of LGBT veterans such as a female-to-male transgender veteran who needs gynecological care would benefit the providers and staff as well as the veterans.
- 2) Create a directory of LGBT-friendly providers. Offering an easily accessible list of LGBT-friendly and/or trained healthcare providers will make it easier and safer for LGBT veterans to find the care they seek.
- 3) Include a paid LGBT advocate at all Veterans Affairs offices. Providing someone trained in healthcare issues particular to LGBT veterans not only helps to navigate a

* See Appendix E for a detailed list of the raw data.

† The Department of Veterans Affairs, Veterans Health Administration issued an information letter in July 2014. This letter describes the policy and practice for providing healthcare to lesbian, gay and bisexual (LGB) veterans as well as the demographics, historical discrimination and specific health concerns faced by LGB veterans. Transgender veterans are also discussed in this information letter in terms of recommendations on how to build a welcoming environment for LGBT veterans. The recommendations include items discussed at the forum such as cultural competency. Given that attendees often focused on cultural competency training as needed, we could conclude that they would like there to be more congruence between recommendations and practice.

http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3013

‡ For a precise accounting of the number of health items by theme and needs, gaps, services and solutions, see Appendix F.

sometimes complicated healthcare field but would also help these veterans get the care they need.

4) Cover unconventional reproductive methods, gender affirmation therapy and contact lenses in health insurance plans available to veterans through Veterans Affairs. LGBT families might not want or be able to use conventional reproductive methods. For example, artificial insemination is not a covered benefit. Transgender veterans may need gender affirmation therapy as they transition and may also need to increase the level of a hormone in their bodies to better express their gender identities. Contact lenses are only covered in certain circumstances.

5) Provide consistent services across Stand Downs among other needs. Stand Downs are events that take place to provide basic needs such as clothing, shelter, health screenings etc. to homeless veterans. However, the services provided can vary and where one Stand Down might have a particular type of health screening another may not.

Potential policy and practice related to the health items participants prioritized include but are not limited to the following:

- Require LGBT cultural sensitivity training and certification for U.S. Veterans Administration (Veterans Affairs) staff and contractors.
- Provide veterans with an easily accessible and updated list of service providers who are certified in LGBT healthcare.
- Provide veterans with staff specifically trained to assist with LGBT healthcare and services.
- Include Veterans Affairs healthcare services that are relevant to LGBT veterans.
- Standardize Stand Down services. Stand Downs are events that take place to provide basic needs such as clothing, shelter, health screenings, etc. to homeless veterans.

Needs and Gaps

Participants discussed the following topics as needs or gaps within each theme whether or not they were identified as a priority:

Institutional Theme

Keywords associated with institutional changes that surfaced in the health focus groups included “standardized,” “HIPAA” and “eligibility.” Generally, participants see a need for standardized care, and they state “Requirements for providers are different/higher/wrong for needs,” (Health Focus Groups). This can be addressed through certification of counselors from the American Psychological Association, * certification for Veterans Affairs contractors and a standard for

* American Psychological Association LGBT publications and training videos can be accessed here: <http://www.apa.org/pi/lgbt/resources/index.aspx> and <http://www.apa.org/apags/governance/subcommittees/lgbt-training.aspx>.

healthcare record distribution. They would also like to see HIPAA violations addressed, more accountability for healthcare staff and managers to know relevant policies and stakeholders review policies regarding surrogacy. Surrogacy might be particularly important to understand given its use by the LGBT community for family planning, and the fact that some participants were unsure whether or not unconventional reproductive means would be covered if they wanted to use them for family planning.

Eligibility for benefits and services include those for LGBT veterans and veterans in general—it would be helpful for the Veterans Affairs to expand services to include noncombat veterans, remove discharge codes to increase eligibility for care, equalize benefits for those serving prior to and after 9/11 and have Kaiser included as a Tricare (veterans' health insurance) option. They also expressed concerns about the use of medical marijuana and its impact on job prospects because of conflict between state and federal policies, lack of line-of-duty paperwork for injured soldiers and lack of coverage for needed surgeries. Another concern expressed was the need for access to their own medical records (currently doctors only have access) and the need for medical staff to also have access to those records if needed.

A large number of data were generated about the improvement of healthcare for LGBT veterans. In particular, transgender veterans need healthcare for medically necessary procedures such as hair removal to properly transition gender. More generally, these veterans ask for a consistent level of care and that the “VA needs to have continuity of care for trans vets including gender reaffirming surgery,” (Health Focus Groups).

