Lesbian Gay Bisexual Transgender and Queer Health Care Experiences in a Military Population

ABSTRACT

Purpose: This study aimed to understand the experiences, concerns, barriers, and factors impacting the health and readiness of Lesbian Gay Bisexual Transgender and Queer (LGBTQ) prior military service members (SM), as expressed through qualitative responses.

Methods: The data for this analysis was collected from the two open-ended survey questions as part of a larger online survey on the experiences, associated stressors, and social support that impact the health and readiness of military LGBTQ prior service members. The analysis was performed using the web-based data analysis application Dedoose. A group of qualitative analysts from Research Triangle Institute (RTI) International, Research Triangle Park, NC conducted the analysis.

Results: A total of 168 surveys (n=168) were received from December 2018 to April 2019. Analysis of the responses revealed five main themes related to the health care experiences of prior LGBTQ SMs: (1) identity, (2) negative experiences, (3) impact of experiences, (4) policy, and (5) positive experiences.

Conclusion: These findings can influence future military research by focusing on the effects of the Don’t Ask Don’t Tell (DADT) policy, negative and positive experiences, and the impact of those experiences. Future research may wish to determine what factors contribute and how these factors can be modified to change negative to positive experiences for LGBTQ service members and veterans. Military policy towards inclusiveness and acceptance of LGBTQ service members is needed. It is critical to find potential best practices for LGBTQ policy and health care for all military members and veterans.
KEYWORDS: LGBTQ, healthcare experiences, military servicemembers, Don’t Ask Don’t Tell, access to care

INTRODUCTION

The health care needs of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) service members remain unknown, as most data rely heavily on LGBTQ civilian and veteran populations (Goldbach & Castro, 2016). Research examining LGBTQ military personnel is crucial because they are likely to face health disparities based on social stigma and discrimination experienced during and outside of military service (Mattocks et al., 2014).

The overall goal of this study is to understand the experiences, concerns, barriers and factors impacting the health and readiness of LGBTQ military personnel as expressed through qualitative responses. Subsequent to the 2011 repeal of Don’t Ask, Don’t Tell (DADT), the US military’s policy of requiring LGBTQ personnel to effectively serve in silence at the risk of being discharged, many LGBTQ service members choose to serve in the military openly. Regardless of sexual orientation, the physical and behavioral health care needs of active duty service members are critical to advance readiness and operational support. Health care providers may not understand the unique needs of LGBTQ military personnel, resulting in inadequate health care (Stebnicki et al., 2015). As of 2018, there is an estimated 71,000 LGB active duty service members and 15,000 who identify as transgender. Approximately 1 million LGB Americans, 134,300 transgender veterans, and 15,500 Americans are veterans (Gates & Herman, 2014). These facts will influence further steps and policies addressing the needs of LGBTQ service members.
MATERIALS AND METHODS

The protocol was reviewed by the Womack Army Medical Center Human Research Protections Program Office and determined to be exempt from IRB review (Protocol No. 18-03362). The data for this analysis was collected as part of a larger online survey on the experiences, associated stressors, and social support that impact health and readiness of military LGBTQ prior service members. Specifically, this study utilized two open-ended survey questions: 1) Anything else you’d like to tell us about your experiences, concerns, and issues about barriers accessing health care as a member of LGBTQ community in the military? and 2) Anything else you’d like to tell us about other factors that have impacted your health, or achieving and maintaining your health as LGBTQ in the military?

Thematic analysis was performed using the web-based data analysis application Dedoose, a cross-platform application for analyzing qualitative and mixed methods data. A group of qualitative analysts from Research Triangle Institute (RTI) International, Research Triangle Park, NC conducted the analysis. Responses were reviewed independently by two reviewers (JC and AW) to capture common themes and topics and classify them into codes and sub-codes. These codes and sub-codes were synthesized into a common codebook in Dedoose, which was then used to code responses to each question. Disagreements in coding were resolved through discussion and agreement between the two researchers, generating a revised codebook that was then used to recode responses to both questions. Responses are reported verbatim with modifications only to protect confidentiality of the data.
RESULTS

A total of 168 surveys (n=168) were received from December 2018 to April 2019. Eighty-five percent of participants were white, nearly 75% were between the ages of 25 and 34; and 26% had a 4-year college degree. Thirty-two percent identified as gay, 31% lesbian, and 18% bisexual; 4% transgender, and 51% were married to same-sex spouses/partners. Almost half (45%) were Army, 24% Air Force, and 23% Navy; 50% left service with a rank of E4-E6.

