Part I: Introduction

In the first part of this honors thesis paper, I devote my research to broad questions about the U.S. Department of Veterans Affairs administration and policies that have racial implications. I explore why there is an underutilization of VA services by racial/ethnic minority veterans, and how some veterans are not taking advantage of the benefits the VA offers. I research how the VA has been actively working to limit racial disparities with respect to who has access to mental health care through initiatives in the past twenty years, and I consider how effective they are. I take a macro-perspective, generalizing about the experiences of veterans around the nation, and I consider large, systemic and institutional matters related to VA policy across all branches of the military.

In the second part of this paper, I work on the ground to see how veterans who are creating their own community organizations operate. I investigate what happens when individual veterans are in specific therapeutic programs that are created either in the absence of or as an alternative to VA initiatives. I focus on a specific art therapy program, and demonstrate how veterans who didn't receive healthcare at the VA, or who no longer used their services, are finding healing through local arts projects. I connected with a veteran organization in Albany, New York, Art4Vets, and created an online and in-person exhibit showcasing the artwork the participants had made. I also interviewed a few of the veterans from the group and asked how they feel when creating artwork through the Art4Vets art therapy program. Each of my interviewees had negative experiences in the military, and to a person they claimed that making artwork has helped them in the process of healing by allowing them to express their inner emotions and to open up to the world. After addressing the issues of the VA reaching all communities of veterans on the national scale, I chose this micro-perspective to find out how

veterans who aren't using VA services are finding suitable means to treat their needs and evaluate the effectiveness of the strategies used in such therapy programs.

My interest in this subject began in the fall of 2020 when I enrolled in a Skidmore American Studies class called "Post 9-11 America" with Professor Jacque Micieli-Voutsinas. In this class, we studied the experiences of soldiers from Iraq and Afghanistan returning home and the severe PTSD that followed them. Through books, documentaries, and other primary sources, we witnessed the lack of support veterans receive from the United States Department of Veterans Affairs (VA) when looking for mental health care. Soldiers are viewed as America's heroes when fighting in wars, but once they get home, they are often neglected by the U.S. government. I knew I wanted to continue this research and think more about how I could help bring awareness to healthcare and veteran inequalities in America. Therefore, I chose to explore this issue further in the spring of 2021 in my Methods and Approaches prospectus assignment, where I researched the gap between what veterans thought about their experiences accessing mental healthcare and what the VA claimed they provided. I found that the VA advertised substantial protection for veterans through their services, but that many VA patients either could not or did not access them. That research gave me context for understanding what access to mental healthcare looks like for Iraq/Afghanistan veterans. For my capstone project in the fall of 2021, I chose to narrow this topic and look at what/if there have been racial disparities in veterans' access to mental healthcare from the VA over the last twenty years. I researched the experiences of veterans from these most recent wars because they are the closest in proximity to our lives today and suggest the most direct path by which we can change our healthcare system. By learning what racial disparities there are in the U.S. Department of Veterans Affairs, and how this institution works to limit them, we can learn how to apply effective change to other American institutions.

I came into this thesis assuming that there were an abundance of disparities between White veterans and racial/ethnic minority veterans. I discovered through research studies using Veterans Affairs Healthcare data, however, that the disparity in treatment at the VA was not as severe as I had at first thought, and that there was less evidence (at least from a broad policy perspective) of racial inequality than exists in other institutions across the U.S. Instead of switching topics because my initial claim was inaccurate, I decided to dig deeper and analyze how the VA's initiatives have worked in limiting racial disparities in their mental health treatment throughout the Iraq and Afghanistan Wars, and how those efforts relate to the broader scope of race and the VA. While researching the effects of the VA's outreach to marginalized communities, I also looked into what historical, social, political and economic factors may be contributing to disparities in accessibility to treatment. This topic is extremely relevant because we are at a moment in time when the war in Afghanistan is ending and the last of our troops have returned home. We need to address the trauma being inflicted on these soldiers returning home and how to support them. Many of these soldiers are still young, and creating initiatives to help them return to civilian life or manage their mental health problems is crucial for this vulnerable time period in their lives and the life of the nation.

In the first part of my honors thesis, I examine how the access of U.S. veterans to mental healthcare varies depending on race, specifically those who use the services of the United States Department of Veterans Affairs (VA). Furthermore, I study the evolution of the VA and its efforts to limit racial disparities in mental health services. This enables me to understand the VA's relationship to its patients and to provide insight into how we treat our veterans. I start by including the history of veterans' benefits in the U.S. and the creation of the VA to provide context for the contemporary moment. Alongside this chronological history, I test to see whether

the benefits veterans receive extend to Blacks and other racial minority veterans. It is crucial to understand the history and experiences of underrepresented communities in the military to address their specific concerns and implement practices that will support every veteran no matter who they are. In this thesis, I argue that the United States Department of Veterans Affairs has changed over the course of the Iraq and Afghanistan Wars to provide more access to mental health care for racial/ ethnic minority veterans of all wars because of recent initiatives targeted at specific veterans' communities across America. I also consider how outside barriers contribute to racial disparities for minority veterans through lack of trust in the healthcare system, limited access to community resources, and awareness of available services.

Healthcare inequality has been at the forefront of American problems for decades, and I am interested in learning how racial/ethnic minority veterans' identities intersect through their racial minority and veteran status. This research will hopefully start a broader conversation about equitable healthcare access in America for all races. The questions I used to guide my research are: How do race and the VA intersect? What barriers exist for racial/ethnic minorities to access treatment from the VA? Are there barriers outside of the VA, such as socioeconomic factors? How have these limitations changed over the past 20 years? What efforts have the VA made to address these issues of mental health disparities? How have their efforts made a difference/ if they have? How can we continue to support our veterans' mental health concerns, and apply the VA's efforts of limiting racial disparities to other national institutions of healthcare? I do not intend to provide any definitive solutions, but I highlight the relevant issues and try to elaborate on how the VA has enacted efforts to change.