Aside from improving healthcare, participants cited more general needs and gaps in LGBT mental and physical healthcare. They would like Veterans Affairs to align with (inter)national diagnostic tools and standards of care such as the Diagnostic and Statistical Manual of Mental Disorders, World Health Organization's International Classification of Diseases and the World Professional Association of Transgender Health Care. Participants cited a lack of access to specialty mental healthcare for LGBT veterans, a dearth of licensed marriage and family therapists and the inability to attend peer support groups that meet during the normal work day (i.e., 9 a.m.-5 p.m.). To help with mental health issues associated with transitioning to civilian life, LGBT counselors can meet with LGBT veterans. Because, in many cases, LGBT veterans have had to historically deny who they were, participants also noted a need for acceptance of their identity—of who they are—by those who assist them with mental and physical healthcare.

Participants also reported they would like access to Eye Movement and Desensitization Treatment often used to treat Post-traumatic Stress Disorder. However, Veterans Affairs already does allow this treatment. That participants made this suggestion could indicate that information about the treatment must be better disseminated or that Veterans Affairs could improve access to it.

Holistic healing and the use of medical marijuana were also viewed by participants as gaps in physical and mental health services. Other physical healthcare services include providing pre-exposure prophylaxis and post-exposure prophylaxis medication throughout the Veterans Affairs healthcare system to prevent contracting HIV. Treatment for HIV overall must be improved. Participants asked that the shortage of in-home caregivers for the 100 percent disabled be remedied.

Physical health needs and gaps included a variety of topics from asking Veterans Affairs to cover contact lenses to tailoring appointments to the special needs of LGBT. For example, participants suggest that “In appointment consultation geared towards LGBT (Lesbians asked if they use condoms),” (Health Focus Groups).

Generally participants said LGBT veterans do not feel safe in Veterans Affairs healthcare spaces. To help make spaces more welcoming and safe for LGBT veterans, they requested for there to be a diversified Veterans Affairs staff; a paid, mandatorily trained LGBT advocate at every Veterans Affairs; more private spaces and peer support groups. Improved services could include gender-specific health screening, more access to pro bono services to help with discharge corrections, expanding access for LGBT veterans elder care, more proactive and preventative medicine, using research to inform practice aimed at something other than the conventional disease model and for releases to Tricare to be speedier and more frequent. Other ways to improve healthcare include replicating programs—Los Angeles’ Veterans Affairs provides a holistic approach to medicine and the Palo Alto and Boston Veterans Affairs provide websites aimed at addressing LGBT issues. In addition to changes that would help them to feel safer in healthcare spaces, LGBT veterans note the need to strike a balance between accessing specialized services and mainstreaming LGBT veterans as much as possible.

Family Theme

Keywords associated with family that surfaced in the health focus groups included “married.” Similar to institutional needs and gaps, needs and gaps for family-related health include transgender and improving care. Participants acknowledged that therapy for transgender people not only includes gender transition treatment for the person undergoing transition but also includes health coverage needs for their family members. This whole family approach to healthcare as well as family therapy programs specifically for LGBT families are important aspects to LGBT healthcare.

Information Theme

Keywords associated with information that surfaced in the health focus groups included “training,” “education,” “outreach” and “data.” Information needs and gaps included training/education, making available specific information, outreach and data collection. Ranking

higher than any other training and education need was a recommendation to provide cultural competency training to all medical fields, the Veterans Affairs, CalVet, county Veterans Affairs, clinics, physicians, hospice care staff and older adults who might not be LGBT. Culturally competent volunteers to guide LGBT veterans are a key component of this process.

These trainings should be standardized, and organizations whose staff have been trained should convey they have:

“Safe Person Identification present on VA LGBT friendly staff (and) providers encouraging patient trust (and) disclosure (and) visibility to staff (and) patient alike.”

~ Health Focus Groups

The larger community, the private sector and LGBT centers need to be trained about veterans' needs as well. Beyond training providers and LGBT veterans in cultural competency, participants would like LGBT veterans to be coached in self-advocacy, how to clarify what they want and how to help each other.

In easily accessible centers and online, specific information can be made available for LGBT veterans and those seeking to know more about them. As in other topic areas, the collection and dissemination of lists is important. A “Pink List” of LGBT-friendly providers, a healthcare equity index, healthcare rights and available care and report cards about providers are among those things participants reported need to be made available around the state.

Outreach efforts are about connecting the LGBT community with veteran and larger communities. Thus, participants would like to see Veterans Affairs embrace LGBT Pride Month in June of every year. They view this as a means to promote acceptance, empower LGBT veterans and educate the LGBT community about veterans. Specifically, they would like a marketing campaign implemented aimed at promoting acceptance of LGBT veterans, and, at an on-the-ground level, they would like community outreach to be deployed as a means to get a better idea of who has served in the military.

