Gay Mental Healthcare Providers and Patients in the Military

Personal Experiences and Clinical Care

Elspeth Cameron Ritchie
Joseph E. Wise
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Foreword

This book is about the personal experiences of lesbian, gay, and bisexual (LGB) mental health providers in the military and cultural changes regarding homosexuality in the military and society. While I have read several books about the military bans on same-sex behavior and LGB identity disclosure (e.g., *Conduct Unbecoming* [1]) and the personal experiences of LGB service members (e.g., *Barrack Buddies and Solider Lovers* [2]), I can think of none that have presented the experiences of LGB mental health providers in the military. The stories in this volume help to tell the larger painful history of how homosexuality and LGB people have been viewed in this country. It also describes lessons learned in taking care of gay service members and veterans.

I am not a veteran. Nor have I worked for the Department of Defense (DoD). But for 25 years, I have worked as a clinical psychologist in the Veterans Health Administration, Department of Veterans Affairs (VA), and provided clinical care to LGB veterans. I've heard innumerable personal stories from many LGB veterans who served during peacetime and in every military conflict involving this country, from World War II to wars in Iraq and Afghanistan.

These veterans often described horrific, terrifying events, such as physical violence or sexual assault, and feeling of inability to report the event without being victimized further. Many reported living with the constant terror of being found out. Some resorted to pretending to be straight. I also heard countless touching stories of secret same-sex intimacies and relationships. But I have talked with few LGB healthcare professionals about what it was like living and working in the military under "Don't Ask, Don't Tell" (DADT) or previous anti-gay bans.

My connection to LGB veterans and military policies began in 1991, before DADT, which wasn't enacted until 1993. I was invited to present as a doctoral student (along with my mentor, Dan Landis, at the University of Mississippi) at the American Psychological Association meeting in San Francisco. APA had organized a symposium on DoD policy, which flatly asserted that "homosexuality is incompatible with military service." My talk, "Ethnic Minority and Gender Integration: Lessons Learned," contrasted opposition to integration of African-Americans and women in the military with opposition to gay and lesbian service members. (In those days, transgender service members were rarely mentioned.)

This was very exciting! I loved thinking about how government policy affects the lives and mental health of veterans. At the presentation, I met an ex-Navy officer

who left the Navy after learning that a fellow sailor who was under investigation had named him as a potential homosexual. The Navy sued the veteran to recover the cost of his education, as they did with others; eventually, the Navy lost.

After completing a predoctoral psychology internship at the New Orleans VA Medical Center, I stayed on as a staff psychologist in the HIV clinic. I enjoyed treating veterans and saw stability and career opportunities at the VA. Although the VA did not have anti-gay policies like DADT, I worried about how I would be treated as a gay man. I'm happy to say that I have not experienced overt anti-gay attitudes or behaviors during my VA career. Nonetheless, I was told that my scholarly work in LGB sexuality and sexual health had little application in VA and I should focus on more "relevant" veteran health issues.

Things changed dramatically in 2011 when VA issued a national healthcare policy on transgender care. I was tapped to lead (along with Jillian Shipherd) the development of staff training on implementation of the new policy. With the pending repeal of DADT, Jillian and I became the point people in VA for questions about lesbian, gay, bisexual, and transgender (LGBT) veteran health issues. We leveraged that position into a formal national office in 2012 – the LGBT Health Program – where both Jillian and I now serve as directors.

Since then we have delivered training on LGBT veteran health issues to thousands of VA providers and established an LGBT Veteran Care Coordinator at every facility whose job is to train staff and address the clinical needs of LGBT veteran patients. With more than a thousand VA healthcare facilities, more than 200,000 providers, and about six million patients annually, there is always room for improvement. But I am so gratified when I heard that an older veteran cried when informed that the VA won't take away his healthcare benefits because he's gay, that a lesbian veteran came out to her doctor after seeing an LGBT poster in the clinic, or that a transgender veteran learned from our website that she can get hormones from the VA.

Attitudes about homosexuality and LGBT people have improved over 25 years. On the military side, DADT ended in 2011, allowing openly LGB service members to serve, and the ban on transgender service members ended in 2016. These social changes are a result in part of humanizing stigmatized minorities – by getting to know them and by listening to their stories. However despite advances, considerable challenges remain.

This volume by COL (ret) Elspeth Cameron (Cam) Ritchie, MAJ Joseph Wise, and CDR Bryan Pyle presents a unique, compelling set of personal stories from LGB mental health professionals in the military before DADT, during DADT, and after DADT. Clinical lessons learned are also presented. These stories honor the service of so many gay and lesbian Service members, and we should not forget their sacrifice.