Acknowledging my own positionality, I am a college student who has learned the experiences of veterans through academic research. I do not have lived experience or a direct

personal connection to a veteran going through any of the issues I present in the paper. I have tried my best to respect the collective experiences of the people I am researching, as well as to understand their individual voices. I should note that this thesis only studies veterans who receive treatment from the VA, not from any other public or private health care institution. Although this leaves out a large number of veterans, it helps narrow down the focus and allows me to concentrate especially on the implementation of programming. According to data conducted by the U.S. National Library of Medicine National Institute of Health, 6.2% of veterans reported "receiving all of their health care at the VA, 6.9% reported receiving some of their health care at the VA, and 86.9% did not use VA health care. Poor, less-educated, and minority veterans were more likely to receive all of their health care at the VA."[1] The VA has made important strides in reaching out to veterans, but it also needs to do attract the attention of those groups whose members underutilize VA resources. The VA has pros and cons, but its transformation shows how the federal government can create beneficial services for Americans.

To conduct my research, I looked through both primary and secondary sources that address what actions the VA has taken to limit racial disparities and the underlying inequities in the American healthcare system that influence them. These sources include case studies, articles from popular news sites, an interview with an employee at the VA, and promotional material from the VA. Many of the case studies have been conducted on the topic of how race and ethnicity influence veterans' experiences with services provided from the VA. These sources are crucial to my research because they answer the same questions I am asking. I am able to compare each studies' results and develop better context for what the racial disparities look like right now and how they have changed in the past two decades.

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[1] Karen M. Nelson, Gayle R. Reiber, and Gordon A. Starkebaum, "Veterans Using and Uninsured Veterans Not Using Veterans Affairs (VA) Health Care," *U.S. National Library of Medicine National Institute of Health,* Jan-Feb 2007, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1802114/.

My Methodologies

Through the use of ethnographic analysis and archival research/analysis, I analyze how the VA's initiatives are effective in providing outreach for marginalized communities and contribute to higher rates of utilization of VA services for racial/ethnic minority veterans. Each method fills a space in my research that compliments or compares to the others. Ethnography is an important resource for me because I have a close contact with a psychologist at the VA, Valerie Abel, who works directly with patients with PTSD and other mental health issues. She is the mother of one of my longtime best friends, and I speak with her frequently while at home and at school. Her insight is crucial to my research because she gives an insider's perspective on how employees of the VA feel about the services they do and don't receive. She started working at the VA in 2007 as a neurologist and on geriatric services in mental health. After a few years, she became an administrator and is now the chief of the psychology department. Because of her senior position there, she has great insight into how mental health services are provided at the VA, who generally receives them, and what improvements need to be made. I first interviewed her last year for my prospectus in the Methods class, where I asked questions that help inform my most recent interview for this paper. Those questions were about her experiences working at the VA, her thoughts on how the VA handles mental health concerns from veterans, and what limitations in access to treatment are involved. In my more recent interviews with her, I inquired more directly about racial trends in patients, how the VA implements collaborative care, and what new efforts the VA is making to support their veterans of color.

Being able to talk with someone in person, ask any question I want, and see the directions in which her answers lead allows me to discover information that I didn't even know to ask. Abel highlighted the issues that she faces at the VA based on the limited funding the federal

government distributes to her branch, acknowledging as well the added pressure during the pandemic while there was a staff shortage. The interview I conducted with her was one of the key factors in altering the focus of my topic, because I learned a new perspective about the benefits of the VA that had been left out of my research. Her positive view of the VA made me immediately check my implicit biases. A limitation with this source is that it is a biased opinion because my interviewee works for the agency I am analyzing, and the perspective only comes from one individual. There are thousands of employees at the VA nationwide, all with varying experiences. As I incorporate this source into my paper, I am constantly keeping in mind the positionality of my interviewee, as well as my own. Also, Abel has a predominantly positive attitude about the benefits of the VA because she is the one that services them. This does not mean she is any less critical, but as we were talking, she admitted that she has an optimistic perspective and a particular forward-looking predisposition toward the process.

Archival research/analysis provided me with the majority of my findings because my paper was based on previously conducted studies and scholarly journal articles. Through using the Skidmore library databases and material from my previous research in my Methods class, I recovered sources directly related to my topic. I was also assisted by a Skidmore librarian to learn which databases would be best to use and how to navigate them. Because I was searching for research studies that are scientific and statistical, I used sociological, historical, and scientific databases. Using more than just the American Studies databases, such as NexisUni or Proquest Historical Newspapers, gave me a well-rounded view of sources from different ideological fields. In my searches, I used keywords such as, “racial disparities, “mental health access,” and “veterans,” while keeping the publication date limited to the past twenty years. Constricting the time period enabled me to find research on more recent initiatives of the VA. The scholarship I

found is important because it allows me to judge comparatively Abel's comments about her experiences and her knowledge of the VA, although Abel's interview gave me detailed private understandings of VA operations in a way no article could.

Literature Review

Scholarship in this field has suggested various arguments regarding the effectiveness with which the VA manages its relationships with veterans. Some scholarship argues that the VA neglects the needs of its patients due to politics, bureaucracy, or lack of resources. Other scholars focus on the trauma that veterans go through while trying to access mental healthcare, and how the slow response of the VA is detrimental to veterans' well being. The sources that I found are primary and secondary resources treating the efforts of VA initiatives in limiting racial disparities as well as evaluating the adequacy of services the VA provides.

Scholars such as Jessica L. Adler and Donna St. George argue that bureaucracy of the VA is inextricably linked with the issues of access to healthcare for veterans. Adler maps the evolution of the VA and its expansion and consolidation since its inception. In *Scholars Strategy Network,* Adler writes, "In the late 1980s, President Ronald Reagan expressed broader ambivalence when he simultaneously elevated the VA into a full-fledged cabinet-level agency and mandated that some veterans pay for a portion of their medical care."[2] This is an example of how politics controls the resources and funding of the VA, acting in only the politician's best interests. Reagan wished to greatly limit government spending to privatize America's healthcare system. In addition to the political relationship of the executive branch with the VA, St. George writes about the lack of resources and staff members of the VA, corroborating with statistics

[2] Jessica L. Adler, "THE EVOLUTION OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS," *Scholars Strategy Network,* September 27, 2017, accessed May 10, 2021, https://scholars.org/contribution/evolution-us-department-veterans-affairs.