Finally, information needs and gaps include access to and the collection of data. Generally, they see a disconnect between Veterans Affairs and Department of Defense data. Participants suggested doing evaluations, examining best practices, counting how many LGBT veterans are receiving health services in the community, and through Veterans Affairs, collecting information about complaints. Collecting these data and making them available would aid in accountability and the provision of services.

Discrimination Theme

Keywords associated with discrimination that surfaced in the health focus groups included “trust” and “exclusion.” Participants revealed in focus groups that their experiences have led them to distrust Veterans Affairs and healthcare providers:

“If people have other options, they will not use VA because a lack of trust.”
~ Health Focus Groups

They view the barring of transgender military service and the exclusion of surgery services as discrimination and would like to see these barriers to open service and adequate healthcare coverage removed.

Points-of-service Theme

Keywords associated with points-of-service that surfaced in the health focus groups included “facilities” and “assisted living.” As with other topic areas, the availability of information and support services need to be consistent at both fixed places and periodic events. Importantly, some fixed places need to be expanded to more areas in the state. For example, they reported that there are too few Gender Health Centers and some people have to travel long distances to reach them. They suggest creating more Gender Health Centers or providing funding to help veterans who live further away from the centers pay for travel.*

They would also like to see satellite Veterans Affairs Centers offering health services on every campus and on bases, LGBT-appropriate facilities and more LGBT-friendly assisted living spaces. They reported that town hall events are “falsified” and do not address their problems and that Stand Downs provide inconsistent services.

Services and Solutions

“county support services for childcare allow no respite care. Kids are only in daycare during work & school hours. Single vet parents need childcare for medical appointments & general respite. Work w/counties to change the system first for vets (then for ALL.)”
~ Health Focus Groups

While there are many health needs and gaps for LGBT veterans, participants also discussed the variety of services already available (see Table 3) and proposed solutions to problems identified above.

* Participants cited the Gender Health Center in Sacramento as an example of a local urban health center offering counseling, legal and advocacy among other services. <http://www.thegenderhealthcenter.org/index.html>.

Solutions include those that are more formal and institutional, focused on information sharing and at a specific place. Formal solutions include:

- Standardized care for LGBT and “especially T” (Health Focus Groups) that requires recertification bi-annually.
- Veteran peer support certification to work with veterans and their spouses.
- Legislating the expansion of Veterans Affairs services to noncombat veterans.
- National Guard service members and reservists.
- Caregiver respite support, especially for single-parent veterans, and a simple, concise way for LGBT couples to enroll in programs.

To address LGBT cultural competency training needs for healthcare providers and Veterans Affairs, participants suggested that a contract and funding be employed to support curriculum development and trainers. This training should offer certification for those trained to help LGBT veterans better identify who they are. A survey of providers would further help those providers identify as LGBT-friendly. Finally, participants view town hall meetings as a place to share information and suggest that there be a Tricare representative available for face-to-face meetings at Veterans Affairs.

Table 3 – Participants Identified Many Available Health Services and Benefits*

Archi’s Acres—Green initiative. Gardening therapy & agriculture	Clinical Care training
Healing Horses for Armed Forces (LGBT-friendly)	Human Rights Campaign provides cultural competency training
Leading w/Resilience & Grace	LGBT centers
LGBT national hotline	LGBT patient care center in Washington D.C. has intake assessments, gender identification
Mather Women’s Clinic	Military insurance will go to outside provider
Online Mental Health Services	Prop. 63 funded Behavioral Health Organization program
Smoking cessation programs in VA	Soldiers Project
(TBD2017) Perez Bill to state fund additional people to upgrade/fix VA claims	VA centers
VA preferences for certain positions	VA recreational therapy program. Alternative form of healthcare
Wellness Works in Glendale	Yoga at VA

* Services are corrected for spelling and grammar to aid in clarity. For verbatim text see Appendix E.

