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THE TRANSGENDER VETERAN EXPERIENCE: POLICY IMPACTS ON TREATMENT

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Service members and veterans who no longer fear reprisal due to the repeal of the U.S. military's "Don't Ask, Don't Tell" (DADT) policy are in a position to further the equality of other U.S. service members. The next fight should be to recognize transgender service members and veterans, whose stories and service often go unrecognized.

In addition, transgender veterans who leave the military and seek out medical treatment (including mental healthcare) often face a backlash of stigma, bureaucratic obstacles, lack of understanding by some medical staff of transgender issues, lack of sex-reassignment surgery being offered by the Department of Veteran Affairs (VA), and a perceived mistrust of the system.

This policy brief seeks to highlight the transgender veteran experience and the types of treatment they seek, as well as to focus on current policy at the VA for treatment of transgender individuals, and to offer recommendations for possible enhancements to this policy.

The Scope of Transgender Active Service Members and Veterans

In the civilian world, transgender individuals face discrimination and even violence. In one survey, 248 (30%) of respondents reported "some form of discrimination in the workplace,...251 (31%) reported that they believed they had not been hired for a job specifically because they were trans-

gender," and 82 (10%) reported discrimination on the job, with transmen being more likely to report discrimination when presenting as women, and transwomen reporting more discrimination after their gender transitions (Bryant & Schilt, 2008). A quarter of respondents also reported being a victim of physical violence (215, 26%) and 132 (16%) reported being raped (Bryant & Schilt, 2008).

In the military, one of the challenges impacting transgender individuals is the notion of "non-traditional gender" found within military policies. Under current Department of Defense policy, individuals who may want to transition from male to female, or vice versa, can be discharged under an "enlistment violation" (Witten, 2007). In addition, the transition to "civilian" life is difficult for most veterans, and likely even more so for transgender veterans.

As the VA seeks to become more inclusive and patient-centric in its care for veterans, it is important to understand the transgender population and the services that they seek. In the past, it has been difficult to draw an accurate picture of transgender service members and

veterans. The military has not researched the number of transgender servicemen and women, nor surveyed veterans who have left the military and identify as transgender.

Researchers have also done limited work in this area, with one notable exception: an article in the *Archives of Sexual Behavior* (Vol. 17, 6, 1988) which followed 11 "gender-dysphonic" males over the course of 3 years in the military. This was a limited sample study and it described military policy "regarding gender-dysphonic service members (as) sketchy and [seemingly] applied on a case-by-case basis." Furthermore, transgender service members who received sexual reassignment surgery "irrespective of sexual orientation (had) medical ar-

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guments ... used successfully to support prohibition from enlistment and separation from service.” This suggests that “medical issues” may be used by the military as a way to prematurely discharge or block reenlistment of transgender service members.

Before we can begin to understand service provision and impacts of policy on this population, we need to develop a robust understanding of the numbers and circumstances of transgender active service members and veterans. A recent white paper by the Palm Center (University of California, Santa Barbara) and the Transgender American Veterans Association—“Transgender People in the U.S. Military: Summary and Analysis of the 2008 Transgender American Veterans Association Survey” by Bryant & Schilt—is the most comprehensive research conducted to date with a focus on transgender military service members and veterans.

The Transgender American Veterans Association (TAVA), which was founded in 2003 “[to ensure] that transgender military veterans receive fair, equitable, and dignified treatment” (TAVA, <http://www.tavausa.org/about.html>), collaborated with the Palm Center in 2007 on this white paper prepared from the results of an online survey.

The survey included 117 questions and gathered data on 827 respondents. Its primary purpose was to collect a wide range of data on the experiences of transgender military service members and veterans with a focus on multiple life areas, basic demographics, years served in the military by branch, and experience with VA hospitals. The majority of respondents (430, 52%) identified as female. A majority also identified between non-operative, pre-operative, and post-operative on the male-to-female continuum, with 660 respondents (97%) identifying as transsexual and stating they were unable to transition before leaving the military. The majority of the respondents served in the Army (314, 38%), followed by the Navy (239, 29%), and almost half (388, 47%) of the respondents had served in a combat zone. Many were honorably discharged (711, 86%), with 66 (8%) reporting their discharge type as being disability-medical discharge.