Barrier Experiences and Impact Factors.

The question about experiences, concerns, and issues about barriers accessing health care as a member of the LGBTQ military personnel was labeled as Barrier Experiences. Of the completed surveys, 46 (27.4%) gave meaningful responses for analysis (Figure 1). The question, ‘Anything else you’d like to tell us about other factors that have impacted your health, or achieving and maintaining your health as LGBTQ in the military?’ was labeled Impact Factors, for which 42 participants (25.0%) gave meaningful responses. Analysis of the responses revealed five main themes related to the health care experiences of prior LGBTQ service members: (1) identity, (2) negative experiences, (3) impact of experiences, (4) policy, and (5) positive experiences (Table 1).

Theme 1: Identity. Intersectionality was noted by three responses to the Impact Factors question and six responses to Barrier Experiences, where participants observed that their sexual identity was neither the defining factor of their health nor of their identity as a whole. Participants reported that their experiences in the military were influenced not just by their identity as members in the LGBTQ community, but also by their gender, race and religious
affiliation, such as participants who noted, “POC [people of color] LGBTQ have it even worse,” and “My troubles… were more about being a ‘woman’ than about being LGBTQ.”

Diversity of opinions within the LGBTQ community portrayed a sense of frustration at perceived homogeneity. Examples include, “I can’t stand most in my community. As a conservative, I am discriminated most by my ‘community’,” “I am tired of being expected as a gay man to support transgender rights,” and “My sexuality does not define my health, any more than my love for… baseball does.”

**Theme 2. Negative experiences.** Comments overwhelmingly pertained to negative experiences. Specifically, 21 of the 42 (50%) responses to Impact Factors and 16 of the 46 (34.7%) responses to Barrier Experiences were coded as negative experiences. Six responses observed that LGBTQ members of the military other than themselves were also facing discrimination and barriers. Five subthemes appear for this theme: (2a) lack of support, (2b) lack of privacy, (2c) discrimination, (2d) harassment, bullying, and abuse, (2e) VA facilities and lastly, being (2e) pushed out of the military.

**2a. Lack of support.** Nine responses referenced lack of support. For some respondents, this manifested as a refusal by providers to offer health care services tailored to their needs. For others, it was expressed by the voicing of negative stereotypes linking LGBTQ identities with past experiences of violence and trauma. Two responses described a lack of acceptance from family members. Most commonly mentioned were leadership and the institutions as a whole, a representative comment being “While in the military, I was essentially accused of being confused and clearly somehow basing my identity of some abuse in my past by a military social worker.”

**2b. Lack of privacy.** Privacy violations were referenced three times in Impact Factors and twice in Barrier Experiences. Two respondents recounted that they were outed (had their
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sexual orientation unwillingly disclosed) by health care providers. Others observed that privacy violations by health care providers was a common occurrence for those who were themselves providers. Privacy around hospital visitation was a concern for one respondent, who feared that if their partner visited them, they would be outing. One respondent noted that the “Biggest barrier to accessing appropriate healthcare in the military was extreme lack of privacy/confidentiality.”

2c. Discrimination. Five responses to Impact Factors and three responses to Barrier Experiences referenced discriminatory treatment. Most discriminatory events disclosed by participants were perpetrated by leadership. Two mentioned experiencing religious-based discrimination by the Chaplain Corps, members of which reportedly excluded LGBTQ members from events and sabotaged assignments, awards and performance reports. A third comment noted that “most veterans, active duty personnel, had had no problems with [them]... usually it is the so-called fundamentalist and born-again religious types.” However, as one respondent noted, “Discrimination happens a lot in unprovable [sic] ways.”