Education

“Safe Space/Zone campaign (LGBT Vets) Sensitivity Training → All Faculty & Staff”
~ Education Focus Groups

Participants generated a list of 125 education items on Days 1 and 2: 56 needs, 32 gaps, 28 services, and 9 solutions.* These items were most noted in the institutional (45) and information (50) themes; fewer items were generated concerning family (2), discrimination (6) and points-of-service themes (17).†

Priority Vote

On Day 2 participants voted and prioritized the following education needs (see Appendix B for a complete accounting of the priority vote):

- 1) Establish veterans’ resource centers on campus to help with transferring military service into credits and to help with connecting dependents to resources. Currently, Assembly Bill 393 (Hernández 2015) proposes to offer grants to California Community Colleges that fund veterans’ resource centers to improve, implement and maintain services. Services could include transferring service into credits and assisting dependents to resources.
- 2) Allow transfer of GI Bill benefits to same-sex spouses. Same-sex marriage laws in different states impact whether or not an active-duty service member can or cannot transfer unused portions of their post-9/11 GI Bill.
- 3) Educate admissions staff regarding military transcripts.
- 4) Require cultural competency training for education staff. Non-LGBT veteran education staff as well as LGBT veterans might benefit from staff understanding the educational needs of LGBT veterans. For example, navigating how education for family members is covered and not covered for LGBT veterans.
- 5) Ask counties to collaborate and better address education needs consistently. If only in some counties staff understand LGBT veteran or veteran education needs, it makes it difficult for LGBT veterans to move while maintaining their educational goals.

Potential policy and practice related to the education items participants prioritized include, but are not limited to, the following:

- Provide resource centers on every university and college campus that address veterans’ educational needs.

* See Appendix E for a detailed list of the raw data.

† For a precise accounting of the number of education items by theme and needs, gaps, services and solutions, see Appendix F.

- Allow LGBT veterans to transfer GI Bill benefits to same-sex spouses regardless of the state in which they were married or the state where they lived when a veteran's right to benefits began.
- Implement training for education staff across all colleges and universities to accurately translate a military transcript into education credits.
- Implement cultural competency training and certification for all staff and faculty on campuses where veterans attend.
- Encourage county-level collaboration and training for LGBT veteran education needs.

Needs and Gaps

Participants discussed the following topics as needs or gaps within each theme whether or not they were identified as a priority:

Institutional Theme

Keywords associated with institutional changes that surfaced in the education focus groups included “champion,” “funding” and “benefit.” Institutional needs and gaps related to education for LGBT veterans include leadership and legislation, formal changes to documents, funding/financial issues and benefits and services. Participants reported that LGBT student veterans are “not on the radar.” To help put them on the radar, they ask for campus advocates to be identified, a statewide policy change and for policy advocates to take up the many identified issues LGBT student veterans have. One such issue cited by participants is “For profits colleges/universities preying on LGBT veterans.” (Education Focus Groups) At the time of the forum, participants noted that AB 2099 (Frazier 2014) had passed both houses and was awaiting executive review. This bill was since signed into California law and offers veterans some guarantee of the quality of post-secondary institutions, including for-profit schools, by providing standards for those schools receiving Title 38 educational awards for veterans and active-duty military.

Formal changes to documents are important for LGBT veterans seeking an education. Offer a way for CalVet and educational institutions to exhibit cultural competency and provide more information about LGBT student veterans. As mentioned in other focus groups, upgrading discharge paperwork is important. Changing the reentry code or narrative on this paperwork means changing a code that indicates a person was not fit for the military or refers to them as “homosexual.” For transgender veterans, upgrading discharge paperwork could mean allowing them to change their name. In both cases, LGBT veterans would no longer immediately be “outed” for their sexual orientations nor their gender identities upon presenting their discharge paperwork. Allowing veterans to self-identify their gender on forms that include boxes for self-identification acknowledges that not everyone fits into the boxes available to them now. Participants would also like forms to ask for demographic data and information about schools.

Forum participants also pointed out that educational funding needs to change. They would like to see exemptions from nonresident fees applied to all veterans seeking to attend or attending colleges and universities in areas where they might not have established residency requirements. Once enrolled and attending post-secondary institutions, funding for summer housing would help LGBT veterans remain stable where they live over the summer when they may or may not be taking classes.

Changes to some benefits and services also came up in focus groups. In particular, participants brought up needs and gaps focused on the GI Bill. Expiration rules for using the GI Bill vary depending on which GI Bill a person uses—the Montgomery GI Bill, which expires after 10 years, or the post-9/11 GI Bill, which expires after 15 years.* They would like benefits to be more flexible and transition with them over time prior to separating from service. Not only do they see a need for understanding different ways to employ GI Bill benefits, such as an employer-funded GI Bill, but they also see a need for inspiring veterans to use the GI Bill. Within post-secondary institutions they suggest a summer-bridge program with standardized information about LGBT veterans for all new students. Finally, they ask for a standardized service to easily convert military experience into college credits and more swiftly transfer credits from one institution to another.