what Abel told me in our personal interviews. In her article, "Mental Health Services Questioned," St George states that "VA officials say there are enough staff members and resources to treat them, but critics say the VA is straining to keep up."[3] The claims that the bureaucracy of the VA results in less available treatment and resources for its veterans are ones that I will follow in my paper.[4]

Much of this scholarship focuses on the voices of veterans and veteran advocates and provides perspectives that are overwhelmingly negative about the accessibility to mental health care from the VA. Through the case study of Iraq veteran Victor Everett, for instance, author Wendy Victoria explores how Everett was desperately seeking help with his PTSD but got caught up in the slow services and bureaucracy of the VA. Victoria addresses the harm that bureaucracy has on veterans by noting that Everett had to wait three weeks to seek an appointment and was continuously misdiagnosed and given little attention from his doctors. Although this story is only one person's experience, Victoria extrapolates from it to generalize all veterans' experiences with the VA by suggesting how it helps determine the larger narrative arc of VA care. Victoria's writing illustrates how scholars and veterans have dealt with issues of accessibility to the VA's resources, which are directly connected to its bureaucratic system. The negative perspective of the VA's bureaucracy is connected to Abel and Victoria's opinion, as both agree that necessary services are limited because of funding constraints.

When looking at causes for racial disparities in the mental health care system, scholars such as Simon B. Goldberg, Teri D. Davis, Eugene Oddone, and David Atkins, have explored

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[3] Donna St. George, "Mental health services questioned: [FINAL edition]," *The Washington Post*, August 20, 2006, accessed March 30, 2021, https://lib-proxy01.skidmore.edu/login?url=https://www-proquest-com.lib-proxy01.skidmore.edu/newspapers/mental-health-services-questioned/docview/410035920/se-2?accountid=13894.

[4] Valerie Abel's interview contributes to this argument because she shares her experiences with lack of staffing in her VA office and its ties to politics.

treatment initiation, collaborative care, getting equitable research into practice, and mental health integration in primary care. For the Administration and Policy in Mental Health department within the U.S. Department of Veterans Affairs, Simon B. Goldberg and others conducted a study to evaluate whether racial/ethnic disparities in mental health treatment for those seeking conditions such as PTSD, alcohol-use disorder, and major depressive disorder, have been reduced for military veterans compared to civilians. They also looked at whether that reduction was more pronounced among veterans who had veteran health care coverage (VHA) in the past 12 months. Their research findings suggested that racial/ethnic minority veterans with VHA coverage were more likely than civilians to seek treatment for these three disorders. The article adds that these reduced disparities for military veterans, especially those with VA-provided healthcare coverage, are results from campaigns by the VA to raise awareness of veteran mental health concerns and promote a willingness to seek treatment.[5] The research studies of Goldberg, Davis, Oddone, and Atkins, helped me recognize the effectiveness of the VA's previous initiatives and outreach programs, and allowed me to consider how they can implement specialized outreach to populations that will benefit most from them.

The investigations into how racial disparities may be limited are also seen through the studies of Teri D. Davis, David Atkins, and Eugene Oddone. Davis offers insight into the effectiveness of the VA initiative of collaborative care, which is a primary care-mental health integration that embeds mental health specialists within primary care settings to assist in the management of depression and other psychiatric conditions. In an exploration of ethnic and gender differences in the utilization of VA primary care mental health services among Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/ OIF) veterans with depression, they found

[5] Simon B. Goldberg, et al. "Military Service and Military Health Care Coverage are Associated with Reduced Racial Disparities in Time to Mental Health Treatment Initiation," *Administration and policy in mental health* 47 (2020): 1.

that there were generally no significant associations between health care service-use and gender or ethnicity.[6] In understanding what factors may contribute to differences in utilization of the VA's mental health services by various racial groups, scholars Eugene Z. Oddone, Laura A. Peterson, Morris Weinberger and more use historical trends to contextualize the need for studying racial variation in the VA. Their research suggests that there are racial differences in perceptions of symptoms and clinical presentation, signifying the need for further research in assessing patient health perceptions. They also conclude that patient trust of healthcare providers and satisfaction with health care affects health care use. These results are important for understanding how the VA can increase awareness of its available VA health care services for veterans.

In David Atkins', Amy Kilbourne's, and Linda Lipson's, "Health Equity Research in the Veterans Health Administration: We've Come Far but Aren't There Yet," they learned from their research that providing access to health care doesn't guarantee equal health outcomes. Working as researchers for the VA, they determined whether the agency was meeting the challenge of serving its increasingly diverse population and helping veterans achieve the best outcomes no matter who they are. They conclude that disparities come from outside the VA, such as patient choice, stigma, lack of cultural competence from providers, and obstacles to accessing care. They list options for providers to implement, such as giving them the tools to tailor interventions to their practices and patients. This research indicates the necessary steps for creating a more equitable practice, and areas for health service researchers to focus on, such as community-based

[6] Teri D. Davis, et al., "Utilization of VA Mental Health and Primary Care Services Among Iraq and Afghanistan Veterans With Depression: The Influence of Gender and Ethnicity Status," *Military Medicine* 179 (2014): 516, https://academic.oup.com/milmed/article/179/5/515/4160699.

groups and partnerships with community resources.[7] Reading these modes of action for creating equitable mental health care accessibility helps contextualize what more needs to be done by the VA to service all the veterans that use their health care.

A limitation of these studies is that they often don't conduct research for people who sought healthcare outside the VA. This exclusion leaves out the possibilities of veterans not using the VA for various reasons other than those explained in the studies. There is also a large portion of veterans who have private healthcare, none at all, or supplemental health insurance that is not included in the research. Therefore, these studies are not a representation of all United States veterans but rather of that percentage who choose to use the federal government's resources. Generally, those who use the VHA are more medically and socioeconomically vulnerable, and have few financial resources, making it harder to have other and perhaps more comprehensive forms of insurance. Another limitation is that scholarly sources such as these rely primarily only on statistics and data to make conclusions, often losing the voices of individual veterans in the process. This exemplifies the importance of Valerie Abel's voice, as she not only works with veterans but speaks about them from personal experience.

