Lack of Sexual Orientation and Gender Identity Data in Military Surveys Masks Important Health Disparities

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PURPOSE

The purpose of this White Paper is to document the history and implications of continued restrictions on sexual orientation and gender identity (SOGI) data collection in the United States (U.S.) military. Department of Defense (DOD) policies restrict the collection of data on Service member (SM) sexual orientation and gender identity without prior approval from the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)). DOD established these restrictions at the same time that it removed barriers preventing open military service by lesbian, gay, bisexual, and transgender (LGBT) individuals. The stated purpose of these policies is the privacy of LGBT troops. However, it is not clear that SM privacy is preserved by such restrictions, nor that SOGI data requires protection beyond that normally accorded to demographic information collected in military surveys and administrative records (e.g., birth sex, age, race, ethnicity).

SOGI data collection restrictions have consequences that may not have been anticipated at the time of their promulgation. Such consequences include lack of awareness of disparities experienced by LGBT SMs that impact health and readiness, lack of awareness of disparities that are a consequence of military service, lack of awareness of the accession and retention needs of LGBT SMs, and further stigmatization of LGBT individuals due to the disparate treatment.

Over 40 years of research among civilians has demonstrated persistent health disparities for LGBT individuals. Given LGBT health disparities documented among civilians, leading U.S. medical and public health authorities have called for routine collection of SOGI demographics. This paper will show that the limited number of military surveys that have collected SOGI demographic data have demonstrated health disparities for LGBT SMs. These findings underscore the need for expanded SOGI data collection in military settings to elucidate and address other LGBT health disparities.

BACKGROUND

LGBT people face many and varied health disparities in the United States. Studies have documented that LGBT populations face disparities in food security (Brown 2016, Henderson et al. 2019, Patterson et al. 2020), health insurance coverage (Charlton et al. 2018, Tabaac et al. 2020), sexual assault (Canan et al. 2021, Chen et al. 2020), and mental health outcomes (King et al. 2008). While LGBT health disparities are well documented in the U.S. general population, there is very little known about the experience of LGBT individuals serving in the U.S. military, whether they experience similar disparities, and if such disparities affect their health, readiness, or retention.

Origin of SOGI Data Restrictions

The DOD has only recently permitted LGBT individuals to serve openly without the threat of disciplinary action or discharge. In 1994, the "*Don't Ask, Don't Tell*" (DADT) policy permitted lesbian, gay, and bisexual (LGB) persons to serve in the military as long as they concealed their sexual orientation (DOD 1993). The DOD rescinded this policy in favor of unrestricted service of LGB persons beginning in 2011 (USD(P&R) 2011). Prior to 2016, DOD prohibited accession and retention of transgender individuals based on medical conditions, psychiatric diagnoses, and administrative judgements regarding fitness for duty (Elders et al. 2014). In 2016, DOD lifted the ban on transgender individuals serving openly (Secretary of Defense 2016), partially

re-imposed it in 2017 (Office of the Deputy Secretary of Defense 2020), and then lifted it again in 2021 (EO 14004 2021).

Although DOD has repealed discriminatory policies that bar open service by LGBT persons, it restricts collection of SOGI demographic data in policy and practice. The 2011 policy memorandum implementing the repeal of DADT created this restriction on sexual orientation data, which states:

> "Sexual orientation is a personal and private matter. DOD components, including the Services are not authorized to request, collect, or maintain information about the sexual orientation of Service members except when it is an essential part of an otherwise appropriate investigation or other official action" (USD(P&R) 2011).

The memorandum does not define what constitutes an "*otherwise appropriate investigation or official action*," nor a mechanism to seek exception. Although the restriction originating in this memorandum was never codified into a DOD Instruction, is has been standard practice that DOD surveys attempting to collect sexual orientation data must seek approval from USD (P&R).

