

**Episode 183 - Dr. Michael Pelts and Dr. David Albright: Wounded Bonds: Gay, Lesbian, and Bisexual (GLB) Military Service Members and Veterans**

[00:00:08] Welcome to IN SOCIAL WORK the podcast series of the University of Buffalo School of Social Work at [www.insocialwork.org](http://www.insocialwork.org). We're glad you could join us today. The purpose of in social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work. Hello from Buffalo. My name is Tony Guzman sitting in for Peter Sobota this episode. Thank you for listening to in social work. Although the Don't Ask Don't Tell policy has been repealed the U.S. military has historically been both the source of inspiration and stress for gay lesbian and bisexual persons. The ironic notion that GOP service people have fought for the rights of others on behalf of the very country that has limited their own civil rights reflects their deep bond and commitment to service to our country. In this episode our guests Drs Michael Pelts and David Albright discuss their work reviewing the history and context of the U.S. military's treatment of gay lesbian and bisexual service members. Our guests also review the social work literatures content related to GOP service members and veterans. Over the past 20 plus years implications for social work education and practice as well as the need for additional scholarly work related to their unique needs are emphasized. David Albright Ph.D. is the Hillcrest foundation Endowed Chair in Mental Health and associate professor at the University of Alabama School of Social Work.

[00:01:53] He is a military veteran and his areas of scholarly interest and expertise include family caregiving mental health military and veterans palliative and hospice care and program evaluation. Michael Pelts Ph.D. joint University of Southern Mississippi school social work as a visiting instructor in the fall of 2015. While completing the Ph.D. program at the University of Missouri his research interests include service provision with sexual and gender minorities military members and veterans older adults minority stress theory and Health Disparities intergroup contact theory and culturally informed evidence based practice. Doctors Peltz and Allbright were interviewed in December 2015 by our own Dr. Lisa Butler associate professor here at the UB school social work. Hi my name is Lisa Butler and I'm an associate professor at the University at Buffalo School of Social Work. Here with me today are Dr. Michael Pelts and Dr. David Albright. Thanks for joining us today. Thank you for having us. Thank you. You're welcome. We are going to be discussing an article you both authored called Wounded bonds a review of the social work literature on gay lesbian and bisexual military service members and veterans. And I'm very interested to hear your thoughts on the sort of factors that made you interested in this topic. This is Michael and I will start. So I became interested in this topic during my MSW training several years ago. I had part of my clinical training at a V.A. hospital and some of the veterans there that identified as lesbian gay or bisexual talked about their experiences in the military and their experiences with veterans. And that piqued my interest. So I began to explore that.

[00:03:50] And a few years later when I pursued my Ph.D. I had the opportunity to work with Dr. Albright and his focus was on military issues and veterans issues. So he was supportive of my interest and looking at issues related to this population and specifically military members and veterans that were LGBT. This is David. I'm a military veteran. My family has a long history of uniformed service to our country. During my services and Betrand as an officer one of my friends identified as gay and I remember conversations with him about his perceptions of serving as a gay man. I was very fortunate that one of my doctoral students now Dr. palps expressed interest in the nexus of military and sexual orientation which both served as a catalyst and aligned with my larger agenda in understanding the consequences and correlates with military service that includes social determinants that includes the health and mental health of veterans. Well I'm wondering if you could speak to a question about why working with us or work with military service members and

veterans is important to social work specifically. Go ahead Michael. So I would say that every social worker or every social worker in the United States will work with military people who are military veterans or military members or their family members. So we know that the bulk of services are provided outside of the VA. So you do not have to work within the Veterans Health Administration to work with veterans. And we look at the know when we look at the number of people who are currently serving or the number of people on reserve guard and the number of veterans that equates to almost 25 million people.