Family Theme

Keywords associated with family that surfaced in the education focus groups included “spouses,” “children,” “adopted youth” and “family.” Family needs and gaps related to education for LGBT veterans include those that require a shift in policy and those that emphasize access and outreach. In some states there are no protections in place for same-sex spouses.† In those states, participants see a need for policy establishing preference for LGBT spouses to be located on base. Further, they would like to improve access to education benefits for their spouses and children by being able to transfer those benefits to their same-sex spouses. Participants asked whether or not earmarked funds are available for LGBT student veterans and question if funding is available for the adopted youth of LGBT veterans. Outreach campaigns could be used to improve knowledge about how family members can access LGBT veterans’ education benefits.

Information Theme

Keywords and phrases associated with information that surfaced in the education focus groups included “training,” “outreach,” “connect” and “data.” Information needs and gaps related to education for LGBT veterans include providing knowledge, training, mass dissemination of

* <http://veterans.house.gov/GIBILLFAQ>. Retrieved on March 12, 2015.

† This can become more complicated in the case of transgender veterans because of their gender identities. Depending on the officially-recognized sex category of a transgender individual, a spouse might be considered same-sex or not. Transgender veterans do not have the same recognition that LGB veterans do and are still considered to have a psychiatric condition associated with their gender identities.

information, connecting different groups and data collection. The provision of knowledge items apply to both service providers and veterans. Post-secondary school staff, including counselors and admissions staff, need to know more about transferring credits that veterans might have earned from other institutions, translating military service into credits, translating military language, which benefits and resources are available for LGBT veterans and how Post-traumatic Stress Disorder might impact completing an education. Of particular importance is cultural competency about such things as awareness of what it is like for LGBT people to “come out.” This information and general cultural education about LGBT veterans, especially as policy impacting this group changes, needs to be made available at campus counseling centers, to Veterans Affairs staff and at other points-of-service on campuses. Participants suggested that LGBT veterans be apprised before separating from the military about which states have protections in place for LGBT individuals.

Training is a key piece of transmitting the knowledge discussed above. Participants suggested that training about LGBT veterans should be ongoing, updated and aimed at cultural change rather than only EEO compliance. They would like to see cultural change rather than tolerance through the training of community leaders, counselors, campus mental health staff, campus police and professors/teachers to be more sensitive to the needs of LGBT veterans. Complementing this focused training could be information campaigns to educate the people on campus and the general public about what it means to be more culturally aware and sensitive to LGBT veterans as well as disseminating information about the kinds of services available to LGBT veterans.

Connecting different groups might facilitate the sharing of information and the provision of resources. Of particular importance to participants is improving liaison activities between veteran groups and disabled student services and other student organizations. Asking admissions staff to work closely with curriculum development might also assist with finding ways to transfer military service into post-secondary education credits.

Finally, a number of focus group items emphasized collecting information. For instance, participants would like to see the following made available: lists of LGBT advocacy groups, LGBT veteran resources, schools where veterans *should not* attend and schools that need assistance with LGBT veteran programs and services. They would also like data collected to monitor programs; they ask for a survey aimed at comparing LGBT veterans’ to non-LGBT veterans’ educational experiences.

Discrimination Theme

Keywords associated with discrimination that surfaced in the education focus groups included “trust,” “respect,” and “understanding.” Participants revealed in focus groups that in their experiences LGBT veterans feel disconnected from non-LGBT veterans, experience a lack of

trust in systems and have a desire to be understood. Below is one example of the types of items generated about the experience of discrimination:

“• Issues _ self identify • many students don't feel like they have a voice → proposed solutions next page - Transitioning from active service to education-lack of trust in system”
~ Education Focus Groups

Empowering LGBT veterans means more to them than changing rules and disseminating information; it means understanding them from their perspectives.

Points-of-service Theme

Keywords and phrases associated with points-of-service that surfaced in the education focus groups included “Safe Space” and “summits.” Forum participants emphasized the need for more safe places where they do not have to worry about discrimination and their voices are heard. They suggested school eligibility for GI Bill funds be contingent on having veterans’ resource centers on campus. Participants would like student organizations to convey that they are LGBT- and veteran-friendly. Beyond these more fixed places for LGBT veterans, participants would like to see LGBT issues incorporated into veterans’ summits by showcasing information aimed at cultural competency such as “The Camouflage Closet,” a documentary film produced by Heliana Ramirez, about “the experiences of lesbian, gay, bisexual and transgender (LGBT) veterans with Post-traumatic Stress Disorder, trauma and recovery.”*

Services and Solutions

While there are many educational needs and gaps for LGBT veterans, participants also discussed the variety of services already available (see Table 4 below) and proposed solutions to problems identified above.

