MPFC

Military Partners and Families Coalition
www.milpfc.org

MPFC Community Health Care Study Report 2011-2012

MPFC COMMUNITY HEALTH CARE STUDY REPORT
2011-2012

INTRODUCTION

Military families are doing their part every day to support the military personnel serving this country. The William Institute of UCLA and the Urban Institute estimates 70,000 gay Americans actively serving.[1, 2] This figure does not entirely reflect the population of those currently serving as National Guard or Reserves. Based on a Department of Defense (DoD) FY2002 evaluation 58 percent of military personnel are married (upwards of 93 percent career and ranking personnel), reflecting an increase of 51 percent from 20 years earlier. In the follow-up 2008 report published by DoD, it is estimated that over half (55%) of all active component and 48% of reserve component members are currently married.[3] Officers are more likely to be married than enlisted members in both the active (70% vs. 52%) and reserve (72% vs. 44%). Extrapolating the data from The Williams Institute and the Urban Institute, Military Partners and Families Coalition (MPFC) estimate there are upwards of 30,000-50,000 LGBT military families.

However, the Defense of Marriage Act (DOMA), as identified by Admiral Mike Mullen, Chairman (Ret.) of the Joint Chiefs of Staff in 2011, continues to block access to many DoD programs that are limited to the legal definition of spouse. For example, same-sex partners, spouses, and children of military personnel are ineligible to access medical benefits and other health and mental-health support structures provided to opposite-sex spouses. Studies published by the RAND Corporation demonstrated that 18.4 percent of returning service members met the criteria of Post-Traumatic Stress Disorder (PTSD)[4] and children of deployed service members suffer from behavioral and emotional difficulties.[5] These statistics exemplify the needs required of Lesbian, Gay,

1 http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-GLBmilitaryUpdate-May-20101.pdf
2 http://www.urban.org/toolkit/issues/gayresearchfocus.cfm
3 http://www.militaryhomefront.dod.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Reports/2008%20Demographics.pdf
4 http://www.rand.org/content/dam/rand/pubs/testimonies/2011/RAND_CT367.pdf p. 2
5 http://www.rand.org/content/dam/rand/pubs/testimonies/2011/RAND_CT367.pdf p. 10

Bi, and Trans (LGBT) service member families who are not categorically represented, nor provided the same support and health and mental-health attention as other service member families. MPFC is the only organization founded by partners of active duty service members. MPFC mission is to provide support, advocacy, education and outreach for partners and children of LGBT service members - including families of service members on active duty, in the reserves, national guard, and veterans. These partners and families are dealing with their service members returning as wounded warriors, struggling with PTSD, deployment stresses, family re-integration, and a range of other mental health family issues. The children raised in partnered households are faced with the same separation issues and emotional anxiety that all military children face when a parent deploys, but without access to 'family support' from the military.

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THE MISSION

Military Partners and Families Coalition (MPFC) embarked on a project to assess this military subpopulation in an attempt to identify their emerging needs and those unaddressed under the impact of Don't Ask Don't Tell (DADT)[6] and other legislation such as the Defense of Marriage Act (DOMA) on them. MPFC surveyed over 250 LGBT service members and/or partners, comprising over 2,700 cumulative service years. Results from the assessment will be made available to the public to help health providers, civilian organizations, and military community better understand the challenges and needs facing LGBT service members and their families. We hope this report will prompt the much needed dialogue in constructing stronger LGBT family and service member resiliency.

