

Syracuse University

SURFACE at Syracuse University

Institute for Veterans and Military Families

Institutes, Research Centers, and Campus
Groups

Spring 1-15-2016

Research Brief: "Race Relations within the US Military"

Institute for Veterans and Military Families at Syracuse University

Follow this and additional works at: <https://surface.syr.edu/ivmf>



Part of the [Military and Veterans Studies Commons](#), and the [Race and Ethnicity Commons](#)

Recommended Citation

Institute for Veterans and Military Families at Syracuse University, "Research Brief: "Race Relations within the US Military"" (2016). *Institute for Veterans and Military Families*. 367.
<https://surface.syr.edu/ivmf/367>

This Brief is brought to you for free and open access by the Institutes, Research Centers, and Campus Groups at SURFACE at Syracuse University. It has been accepted for inclusion in Institute for Veterans and Military Families by an authorized administrator of SURFACE at Syracuse University. For more information, please contact surface@syr.edu.



Race Relations within the US Military

AUTHORS: James Burk, Ph.D.
 Evelyn Espinoza, Ph.D.

DATE: 2012

PUBLICATION: *Annual Review of Sociology*, 38,
 401-422.

PUBLICATION TYPE: Peer-Reviewed Journal Article

PUBLICATION LINK: <http://dx.doi.org/10.1146/annurev-soc-071811-145501>

KEYWORDS: all-volunteer force, discrimination,
 institutional racism, military service,
 moral contract, racial disparities

ABSTRACT

“Sociologists now often say that the US military is a model of good race relations. Although there is no denying progress made in military race relations, especially since establishment of the all-volunteer force, this review challenges that comfortable claim as research done over the past two decades supports it only in part. Instead, we conclude that disparities in military allocations of goods and burdens sometimes disadvantage racial minorities. This conclusion rests on a review of institutional analyses in five arenas to which researchers have paid close attention: racial patterns in enlistment, officer promotion rates, administration of military justice, risk of death in combat, and health care for wounded soldiers. Although not a direct or intended result of military policy and practice, in three of five cases there was evidence of racial bias and institutional racism. Further work is needed to identify mechanisms through which the bias and racism arose.”

RESEARCH HIGHLIGHTS

- Before the U.S. government established the all-volunteer force in 1973, minority representation within the military was limited. Though racial progress has been made within the military, this review challenges whether the progress made serves as a model of good race relations.
- The researchers found that racial disparities that exist within the military arise from several areas, including enlistment decisions. Racial disparities arise from enlistment (and reenlistment) decisions throughout the all-volunteer force era. Minorities typically enlist in the military for different reasons than whites and are more likely to choose occupations that require skills transferable to the civilian labor force instead of direct combat military occupations.
- As reported by the Military Leadership Diversity Commission in 2011, the researchers found from other studies that minorities have been underrepresented in the officer corps throughout the all-volunteer force era. Though the likelihood of promotion appears similar for blacks and whites at first glance, further research shows that black male officers were 29% less likely to be promoted than their white male counterparts.
- Conclusions from this review of race relations within the military shows that racial bias and institutional racism still exist within the military despite efforts to eliminate racial bias and discrimination. However, they found no evidence of negative racial disparities either in the case of entry into the military or in the risk of death in combat.

IMPLICATIONS

FOR PRACTICE

Since minority service members deployed in discriminatory environments were at an increased risk for post-traumatic stress disorder (PTSD), minority service members should discuss with their health care providers' strategies to reduce stress in unhealthy environments. Service members and veterans in need of mental or physical health care should seek medical assistance through either the VA or another health provider. Family members of minority service members with a mental or physical need should remain supportive of their service member or veteran, remembering that full recovery is not always immediate. Additionally, family members and friends of service members and veterans should remember that serving in the military can cause stress, especially if exposed to combat. Barriers erected by medical providers impede the veteran population trying to access the VA for treatment. Since blacks are less likely to be screened for PTSD than whites, practitioners should be monitor minority patients for PTSD and encourage PTSD screening. Studies show that there is still a racial gap in care provided; practitioners should administer adequate pain assessment and treatment to all veterans and service members. Psychiatrists should be mindful of the care they provide, making sure they overmedicate or over hospitalize their minority patients. Given the improvements required of medical professionals, medical schools and medical professional organizations should continue training medical students and professionals on providing quality care regardless of race or gender.

FOR POLICY

Despite dramatic improvements in race relations from the late 1940s to the present, this review shows that further improvements are needed. Since officer promotions were racially biased by language used in officer fitness reports, the Department of Defense (DoD) might revise the fitness report to use a standardized language by all evaluators. Court-imposed limitations on the military's affirmative action programs were found to hinder promotion for some minorities. The DoD might re-examine its court-imposed limitations on affirmative action programs to ensure all qualified service members have a fair chance at higher rank promotions. This review of previous studies found that military justice was biased by inadequate systems for filing equal opportunity complaints and by the pretrial paths differing between minorities and whites. To reduce bias within military courts and reduce the disparity in sentences, the DoD might review its systems for filing discrimination complaints and further standardize pretrial paths for its service members. Since service connections rates were lower for minorities, the VA might continue reducing barriers to entry into the VA health care system. Since minorities often struggle with having their injury classified as service connected, the VA might examine how it can provide minorities with equal access to the VA health care system.

FOR FUTURE RESEARCH

Given the effects of discrimination on the well-being of service members and veterans, more research is warranted to identify the means by which discrimination occurs and might be curbed. To ensure all veterans and service members wounded by PTSD are provided quality care, future researchers should study why there are racial disparities in access to military health care and what can be done to overcome the disparities. Burk and Espinoza found that despite efforts to encourage equal opportunity and the military valuing diversity, institutional racism can still be detected in the distribution of goods that are important both to the military and its service members. Future researchers should design programs to overcome these instances of discrimination. The outcomes found in this review contribute to the emerging theoretical work about moral contracts for military service. For example, this review shows in particular cases how the moral contract of contemporary military service has been breached or upheld. Researchers applying this theory should determine steps to repair moral contracts for the military. Since some minority patients are more likely to quit some treatments, such as PTSD treatment, it might be beneficial to determine how the relationships between minority veterans and medical providers can be further improved to encourage trust and mutual respect.

AUTHOR INFORMATION

James Burk, Ph.D.¹

Evelyn Espinoza, Ph.D.²

¹ jsburk@tamu.edu; Department of Sociology, Texas A&M University

² Department of Sociology, Texas A&M University