Leadership, training and places for information and services rounded out their list of solutions for education needs and gaps. Participants would like to involve University of California, California State University and California Community College chancellors as well as administrators at the California Association of Community Colleges in implementing such initiatives as systemwide cultural competency and Safe Space training for all university staff, prepping advisers to help the family of LGBT veterans and offering military culture classes. To reach veterans living in rural areas, they suggested collaborating with the U.S. Department of Agriculture. Local town halls and veteran centers on every college or university campus could be implemented to ensure there are places that LGBT veterans can access information about their educations and needs.

* Retrieved on February 9, 2015. <http://cswemovingpictures.blogspot.com/2014/06/camouflage-closet.html>.

Table 4 – Participants Identified Many Available Education Services and Benefits*

Board of Governor’s Fee Waiver (BOG)	County Veterans Collaboratives in larger counties
Joint Services Transcript	LGBT micro-communities on University of California campuses
San Diego Veterans Benefits Administration counselors	State Fee Waiver for veterans and family members
Veterans Resource Centers on some campuses	Veterans Retraining Assistance Program

Legal

“*Consistent inconsistency :-)* - that's why we are here.”
 ~ Legal Focus Groups

Participants generated a list of 136 legal items on Days 1 and 2: 47 needs, 31 gaps, 48 services and 10 solutions.† These items were most noted in the information (38) theme followed closely by institutional (33), family (16) and discrimination (17) points-of-service (32) themes.‡

Priority Vote

On Day 2 participants voted and prioritized the following legal needs (see Appendix B for a complete accounting of the priority vote):

- 1) Update discharge paperwork. It is difficult for veterans to upgrade this paperwork to change their names or reverse an other-than-honorable discharge that might have been related to their sexual orientations. When they do, the changes are reflected on corrected paperwork. However, they are still required to show their actual paperwork.
 (Participants also prioritized this need in housing and employment focus groups.)

* Services are corrected for spelling and grammar to aid in clarity. For verbatim text see Appendix E.

† See Appendix E for a detailed list of the raw data.

‡ For a precise accounting of the number of legal items by theme and needs, gaps, services and solutions, see Appendix F.

- 2) Create a one-stop-shop of legal resources. Upgrading discharge paperwork came up as a need in housing, employment, health, education and legal.
- 3) Ensure spousal benefits for deceased veterans. To ensure this might mean changing the recognition of LGBT marriages at the federal level. Currently, some states, including California, recognize LGBT spouses while others do not. Depending on which state a veteran lived when they were married or the state in which they lived when they became eligible for benefits, their spouse may or may not be recognized to receive death benefits.
- 4) Update Status of Forces Agreements. Similar to standardizing marriage across states, Status of Forces Agreements with other countries not recognizing LGBT unions can be updated so that LGBT families have more options to remain together when a service member is stationed or lives in a foreign country. Status of Forces Agreements stand as a barrier for real equality for LGBT veterans.
- 5) Standardize and adjudicate transgender healthcare among other needs. Transgender veterans might need gender affirmation therapy that could include mental as well as physical therapies. Offering the same therapies across service agencies would better serve these veterans.

Potential policy and practice related to the legal items participants prioritized include but are not limited to the following:

- Correct discharge papers from the “Don’t Ask, Don’t Tell” and previous service eras, and allow transgender veterans to change their names to match their gender identities. This upgrade should appear on the discharge papers rather than on corrected discharge papers to avoid outing LGBT veterans for their sexual orientations or unconventional gender expressions.
- Encourage or require veterans’ resource centers to make available consistent and updated legal information about housing, employment, health and education benefits for LGBT service members.
- Change federal policy to allow spouses of deceased LGBT veterans to receive death benefits regardless of the state in which they were married or the state where they lived when a veteran’s right to benefits began.
- Update Federal Status of Forces Agreements so that LGBT service members and their families have access to all military benefits when stationed overseas.
- Provide healthcare specific to transgender veterans, such as hormones and surgical care that is standardized across healthcare-service locations.

Needs and Gaps

The following topics were discussed as needs or gaps within each theme whether or not they were identified as a priority:

Institutional Theme

Keywords associated with institutional changes that surfaced in the legal focus groups included “DD214” (discharge papers) and “upgrade.” Participants consistently cited a variety of issues about their military personnel records and separation forms (e.g. discharge paperwork).