A similar restriction was imposed on the collection of gender identity data upon repeal of the latest policy barring open service by transgender individuals. This restriction was codified in DOD Instruction 1300.28:

> "Gender identity is a personal and private matter. DOD Components, including the Military Departments and Services, require written approval from the USD(P&R) to collect transgender and transgender related data or publicly release such data" (DOD 2021a).

Unlike the policy on sexual orientation data, the DOD Instruction restricting gender identity data identifies the USD(P&R) as the controlling authority, but provides no guidance or qualifying conditions for seeking an exception. For both sexual orientation and gender identity, the DOD provides no additional information about the purpose of the restrictions beyond what is cited in the each of the policy documents.

Sexual Minority Population Estimates

The U.S. Army Public Health Center (APHC) is aware of only a few recent DOD-led surveys that have been permitted to collect SOGI data of SMs. These surveys include the 2016 and 2018 editions of the Workplace and Gender Relations Survey of Active Duty Members (WGRA) (Davis et al. 2017, Breslin et al. 2019), and the 2015 and 2018 editions of the Health-Related Behaviors Surveys (HRBS) (Meadows et al. 2018, Meadows et al. 2021). The 2015 HRBS and 2016 WGRA were permitted to collect both sexual orientation and gender identity demographics, but the 2018 WGRA and the 2018 HRBS were permitted to collect only sexual orientation data due to Administration priorities at the time the surveys were fielded. These surveys sought and received special permission to collect SOGI data from USD(P&R) at the time of fielding.

Population summaries from the 2016 and 2018 WGRA surveys reveal that LGB individuals comprise significant portions of the Active Component (AC), where 11-14% of women identified as lesbian or bisexual and 2-4% of men identified as gay or bisexual (see Table 1). Further, those who did not select "heterosexual or straight" in response to the question on sexual

orientation comprised 21-23% of the female and 9-10% of the male respondents, indicating a potential sexual minority population that could be substantially larger than those who were willing to self-identify as LGB.

Table 1. Sexual Orientation of AC SMs Responding to the 2016 and 2018 DOD WGRA Surveys (Davis et al. 2017, Breslin et al. 2019)

	Women		Men	
	2016 (%)	2018 (%)	2016 (%)	2018 (%)
Heterosexual or straight	79	77	90	91
Gay or lesbian	6	7	1	2
Bisexual	5	7	1	2
Other (questioning, asexual, undecided)	2	2	1	1
Prefer not to answer	8	7	6	5

Additional characteristics of LGB personnel were documented in a follow-up analysis of the 2016 and 2018 WGRA reports, which revealed that sexual minority SMs were also more likely to be a racial/ethnic minority than heterosexual SMs (Trump-Steele et al. 2021). Among women, 56% of lesbians endorsed a racial/ethnic minority identity compared to 49% of heterosexual women; 49% of gay men endorsed a racial/ethnic minority identity compared to 38% of heterosexual men. Those who preferred not to answer the question on sexual orientation possessed the greatest constituency of racial/ethnic minorities with 65% of women and 51% of men identifying as a racial/ethnic minority. The comparative experience of Service members who are both racial/ethnic and sexual minorities has not been reported in DOD surveys, although there is significant evidence that intersectionality of race, ethnicity, sexual orientation, and gender identityimpacts health and well-being in the civilian population (Wilson 2022).

The 2016 WGRA was the first (and only) of the WGRA surveys to query gender identity for any component of SMs. Although the population values for both women and men reporting transgender or gender nonconforming identity were 1%, it is instructive to note that 4% of the women and 6% of the men responding to the gender identity question were unwilling or unable to declare their gender identity (see Table 2). Further, transgender and gender nonconforming individuals constituted affirmative portions of respondents who reported experiences of prior year sexual harassment and sexual assault (e.g., among women reporting sexual assault, 2% identified as transgender; among men reporting sexual assault, 5% identified as transgender) (Davis et al. 2017).