THE COMMUNITY

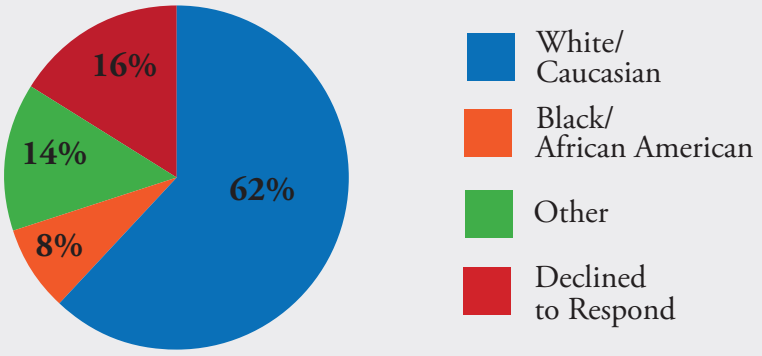
As a pilot study, our goal was to better understand the health care needs of LGBT service members, their partners, and their families. Given that this group has only begun to emerge from the shadows imposed by DADT, we faced the formidable challenge of identifying and accessing the group. Thus, our methods employed an updated approach to the traditional community study. Leveraging the Internet as a tool for networking, we started with those few group members we had come to know so far, and invited anyone who self identified as a member of the community to respond to our survey.

In designing the survey instrument, our goal was to encourage a long silenced group to tell their stories. We sought richness over precision, recognizing that a study of this sort will not answer research questions. Rather we

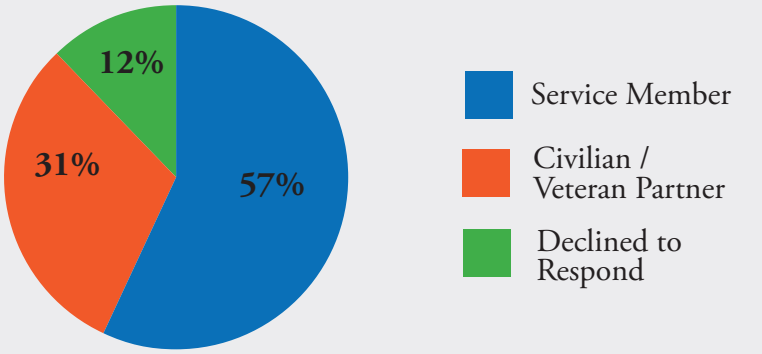
As members of the community as well as researchers, we were committed to conducting the study in a way that not only minimized any risks to our respondents, but also offered an experience of solidarity and support.

6 http://www.sldn.org/pages/about-dadt

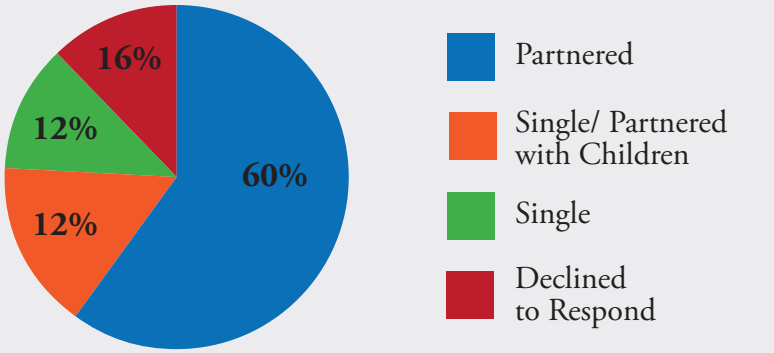
Race



Affiliation



Relationship Status



wanted to learn what questions we need to ask. We recognized that we were asking people to share their feelings about sensitive aspects of their personal lives. As members of the community as well as researchers, we were committed to conducting the study in a way that not only minimized any risks to our respondents, but also offered an experience of solidarity and support.

The study instrument had three parts. The first asked for demographic information. We wanted to know how respondents identified themselves in categories other than being LGBT members of the military or their partners. The following charts illustrate the demographic breakdown of the group by race, military affiliations, and relationship status.

The second part was divided into two sections, one focusing on mental and the other on physical health. Each had five subsections, using a Likert Scale to elicit the respondents' level of agreement or disagreement with a series of statements. The statements were designed to gather a wide ranging pool of information about the respondent's mental and physical health.

