

Findings and Recommendations

Health and Service-related Experiences in Lesbian, Gay, and Bi-sexual US Service Members and Veterans



MILLENNIUM COHORT STUDY

Millennium Cohort Study Overview

Millennium Cohort Study is a longitudinal study of military personnel sponsored by the Department of Defense and the Department of Veterans Affairs. The objective of the study is to understand the impact of military service on long-term health of service members and veterans.¹ Participants are enrolled during their military service and complete surveys every 3 to 5 years, both during and after their service. The first panel of service members was enrolled in 2001, with additional panels enrolled in 2004, 2007, 2011, and 2020. There are currently over 260,000 MCS participants from all service branches and components, making it the largest and longest ongoing cohort study of U.S. military personnel.

Summary of Recent Research

Limited research has examined the military and health experiences of lesbian, gay, and bisexual (LGB) US service members and veterans across all service branches and components. In 2014-2016, the Millennium Cohort Study included survey questions on sexual orientation, and 3.6% of participants who responded to that survey identified as LGB. We recently published 2 studies that suggest that LGB service members and veterans are disproportionately affected by adverse military- and separation-specific experiences and health outcomes.

- ◆ The first study, published in BMC Public Health, found that LGB service members and veterans were more likely to report lower military satisfaction and unit support compared with their heterosexual peers. LGB veterans were also less likely to fulfil their term of service or retire, and more likely to have non-routine separations for reasons such as disability, medical reasons, or perceived incompatibility with the military.²
- ◆ The second study, published in the American Journal of Preventive Medicine, focused on health outcomes in LGB service members and veterans. LGB service members and veterans reported poorer mental health, (e.g., post-traumatic stress disorder), physical health, (e.g., somatic symptoms), and behavioural health, (e.g., smoking and problem drinking), than heterosexual peers. These disparities were most notable among gay or lesbian women and bisexual individuals.³

“The inclusive design of the Millennium Cohort Study allows active service members and veterans to confidentially and openly indicate their sexual orientation and a variety of occupational and health outcomes that they may have experienced. These studies are among the first of their kind to shed light on issues that could be addressed through policies and programs aimed at greater inclusivity and cultural competence within the military environment to support the health, readiness, and retention of LGB service members.”

Dr. Felicia Carey, lead author for both studies

Key Points

- ◆ 3.6% of participants self-identified as LGB (2014-2016 survey). Compared with heterosexual service members and veterans, LGB service members and veterans:
 - ◆ Reported lower military satisfaction and unit support
 - ◆ Were more likely to separate from service for non-routine reasons
 - ◆ Reported poorer mental, physical, and behavioural health
- ◆ Findings highlight need for improved equity initiatives that promote cultural responsiveness, acceptance, and approaches to support the healthcare needs of LGB military members

Implications and Recommendations

Our recent research suggests that LGB individuals may be more vulnerable to attrition before service term fulfilment, an issue that could be addressed by increasing inclusion in the military environment. Policies that focus on creating a supportive culture and ensuring equal opportunity for advancement among military personnel could promote retention of qualified, well-trained service members, leading to better unit readiness and a reduction in costs associated with recruiting and training new service members. This research also suggests that LGB service members experience health disparities, despite many having equal eligibility for and access to health care, highlighting the need for improved equity initiatives that promote cultural responsiveness, acceptance, and approaches to support the healthcare needs of LGB military members. Study findings suggest it may be useful for military leaders, veteran service organizations, and policy makers to address systemic social and health inequities among LGB military personnel and veterans by proactively promoting inclusivity and cultural competence in the military.

References

1. Belding JN, Castañeda SF, Jacobson IG, LeardMann CA, Porter B, Powell TM, Kolaja CA, Seelig AD, Matsuno RK, Carey FR, Rivera AC, Trone DW, Sheppard BD, Walstrom JL, Boyko EJ, Rull RP; Millennium Cohort Study Team. The Millennium Cohort Study: The first 20 years of research dedicated to understanding the long-term health of US Service Members and Veterans. *Ann Epidemiol.* 2022 Mar;67:61-72. PMID: 34906635.
2. Carey FR, Jacobson IG, Lehavot K, LeardMann CA, Kolaja CA, Stander VA, Rull RP. Military service experiences and reasons for service separation among lesbian, gay, and bisexual individuals in a large military cohort. *BMC Public Health.* 2022 Jan 6;22(1):39. PMID: 34991524; PMCID: PMC8739987.
3. Carey FR, LeardMann CA, Lehavot K, Jacobson IG, Kolaja CA, Stander VA, Rull RP; Millennium Cohort Study Team. Health Disparities Among Lesbian, Gay, and Bisexual Service Members and Veterans. *Am J Prev Med.* 2022 Jul 3. PMID: 35794031.

Disclaimer

RP Rull and VA Stander are military service members or employees of the U.S. Government. This work was prepared as part of their official duties. Title 17, U.S.C. §105 provides that copyright protection under this title is not available for any work of the U.S. Government. Title 17, U.S.C. §101 defines a U.S. Government work as work prepared by a military service member or employee of the U.S. Government as part of that person's official duties. This report was supported by the Defense Health Program, Department of Veterans Affairs Office of Research and Development, and the Department of Veterans Affairs Office of Patient Care Services under work unit no. 60002. The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government. The study protocol was approved by the Naval Health Research Center Institutional Review Board in compliance with all applicable Federal regulations governing the protection of human subjects. Research data were derived from an approved Naval Health Research Center Institutional Review Board protocol, number NHRC.2000.0007.



Millennium Cohort Study
Protecting Service Member and Veteran Health



Naval Health Research Center • Deployment Health Research Department • 140 Sylvester Rd. • San Diego, CA 92106
DSN: 619-553-7465 • Phone: 1-888-942-5222 • DoD.milcohortinfo@mail.mil • www.millenniumcohort.org