[00:05:39] Before we look at their family members that are affiliated with the military through direct service or former service so highly relevant to the field of social work. So this is David and I don't like all of this. You have close to 25 million living veterans. The majority of them are not using V.A. health care systems. If they're identifying as veterans and they're likely seeking care in their communities from civilian providers. And research suggests that these providers including social workers don't have the cultural competency to work with military connected populations. This is important because social workers play a vital role in sustaining and supporting military members veterans and their families. For instance social workers often take the lead in programming to prevent and respond to substance abuse came about treatment and mental and behavioral health needs. Yet I'm familiar with. Also the fact that in working with veterans in particular in the community asking about prior service is really the great unasked question people don't seem to realize that they really need to know that to understand the context in which they're seeing this person and what they're presenting complaint might be about. So I'm very very excited to hear you say that. So in your research in this particular paper you looked at these historical context for lesbian gay and bisexual people in the military. So what sorts of things stood out when you looked at that. This is Michael and I would add that among those 25 million people that are serving or have served in the military there are estimated one million that identify as lesbian gay or bisexual so it's difficult to measure those numbers accurately because most data sources do not collect information on sexual orientation.

[00:07:24] So those are estimates but we learned and looking at the literature that gay lesbian and bisexual people have served in the military throughout history most often in silence. One of the most well-known figures Steuben was still quoted in the soldier's Blue Book. Today was a well-known quickly documented gay man that helped to organize the colonial forces and was instrumental in the Revolutionary War. So when you open a current blue book you'll see within the first couple of pages that he is quoted there and how gay lesbian and bisexual people have been allowed to serve in the military has changed over time some time the way they were treated were based on behaviors related to sexual activity at other times when there were a need for forces. They are not Gilbee people could serve was based on the need for the numbers of military members and an interesting fact around Don't Ask Don't Tell. Between 1993 and 2011 a lot of people do not realize but almost 14000 people were discharged during Don't Ask Don't Tell and the cost to enforce that policy was. The government estimates 556 million dollars and now is based on orientation. The discharge that it was based directly on sexual orientation. So it was the policy Don't Ask Don't Tell was meant to be a compromise. It actually served as a way to discharge people who identified as gay lesbian or bisexual. So from 1993 to 2011 people could be discharged because of their sexual orientation. As I understand it in many cases these discharges were less than honorable. Is that correct. That is correct.

[00:09:15] And there are efforts underway now to change those to honorable discharges I think one of the things that stood out to me that I didn't fully appreciate was the level of stigmatization that these men and women servicemembers faced and endured especially towards the end of World War Two. And I wasn't aware of the importance of military service and the opportunities it often provided to gay men and lesbians and to meet other gay men and lesbians women and learned that getting away from where they grew up and into different states with different people contributed to

the gay rights Newt of the 60s. So I'd be curious to hear a little bit more about your thoughts about how the experiences are different for LGB veterans of military service members what their experience was like wow. Don't Ask Don't Tell is still in place and what's happened since it's been repealed. So this is Michael. And in looking at some of literature we found out that as many as thirty nine percent of people that served in the military during Don't Ask Don't Tell were aware of an LGB person that was harassed because of their sexual orientation. So putting that into perspective that somebody was LGB during a don't ask don't tell and they were overheard on a phone call with a partner or somebody of the same sex that disclosed their sexual orientation they could be at risk of being discharged immediately. So always living in fear of their career and their military identity being stripped. So still the military has taken great strides today to be inclusive of LGBT people. But there are still laws many laws outside of the military that are lacking and do not offer protection for LGBT people. Only a handful of states for example offer protections related to housing and employment.

[00:11:17] So these are still factors that impact LGBT people who are in the military and then back their family outside of the military. And when they become veterans. Correct. So in your article you looked at the social work literature related to LGB military members and veterans. So just generally sort of what did you find. What was the upshot of that. This is Michael again and we found well our motivation for looking for this is we wanted to know where social work education are educators and practitioners would go to get information about military members and veterans and specifically about the subpopulation of LGB military members and veterans particularly during a time when they are highly marginalized under Don't Ask Don't Tell. We look at the top based on impact factor the top 13 journals and social work and found very little. So there is very little information there. There was not an article that focused only on this population. And there were only eight articles that address this population in some manner. So identified many areas of many gaps in the literature. Well just going back to the question on experience is different for LGBT veterans military veterans than just to say LGBT servicemembers to echo Michael likely have experienced discrimination on individual and institutional levels from early childhood often experiencing rejection from family members peers and religious organizations that are often bullied harassed victims with assault. These types of experiences in literature is tied to increased rates of psychological distress things like depression and anxiety substance abuse and internalized heterosexuals. And so I think for several generations LGBT service personnel have faced a workplace stigma institutionalized heterosexual sexism and sexual orientation the barriers to vocational advancement.

