Health Disparities for LGBT Military Members Serving Under "Don't Ask, Don't Tell":
Quanitifying Health Care Utilization and Circumvention

Justice Resource Institute

Jonathan Ryan Barry, MSPH, DLSHTM
OutServe-Servicemembers Legal Defense Network

OUTSERVE — The Association of Actively Serving LGBT Military Personnel

BACKGROUND & INTRODUCTION

Enacted in 1993 and repealed in 2011, "Don't Ask, Don't Tell" (DADT) was a U.S. military policy that explicitly barred lesbian, gay, and bisexual (LGB) servicemembers from publicly disclosing their sexual orientation or partners. DADT was established as a political compromise, and its intended military purpose to promote "good order, discipline, and morale" within the Armed Forces [1]. Although several studies refuted the policy's purpose, DADT remained military law for almost 18 years, and, during the majority of this time, over 14,000 LGB servicemembers were discharged (separated) from the military when they disclosed their sexual orientation or sexual partners [2].

PURPOSE

This study sought to assess the knowledge, attitudes, and health beliefs, behaviors, and actions of LGB servicemembers concerning DADT and to quantify DADT's public health impact, particularly the potential underutilization and circumvention of military health care by LGBT servicemembers.

METHODS & STUDY DESIGN

The study population came from LGBT military organizations OutServe and Out Military [3], and data was anonymously collected through an online survey. There were 1484 total respondents, but data from 429 was excluded because a respondent reported being a non-military supporter with no prior military service (31), self-identified as heterosexual (22), or did not fully complete the survey (376). In the final analysis, 1055 self-identified LGBT service-members participated in this study (71% completion rate). Multivariable logistic regression models adjusted for age, sex, ethnicity, and geographic location examined health care utilization rates.

PARTICIPANT DEMOGRAPHICS

All five military branches were represented with 75% of participants currently active-duty. The average length of military service and mean age was 9.8 and 32.7 years, respectively. Male: female and officer:enlisted ratios were 4:1 and 3:7.

KEY RESULTS

- Respondents subjectively viewed DADT as a greater discriminatory practice versus a health care or medical barrier ($p<0.0001$). See **TABLE 1**.
- Overall, 30% of respondents underutilized and 15% circumvented military health care for various LGBT-related health issues. See **FIGURE 1**.
- Two ***protective factors*** were identified that significantly increased a LGB servicemember's utilization of military health care for a LGBT health issue. If a servicemember had previously disclosed his or her sexual orientation to a military provider or he or she had a good knowledge of DADT policy (including provisions which ensured that LGBT information given to military health personnel was confidential) [4], then he or she was 26% and 20% (respectively) less likely to have underutilized military health care. See **TABLE 2**.
- ***Health inaction quotients*** (HIQs) indicate that there was a significant amount of "lost" health care (i.e. members desired military care but ultimately didn't receive either military or non-military care). HIQs ranged from 0.21 to 0.68. STI diagnosis and treatment care was delivered more often than other LGBT health care ($p<0.0001$). See **FIGURE 2**.
- The percentage of military physicians asking about servicemembers' sexual partners and sexual orientation pre- and post-repeal has not significantly improved (13.2% and 4.6% pre- and 14.6% and 6.6% post-repeal, $p=0.45$ and $p=0.11$).

TABLES & FIGURES

TABLE 1. *Servicemembers Ranking Reasons for DADT Repeal.*

DADT should have been repealed because it...	Top 3 Ranking[1] % (#)	Bottom 3 Ranking[1] % (#)
...was an appropriate time to let LGBT servicemembers serve openly.	65.5 (691)	34.5 (364)
...was a socially unjust policy.	64.4 (679)	35.6 (376)
...forced servicemembers to lie about or conceal their sexual orientation.	75.2 (793)	24.8 (262)
...negatively impacted the health, medical care, and overall wellness of LGBT servicemembers.	44.5 (469)[2] *	55.5 (586)
...directly opposed a LGBT servicemember's integrity which is a principal value of the U.S. military.	77.1 (813)	22.9 (242)
...was a discriminatory piece of legislation.	78.3 (826)	21.7 (229)

TABLE 2. *Servicemembers Underutilizing Military Health Care Based on a Pre-DADT Repeal Disclosure and DADT Knowledge.*

LGBT Health Issue	Pre-Repeal Disclosure[3] Yes % (#)	Pre-Repeal Disclosure[3] No % (#)	Relative Risk	P value
STI diagnosis/treatment	16.3 (34)	27.0 (228)	0.60	0.0025
Mental health concern	34.9 (73)	45.6 (386)	0.77	0.0085
Relationship/domestic	24.9 (52)	29.6 (250)	0.84	0.1904
Psychiatric care	21.1 (44)	28.0 (237)	0.75	0.0486
Other LGBT health issue	32.1 (67)	30.0 (254)	1.07	0.5638