In the final section we asked an open ended question, inviting respondents to tell us about issues that concerned them, but weren't addressed in the survey. The information from the three sections creates an individual narrative from each respondent, and taken together, all the stories help to identify the characteristics, variations, and dynamics that may help us to better understand the community to which we belong. With this information, we can begin to craft follow up research projects, support the shared goal of confederate groups, educate policy makers, and initiate or enhance communication and coordination with service providers. Most of all, we hope to illuminate, strengthen, and celebrate our shared identity.

Finally, over half of the respondents agree that coming out would put them and members of their family at risk for some kind of negative reaction within the military community, even though DADT has been repealed.

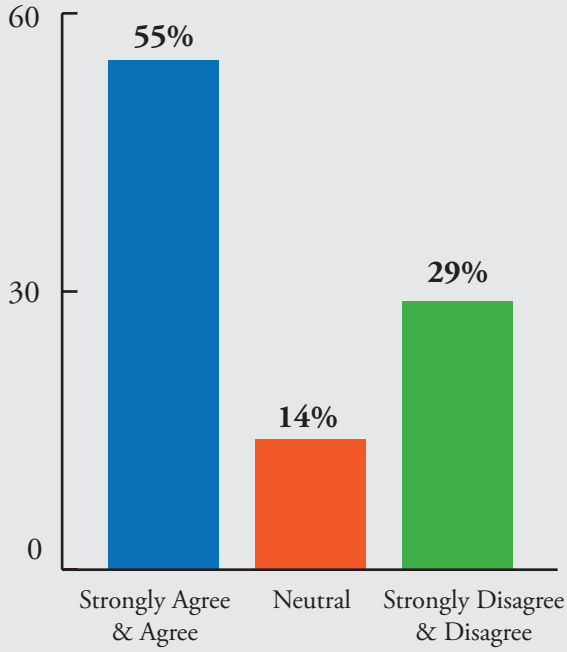
THE MAJOR THEMES

Themes emerged when large majorities of the respondents clustered around the agree or disagree poles of the Likert scale for any given statement. As a group, the 253 people who responded to the survey very confidently consider themselves capable of assessing the status of their mental and physical health, and report being mentally and physically healthy. Most in the group agree that drug and alcohol use can sometimes be a symptom of mental illness, as can anger and physical violence. At the same time, most agree that mental illness is not a sign of weakness.

Most members of the group are open to mental health treatment, and affirm its value. If necessary, most of the respondents would know where to go to get information about mental health treatment, and feel that their partners would be supportive if they chose to seek mental health treatment for themselves or their children. Similarly, few would hesitate to seek mental health treatment out of concern for what a partner or family member might think. Fewer still would be upset to learn that a partner or other family member chose to get mental health treatment.

Most respondents feel that they have adequate access to medical care, that their physical health care needs are being met at the current time, and that they are up to date on receiving recommended preventive healthcare. Most would promptly seek evaluation if they felt they had some physical health problem, and few feel that their sexual orientation would be a factor in their decision to seek care. In addition to tending to their own health care needs, most group members would feel comfortable being named medical power of attorney, and making medical decisions for their partners if need be. ***Finally, over half of the respondents agree that coming out would put them and members of their family at risk for some kind of negative reaction within the military community, even though DADT has been repealed.***

Even though DADT has been repealed, I still feel coming out would put me and my family at risk for some kind of negative reaction within the military community.