Table 2. Gender Identity of AC SMs Responding to the 2016 DOD WGRA Survey (Davis et al. 2017)

	Women (%)	Men (%)
Transgender or gender nonconforming	1	1
Not Transgender	95	93
Unsure	1	1
Prefer not to answer	3	5

The proportion of declared and potential sexual minority individuals revealed in these WGRA surveys is consistent with recent Gallup polling of U.S. adults, which shows an increasing segment of the population identifying as sexual minorities (see Table 3). Among the Generation Z cohort, the age group that currently serves as the reservoir for new military recruits, 20.8% of those polled identified as LGBT (Jones 2022).

Table 3. American Adults Self-Identification as LGBT by Generation (Jones 2022)

	Bisexual (%)	Gay (%)	Lesbian (%)	Transgender (%)	Other (%)
Generation Z (born 1997-2003)	15.0	2.5	2.0	2.1	1.2
Millennials (born 1981-1996)	6.0	2.2	1.3	1.0	0.4
Generation X (born 1965-1980)	1.7	1.1	0.8	0.6	<0.05
Baby boomers (born 1946-1964)	0.7	1.0	0.7	0.1	0.1
Traditionalists (born before 1946)	0.2	0.4	0.1	0.2	0.1

Except for recent WGRA and HRBS surveys, there has been almost no collection of SOGI demographics in the episodic or recurring DOD-wide population surveys. Two recent Workplace and Equal Opportunity surveys polled sexual orientation demographics but did not report LGBT SMs experiences in their findings or results. Surveys that historically have not polled SOGI data, or polled but did not report outcomes for LGBT SMs include:

- Workplace and Gender Relation Surveys for the Service Academies
- Status of Forces Survey
- Military Spouse Survey
- Workplace and Equal Opportunity Survey
- Defense Organizational Climate Survey
- Annual Periodic Health Assessment (screens medical readiness of SMs)
- Health Care Survey of DOD Beneficiaries

In the absence of SOGI demographic data, it is impossible to determine if LGBT military personnel experience disparities that may interfere with their health, readiness, or retention. Findings from the recent Secretary of Defense Independent Review Commission (IRC) on Sexual Assault in the Military acknowledged this deficiency. The Commission concluded that current policy restrictions on SOGI data collection interfere with the ability of the Services to understand and support their LGBT SMs:

> "Sexual minorities in the military face higher risks of sexual harassment and sexual assault than heterosexual individuals. To date, a policy memo from 2011 restricts Service-level research on these populations, requiring all research entities to receive DOD approval for LGBTQ+ data collection. While intended to protect the privacy of Service members who faced discharge during Don't Ask, Don't Tell, this bureaucratic hurdle remains an obstacle for prevention experts and other researchers who wish to study the unique risks and experiences of LGBTQ+ Service members" (DOD 2021b).

DISCUSSION

Existing Data Demonstrate that LGBT SMs Experience Disparities

The limited information available from the WGRA and HRBS surveys were the basis for the sexual harassment and sexual assault concerns cited by the IRC. Data from the 2018 WGRA survey revealed that nearly twice as many lesbian and bisexual military women reported an experience of sexual assault compared to heterosexual military women. Experiences of sexual harassment and gender discrimination were also disparate (see Figure 1).