[00:13:25] Well how do you think that's changed now that Don't Ask Don't Tell has been repealed. I will attempt to speak to that. This is Michael I don't know the data on that. It's not available yet and I think that's an area that needs to be explored and researched. I will say that one of the important factors of policy that can have a strong impact on behavior and the military has taken a very strong strides to be inclusive and change policies are being inclusive of both military members and their families. So it will be interesting to explore that as it becomes available. I would just add with the repeal of DADT like Michael said that there are still a lot of work to do those with laws and policies within our country but also with the Uniform Code of Military Justice. I think there are opportunities to update articles within that. That still puts individuals who identify as non heterosexual potential risk. So there is one gender minority group that is still being discriminated against legally which is transgender servicemembers and veterans. Do you look at these experiences and if so when did you find. Well I'll start here. Transgender people are among some of the most socially stigmatized of sexual minorities facing discrimination in most aspects of their lives. Transgender people face discrimination in employment housing prison institutions public settings health care settings et cetera. And in addition to all sorts of discrimination data findings suggest disproportionate rates of violence towards transgendered people than the general population with transgendered people of color are actually experiencing the highest rates of violence.

[00:15:19] Transgender people have a unique set of mental and physical health needs. Yet these needs are not often met due to prejudices against transgender people within medical systems and dominant society. Health care for transgender population has historically and continues to be overlooked by governmental health care and academic institutions. And this is Michael and I would add to that and say that people who are working with military members and veterans if they assume conforming gender roles. It's misleading because a large study done in 2014 found that almost one in three people that identify as transgender that were male at birth have military service. So you are transgender and you are just transitioning from male to female. There is a one in three chance that you have served in the military at some point. So I mean this greatly you can't separate the two or you're overlooking something if you do so in 6 percent of people who identify as female and are transitioning into male have military history. And research shows that gender veterans have many fears about obtaining services at the V.A. and coming out to their providers. Literature shows that transgender veterans have changed into veterans. They're not understood by healthcare providers which creates barriers to healthcare and yet transgender veterans rely on these health care providers for gender dysphoria diagnosis which is a gateway for crosschecks hormone treatment sex reassignment surgeries medical clearance and seeking gender confirming surgical terminations. They have a lot of work to do in this area. Well so which leads to what are the Veterans Health Administration the V.A. doing both for sexual and gender minority veterans these days.

[00:17:21] So I will speak a bit to that and I would add to what you were saying David that LGB and people often avoid care out of fear of discrimination within from health care providers which can contribute to increased health care needs that sort of thing which really provide not unity. I think for more training and respect to transgender patients gender identity for example use of appropriate pronouns and chosen names and some of Maiti that have special needs for confidentiality and spell. Right. And similar to LGB just training around awareness of LGBT patients and not projecting personal values and beliefs and service and health care delivery. Well so what about the V.A. What has the V.A. Changed in what they're doing to try and help these populations. So the V.A. are doing a few things. They have a directive on administering healthcare to transgender veterans. That directive calls for non-discrimination policies. It makes it very clear that services such as hormone treatment and other treatments related to transitioning are covered by the V.A. But the V.A. does not. It also makes it very clear that the V.A. does not pay for sexual reassignment surgery or perform sexual reassignment surgery. Overall the V.A. has created a national task force to look at service delivery with LGB and LGBT patients and individual V.A. also have worked pains within their group just to look at serving this population. So just to add on to that the VHA created the Office of Health Equity which is committed to addressing special health needs of lesbian gay bisexual and transgender veterans and reducing health disparities for them and members of other vulnerable communities.