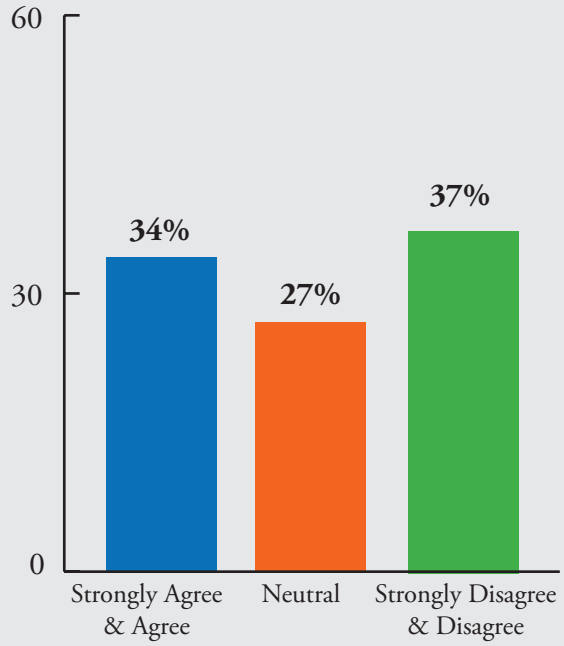


VARIATIONS ON THE THEMES

Variations emerged when the majority of respondents spread out between the two poles of the Likert scale for any given statement. Many of these variations involved statements about the impact of military life on mental health. In most of those cases, a large minority identified themselves as neutral, in addition to those clustering at the agree and disagree poles. This pattern of response may suggest not only differences of opinion, but indifference or, perhaps, ambivalence among group members. Some of the variations seem to support what already appear to be strong themes. Other variations call some of the strong themes into question.

The group varies with regard to whether or not members of the LGBT community have more mental health problems than heterosexual people, and whether affiliation with the military has made it harder to maintain mental health. While sexual orientation does not seem to be a strong factor in the groups feelings about seeking physical health care, it does seem to be a factor in whether or not to seek mental health care. That hesitancy seems in part related to affiliation with the military, even with the repeal of DADT. ***The variation repeats in response to the statement that people in the military think that being lesbian, gay, or bisexual is itself indicative of poor mental health, with 34% agreeing, 39% disagreeing, and 27% identifying as neutral.***

People in the military think that being LGB is a sign of poor mental health.

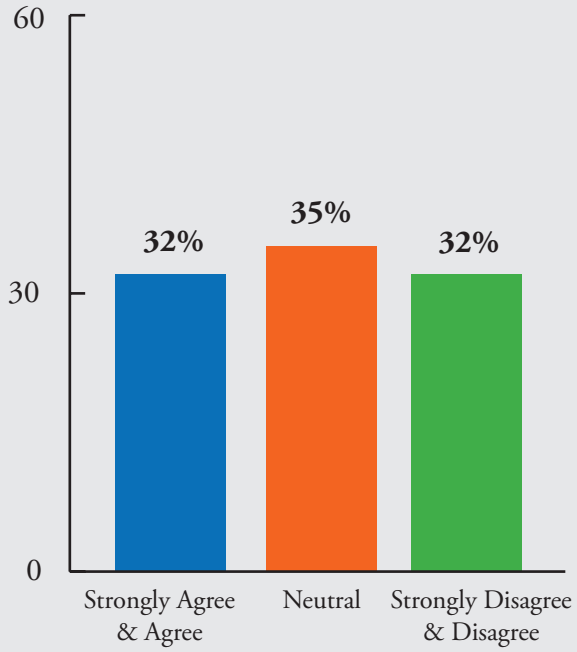


There is also a wide range of responses to statements regarding accessibility to treatment and the treatment itself. Seventy-two percent of respondents feel they know where to go for information about mental health, and to get treatment. However, only 58% feel that the military has programs and services that would be helpful in dealing with a

mental health problem. Even fewer, 41% feel confident the military would be supportive of their efforts to access professional mental health treatment. Even if the services were available, 39% of respondents indicated they would not want to receive mental health treatment from anyone associated with the military. While a significant majority of respondents agree that mental health treatment is effective in general, the 28% of neutral responses suggests some doubt.

