



Indian Health Service Meeting on American Indian/Alaska Native Lesbian, Gay, Bisexual, and Transgender Health Issues

On September 11, 2015, the Indian Health Service (IHS) held a second public meeting to seek broad public input on efforts to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual and Transgender (LGBT) community. The meeting was held in Washington, DC from 12:00 p.m. EST to 2:00 p.m. EST.

The session included nine community members representing three Areas, one National organization, and one international organization. Two colleagues from the Department of Justice were also in attendance. The participants were able to directly discuss their concerns with five senior IHS officials: Principal Deputy Director Mr. Robert G. McSwain, Director of the Office of Clinical and Preventive Services Dr. Alec Thundercloud, Director of the Division of Behavioral Health Dr. Beverly Cotton, Jennifer Cooper Deputy Director of the Office of Tribal Self-Governance, and Senior Advisor Mr. Geoffrey Roth.

Four major themes arose from the discussions, including Suicide and Behavioral Health Needs, Confidentiality, General Health Services, and Transgender health care needs.

Suicide and Behavioral Health Needs

Behavioral Health needs, already high in AI/AN communities, can be particularly acute in persons who self-identify as LGBT, especially among young people.

Confidentiality

Many people do not believe their privacy is adequately protected by IHS. This can cause people to avoid care or avoid disclosing risk factors to their providers.

General Health Services

LGBT persons need the same access to quality health services as everyone else. To offer them effectively, sites and clinicians must treat LGBT persons without stigma.

Transgender Health Care Needs

The needs of transgender young people are often not readily met in the health care system. Transgender people need access to appropriate, sensitive health care services, and IHS should invest in training staff to give non-judgmental care, so that people will report to care and not fear stigma and discrimination.

Often, transgender issues are linked in with those of gay and/or two-spirit persons. But, transgender needs are unique and transgender women and men have the intelligence and voice to make their needs known in a respected and respectful way.

Agency policy should be inclusive of transgender health needs, and should seek to reduce the number of procedures and medications that are classified as “cosmetic” in nature.

Transgender people need access to innovative uses of existing medications, such as Pre-Exposure Prophylaxis (PrEP) for HIV prevention.