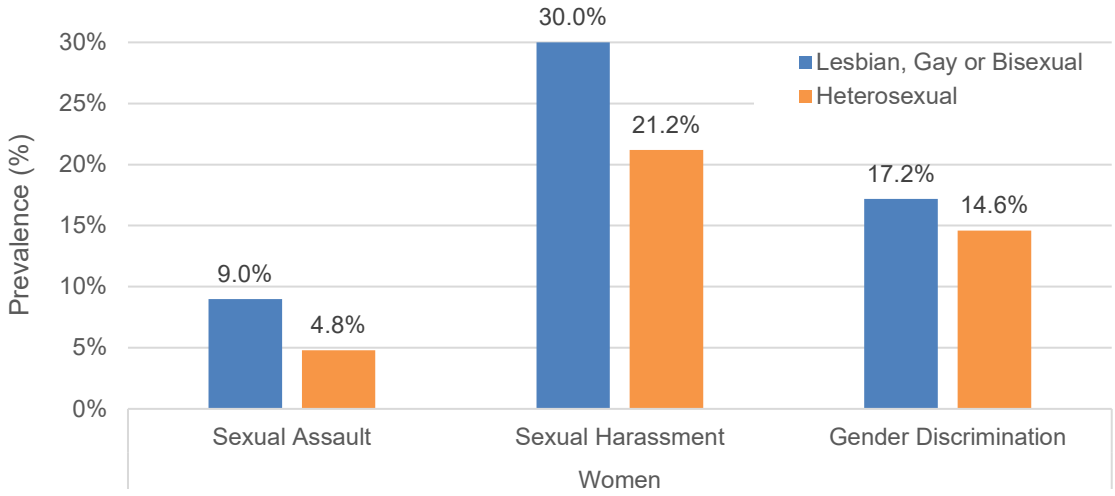

Figure 1. Estimated Prevalence of Prior Year Sexual Assault, Sexual Harassment, and Gender Discrimination for Military Women in the 2018 WGRA (Breslin et al. 2021)

Gay and bisexual military men were similarly vulnerable and reported nearly nine times the sexual assault experienced by their heterosexual counterparts, with concomitant sexual harassment and gender discrimination (see Figure 2).

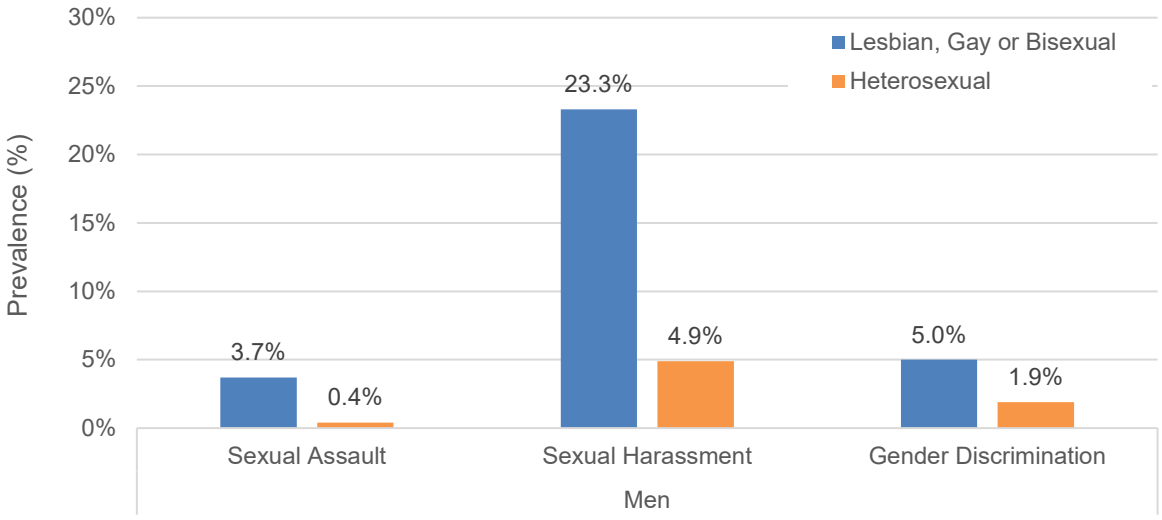

Figure 2. Estimated Prevalence of Prior Year Sexual Assault, Sexual Harassment, and Gender Discrimination for Military Men in the 2018 WGRA (Breslin et al. 2021)

Unlike other disparities, which may arise from a range of life circumstances, the sexual assault, sexual harassment, and gender discrimination reported in the 2016 and 2018 WGRA surveys resulted largely from military service. As shown in Figure 3, a majority of Active Component SMs described the offenders responsible for prior year sexual assault and sexual harassment as military personnel. Further, sexual minority women were more likely than heterosexual women to report that the offender was a military member.