Types of Services Sought

Of respondents surveyed, 239 (29%) were currently using a VA hospital and 314 (38%) reported they had at one time (“currently or in the past”) used the VA for primary care. The majority (678, 82%) of transgender veterans who received care at a VA hospital identified somewhere on the male-to-female spectrum, while 107 (13%) identified as somewhere on the female-to-male spectrum. These veterans sought services including hormone therapy and gender identity therapy. Some (82, 10%) reported being turned away from the VA due to being transgender, and some veterans seeking medical gender transition services (e.g., genital surgery, chest reconstruction surgery) were denied services without any explanation or discussion of formal VA policy towards medical care for transgender individuals (Bryant & Schilt, 2008).

VA Policy Overview on Treatment for Transgender Veterans

VHA Directive 2011-024, entitled “Providing health care for transgender and intersex veterans,” delineates the scope and types of medical services available to transgender veterans. It first establishes some common terms for medical and mental health professionals to be aware of (e.g., transgender and transsexual), and then highlights the types of services available to transgender individuals. These include “hormonal therapy, mental healthcare, preoperative evaluation, and medically necessary post-operative and long-term care following sex reassignment surgery.” It also stipulates that sex-reassignment surgery “will not be provided or funded” at VA hospitals. An important aspect of this directive is the section on patient identification that requires that “patients will be addressed and referred to based on their self-identified gender.” Privacy and confidentiality hallmarks of patient care are also addressed: “All staff...are required to treat as confidential any information about a patient’s transgender status or any treatment related to a patient’s gender transition.” What are the implications of this policy and how might this policy be enhanced to provide even better care for transgender veterans?

Effect of VA Policy on Transgender Veterans

It appears that the majority (over 70%) of transgender veterans do not seek out services from a VA hospital (Bryant & Schilt, 2008). This may be due to several factors, as the survey highlights. One reason may be that despite the repeal of DADT, transgender veterans still find it difficult to break through the stigma both within and outside of military culture to seek services.

Another aspect of this policy which may discourage transgender veterans from seeking VA services, is the exclusion of sex-reassignment surgery. Sex-reassignment surgery is expensive, and many transgender individuals have difficulty locating employment due to institutional stigma. With limited resources, and with few healthcare plans covering the cost of surgery (including the VA), many individuals postpone their surgery.

A recent survey by the National Center for Transgender Equality (2011) also indicated that a majority of surveyed transgender individuals had to educate their healthcare providers about transgender health issues.

This may also help explain the limited number of transgender veterans (29%) who seek services at the VA (Bryant & Schilt, 2008).

Recommendations

The VHA directive on transgender treatment is an important step in the right direction in the care of transgender veterans. However, once the overhaul of our healthcare system vis-à-vis the Patient Protection and Affordable Care Act (2010) is implemented, all veterans will have a choice about their healthcare providers. In order to be the first healthcare choice for transgender veterans, VA hospitals should enhance current policy by implementing the following recommendations:

1. *Improved training/education for medical staff*—Training that includes a robust discussion about transgender health concerns and the opportunity to work with trans-

gender health experts to better understand the unique needs of the transgender veteran population.

2. *Expansion of current policy*—Sex-reassignment surgery should be offered to transgendered veterans who are seeking care. This is one service is crucial for transgender individuals in their new identities and for some the cost and lack of other providers make it difficult to obtain.
3. *Public recognition of service*—Currently, public acknowledgement of transgender service members and veterans and their service to our country is virtually non-existent. This lack of recognition contributes both to the public and medical stigma about this population. Providing recognition of service is one way to integrate these heroes along with others who have served and will make a significant change in the public mind regarding transgendered individuals.

In conclusion, striving to seek equality among all of our patriotic heroes is a giant step in the right direction—one step in the legacy of the DADT repeal, towards the recognition and care for transgender veterans. It is

important that medical healthcare systems such as the VA understand that equity of healthcare begins with an understanding of the specific health concerns that populations bring. Adjustments should be made to current VA policy in order to ensure that transgendered service members and veterans will not be left to fight a battle at home once they have returned from warzones abroad, but receive the care that they require and deserve.

AUTHOR BACKGROUND

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The views expressed in this policy brief are those of the author and do not necessarily represent the views of the USC Center for Innovation and Research on Veterans & Military Families (CIR), the U.S. Department of Veterans Affairs (VA), or collaborating agencies and funders.

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