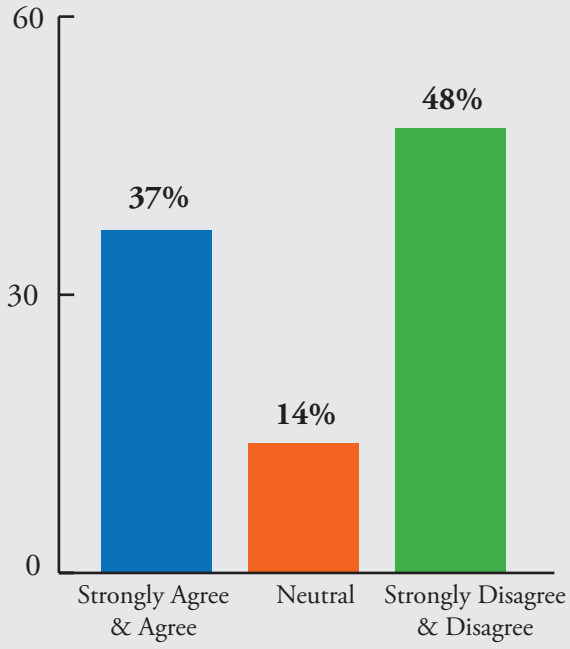
The vast majority of respondents express confidence that they are both aware of the physical health needs of themselves and their partners, and consider themselves to be in good physical health. At the same time, in responding to the statement, "Healthcare providers are good at meeting the needs of the GLB community," ***32% agree, 32% disagree, and 35% are neutral. And while half of respondents disagree that members of the GLB community have unique healthcare needs; half agree that members of the community are more likely than their heterosexual counterparts to have physical health needs.***

Healthcare providers are good at meeting the needs of the GLB community.



There is significant variation in response to every statement regarding the impact of military life on physical health, starting with what changes, if any, have come with the repeal of DADT. As was the case with statements involving mental health, respondents spread out over the scale with regard to whether or not sexual orientation would make them hesitate to seek medical care, has made it more difficult for them to maintain good physical health, and whether military life continues to have a negative effect on their physical health, despite the repeal of DADT. ***While 37% of respondents agree that they are comfortable discussing sexual orientation and family healthcare needs with a military healthcare provider, 48% disagree, and 14% express neutrality.***

I am comfortable discussing my sexual orientation and my family healthcare needs with a military healthcare provider.



The group spreads out again in response to most of the statements involving access to physical healthcare treatment and to the treatment itself. Most respondents, 69%, disagree that they currently have any significant unmet physical healthcare needs, while even more, 77%, agree that they would promptly seek an evaluation if they did. Only 17% indicate that their sexual orientation would interfere with their seeking treatment if they needed it. Still, there was considerable variation among respondents about whether or not they would feel comfortable having an open discussion with their healthcare provider about their unique healthcare needs as a member of the LGBT community.

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Statements about the extent to which affiliation with the military effects access to physical healthcare generated less, but still significant variation in responses, especially given the implications for LGBT members of the military and their families. Fifty-five percent disagreed with the statement, "Our affiliation with the military has made it more difficult for me (my partner/our children) to maintain good physical health. Still, 27% agreed. There was an almost identical spread of responses to the statement, "Our affiliation with the military has contributed to the loss or discontinuation of health care coverage for me, my partner/our children," with 56% agreeing, and 26% disagreeing. Finally, only 36% indicated that they were confident they would have the opportunity to actively participate in the medical treatment of a partner or child, leaving the rest to wonder.

THE SUB GROUPS AMONG THE RESPONDENTS

The respondents can be divided into subgroups based on the demographic information they provided. Given the current debate in the country, it may seem self evident that respondents who have health insurance tended to respond differently to questions about access to both mental and physical health care than those without insurance. In addition, respondents self identified as members of various race/ethnic groups, and to various gender categories as described earlier in this report. The number and spread of respondents doesn't allow for conclusions, but does prompt careful reflection and increased sensitivity, as well as the call for further study.