Following the framework of scholars such as Jessica L. Adler and Donna St. George, I contextualize the bureaucracy and political intentions of the federal government in relation to the outreach and funding they provide each VA branch. Analyzing how the system of the VA works and what services they provide in tandem with research studies investigating the results and effects of these services gives a unique outlook into how the VA is evolving. Taking the history of veterans' benefits in the U.S. and exploring how those benefits disproportionately benefited White Americans provides insight into how racial minority veterans have been treated

[7] David Atkins, et al., "Health Equity Research in the Veterans Health Administration: We've Come Far but Aren't There Yet," *United National Library of Medicine National Institutes of Health,* September 2014, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151887/.

historically by the U.S. government, what efforts are being made currently to battle those inequalities, and how we can continue to help them today. I focus on the perspective of someone who works at the VA and supplement her thoughts with findings from research studies on the same topic. The goal is to understand what progress has been made in access to care, what resources are really the most valuable to benefiting patients, and how these resources are attained. Based on these investigations, I conclude what outreach programs the VA still needs to provide to target communities that aren't utilizing their services, as well as how other national healthcare institutions can learn from the initiatives of the VA.

The Evolution of the VA and Veterans' Benefits

Veterans in the United States have been getting benefits since the days of the American Revolution, but those were often in land grants rather than monetary compensation. Pensions were given by individual states instead of the federal government due to lack of money from the Continental Congress, resulting in states providing pensions in various forms. Pensions were originally only given to disabled veterans, but after the 1818 Service Pension Law, any person who served in the War for Independence and was in need of assistance would be granted a fixed pension for life. By 1921, Congress created the Veterans' Bureau to consolidate veterans' programs managed by three agencies, the Bureau of War Risk Insurance, Public Health Service, and the Federal Board of Vocational Education. During the Great Depression, veterans suffered tremendously, and called for immediate payment of the "bonuses" they were promised. To demand payment, a group of veterans in 1932 started marching from Oregon to Washington D.C. This immediately picked up speed and many other unemployed veterans across the nation began joining, resulting in an estimated 15,000 to 40,000 people. Their efforts ended up being defeated as Congress did not pass the bill supporting the payment of the bonuses. Conflict broke out after

the Army was called to remove the veterans and their families from the city, officially ending the march.[8] Calling the Army to subdue former members of the Army illustrates how the U.S. government did not know how to handle or support the people that it enlisted for service in various wars. Government military leaders wanted to use these soldiers' bodies in battle but they disregarded them once back home. Although the march was not a success at first, a few years later, the VA certified nearly 3.5 million applications from WWI veterans for settlement of their certificates. The march is significant because it exposed the struggles that veterans went through and the neglect they received from the American government. This exposure forced Congress to address veterans' problems and passed one of the most important pieces of legislation by the federal government, the G.I. Bill of Rights.

During the decade of the 1930s, the Veterans' Bureau (now the Veterans' Administration) expanded its resources and VA hospitals. In 1933, President Roosevelt passed the Economy Act, granting the President authority to issue new veterans' benefits. In the early days of the VA, the president had the majority of the power and oversaw all positions. The Board of Veterans' Appeals was established to give authority to hear appeals on benefit decisions, in which members were appointed by the Administrator with approval of the President. Also, in response to helping veterans return to civilian life, President Roosevelt signed into law the G.I. Bill in 1944, transforming the concept of veterans' benefits. This bill was made up of three provisions: free education or training for up to four years, federal guarantee of a home, farm and business loans with no down payment, and unemployment compensation. The VA's publication of the "VA History in Brief," claims that the G.I. Bill transformed the American economy and

[8] "VA History in Brief," *Department of Veterans Affairs,* 3-10.

society, making the dreams of higher education and home ownership a reality for millions of veterans. The assertion proved to apply to all Americans, however that was not the case.[9]

The G.I. Bill enabled veterans to buy homes, start businesses, attend college, get vocational training, and more, demonstrating that the government had the capability to create major social programs that were effective. This transformed opportunities for many Americans, and reshaped class structure and social geography of American society. The G.I. Bill was regarded as a huge success in providing veterans access to education and training benefits. However, these resources were primarily awarded to the privileged White veterans. In their journal article, "On Race and Policy History: A Dialogue about the G.I. Bill," Ira Katznelson and Suzanne Mettler described the range and depth of differential treatment Black veterans experienced from the failures of the G.I. Bill.[10] This bill came into law during legalized segregation in the South, restricting Black veterans' access to the usage of training and education services. These unequal circumstances influenced the form and extent of Black veterans' program usage and the immediate socio-economic impact on their lives. Because of Jim Crow, southern Black veterans had to attend different academic institutions and trade schools than White veterans. Although the G.I. Bill is mostly associated with education purposes, many veterans, regardless of race, used it for non-college programs. 28% of White veterans pursued higher education, while only 12% of Black veterans did. However, Black veterans pursued vocational training and high school completion at higher rates than Whites. Mettler adds that this statistic is not due to a flaw in the G.I. Bill, but is based on the fact that only 17% of Black soldiers had graduated from high school, compared to the 41% of White soldiers. Because high school graduation is often a prerequisite for college admission, it is understandable why Black

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[9] "VA History in Brief," 11-14.
[10] Ira Katznelson and Suzanne Mettler, "On Race and Policy History: A Dialogue about the G.I. Bill," *Perspectives on Politics* 6 (2008): 520.

veterans are less likely to use their G.I. Bill benefits to attend college. In analyzing the effects of the bill on Black and White veterans in the U.S., the authors claim that:

> Black veterans acquired far more education and training than they would have in the Bill's absence and they gained both greater capacity and inclination of civic engagement. At the same time, the legacy and persistence of racial bias presented formidable obstacles that attenuated the Bill's social and economic impact among black veterans…. All told, the G.I. Bill's education and training benefits represented the *most* radically inclusive policy of the era… Yet even in the segregated context in which they were administered, state and local officials lacked much capacity to divert benefits away from African Americans.[11]

Katznelson and Mettler's data and analysis demonstrate that the Bill does give equal opportunity to veterans regardless of their demographic, but due to racial discrimination and segregation, Black and White veterans experienced the benefits of the G.I. Bill differently.