LGBT Health Issue	DADT Knowledge[4] High % (#)	DADT Knowledge[4] Low % (#)	Relative Risk	P value
STI diagnosis/treatment	18.5 (37)	26.3 (225)	0.70	0.0267
Mental health concern	37.0 (74)	45.0 (385)	0.82	0.0489
Relationship/domestic	24.0 (48)	29.7 (254)	0.81	0.1177
Psychiatric care	22.0 (44)	27.7 (237)	0.79	0.1089
Other LGBT health issue	30.5 (61)	30.4 (260)	1.00	0.9800

FIGURE 1. *Percentage of Servicemembers Underutilizing[5] or Circumventing[6] Military Health Care for LGBT-related Health Issues.*

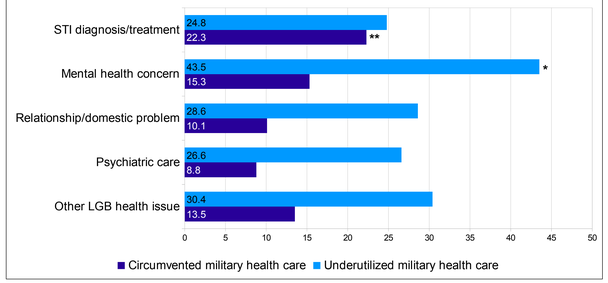

FIGURE 2. *Health Inaction Quotients (HIQ)[7] for Servicemember LGBT-related Health Issues.*

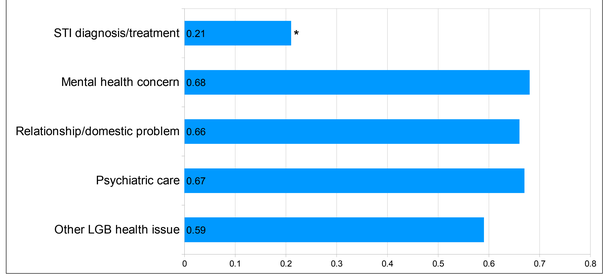

TABLE AND FIGURE NOTES:
(1) Respondents ranking this reason first, second or third (top 3) or fourth, fifth or sixth (bottom 3).
(2) Unless otherwise noted in the tables, a single asterisk [*] indicates $p<0.0001$ while a double asterisk [**] denotes $p<0.01$.
(3) Respondents having reported disclosing their sexual orientation/partners prior to September 20, 2011 (date of DADT repeal).
(4) Respondent DADT knowledge was measured using a series of survey questions about the policy and changes to its confidentiality provisions.
(5) "Underutilizers" are respondents who noted that they wanted military health care for a LGB health issue but did not seek or receive such health care because of DADT-related anxiety/fear.
(6) "Circumventers" are respondents who sought and received care for a LGBT health issue from a non-military health provider while on active duty (and thus covered under military health care policies and health insurance).
(7) The HIQ is equal to: # of respondents who did not receive non-military health care / # of respondents who wanted but did not receive military health care. The HIQ multiplied by 100 equals the percentage of "abstainers" who did not receive ***any*** LGBT health care.

CONCLUSION & STUDY RECOMMENDATIONS

This study both quantifies DADT's negative health impact and illustrates how health providers should be more attentive to patients' needs so as not to marginalize vulnerable populations such as LGBT service-members. With DADT in place, many servicemembers significantly underutilized or circumvented military health care and some servicemembers completely abstained from receiving any LGBT health care. Therefore, the following four recommendations should be investigated to improve LGBT health care in the U.S. military: (a) enhance LGBT mental health care concurrent with the Military Health System's mental health initiative begun in 2011 [5]; (b) produce resources to better educate LGBT servicemembers on being active partners in their own health care; (c) explore why military health providers are not asking about patients' sexual practices & partners and improve LGBT medical training and guidelines; and (d) proactively prepare for future legal and social LGBT advances, including civil unions, marriage rights, etc., in the military.

[1] Yount, AN (1995). Don't Ask, Don't Tell: the same old policy in a new uniform? *Journal of Contemporary Health Law and Policy*, 12(1), 215-38.
[2] Outserve-SLDN. About 'Don't Ask, Don't Tell'. www.sldn.org/pages/about-dadt1. Accessed 12 Feb 2013.
[3] These are two large, pro-LGBT military support groups; information can be found at www.outserve.org and www.outmilitary.com.
[4] United States Department of Defense (DOD). Pentagon Changes 'Don't Ask, Don't Tell' Enforcement. www.defense.gov/news/newsarticle.aspx?id=58476. Accessed 12 Feb 2013.
[5] DOD. Leaders Outline Improved Health Care Services. www.defense.gov/news/newsarticle.aspx?id=62875. Accessed 12 Feb 2013.