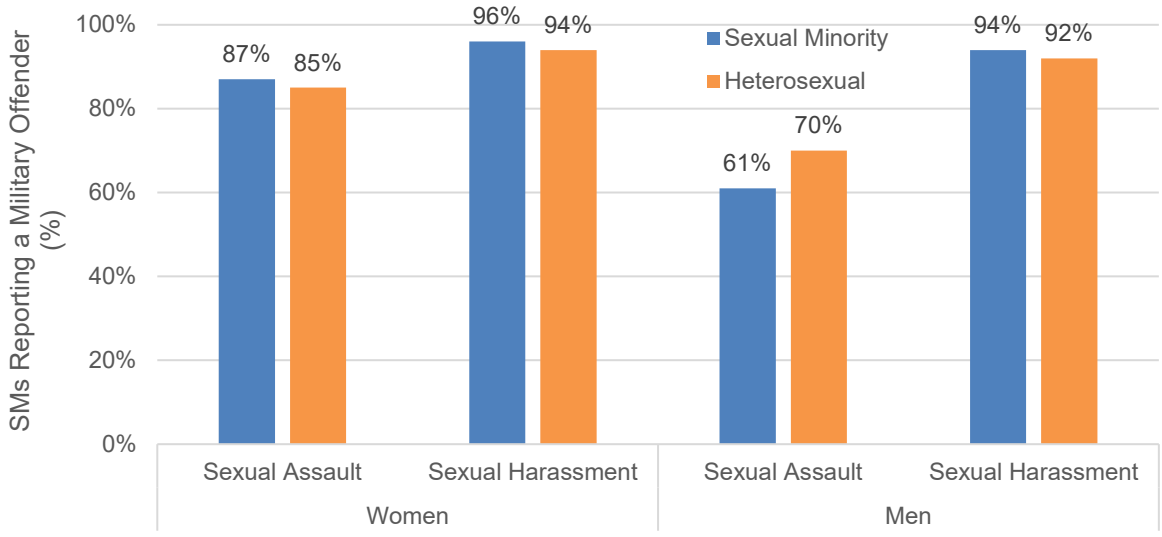

Figure 3. Service Members Reporting a Military Offender for Prior Year Sexual Assault or Sexual Harassment in the 2016 and 2018 WGRA (Trump-Steele et al. 2021)

In a follow-up analysis of the 2018 WGRA survey results, RAND® summarized the following experience of sexual minority personnel: SMs who identified as LGB or who did not indicate that they identify as heterosexual represented only 12% of the AC population in 2018, but accounted for approximately 43% of all sexually assaulted SMs in that year (Morral and Schell 2021). Examining the 2018 estimates by gender, they found that 48% of men and 40% of women who were sexually assaulted did not indicate heterosexual orientation.

The HRBS surveys provide additional visibility on disparities experienced by sexual minority SMs. The 2015 HRBS reported that LGB respondents were more likely to report unwanted sexual contact, lifetime suicide attempt, sexually transmitted infections, smoking, and marijuana use compared to non-LGB respondents (Jeffery et al. 2021). Outcomes for transgender respondents were not reported in the HRBS.

The stark disparities for LGBT SMs revealed in the few surveys where SOGI data have been collected point to the need to document SOGI characteristics in the same manner as birth sex, age, race, ethnicity, and other demographics which the military recognizes as important to the optimization and retention of their cadre. The nascent reporting of race and ethnicity demographics for health outcomes in the Army's flagship population health report, *Health of the Force*, demonstrated that AC Soldiers experience many of the same health disparities experienced by their civilian counterparts (APHC 2021).

The universal healthcare access afforded to military personnel is not sufficient to compensate for physical and behavioral health inequities informed by identity, especially when that identity is hidden or unexamined. As an example, the DOD has struggled for years to reduce persistent rates of sexual harassment and sexual assault within the Services. Significant resources have been allocated to programs, policies, training, intervention, and awareness campaigns designed to address this problem. However, none of these efforts has ever been informed by the fact that more than 40% of the SMs reporting these experiences may be sexual minority individuals.