[00:19:20] Really there is a V.A. office of diversity and inclusion and commissionaires Foster a diverse workplace and inclusive work environment that ensures equal opportunity through policy development workforce analysis outreach etc. I think in terms of healthcare delivery the is committed to a patient centered approach that focuses on the needs and values of the LGBT vets. In 2010 the V.A. issued a policy statement providing for patient visitation rights and supported the LGBT family members. Also in 2010 they issued the VHA directive. I think that Michael was referring to about the respectful delivery of health care to transgender and intersex individuals and actively provide training for health care providers on services for sexual and gender minority veterans or is there any data yet on how well they're doing how it's being perceived by these veterans and service members. Well there are some data that suggest that there is still a need for additional provider training with this particular population. And I think that the DA appears to be proactive and working to educate their providers and leaders of the hospitals around the country that are providing various services to sexual and gender minority veterans. I'm interested in whether there is and I don't know if there's any findings on this kind of thing and if at all whether there

might be some unintended consequences. I know that in research we've done in a focus group with female veterans. We found and we're a little surprised to find that a number of them reported that at the V.A. that while they appreciated the emphasis on military sexual trauma now that there seemed to be an assumption that every female legend was seeking services from Estey which wasn't the case. And so which is absolutely unintended consequence of this emphasis.

[00:21:32] And so it made me start to wonder about whether some of these other changes related to repealing don't ask don't tell might also have some unintended consequences. You heard of anything like that. This is Michael. I know that that has been discussed in some of the conversations with the V.A. and other providers. The some of the concerns about collecting data around sexual orientation is what you spoke to Dr Butler that appears in the file. What will the consequences be for the patient that their sexual orientation shows up. So that's one of the debates that's taking place not just in the V.A. with other health care providers about we want this information but what will be the consequences that it's placed in the file and that's one of the areas where information is needed and speaks to the great need for additional training to provide service in a non stigmatizing way. David do you have anything there. Well I think that a significant barrier to sexual and gender mental health care continues to be the lack of knowledge and training of providers on sexual and gender issues and how to provide quarterly's of care. The lack of training can create confusion about how to treat sexual and gender minority people might potentially be the calls for mis treatment which is something that you both are suggesting. I think disparities persist both in the delivery of quality health care and the health outcomes experienced by sexual and gender minority populations and transgendered veterans face even greater difficulties and of painting and compassionate evidence based in patients their care. Well I was going to ask you next about the implications of all this work you've been doing for social work education and training ends.

[00:23:23] Already said quite a bit I'm wondering if you have any additional thoughts on that. Because you know here at Eubie we don't have a military social or program. We have a program to teach our students to work with veterans and military families. But nonetheless clearly there's tremendous implications of what you've been describing for what we should be teaching and how we should be training. I'm wondering if you can speak to that element. So in regards to of Michael in regards to social work education and training I just reiterate the likelihood that all social workers will work with veterans and military members either directly or indirectly by work with their families whether they're working on child welfare a clinical focus advocacy policy or medical social work they will encounter military members and veterans and those are that military identity. And it's something that is very present for most people even when they're no longer serving and influences the way that they see the world and influences their life. So I would empathize. And in regards to LGB veterans I think in our education we really need to emphasize how societal stigma impacts the individual and impacts their health mental health and also impact service delivery. So it's very important not to assume heterosexuality. And I think we must emphasize that in our training and our education and social work not a third gender and continue to explore ways that people can not impose their personal values and be inclusive of military members and veterans and be inclusive of LGBT people. So we must continue to explore those in our education and training and practice. It sounds like to sounds very relevant. Yes absolutely. David and I have talked about this at length.

[00:25:23] There are symbols that show up for example for an LGBT person a Christian Sabor the religious symbol that is stigmatizing of and has negative views of people who are LGBT can lead a person's care delivery to not share information that may be important for their health care or mental health provider. So if you have those symbols in your mind that have something as simple as a rainbow flag or a LGBT friendly symbol that counters that that may help to put a person at ease. And the same thing if you have views on military or views on war that may be symbols for military members and veterans have something to say that you're supportive of the veteran population and

individuals. So things are as simple as that. That we still have to work out. Yeah I agree. I think there are many opportunities for social workers to create safe affirming environments. How many social workers have LGBT magazines and newspapers available in waiting areas. How many provide unisex bathrooms. And you know we're talking about focusing on patient centered care which is something quite important most certainly for what we do as social workers. It's essential to have knowledge of historical social and cultural aspects including stigma and discrimination and development of LGBT movements. So we have a lot of opportunities as social workers to do more yeah. It sounds like one of the keys is to be very mindful about what you're doing and about the environment you're establishing. So given all that I'm interested in what you're working on now what you're studying now. So I am this is my call.