2d. Harassment, bullying, and abuse. Five responses described experiencing workplace bullying or harassment. One respondent reported that an individual in a position of authority over them “routinely campaigned against all LGBTQ individuals, and was strongly suspected of arranging assaults on us.” Another respondent described being treated by a commander as “less than human,” accused of being a child abuser, and reported that when they brought this mistreatment to the attention of superiors in the chain of command, they were bullied by those superiors, who told the respondent not to be “that person that caused problems.” Another respondent described a mental health provider telling them to just “kill [them]/self” because they weren’t “right with God.”
2e. Veteran Health Administration (VHA) facilities. Comments regarding the VHA convey frustration with the lack of access to services and outdated services. This includes health care providers unfamiliar with LGBTQ health recommendations, services not covered by VHA, services provided infrequently or in isolated locations, and a lack of options for LGBTQ persons having experienced military sexual trauma. A respondent reported that their designated Regional LGBT Coordinator hasn’t facilitated a local group therapy, despite repeated requests. One subject stated that “the VA is worse than the active duty healthcare” while others suggest a fear of seeking care due to the current political climate, stating “Now that I'm out, with the current policies... I'm reluctant to seek VA care.”

2f. Pushed out of the military. In some cases, discrimination or harassment escalated to active efforts by leadership to pressure LGBTQ members out of the military. Three survey respondents described being coerced out of the military by authority figures because of their sexual orientation, saying “People in command-level positions will actively work hard at pushing you out... only because you're gay,” “[The military] attempted to set me up to discharge me for gay activity,” and “Every day I struggle with the thought that I did not fight the fight and I allowed them to bully me out of the [military].”

Theme 3. Impact of experiences. Analysis suggested four subthemes pertaining to the impact of experiences: (3a) mental health, (3b) physical health, (3c) strategies for seeking alternative health care, and (3d) impact on significant others.

3a. Mental health. Sixteen references to mental health related issues, such as anxiety, depression, post-traumatic stress disorder (PTSD) and suicidal ideation were made. The consensus among respondents was that the mental health of LGBTQ members of the military is often poor, commonly due to mistreatment, the strain of having to hide one’s sexual identity, and
limited access to LGBTQ mental health care professionals. Several responses (4) linked serving in the military under DADT or experiencing sexuality-based harassment/discrimination with the onset of PTSD. One respondent admitting contemplating suicide because of sustained mistreatment by leadership. Four responses described how lack of support and discrimination caused daily stress in their lives, saying “I have a mortgage and a family to support and the uncertainty is stressful,” and “Open discrimination by senior leaders against transgender service members causes an extreme amount of daily stress.”

3b. Physical and Sexual Health. Two respondents noted that access to pre-exposure prophylaxis (PrEP), a daily pill that can be taken to help prevent HIV was “not consistent” and “took a lot of teaching and fighting medical providers.” Some participants chose to not seek health care in the service, or lied to get necessary care. Another response disclosed that to get through most days required “perseverance and booze.” Other participants made one reference to binge drinking and two references to physical ailments, though their comments did not link these events to their LGBTQ identity.

3c. Strategies for seeking alternative health care. Respondents described strategies for seeking care while maintaining privacy, out of fear of being discharged or becoming a target of discrimination, harassment, or violence. Four respondents explained that they were not forthright about their sexuality with health care providers, three of which detailed an alternative strategy. Suggestions included seeking care outside of the military health care system or VHA hospitals. However, this strategy was also noted as a limitation, as one respondent described having to “drive over 200 miles” for treatment because the local VHA facilities did not provide medical or mental health care for transgender individuals.
3d. **Impact on significant others.** Six responses described the anxiety or uncertainty of supporting their families when they felt the “constant looming threat of being fired.” Participants described being unable to see their same-sex significant other or spouse in the hospital after injury or returning home from deployment. Furthermore, respondents felt constant anxiety regarding potential duty stations, such as the participant that confessed being “terrified that the extremely conservative community surrounding my next duty station will not be accepting of my civilian spouse for work and... when attempting to conceive children.”

**Theme 4. Policy.** One question was a policy driven question, therefore it is unsurprising that policy emerged as a theme. Four subthemes appear under Policy: (4a) DADT policy, (4b) political climate, (4c) inclusivity, and (4d) other policy recommendations.

4a. **Don’t Ask, Don’t Tell (DADT) policy.** DADT, the US military policy established in 1994 which required LGBTQ personnel to keep their sexual orientation secret at the risk of discharge, was repealed in 2011. DADT was referenced in multiple responses to the open-ended questions of *Barrier Experiences* and *Impact Factors*, in which a common theme was the profoundly adverse and long-lasting impact of DADT on the mental health and wellbeing of LGBTQ military personnel. Respondents reported that hiding their sexual orientation in the workplace and in health care settings was a daily source of stress and anxiety. One respondent reported being diagnosed with PTSD as a result of serving under DADT, others described “living in fear,” and that it was “extremely traumatizing.”