For transgender veterans and service members, the information on discharge paperwork can either significantly limit or facilitate access to their benefits. They ask for the option to change their names and there needs to be more training, education and understanding of how the information encoded on discharge paperwork impacts access to benefits.

Updating medical codes used by the Department of Defense and Veterans Affairs would also help foster nationwide standardization of healthcare, benefit adjudication and continuity of care for LGBT veterans. Removing the prohibition concerning gender reaffirming surgery—changing it from being considered a “cosmetic” procedure—was considered by participants to be a need as well as a gap.

Updating and standardizing Status of Forces Agreements across all states, territories and countries would also help improve the lives of LGBT veterans and their families by not having their marital status depend on whether or not their marriage is recognized. Status of Forces Agreements stand as a barrier for real equality for LGBT veterans.

Family Theme

Keywords associated with family that surfaced in the legal focus groups included “spouses,” and “marriage.” Concerning their spouses and family members, participants suggested that spouses have trouble accessing benefits due to the current definition of “spouse” under Veterans Affairs benefit determination process.

Their spouses also need education about the benefits for which they and their dependents are eligible now that same-sex marriages may be legal, so that they can know “all the stuff they missed out on when their marriage was illegal,” (Legal Focus Groups). LGBT veterans’ families need to be aware of the kinds of services and resources available to them, especially in times of crisis or when their veteran partners are deceased. They suggested that perhaps a CalVet initiative supported by nonprofit organization partners could focus on the legal implications and ramifications of spousal and family support in the post-“Don’t Ask, Don’t Tell era.”

Information Theme

Keywords associated with information that surfaced in the legal focus groups included “educate,” “awareness” and “collaborate.” Participants offered many ideas to improve sharing information to educate, collaborate and create awareness about the issues facing LGBT veterans. They emphasized the importance of educating federal and state legislative representatives about policies that could be proactive and champion LGBT-focused programs and services.

To foster improved mental and behavioral health, information sharing and ongoing support for LGBT veterans, participants suggest CalVet partner with nonprofits that have successful service delivery models for rural and metropolitan areas. They further suggest more collaboration with veteran service providers, Veterans Affairs and other public works organizations such as police and fire agencies.

Connecting military institutions, such as the Judge Advocate General, to state and educational institutions, such as the California State Bar and state schools of law, could also aid in the eradication of barriers LGBT veterans currently face and the crafting of state-specific laws supporting LGBT veterans’ issues.

CalVet could facilitate this information sharing by publishing policies on their website and creating a directory of resources for LGBT veterans for distribution that includes information about how to report problems and get assistance.

Important to participants, also, is the need to close the gap between policy and practice at all levels, beginning with Veterans Affairs patient advocate. Cleaning up the lack of responsiveness and the inconsistent delivery of care through cultural competency training at every level would foster improved accountability and could be informed by data collection.

Awareness campaigns, clearinghouse organizations and statewide consortiums and collaboratives could help LGBT veterans “connect the dots of services,” (Legal Focus Groups) by providing one-stop-shops that bring different service providers together under one roof.

Discrimination Theme

Keywords associated with discrimination that surfaced in the legal focus groups included “exclusion,” “protection” and “harassment.” Participants noted that some of the discrimination LGBT veterans report facing could be ameliorated with the elimination of service bans, timely policy reviews of military exclusions and oversight and enforcement of existing protections concerning harassment and retaliation based on sexual orientation.

Points-of-service Theme

Keywords associated with points-of-service that surfaced in the legal focus groups included “clinic” and “Stand Down.” Participants identified the need for more LGBT-focused legal clinics, offices, Stand Downs and summits.

They suggested there be a veterans’ transition center in every county and at all Veterans Affairs and Veterans Health Administration legal clinics—and that these and other points-of-service be staffed by veteran peer specialists.

Services and Solutions

While there are many legal needs and gaps for LGBT veterans, participants also discussed the variety of services already available (see Table 5 below) and proposed solutions to problems identified above.

Another group, Swords to Plowshares, has a pro bono advisory board comprised of individuals with extensive legal experience that is looking into discharge paperwork issues. Participants felt that legislative solutions to decrease the amount of time involved in the paperwork upgrade process, perhaps even making the update automatic, would streamline LGBT veterans’ access to benefits.

A specific suggested solution was for veteran peer support specialists to not only assist veterans and their families negotiating their way through the system but also to help with finding employment.

Creating courses about LGBT legal issues as options for lawyers to take when they are looking to fulfill continuing education requirements was another solution mentioned. Participants felt it important that lawyers have knowledge of Department of Defense and Veterans Affairs regulations as well as of protections for LGBT veterans with children.