U.S. Medical and Public Health Authorities Endorse SOGI Data Collection

Routine collection of SOGI data has long been endorsed as a best practice by medical and public health authorities in the U.S. In 2011, the same year that DADT was repealed, the Institute of Medicine (IOM) issued a landmark document, reviewing the current standing of LGBT health and health research. The following are two of the seven recommendations resulting from the review that addressed the need for SOGI data collection (IOM 2011):

- "Data on sexual orientation and gender identity should be collected in federally funded surveys administered by the Department of Health and Human Services and in other relevant federally funded surveys."
- "Data on sexual orientation and gender identity should be collected in electronic health records."

The U.S. Department of Health and Human Services took up the IOM charge to encourage the expansion of SOGI data collection for the first time in 2012 when the Healthy People project established objectives pertaining to the health of LGBT individuals. Several of these sought to increase the number of national- and state-level population-based data systems which collect data on (or for) LGBT populations, as reflected in Healthy People 2020. (HP2020). Healthy People 2030 renewed and reiterated these objectives stating:

> "Collecting population-level data is key to meeting the needs of LGBT people, but not all state and national surveys include questions about sexual orientation and gender identity. Adding these types of questions to surveys can help inform effective health promotion strategies for LGBT people" (HP2030).

A decade after the IOM review, the National Academies of Sciences, Engineering, and Medicine (NASEM) followed with an updated review on the available evidence and future research needs related to the well-being of sexual and gender diverse (SGD) populations across the life course. This report focuses on the following eight domains of well-being:

- The effects of various laws and the legal system on SGD populations;
- The effects of various public policies and structural stigma;
- Community and civic engagement;
- Families and social relationships;
- Education, including school climate and level of attainment;
- Economic experiences (e.g., employment, compensation, and housing);
- Physical and mental health; and
- Health care access and gender-affirming interventions.

The number one recommendation resulting from this review addressed the need for improved SOGI data collection:

> "Entities throughout the federal statistical system; other federal agencies; state, local, and tribal departments and agencies; private entities; and other relevant stakeholders should consider adding measures of sexual orientation, gender identity, and intersex status to all data collection efforts and instruments, such as population-based surveys, administrative records, clinical records, and forms used to collect demographic data" (NASEM 2020).

The NASEM further asserted that collecting data about the experiences of people who may be targeted for discrimination based on personal characteristics such as sexual orientation and gender identity is a crucial component of establishing and enforcing effective nondiscrimination protections.

In 2015, the DOD updated its military equal opportunity (MEO) program to protect SMs against discrimination based on sexual orientation (DOD 2015). The MEO program was further reformed in 2020 to include protections for gender identity (DOD 2020). Although the major DOD population surveys noted above include demographic intake for other attributes of MEO protected classes (i.e., race, color, national origin, religion, sex), at this time most do not include questions pertaining to sexual orientation or gender identity. Between the absence of SOGI demographics and findings in DOD-wide surveys, and the restriction on Service-level SOGI data collection, it is unclear how the DOD would be able to programmatically track or respond to discrimination experienced by LGBT SMs.

Lack of SOGI Data Impairs Understanding of Accession and Retention Factors

Additional dimensions of military service that remain unknown without SOGI data include factors that influence the accession, retention, and attrition of LGBT individuals. The DOD-funded Military Acceptance Project is the first study of its kind to examine the career intentions of LGBT SMs; it found that among the survey population, 33% of transgender SMs and 20% of LGB SMs planned to leave the military after their service commitment, compared to 13% of the non-LGBT SMs (McNamara et al. 2021). Further, transgender and LGB SMs reported less unit cohesion than their non-LGBT counterparts did. The authors assert that their findings align with similar studies of LGBT individuals in civilian workplaces, which found that formal LGBT policies without other workplace LGBT supports may be insufficient to create an inclusive climate or cohesion among coworkers.