4b. **Political climate.** Five responses expressed concern around the current political climate, citing discriminatory policies that have had negative consequences for LGBTQ members of the military. One respondent disclosed, “Ever since Supreme Court ruling on Transgender Ban, almost all my friends have been discriminated [against] in a huge way.”
comments noted, “The biggest concern about the LGBTQ community is the current [climate],” or encouraged political activism.

4c. Inclusive and Tailored Health Care. Two responses called for inclusive policies allowing LGBTQ members to openly serve in the military, with emphasis on transgender persons. Allusions to more inclusive policies were found in other responses, such as wishing therapists could “openly advertise their ability to address lgbt [sic] issues,” or wanting have access to treatments, such as hormone therapy or surgery, for transgender persons.

4d. Other policy recommendations. Two responses suggested hiring clinicians trained to provide LGBTQ health care and training for health care providers on cultural awareness. Within active duty health care, the lack of privacy and confidentiality emerged as a concern among several comments. Three responses commented on misgendering, or the incorrect use of someone’s preferred pronouns.

5. Positive Experiences. Despite the majority of negative experiences, there were five comments regarding positive experiences with active duty or VHA health care. One noted the quality of their care reflected that they were “fortunate to live in a very LGBTQ-aware place.” Three, whose comments suggest they were out to their providers, were pleased with their provider’s care, stating they were “very understanding clinicians,” “all quite nice,” and “the level of care [they] received was far better than [they] anticipated.”

DISCUSSION

This paper presented qualitative data about the experiences of prior LGBTQ service members. The qualitative analysis yielded five distinctive categories about the service members experiences, concerns, and barriers accessing health care as a member of the LGBTQ community
in the military. These findings should inform providers and policy makers when designing programs for LGBTQ service members, regardless of status, retired or active.

Although the majority of respondents did link the interactions between LGBTQ status, the military environment, and health care, three participants did not. These participants felt that their LGBTQ status had nothing to do with their health care. However, this is in contrast to the literature documenting that LGBTQ persons, and particularly LGBTQ POC, have consistently experienced health care disparities in a variety of ways (Cochran et al., 2013; Mark et al., 2019). In a similar vein, one participant felt that “most of the issues of harassment and bullying... is due to a person flaunting or pushing ideals or agendas.” These types of comments can reflect ‘horizontal oppression’ or ‘self-stigma,’ where members of a marginalized community express negative affect about other members of the same community (Barnes & Meyer, 2012; Herek et al., 2015). Three responses directly referenced religious authorities or colleagues. The effects of non-affirmative religion is documented as a common stressor in LGBTQ literature (Barnes & Meyer, 2012; Herek et al., 2015).

LIMITATIONS AND STRENGTHS

Strengths of this qualitative study include its analysis and its consistency of findings with those in the literature undertaken with civilian samples (Barnes & Meyer, 2012; Cochran et al., 2013; Herek et al., 2015; Mark et al., 2019). Independent reviewers coded and analyzed the data, which provided a reliable and trustworthy context for data interpretation and confidence in the validity of the findings. The repetition of these themes suggests that even though many participants provided no qualitative responses, this study received sufficient responses to reach theme saturation.
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There were some design flaws to the survey, which some participants pointed out under the *Barriers Experiences* question. In one survey flaw, ‘Transgender’ was listed as an option under the question on sexual orientation. Six participants selected that as an option, leaving it unclear as to their sexual orientation.

The question on gender identity was identified as problematic by another participant, who stated, “*Your question asking about my gender shows huge ignorance. I am both transgender and a woman. They are not mutually exclusive. This is a very common error in demographic surveys and it must be addressed.*” As future studies are conducted in the cross-sectional identity of LGBTQ military personnel, these types of unintentional errors will need to be carefully reviewed. The Virginia Anti-Violence Project suggests using a ‘select all that apply’ approach to gender identity, which may be both inclusive and provide the specificity necessary for research (Virginia Anti-Violence Project, 2017).

The data were self-reported and collected anonymously via an online survey, so it is possible that participants provided inauthentic information about their experiences. It should also be noted that a single comment could contain multiple themes, with some participants writing entire paragraphs, and others writing a single line or phrase. Thus, the number of participants who mention a theme should not be considered a sole indicator of a theme’s importance.