Black respondents tended to disagree more than whites with the following statements: "I would be comfortable having open discussions with my healthcare provider about the unique healthcare needs I may have as a member of the GLB community;" "Now that DADT has been repealed, it will be easier for me to access mental health treatment for myself or someone in my family if needed;" and "I would be embarrassed if someone outside my family knew that I or someone in my family was receiving mental health treatment." Blacks agreed more than whites to the statements: "Even though DADT has been repealed, I still feel coming out would put me (my partner/our children) at risk for some kind of negative reaction within the military community;" and "People in the military think that being GLB is a sign of poor mental health."

The number and spread of respondents doesn't allow for conclusions, but does prompt careful reflection and increased sensitivity, as well as the usual call for further study.

Those who identify their race as other than white or black tend to disagree more than the other two groups to the statement: "Members of the GLB community are more

likely to have mental health problems than heterosexual people." Whites tended to disagree more than the other two groups with the statement: "If I needed information about mental health or treatments for mental illness, I would know where to go."

Respondents also diverged on several scales depending on whether they identified as male, female, and transgender. Any inferences need to be exceedingly tentative based on the nature of the data and the various ways in which it can be analyzed, with one exception. ***Those who identify as male and female tended to agree to many of the statements to which those who identify as transgender tended to disagree.*** For example, males and females both tend to agree with the statements: "I am confident the military has programs and services that would be helpful to me if I needed help with some mental health problem;" and "To my knowledge I am up to date on recommended healthcare, such as routine screening vaccinations, etc." People who are transgender tend to disagree with both of these statements. While males and females tend to have a balance between agreement and disagreement, transgender respondents agreed that they "wouldn't want to receive mental health treatment from anyone affiliated with the military."

THE INDIVIDUAL VOICES

In the last part of the survey, we invited respondents to tell us about issues of concern to them that had not been addressed in the quantitative section. The major themes help to define the dimensions of the community. The variations on those themes provide texture and nuance to what is apparently a very complex and dynamic group. The focus on sub groups illuminates the variations within the group, and the boundaries at which it connects to other groups. The narrative responses breathe life and feeling into all the rest. They help to highlight areas of concern that may be more easily overlooked in the quantitative part of the survey.

Even though DADT has been repealed, the deleterious effects on the emotional lives of members of this community remain. Respondents write of having made conscious decisions to avoid getting into a relationship for fear that would put them at greater risk to

be identified as homosexual. Others wrote of feeling that their social and professional status remained at risk despite the formal repeal of DADT, and of the unhealed injuries suffered while the law remained in force. Still others wrote about the challenges of working with health care professionals who are methodologically and emotionally unprepared to adequately serve the needs of LGBT service members.

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Respondents wrote about the array of disparities and exclusion they continue to experience in a post DADT world where DOMA remains in force. These disparities may have painful impact on a couple's financial life as they struggle to pay for health insurance and medical care out of pocket. The impact on relationships can be even more devastating when civilian partners are excluded from treatment planning for partners and children, or from visiting them when they are being treated on base or in military treatment facilities. The narrative responses highlighted children in ways that were mostly lost in the quantitative part of the survey. While the issues remained the same in most cases, the emotional impact may change when the person involved is a child rather than an adult.

Respondents wrote about the array of disparities and exclusions they continue to experience in a post DADT world where DOMA remains in force.

Transgender respondents correctly pointed out that the survey failed to adequately address many of their special concerns while focusing on people who identify as Lesbian, Gay, or Bisexual. As a result, it was the narrative section of the survey that illuminated specific concerns of transgender service members, from the lack of gender neutral rest rooms to the threat of discharge. The invisibility and isolation that existed for LGB service members and partners under DADT in most ways remain for transgender service members and partners.

WHERE DO WE GO FROM HERE?

"While I am a single active duty member, I do understand the obstacles that are present to spouses of LGB service members. DADT has definitely deterred me from getting into a long term relationship, but I am confident that if and when I choose to finally enter into one, these obstacles will be a thing of the past."