The benefits of the G.I. Bill changed considerably after 9/11, expanding on education and vocational training. In August of 2009, the VA implemented new changes to the bill in response to the growing number of veterans and their diverse demographics. The new bill increased education benefits to veterans and their families, amounting to more than $20 billion. The bill pays tuition and fees on behalf of veterans or eligible dependents directly to the school where they are enrolled, provides financial support for education and housing to individuals with at least 90 days of aggregate service after September 10, 2001, and approves training such as, flight training, vocational/technical training, and correspondence training.[12] The increased benefits are extended to those who served fewer months than the original length of service benefits that was required to receive such aid. The addition of post 9/11 benefits to the G.I. Bill indicates the federal government's sincere efforts to aid the new community of veterans returning home based

[11] Mettler and Katznelson, "On Race and Policy History," 527-528.
[12] Office of Public and Intergovernmental Affairs, "VA and the Post 9/11 GI Bill," *U.S. Department of Veterans Affairs,* https://www.va.gov/opa/issues/post_911_gibill.asp.

on their specific needs. The level of involvement from the VA in veteran's healthcare has increased over the course of its formation, making it an increasingly successful federal agency.

More recently, the VA has been helping younger veterans gain an education and use their benefits from the G.I. Bill to apply to schools. Valerie Abel told me that when young people finish their time in the military and come back into the economy, it is hard for them to find jobs because many are not college educated. Because they have trouble getting employed, they take advantage of the G.I. Bill, which provides a tuition and housing allowance while they are in school full time. In her experience with veterans, she notes that many have trouble in school and with readjustment to life due to mental health issues, PTSD, traumatic brain injury, or undiagnosed learning disabilities. Abel worked with other VA employees to create the program VITAL, which is a college toolkit for veterans. The goal is to find veterans in local community colleges and provide support and awareness to resources at the VA. She said that she helps them get accommodations at school, which used to be very hard, but now schools are more accepting of veterans.[13] Through writing letters and recommending accommodations, Abel and other staff at the VA are making a big push for veterans going to school and obtaining the benefits to which they are entitled.

Since the creation of the VA, the position of leadership shifted, and their services have expanded. During its early years after WWI, the President of the United States had complete authority over what was passed, and over the next few decades, people seeking Cabinet-level status argued that the VA should be represented by a Cabinet secretary who had direct access to the president. In 1989, Reagan elevated the VA to Cabinet-status to give veterans more recognition, therefore changing the Veterans Administration to the Department of Veteran Affairs. Each administration has a new appointed secretary of the VA that sits at the meetings on

[13] Valerie Abel, Personal Interview, November 14, 2021.

the presidential level and works with Congress to make decisions about budgets and the VA structure, thereby directly politicizing the VA. As a federal agency, the VA has evolved its role and expanded its services. In 2005, the VA provided $30.8 billion in disability compensation, death compensation, and pension to 3.5 million people, as well as hundreds of thousands of spouses, children and parents of deceased veterans. Today, the VA is one of the largest and most complex agencies in the U.S. federal government with an annual budget of $240 billion for the 2021 fiscal year.[14] The VA's medical system and researchers have also developed some of the most advanced medical science today, such as the cardiac pacemaker, CT scan, and improvements to artificial limbs. They are improving science not only for the military, but for society as a whole. They receive hundreds of millions of dollars in funding from the VA's medical care account and non-VA government agencies and pharmaceutical companies, such as the National Institutes Health.[15] Through the Veterans Health Administration (VHA), approximately 9 million veterans are provided healthcare with 1,600 healthcare facilities across the nation. Although these numbers may look large, huge portions of veterans, specifically racial/ethnic minorities, don't utilize these resources because of lack of trust in institutional healthcare or awareness of these resources. The VA has taken measures in the past two decades to enable access for all veterans through outreach programs and research studies to understand the complex disparities. Investigation into why certain racial/ ethnic groups aren't benefiting from or utilizing the VA's services is the first step federal institutions need to take to recognize their lack of accessibility and strive to serve a greater audience.

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[14] Tafoon Kaveh and Lawrence J. Korb, "The Challenges Facing the Department of Veterans Affairs in 2021," *American Progress,* May 17, 2021, https://www.americanprogress.org/article/challenges-facing-department-veterans-affairs-2021/.
[15] "VA History in Brief," 26-34.

The promotion of privatizing the VA, heavily advocated by administrations such as Reagan and Trump, push millions of veterans out of the VA system. These actions are part of a larger effort by politicians trying to privatize American healthcare and limit public access. The political push to reallocate the VA's money towards payment for veterans to get care in their communities is harmful because it funnels money going into the VA into outside providers who aren't experienced with veterans. The idea of having resources within each veterans' own community sounds progressive in theory but drains the VA of its resources. From my interview with VA psychologist Valerie Abel, I learned that the VA gets paid by federal funding, resulting in the hospitals being awarded funds based on productivity. For example, hospitals are concerned with how many patients there are and how many services they are providing because that gets taken into consideration for the budget the federal government gives them. If there are more services outside the VA, each branch gets less funding, resulting in less staff, services, campaigns, and resources they can provide. Abel expressed that her biggest frustration with the funding her branch is given is the impact it has on staffing. The cost of paying salaries is the biggest cost in an organization, so there is always financial pressure, resulting in cutting budgets. She said, "if someone retires or leaves, they won't allow me to replace them, causing the staff to shrink."[16] The return of soldiers from the wars in Iraq and Afghanistan have exacerbated these problems, since there are many more veterans of these two longest conflicts in American military history now looking for services than in previous decades. From her perspective working at the VA, Abel and her coworkers want to assist all veterans in every way possible, but the inefficiency of the government limits their actions. The history of the government's practices of racism and unequal healthcare in the civilian and veteran population also contributes to lower service-use from racial and ethnic minority communities. To understand the role that the VA

[16] Valerie Abel, Personal Interview, November 14, 2021.

plays in giving every veteran an equal opportunity to attain effective care, we need to learn what barriers are limiting racial/ethnic minority veterans' access to the VA's mental health care services.