**CONCLUSION**

These findings can influence future military research by focusing on the effects of the DADT policy, negative and positive experiences, and the impact of those experiences. Future research may wish to determine what factors contribute and how these factors can be modified to change negative to positive experiences for LGBTQ service members and veterans. Military
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policy towards inclusiveness and acceptance of LGBTQ service members is needed. It is critical to find potential best practices for LGBTQ policy and health care for all military members and veterans.

Acknowledgement

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Declaration of Interest Statement

The authors declare no competing interest. The content is solely the responsibility of the authors and does not necessarily represent the views, policy of the funding agency, the US Army, US Navy, US Air Force, US Marine Corps, US Coast Guard, the Department of Defense, or the US Government.

REFERENCES:

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. American Journal of Orthopsychiatry, 82(4), 505-515. https://doi.org/10.1111/j.1939-0025.2012.01185.x

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Figure 1. All responses to the two open-ended questions, *Barriers Experienced* and *Impact Factors*.
Table 1. Emergent themes and sub-themes based on qualitative analysis of open-ended questions, Barriers Experienced and Impact Factors.

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUB-THEME</th>
<th>REPRESENTATIVE COMMENTS</th>
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<tbody>
<tr>
<td>1. Identity</td>
<td>N/A</td>
<td>“My sexuality was and remains a small part of my overall personality.”</td>
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<td></td>
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<td>“My troubles in the military were more about being a &quot;woman&quot; than about being LGBTQ.”</td>
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<tr>
<td>2. Negative Experiences</td>
<td>Lack of Support</td>
<td>“We need LGBTQ support in the military.”</td>
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<td></td>
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<td>“…when I voiced my concern I was brought to the commander’s office and told to stop bad mouthing the chain of command and keep my mouth shut.”</td>
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<td></td>
<td>Lack of Privacy</td>
<td>“Biggest barrier to accessing appropriate healthcare in the military was extreme lack of privacy/confidentiality.”</td>
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<td>Discrimination</td>
<td>“Open discrimination by senior leaders against trans service members causes an extreme amount of daily stress”</td>
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<td></td>
<td></td>
<td>“Discrimination happens a lot in unprovable ways.”</td>
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<td></td>
<td>Harassment, bullying, and abuse</td>
<td>“Covert workplace bullying. Silent treatment and being ignored due to being LGBT. Discriminatory language and practices conducted when you are not present, and then denied [sic]/not acknowledged when you confront those issues.”</td>
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<td></td>
<td>VHA facilities</td>
<td>“The VA is slow to update records, and have outing me in front of coworkers.”</td>
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<td></td>
<td>Pushed out of the military</td>
<td>“Everyday I struggle with the thought that I did not fight the fight and I allowed them to bully me out of the [military].”</td>
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<td>“[The military] attempted to set me up to discharge me for gay activity.”</td>
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<td>3. Impact of Experiences</td>
<td>Mental health</td>
<td>“When I was in, not being able to present authenticity was a source of anxiety and depression”</td>
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<td></td>
<td>Physical health</td>
<td>“Getting PReP took a lot of teaching and fighting medical providers, then they still don’t give the proper testing”</td>
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<td></td>
<td>Strategies for seeking alternative health care</td>
<td>“I went out in town to the country health dept to get STD testing, rather than get it done at the on base clinic, for I feared that information I volunteered could come back to haunt me”</td>
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<td></td>
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<td>“I didn’t seek care in the service as an out service member.”</td>
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<td></td>
<td>Impact on significant others</td>
<td>“We think our [child] has anxiety too but we are hesitating because we are worried we will end up with a homophobe who will blame it on having two moms.”</td>
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<tr>
<td>4. Policy</td>
<td>DADT policy</td>
<td>“Joining during Don't Ask Don't Tell as someone who identifies as LGBT was extremely traumatizing and I feel like we should be compensated for it and the impact it's had on us.”</td>
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<td></td>
<td>Political climate</td>
<td>“Ever since Supreme Court ruling on Transgender Ban, almost all of my friends have been discriminated [against] in a huge way”</td>
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<td>Inclusivity</td>
<td>“Better policies protecting transgender service members and education and cultural awareness for providers serving us.”</td>
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<td>Other policy recommendations</td>
<td>“Would love to have more counselors and therapists who can address it openly advertise their ability to address lgbt issues.”</td>
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<td>5. Positive Experiences</td>
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