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Contents

Part III Clinical Lessons Learned

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Part I

Background and Introduction

Introduction

1

Elspeth Cameron Ritchie

This volume has many points of origin. Various chapters in this volume will have their own narratives with a beginning and perhaps an end. This introduction will lay groundwork for the following chapters. On my part, I will start for now with the American Psychiatric Association meeting in San Francisco in 2013. A symposium there was titled, "Bringing the Uniform out of the Closet: Artistic and Clinical Perspectives of Gay Military Life Before and After 'Don't Ask, Don't Tell'" [1].

I was asked to speak because of my role participating in the Pentagon work group to examine the repeal of "Don't Ask, Don't Tell" (DADT). That work group was convened in 2010 to examine how and if to repeal the DADT policy. There my main contribution was pushing the DoD group to move past discussion of fears of battlefield transmission of HIV, to the positive effects of service members not having to live in fear of exposure of their sexual identity.

On that afternoon in San Francisco at the APA, we spoke of the experiences of military gay psychiatrists, in and out of the closet. It was a wonderful and moving panel. Even more dynamic were the personal stories of many participants, including COL (ret) Jim Rundell, a military psychiatrist and friend of many years.

He spoke of being an Air Force psychiatrist for a career, rising to a high rank, including being in charge of all medical issues at Landstuhl Army Medical Center in Germany. Yet, despite being accepted and admired by his medical and line colleagues, he lived in fear of being "outed." He eventually turned down the chance for a star (making General) over concerns about the necessary security clearance.

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Other participants had a range of tales of being gay in the military, some being in a welcoming and nurturing atmosphere (especially in medical settings), with others having to live in constant fear that their careers could be easily ended.

We talked afterward about doing a volume on the personal experiences of gay psychiatrists, before, during and after "Don't Ask, Don't Tell." The initial title of this volume was "Passing with Flying Colors." However, some felt that that was too incorrectly identified with African American issues. As the volume has evolved, so has the title, into the current one: *Gay Mental Healthcare Providers and Patients in the Military: Personal Experiences and Clinical Care*. The volume has also expanded to include other mental health disciplines, including social work and psychology.

One thing we as editors and authors have struggled with is that many active duty clinicians do not want to reveal publically their sexual orientation, even years after "Don't Ask, Don't Tell" has ended. They were still legitimately worried about career implications. If you are still in uniform, how much do you personally reveal?

We were similarly interested in the experiences of gay civilian providers working with the military and both gay and straight providers working with gay patients from the military community. So, the focus has broadened to include issues for treatment of both gay service members and veterans. By veterans we mean people who have served in the US military but are no longer on active duty. We also include those in the Guard and Reserve, who may go back and forth between active duty and civilian life.

Of course the strands have gone back much further than the APA symposium. Personally, I have served with many gay psychiatrists and other mental health clinicians throughout my military career. I have been troubled numerous times about the burdens they face. I have also been impressed by their resilience and professionalism despite the obstacles they faced.

One clarifying note, the first editor (myself) is not gay. Perhaps I can be called a "gay ally" or perhaps just a soldier who appreciates the contributions of my gay and transgendered comrades in arms. But as a female soldier, I do see many parallels between the struggles of women and gays to obtain recognition in the military [2]. Now the issues of transgender persons are prominent, as is covered in other chapters later is this volume.

Purpose

This volume has several purposes. It first seeks to tell some of the personal story of gay psychiatrists and other mental health clinicians in the military. The timeline is organized into sections about the bad old days ("pre-Don't Ask, Don't Tell," "DADT"), the not good days of DADT, and the maybe better but not perfect days post-DADT.

We also seek to pass on lessons learned of how to provide mental healthcare for service members and veterans who may struggle with issues about being gay in the

military, many times in addition to other traumas associated with service in war zones.

We will briefly address the various military policies across time and its effect on the mental well-being of gay individuals who have or are currently serving. Finally, we hope to translate lessons learned in the military for transgendered service members and veterans.

Background

Gay service members have long been an important part of our nation's military. They were closeted for many years, subject to harassment, bullying, and involuntary separation. Prior to 1993, when "Don't Ask, Don't Tell" was implemented, they could be involuntary separated simply for being homosexual.

After the "Don't Ask, Don't Tell" policy was implemented, life was supposed to get better, but in many cases it did not. Thousands of service members were involuntarily separated under this policy.

"Don't Ask, Don't Tell" was repealed in 2011. In recent years, gays have been officially accepted in the military, with allowance of same sex marriages and partner benefits provided. However considerable stigma still remains. The legal issues related to homosexuality in the military are an important part of the overall narrative but will not be the focus of this volume [3]. Please see this link for a summary of the legal issues [3].