Part II: Contextualizing the Study of Racial Variation

The United States healthcare system and military have been accused of discriminating against Black and other ethnic minority Americans through racist practices, making it crucial to analyze race and veteran status in the context of one another to assess whether this is a valid complaint. Historically the disparities, especially related to access to hospital resources, have been well documented. The complexity of health disparities for veterans is a result of situations where patient choice comes into play. Disparities are often based on cost and overt biases as well as gaps in health literacy, including "lack of cultural competence or unconscious bias among providers, stigma and other obstacles to accessing care (e.g., transportation or time off work), lack of trust in the health care system, and limited access to the community resources, networks, and social capital that support healthy living and appropriate medical care."[17] The social, economic and political inequalities that racial minorities face in America meant that people of those groups did not always have the resources or foundation of trust to engage the services of the VA. A historical example of racism in the healthcare system is the US Public Health Service Tuskegee Syphilis Study, which gave untreated syphilis to 400 Black males in an ethically abusive study between 1932 and 1972. This has led to less confidence in the efficacy of medications and medical recommendations for Black men than compared to other racial groups. The VHA (Veterans Health Administration) used to also segregate Black military members in a separate hospital than where White veterans were being cared for, directly implicating the VA in

[17] Atkins, et al., "Health Equity Research."

these racist practices.[18] It is not clear if this historical discrimination is the reason Black patients are less satisfied with their health care because there is a lack of documentation of attitudes of trust or mistrust from patients. Nevertheless, these histories provide adequate justification for lack of trust in the healthcare system and the VHA for non-white patients.

Are these biases and perceptions of discrimination still valid? The increase of racial and ethnic minority involvement in the military throughout the past few decades makes this question even more pertinent and provides reason to investigate the quality of the current treatment and care from the military. In the study conducted by the *Medical Care* journal published in 2002, the percentage of Black patients among all veterans has grown since WWII. During WWII, Black people made up 6.1% of veterans, 8.3% of Korean Conflict veterans, 8.6% of Vietnam Era, and 17.1% of post-Vietnam veterans. The number of Hispanic American veterans has also grown from 3.4% to 17.1% in that time period.[19] 11% of those who have returned home from Afghanistan in Operation Enduring Freedom (OEF) and from Iraq in Operation Iraqi Freedom (OIF), were women and 30% ethnic minorities.[20] With the racial diversity of veterans returning home, it is expected there will be an increase in need for VA health care. The rising number of Black, Hispanic, and female veterans exemplifies the importance of exploring the relationship of race and access to mental health.

The table below includes a study sample of Operation Enduring Freedom/ Operation Iraqi Freedom veterans treated in medical facilities in one VA network within the south central region of the United States who first used a VA health care clinic in that network between January 2008 and March 2009. The independent variables in Figure I include gender, ethnicity, and the

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[18] Oddone, et al., "Contribution of the Veterans Health Administration."
[19] Eugene Oddone, et al. "Contribution of the Veterans Health Administration in Understanding Racial Disparities in Access and Utilization of Health Care: A Spirit of Inquiry," *Medical Care* 40 (2002): 12-113, https://www.jstor.org/stable/3767858?seq=2#metadata_info_tab_contents.
[20] Davis, et al., "Utilization of VA mental health," 515-520.

dependent variables include VA service utilization from at least one of the labeled services within 90 days following depression diagnosis. The services that the variables are compared to are, primary care visits, specialty mental health visits, prescribed antidepressants, and psychotherapy or counseling visits.

Figure I
Logistic Regression of Characteristics Predicting at Least One Visit to 4 Types of VA Health Services Among OEF/OIF Veterans With a Depression Diagnosis

	Adjusted Analysis OR (95% Upper-Lower CL)			
	Types of VA Service Use			
Variables	Any Primary Care Visits	Any Specialty Mental Health Visits	Any Prescribed Antidepressants	Any Psychotherapy/ Counseling Visits
Ethnicity				
White Versus Nonwhite	1.07 (0.76–1.50)	0.73 (0.46–1.17)	1.38 (0.91–2.10)	0.91 (0.69–1.21)
Unknown Versus White	0.83 (0.36–1.92)	0.82 (0.36–1.87)	0.84 (0.37–1.88)	1.33 (0.84–2.13)
Unknown Versus Nonwhite	0.89 (0.45–1.74)	0.60 (0.25–1.44)	1.15 (0.60–2.20)	1.22 (0.73–2.05)
Gender				
Female Versus Male	0.48 (0.30–0.76)*	0.99 (0.55–1.76)	1.08 (0.68–1.71)	1.06 (0.73–1.52)
Ethnicity × Gender				
Female Versus Male in White	0.61 (0.28–1.30)	0.82 (0.49–1.38)	0.93 (0.64–1.35)	0.93 (0.62–1.38)
Female Versus Male in Nonwhite	0.55 (0.32–0.94)*	0.80 (0.34–1.87)	0.77 (0.52–1.15)	1.02 (0.62–1.70)
Female Versus Male in Unknown	0.33 (0.09–1.15)	1.46 (0.28–7.57)	1.77 (0.40–7.91)	1.24 (0.41–3.75)

*$p < 0.05$.

To combat issues of mental health accessibility for veterans, the VA has implemented programs in the past twenty years to research these issues and limit the disparities. For decades, administrators at the VA have been trying to ensure that they help each veteran regardless of where they live, who they are, and what their health concerns may be. They have conducted research into investigating whether they have met these challenges. In understanding that there are still many veterans not finding satisfactory healthcare, they created a policy office to address health equity concerns. The VA Health Services Research and Development Program established the Center for Health Equity Research and Promotion almost two decades ago. According to the journal article, “Health Equity Research in the Veterans Health Administration: We’ve Come Far

but Aren't There Yet," the VA administrators created this program to "foster research to accelerate disparities research, following a roadmap that progressed rapidly from detecting and understanding health disparities to testing interventions that sought to eliminate them in the real world."[21] From their research published in 2014, these investigators realized that providing access to healthcare doesn't directly guarantee equal health outcomes for all veterans. Although the VA offers free services and treatments for all demographics, the research indicates that there are factors contributing to racial and ethnic disparities outside the VA agency. This provides the possibilities that these prejudices are not wholly the responsibility of the VA, but that they are still the agency's concern.