In the comments section at the end of the survey, one respondent wrote: "While I am a single active duty member, I do understand the obstacles that are present to spouses of LGB service members. DADT has definitely deterred me from getting into a long term relationship, but I am confident that if and when I choose to finally enter into one, these obstacles will be a thing of the past." His heartfelt message calls on us to keep working. We have no way of knowing how many of the tens of thousands of LGBT service members may have avoided entering into a relationship because of DADT. That is not a question we asked, but it is a question that needs to be asked. Even more, it is a feeling that deserves to be expressed, acknowledged, and as best we can, understood.

The safe expression of feelings is a prerequisite for and a hallmark of good health. More than anything else this survey was meant to provide the respondents with an opportunity to safely express feelings about their health, and the health of their partners and families while in the military. In listening to their responses, we feel we have begun to identify some of the major obstacles to their efforts that continue to persist post DADT, and avenues to explore in our efforts to make those obstacles a thing of the past.

One obstacle to supporting the health care needs of members of our community is the vulnerability of the community itself. We cannot assume that the repeal of DADT has made it safe for service members to come out, and as long as they remain in the closet, their partners and children will remain there, too. Conversely, we have to recognize that

In giving voice to the feelings of the respondents, the survey begins to identify the impact on LGBT military families of being denied everything from health insurance, to visiting a loved one in the military hospital, to receiving spousal benefits for fallen service members in combat.

DOMA undermines the strength of the community. In giving voice to the feelings of the respondents, the survey begins to identify the impact on LGBT military families of being denied everything from health insurance, to visiting a loved one in the military hospital, to receiving spousal benefits for fallen service members in combat. By depriving the partners and children of LGBT service members of basic services available to others, it undermines the health of the service members themselves.

In addition our survey reminds us of the importance of tending to the diversity of military families. Respondents who identify as members of various racial and ethnic minorities, and as transgender remind us how multiple minority status can compound the obstacles to maintaining good health even as they increase the risks of ill health.

MPFC recognizes our role in helping to support the readiness and resiliency of the entire force. This report on mental and physical health of LGBT service members and their partners and families is just the beginning of our efforts. From here we intend to team with other like-minded groups both within and outside the military to continue our work. Our efforts will focus on continuing research, educating policy makers and health care professionals, and offering information and support services to strengthening our own community. We remain motived by our love for our spouses, and our admiration for the extraordinary sacrifices they make in the service of our country.

SUGGESTED ACTION ITEMS

Tell Your Story: Share your personal stories and challenges faced as military families with friends, co-workers, neighbors, and elected officials. Participate in MPFC Faces of Our Families project to share your story with the media (info@milpfc.org).

Get Involved: Become active in established LGBT and military organizations or groups. Attend or volunteer at military family events. Check out www.milpfc.org/events for events near you.

Start A Support Group: Develop your local network of support group. Or connect with other LGBT military families on social media www.facebook.com/milpfc

AUTHORS

From the MPFC Survey Advisory Committee

Patrick M. Gleason, PhD

Beverly Schmidt-Rodriguez, PhD

CAPT Patricia Kenney, RN, MS, USN (Ret.)

Bryan L. Pyle, LCSW

MAJ Megan Moakler, RN, MHA, MBA, FACHE, USA

LTC Timothy McCarthy, MA, USA (Ret.)

And

From MPFC Board and Staff

Samuel Toba, PhD, MBA

Stuart Quinn

Tracey Hepner

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Seth Prado, PhD, Professional Education & Research Consulting, Inc.

Colin Roberts, Graphic Designer

The full survey results will be available on Military Partners and Families Coalition's website (www.milpfc.org) in October, 2012.

Additional quantitative and qualitative information from the survey is available upon request.

Comments or Inquiries may be directed to MPFC at info@milpfc.org

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