The Early Years

Another important part of the story relates to the AIDs epidemic. In the late 1980s, all service members were screened for HIV, then known as HTLV *human T-cell lymphotropic virus*. (I will use the term HIV here for consistency, rather than the older term.) In 1985, a gay soldier hung himself in the stairwell of the old hospital of Walter Reed, after having been found in bed with another man. The command at Walter Reed decreed that there should be no more suicides.

Shortly thereafter (in 1986) the screening of all troops for HIV began, across the Army [4]. If they tested positive, they were informed by their company commander, uprooted from their military and other support systems, and put on a plane to a major medical center for further testing. Plane loads of just-diagnosed Soldiers arrived at Water Reed Army Medical Center several times a week. They were scared, both of having tested positive for the disease and being outed for being homosexual. Back then, of course, AIDS was considered a death sentence.

Part of my job as a third-year psychiatry resident was to screen them on arrival (often in the wee hours at about 2 AM) for suicidal ideation. It was a challenge to "screen" seven individuals at that hour, for the effects that a diagnosis of presumptive AIDs had on them, and whether they were suicidal.

The soldiers stayed on Ward 52 at Walter Reed Army Medical Center. Ward 52 was actually a very warm and welcoming place for them. Psychiatrists were assigned to the ward, including Dr. Dan Hicks and Rob Stasko. The chapter by Dr. Dan Hicks and Dr. Steve Tulin covers Ward 52 in more detail.

My first research project was a survey of these newly diagnosed individuals and what were their stress and support systems. Unsurprisingly those from conservative Hispanic backgrounds had the greatest stigma [5].

Other pivotal experiences for me included a deployment to Somalia in support of Operation Restore Hope in early 1993. I went with the 528th Combat Stress Control detachment, out of Fort Bragg. There were four psychiatrists on the mission, two were gay. When DADT was announced, it precipitated a homophobic wave on the sands of Mogadishu. My fellow psychiatrists were scared, but nothing serious happened to them. In other Army bases, gays were not so lucky. There were many episodes of hazing and some murders.

Recent Years

The United States has been at war since September 11, 2001, first in Afghanistan, then Iraq, and now still in Afghanistan. Approximately 2.7 million service members have been deployed to the theater of war. This prolonged war, the longest in our country's history, has brought to the forefront the mental health consequences of combat and warfare.

Alongside the other troops, gay military mental health workers—psychiatrists, psychologists, social workers, occupational therapists, and others—delivered mental healthcare and combat stress control principles throughout the theaters of war. These include, of course, Iraq and Afghanistan as well as humanitarian efforts after natural disasters. Recent efforts include West Africa during the Ebola virus.

Mental health clinicians have been treating service members for the psychological consequences associated with their experiences in battle, including killing enemy combatants, seeing wounded and killed civilian casualties, losing their friends in combat, and potentially dealing with their own physical injuries from being shot or blown up.

Compounding the battlefield stressors has been home front issues. Unlike earlier wars, most soldiers are married and have children. With a world that is globally connected through the Internet and cell phones, the news of problems back home is not shielded from the soldier on the front lines. Common ones include spouses wanting a divorce, children struggling in school, financial difficulties, and parents with health problems.

For gay members the stresses were both the same and different. They have pretended they were in heterosexual relationships, because of worries about being outed. The early chapters in this book will provide more personal accounts of these issues.

Conclusion

The focus in this book initially will be on the personal stories of gay-uniformed providers who have served throughout the last 30 years. Clinical and policy issues for active duty service members will follow.

There are many providers who have worked with gay veterans. Veterans have the advantage of not having to conceal the sexual orientation and can openly concentrate on both routine mental health issues and sexual identity matters.

The volume also offers clinical advice to military and civilian clinicians working with gay military and veterans on how and what to ask and how treatment may be affected by sexual orientation.

This book will highlight lessons learned and survival strategies for gay mental health providers not only deploying in support of US military operations but to any austere and dangerous environment for a prolonged period of time. Lessons learned will be relevant for the transgendered service members and veterans.

What is striking is the resilience of the gay men and women who have served in the US military. Despite all the obstacles contained in the accounts herein, they have performed heroically.

It is not a perfect, or comprehensive, volume. Good research data is sorely lacking. Many of the chapters are anecdotal. Some potential authors felt they could not expose themselves and their sexuality in such a public forum. We hope to draw a "line in the sand," setting forth what we do know and asking for further exploration of the topic.

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