There are signs that historical trends are changing. Patient perceptions of health, trust of healthcare providers, and satisfaction with health care affect VA mental health care use. In the *Medical Care* journal article, investigators examined potential disparities in access and treatment for mental health disorders in VA care. The article mentions earlier studies that showed no racial difference in outcomes of patients enrolled in treatment programs for war-related PTSD, but further analysis illustrated that PTSD program participation varied according to clinical-veteran racial pairing (pairing clinician and patient based on racial identity). A more recent investigation evaluated participation in residential treatment and work therapy for veterans with addictive disorders, and showed higher participation for Black patients than White patients in VA care. A higher proportion of Black patients achieved sobriety after three months post enrollment.[22] Because the VHA care largely removes the role of insurance costs as a barrier to healthcare, the VHA is a great tool that reveals the significant noneconomic factors that influence the care and health outcomes for different racial and ethnic groups. The limited disparities in veterans who

[21] Atkins, et al., "Health Equity Research," 525-526.
[22] Oddone, et al., "Contribution of the Veterans Health Administration."

have enrolled in treatment demonstrate that the federal government is not actively targeting Black veterans to limit their resources, but due to racial discrimination and preexisting socioeconomic factors, they utilize the VA resources differently.

Although disparities of mental health care utilization and treatment outcomes may seem to have been limited in recent years, these disparities still persist and contribute to mental health issues within racial minorities. Treatment initiation is a major point of vulnerability for racial/ethnic minorities within the mental healthcare system because these minority groups are less likely to initiate mental health treatment and more likely to experience delayed treatment. Economic injustice and inequitable access to health insurance are the preliminary factors that result in greater barriers and may contribute to delays in seeking treatment. The Administration and Policy in Mental Health and Mental Health Services Research conducted a study in 2020 to learn the relationship between utilization of veteran health care coverage with the disparities racial/ethnic minorities face. This research comes from the efforts of the VHA and other veteran service organizations to conduct outreach and public health campaigns to engage veterans in mental health care after 9/11. The study states that recent investigation suggests post-9/11 veterans "may show reduced delay to treatment relative to civilians for common psychiatric conditions (e.g., depression, post-traumatic stress disorder). However, concerns regarding racial/ethnic disparities in treatment engagement and outcome among veterans persist."[23] When I spoke with Valerie Abel, I asked if she noticed any trends in the racial identity of patients she sees. She responded that of her patients, those who fought in WWII are majority White, but after Vietnam, the population of veterans became much more diverse. Abel also noted that the majority of those who use the VA are older. Over the last decade there has been an influx of

[23] Goldberg, et al., "Military Service," 555.

returning soldiers but correspondingly less utilization of the VA by some younger veterans. She hypothesized that these trends may indicate that because older veterans tend to use the services more than younger vets, the lack of active and protracted warfare in the several decades after Vietnam accounts for fewer younger participants in VA programs. She also speculated that there is not enough awareness in the young veteran population of the VA's mental health services. Examining issues of utilization in connection with issues of access helps determine what communities and types of initiatives the VA must advertise more effectively in order to reach veterans of all ages in need.

The VA administration's study sought to assess whether racial/ethnic disparities in mental health treatment for those seeking conditions such as PTSD, alcohol-use disorder, have been reduced for military veterans compared to civilians, and whether that reduction was more pronounced among veterans who had veteran health care coverage in the past 12 months.[24] Researchers found that racial/ ethnic minority veterans with past-year VHA coverage showed shorter treatment initiation time relative to racial/ethnic minority civilians for all three disorders. In contrast, racial/ethnic minority veterans without past-year VHA coverage showed no difference from civilians in treatment initiation time. The results of the study found that racial/ethnic minority veterans received treatment sooner than racial/ethnic minority civilians in age and gender adjusted models, while that was not the case for White veterans versus civilians. Racial and ethnic minority veterans who use VHA healthcare to treat their illnesses are

[24] The sample of individuals were those who have had lifetime diagnosis of PTSD, alcohol-use disorder, and could be classified as a veteran or non-veteran. The representative sample included non-institutionalized US residents after 18 or older who were not active duty military during 2012-2013, and the full sample included 13,528 civilians and 1,392 veterans of all races. (Goldberg, et al. "Military Service," 556-560.)

responded to in a short time, but when there isn't enough outreach by the VA or awareness of these services, this community of veterans aren't supported.[25]

After evaluating whether military service is a factor that reduces the force of racial/ethnic disparities, the authors of the study suggest that **"**even among those with past year health insurance coverage, reduced racial/ethnic disparities in time to treatment initiation generally remain most pronounced among REM [sleep-deprived] veterans with VHA/TRICARE coverage." Having access to VA provided healthcare may be a large reason for reduced disparities for military veterans, but it is impossible to determine for sure what caused the reduced disparities in delay to treatment observed in the veteran population. The study notes that these results are the outcome of campaigns by the VHA or other veterans**'** service organizations that work to raise awareness to veteran mental health, as well as aspects of military training/ post-deployment experiences that increase veterans' awareness of mental health concerns and willingness to seek treatment.[26]

Low rates of treatment seeking have become one of the largest issues regarding veterans' unmet needs, and may be attributed to a range of barriers involved with treatment seeking. Despite the VA's efforts to improve access to quality mental health care, it's important to understand how veterans utilize these services. The VA implemented Collaboration Care to "enhance screening and early detection of depression symptoms, offer patient education, improve patient-provider communication, and facilitate better follow-up."[27] According to Valerie Abel, as part of the integrated mental health services the VA initiated, she sits with her patients in their medical appointments to collaborate with each department to give the patient the best care. Having a mental health provider in those meetings while basic screening questions in

[25] Goldberg, et al. "Military Service," 563-564.
[26] Goldberg, et al. "Military Service," 556.
[27] Davis, et al., "Utilization of VA Mental Health and Primary Care Services," 516.

primary care visits are asked allows the doctor to transfer some of the longer-term therapy programming to qualified social workers. This "warm hand off" is an easy way to increase getting people into mental health treatment who might have fallen through the cracks. Abel noted: "When you look at culturally how people think about even admitting to any sort of difficulty, especially in military culture, people won't say anything. You need to be asking the questions first and making it easy for someone to follow up and feel that it's part of their whole health."[28] She added that veterans have told her that they wouldn't have gotten help if it wasn't right there. The efforts of integrating mental health with primary care reduces barriers to continuity of care and makes mental health more accessible.