Issues related to the military and separation experience of LGB SMs were examined using data from the Millennium Cohort Study. The sample population for this investigation was drawn from participants in the 2016 Millennium Cohort Study follow-up survey, which was the first time sexual orientation was assessed in this population (Carey et al. 2022). The review found that LGB SMs had a very different experience of the military than their heterosexual counterparts. LGB SMs had significantly higher odds of feeling: unimpressed by the quality of unit leadership, less camaraderie, unsupported by the military, and negative about the military overall. Similarly, the reasons and timing of LGB SMs separation from military service differed significantly from heterosexual SMs. LGB veterans were more likely than heterosexual veterans to report unplanned administrative or medical separations and perceived incompatibility with the military as reasons for separation. The negative impressions and early departures of these SMs are at odds with DOD efforts to recruit and retain qualified personnel. The availability of SOGI data in routine population and climate surveys could help to understand and address the reason(s) for these disparate experiences and outcomes.

Department of Veterans Affairs Validates Importance of SOGI Data Collection

The U.S. Congress has also weighed in with concerns about the increasing diversity of the veteran population and whether the U.S. Department of Veterans Affairs (VA) is able to provide proper support to veterans from historically underrepresented groups. They directed the U.S. Government Accountability Office (GAO) to conduct a review of the VA's data collection and reporting procedures for information on gender, race, ethnicity, and sexual orientation of veterans (U.S. Congress House 2017). In its report to Congress, the GAO found that LGBT veterans may experience differences in health outcomes that are closely linked with social or economic disadvantage, and that the VA considers it important to analyze the services they receive as well as their health outcomes to improve health equity (GAO 2020). Despite the VA's intention to provide culturally competent care to its charges, the GAO concluded that the Veterans Health Administration (VHA) is hampered due to the lack of SOGI data collection:

> "VHA is limited in its ability to assess health outcomes for the LGBT veteran population who use its services because it does not consistently collect sexual orientation and self-identified gender identity data. With inconsistent data and limited information on health outcomes, VHA may not be able to fully identify and address any health disparities faced by LGBT veterans, or provide them clinically appropriate, comprehensive care."

In December 2021, the VA took an important step in this direction when it modified its national medical record systems to permit intake of gender identity descriptors. Medical records have

added transgender male, transgender female, non-binary, other, or does not wish to disclose options to its new gender identity field (VA 2022). A recent study of VHA patients found that 7.2% of respondents endorsed a sexual minority identity, a higher proportion than those who identify as sexual minority in the U.S. general population (Ruben et al. 2021). These data suggest that LGBT individuals make up a significant portion of former military personnel and are comfortable reporting these demographics.

New Executive Order Mandates Health Equity for LGBT Military Personnel and Families

Most recently, the Biden Administration issued an Executive Order (EO) to advance diversity, equity, inclusion, and accessibility (DEIA) in the Federal workforce. To achieve its goals, the EO mandates robust data acquisition to characterize the workforce:

> "Data Collection. (a) The head of each agency shall take a data driven approach to advancing policies that promote diversity, equity, inclusion, and accessibility within the agency's workforce, while protecting the privacy of employees and safeguarding all personally identifiable information and protected health information. (b) Using Federal standards governing the collection, use, and analysis of demographic data (such as OMB Directive No. 15 (Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity) and OMB Memorandum M–14–06 (Guidance for Providing and Using Administrative Data for Statistical Purposes)), the head of each agency shall measure demographic representation and trends related to diversity in the agency's overall workforce composition, senior workforce composition, employment applications, hiring decisions, promotions, pay and compensation, professional development programs, and attrition rates" (EO 14035 2021).

The EO also contains a section addressing equity concerns for LGBT employees, specifically addressing the need to improve the health of military LGBT individuals and their families:

> "…the Secretary of Defense shall take actions to promote equitable healthcare coverage and services for LGBTQ+ members of the uniformed services (including their beneficiaries and their eligible dependents), LGBTQ+ beneficiaries, and LGBTQ+ eligible dependents, including coverage of comprehensive gender-affirming care, through the Military Health System" (EO 14035 2021).