[00:27:16] I'm very interested in exploring ways to improve culturally sensitive and competent and aware practice and methods that respect and counter ideologies and personal beliefs that are imposed on people that we serve. And I'm also interested in exploring ways that we can serve the growing population of older LGBT goats and LGBT veterans. That population is growing very quickly and their health needs can be different from the general population. So those are some of the things that I'm interested in. Well I have two projects right now and another one that's unfolding. Why not a primary investigator for the south Alabama Veterans in need assessment. So we're working to identify the unmet needs and Crecy gaps that are available services veterans and their families located in southern Alabama in which there are approximately 64000 veterans in the state of Alabama is unique in that its density or proportion of veterans to total population is quite high at 10 percent. Bob the national average is closer to 1 percent. And so I have been working on the needs assessment and that will be ongoing over 2016. And the other big project is the service member to civilians summit and this is an NIH funded summit and we're able to host this at the University of Alabama last year. And we are hosting this coming year in Birmingham. What it is is that a collaborative research summit that honors nation's service members from all branches of the military and really addresses current and emerging needs of servicemembers transitioning to civilian life encompassing civilian employers community based organizations family and children in higher education.

[00:29:34] This is a national summit but it certainly lends itself to increasing awareness building relationships enduring a lot of good for military connected populations within the state of Alabama and the Southeast. Research wise I'm interested in family caregivers who identify as veterans. We have a really large cohort of men and women from the Vietnam era who were critical were warning that are taking on additional family caregiving roles that were largely not being acted if you well they are world war II and Korean veterans. So I am working in that space as well. That's really interesting. And it sort of raises the issue that I'm sure you both have given a lot of thought to that there are such different requirements potentially by era but also for gay lesbian bisexual service members also by sort of era related to the degree of discrimination or stigmatization at that time. Those would all sort of intersect in fascinating ways in terms of what veterans need to be helped with now. You know I've wondered about veterans who once Don't Ask Don't Tell was repealed who had gone through their entire careers closeted and you know how they feel about the fact that that has changed. And he's a real I would think that would be a sort of a challenge like hey I did it that way the whole time. Now can I actually come out or do I still need to be closeted since my entire career was predicated on being closeted. But anyway I guess the larger issue is just really there's these real era differences for all veterans. But I think they have particular implications for gay lesbian bisexual veterans where these areas are associated with different levels of stigmatization that makes sense that makes good for them.

[00:31:35] When you were talking about that it reminded me of the different things such as Don't Ask Don't Tell. I had the opportunity to interview a veteran that served in the 1950s during the McCarthy era and he was very fortunate. He personalized that a little bit. He specifically talked

about he never had sex with another man or never disclose that he had another man so he was one of the few people during that era that were able to leave the military with an honorable discharge which did not happen often. So yes they're important to consider. Well in closing are there any last things that you would like our audience to know about or to think about. With respect to this population these issues. Well this is David. I think the changing social climate has presented a case for an increase in sexual and gender research resulting in bringing to the forefront the issue of inequality for sexual and gender minorities and those aspects of their lives including employment housing healthcare and some of the other areas but he had been discussing and my hope going forward is that the discipline and social work and social workers work expressed interest in this space and this nexus of sexual orientation gender identity and military service. Yes indeed. Well thank you so much for participating in this podcast with this very important research. Thank you so much. Gentlemen thank you Dr. Butler for the opportunity. You've been listening to Dr. Michael Peltz and David Albright discuss gay lesbian and bisexual military service members and veterans in social work. Hi I'm Nancy Smyth professor at the University of Buffalo School of Social Work. Thanks for listening to our podcast.

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