Another solution that emerged was that information concerning LGBT complaints of bias, harassment, promotion, etc., be reviewed to determine if a need exists to establish LGBT as a protected class in the military—and that diversity councils track data about this as well.

Table 5 – Participants Identified Many Available Legal Services and Benefits*

Department of Defense recognizes same-sex marriage	Fair Employment and Housing Administration added veterans as a protected status
Lesbian, gay and bisexual services can serve openly	Levitt & Quinn Family Law Center affordable family services
Los Angeles County Superior Court handles divorces and family services	National Center for Lesbian Rights
PC 1170.9 Veterans Treatment Center	Sacramento Judge Advocate General (JAG)
Thomas Jefferson School of Law	Transgender Law Center in San Francisco
University of California, Los Angeles Specialty Training and Advanced Research (STAR) program	University of San Diego Veterans Legal Clinic is a free service for taxes and DD214 Upgrades
Veterans Town Hall	

* Services are corrected for spelling and grammar to aid in clarity. For verbatim text see Appendix E. Participants cited the Gender Health Center in Sacramento as an example of a local urban health center offering counseling, legal and advocacy among other services. <http://www.thegenderhealthcenter.org/index.html>.

CONCLUSION

To facilitate a better understanding of California's LGBT veterans' needs, CalVet convened the first state LGBT Veteran Leadership Forum in September 2014. The goal of the forum was to bridge the gap that exists between LGBT veterans and the benefits they have earned. Participants shared experiences that reflect a recent history marked by "Don't Ask, Don't Tell" when LGBT service members could be discharged if they openly expressed being other than heterosexual. Transgender veterans continue to experience discrimination because of their gender identities and expressions.

Prioritized data suggest that top priorities for housing, employment, health, education and legal services are:

- Modify homes to accommodate those veterans living with Post-traumatic Stress Disorder, Military Sexual Trauma and Traumatic Brain Injury. For example, install grab bars for veterans with Traumatic Brain Injuries.
- Implement a federal nondiscrimination policy protecting LGBT. LGBT veterans report facing discrimination in the workplace and see a need for formal protections and enforcement of those protections.
- Implement cultural sensitivity training for Veterans Affairs staff and healthcare providers. Non-LGBT veteran healthcare providers and staff might interact and provide services to these veterans, but many may know little about them. Training them to understand the particular health needs of LGBT veterans such as a female-to-male transgender veteran who needs gynecological care would benefit the providers and staff as well as the veterans.
- Establish veterans' resource centers on campus to help with transferring military service into credits and to help with connecting dependents to resources. Currently, Assembly Bill 393 (Hernández 2015) proposes to offer grants to California Community Colleges that fund veterans' resource centers to improve, implement and maintain services. Services could include transferring service into credits and assisting dependents to resources.
- Update discharge paperwork. It is difficult for veterans to upgrade this paperwork to change their names or reverse an other-than-honorable discharge that might have been related to their sexual orientations. When they do, the changes are reflected on corrected paperwork. However, employers and others often require original paperwork.

Potential policy and practice suggestions related to the top priority items are the following:

- Provide housing that accommodates trauma associated with military service.

- Create explicit and strengthen federal LGBT nondiscrimination employment protections.
- Require LGBT cultural sensitivity training and certification for Veterans Affairs staff and contractors.
- Provide resource centers on every university and college campus that address veterans' educational needs.
- Correct discharge papers from the "Don't Ask, Don't Tell" and previous service eras, and allow transgender veterans to change their names to match their gender identities. This upgrade should appear on the discharge papers rather than on corrected discharge papers to avoid outing LGBT veterans for their sexual orientations or unconventional gender expressions.

In addition to items ranked as top priorities, focus group data revealed opportunities for change that promote acceptance of LGBT veterans' and their unique experiences even as they address needs and gaps in services. Key to this change are institutional collaborations among CalVet and federal and state agencies, private businesses and nonprofits aimed at:

- Providing cultural competency training and certifications.
- Promoting smoother transition from military to civilian life through programs aimed at educating, employing, housing and caring for LGBT veterans.
- Facilitating the collection and dissemination of information and data about LGBT veterans, their families and service providers.
- Educating service providers in and from all topic areas about benefits and services available and accessible to LGBT veterans.
- Offering more points-of-service with consistent information about, and more comprehensive services for, LGBT veterans and their families on the Internet, on campuses, in LGBT centers, during LGBT Pride Month and at veterans' centers, Stand Downs, health fairs, job fairs and town halls.