It is not clear how DOD can comply with this mandate to provide "*equitable healthcare coverage and services*" to LGBT personnel, their families, and families with LGBT dependents if health records, population surveys, and research studies are constrained from documenting identity characteristics that affect health status. Equity does not mean getting equal resources and opportunities, it means getting resources and opportunities that lead to equal outcomes.

At inception, the control of SOGI data may have been a well-intentioned effort to protect military personnel from the legacy of discrimination created by prior bans on service of LGBT individuals. However, the constraints on the ability to research and document sexual orientation and gender identity have had the unintended consequence of obscuring the health needs and disparities experienced by military personnel who identify as LGBT, and potentially interferes with the optimization of their military readiness. Further, the disparate treatment is itself a form of discrimination that has the potential to negatively affect the health and well-being of those

who are treated differently. Medical, public health, and government authorities have studied and considered this issue over the last decade and concluded that failure to document SOGI data delays and impairs the ability to deliver effective health care and interventions needed to manage the well-documented disparities experienced by LGBT individuals.

RECOMMENDATIONS

1. Rescind the current restrictions in DOD policies requiring USD(P&R) approval for polling and collecting SOGI data for military personnel.

2. Permit surveys that collect demographic information relevant to SM health, readiness, or retention, to also collect SOGI data, with an option for respondents to decline if they choose to do so. This approach will enable more granular population surveillance and shift control of privacy to those most able to discern its necessity (i.e., LGBT individuals).

3. Modify medical record systems to permit intake of sexual orientation and gender identity demographic data. Availability of this data will improve clinicians' ability to recommend appropriate and necessary therapeutic and preventive services for their patients, and facilitate more equitable health care for LGBT military personnel in line with EO14035.

4. When collecting SOGI data, employ measures, questions, and language that are relevant for the purpose of the inquiry (e.g., research, population surveillance, health records), and that have been vetted or endorsed by medical or public health authorities to ensure that inquiries are conducted in a culturally competent manner. The NASEM have issued new guidance on best practices for collecting SOGI data that should be consulted when formulating survey or intake questions (NASEM 2022).

5. Accompany repeal of SOGI data collection restrictions with additional strategies to increase SMs' confidence about disclosing their sexual orientation and gender identity. Update marketing materials and resources pages to show LGBT positive imagery, including partners and children, to demonstrate affirmation and visibility of LGBT personnel and their families. Consider establishing a DoD-wide resource page to inform SMs, their dependents and DOD civilians about LGBT culturally-competent resources.

APPENDIX A

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APPENDIX B

ACRONYMS AND ABBREVIATIONS

AC
Active Component

APHC
U.S. Army Public Health Center

DADT
Don't Ask Don't Tell

DEIA
diversity, equity, inclusion, and accessibility

DOD
Department of Defense

EO
Executive Order

GAO
U.S. Government Accountability Office

GI
gender identity

HP2020
Healthy People 2020

HP2030
Healthy People 2030

HRBS
Health Related Behaviors Survey

IOM
Institute of Medicine

IRC
Independent Review Commission on Sexual Assault in the Military

LGB
lesbian, gay, and bisexual

LGBT
lesbian, gay, bisexual, and transgender

LGBTQ+
lesbian, gay, bisexual, transgender, queer, gender non-conforming, and non-binary

MEO
military equal opportunity

NASEM
National Academies of Sciences, Engineering, and Medicine

OPA
Office of People Analytics

SM
Service member

SGD
sexual and gender diverse

SO
sexual orientation

SOGI
sexual orientation and gender identity

U.S.
United States

USD(P&R)
Under Secretary of Defense (Personnel and Readiness)

VA
U.S. Department of Veterans Affairs

VHA
Veterans Health Administration

WGRA
Workplace and Gender Relations Survey of Active Duty Members