Given these available services and the continuation of high rates of depression among veterans, we must look at the extent that veterans from Iraq (OIF) and Afghanistan (OEF) with depression seek treatment and if disparities in care exist. With the new initiatives provided by the VA, there is the potential for fewer ethnic differences in VA care for younger veterans from Iraq and Afghanistan because of the changes in policy to which they are exposed. The publication *Military Medicine*, released a research study in 2014, titled "Utilization of VA Mental Health and Primary Care Services Among Iraq and Afghanistan Veterans With Depression: The Influence of Gender and Ethnicity Status" that examined gender and ethnic differences in Veterans Affairs health services utilization among veterans from Iraq and Afghanistan who were diagnosed with depression. Through data collected from medical records of 1,556 depressed veterans, the researchers examined health care utilization patterns 90 days following the depression diagnoses. The sample included OEF/OIF veterans treated in medical facilities in one VA network within the time period of January 2008 and March 2009. The study suggests that previous reports claim ethnic minorities are less likely to utilize VA care, and African Americans are less likely to

[28] Valerie Abel, Personal Interview, November 14, 2021.

receive mental health screening and/ or to be diagnosed with depression. Their research findings, illustrated in Figure I indicate no significant differences between gender, ethnicity, and gender x ethnicity in utilizing specialty mental health services or specific treatments, such as antidepressant medications and/ or psychotherapy/ counseling.[29] The fact that there are so few differences in the use of specialty mental health services contributes to the argument that the VA has been improving its equity and access for ethnic minority veterans who have mental health issues. This research study suggests how the VA is addressing the historical trend of underutilization of their mental health care services from ethnic minorities.

In the past two decades, there has been an increase in usage of VA health care**.** According to the Minority Veterans Report written by the National Center for Veterans Analysis and Statistics in 2017, more minority veterans are obtaining insurance for healthcare coverage.[30] As shown in Figure II, the number of enrolled minority veterans using VA health care has steadily increased over time. The report notes that "from 2005 to 2014, the number of minority Veterans enrolled in VA health care increased by 43.1 percent, from 1.4 million to 2.0 million [Figure II]. To put this in perspective, about 32.1 percent of all minority Veterans in 2005 were enrolled in VA health care compared with 45.6 percent of all minority Veterans in 2014. During this same time period, the number of non-minority Veterans enrolled in VA health care increased only 23.9 percent."[31]

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[29] Davis, "Utilization of VA Mental Health and Primary Care Services," 516-518.
[30] According to the Minority Veterans Report, as of 2014, 6.2 percent of minority veterans were uninsured, compared with the 22 percent of non-veteran minority population.
[31] Mariel Aponte, et al., "Minority Veterans Report: Military Service History and VA Benefit Utilization Statistics," *Office of Data Governance and Analytics* (2017): 40-41, https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

Figure II
Number of Minority Veterans Enrolled in VA Health Care, by VA Care Usage: 2005-2014

	Enrolled		Not Enrolled
	Uses VAHC	Does not use VAHC	
2005	871,918	519,836	2,949,130
2006	899,354	550,592	2,906,517
2007	927,622	575,141	2,850,427
2008	960,374	594,033	2,803,381
2009	1,010,043	617,464	2,736,610
2010	1,069,498	640,195	2,662,665
2011	1,117,587	665,589	2,592,889
2012	1,162,240	691,005	2,516,297
2013	1,210,094	712,355	2,440,529
2014	1,261,559	729,377	2,371,571

Source: U.S. Veterans Eligibility Trends and Statistics, 2014
Prepared by the National Center for Veterans Analysis and Statistics

The increase in healthcare usage is likely due to factors such as an increasing number of minorities serving in the military and VA outreach and initiatives targeted to minority Veterans. With more minority veterans obtaining VA healthcare every year, access and treatment barriers that exist based on race and ethnicity stem from larger socio-cultural issues, not just gaps in VA services. Although the VA has a lot more work to do in getting higher rates of racial minority veteran use, they've implemented their own programs or worked with others to provide for veterans of all backgrounds.

Part III: Programs Implemented by the VA

As of 2015, the VA partnered with multiple health care organizations and national campaigns to advance research, provide better support, and improve quality of care for veterans. On the website of the U.S. Department of Veterans Affairs, there are various resources listed, such as Make the Connection, Million Veteran Program, About Face, and the Veterans Crisis Line. Make the Connection is a public awareness campaign that provides personal testimonies and resources for veterans to improve their lives to combat mental health issues. The Million Veteran Program considers how genes affect health and illness with the goal of preventing and treating illnesses in Veterans, while the AboutFace campaign shares personal videos of veterans talking about how their lives with PTSD changed once receiving treatment. The Veterans Crisis Line was launched in 2007, and has responded to more than 1.1 million calls and provided more than 37,000 life-saving rescues. As a way to provide round-the-clock support, the Veterans Crisis Line added an anonymous online chat service in 2009 and another text-messaging service in 2011, responding to more than 160,000 chats and 12,000 texts.[32] After 9/11 there was a huge rise of soldiers coming back with mental health disorders who were not seeking treatment because of the stigma associated with it. In my interview with Valerie Abel, she noted that to combat the stigma of mental health and low utilization rates of young veterans, the VA is incorporating mental health care in everybody's care routine to normalize it. A recent campaign was launched by the VA to raise awareness of mental health resources available for veterans in conjunction with Suicide Prevention Month. As the 20th anniversary of 9/11 approached and the recent events in Afghanistan have sparked an array of emotions and stresses, the VA released suicide prevention public service announcements on firearm safe storage. This campaign emphasizes not

[32] "Quality of Care," U.S. Department of Veterans Affairs, last modified June 3, 2015, https://www.va.gov/QUALITYOFCARE/improving/campaigns-and-partnerships.asp.

waiting for a crisis to happen but acting to prevent it beforehand (veteran suicide).[33] The involvement and partnership of the VA with these initiatives exemplifies the VA's efforts to raise awareness about mental health crises and how to seek help.

During the pandemic and the 2020 racial justice demonstrations, the VA worked on how its staff can support veterans of color and navigate conversations about race within the military and VA care. Valerie Abel noted: "It can be a difficult topic for people to talk about race, so we developed racial trauma groups for people of color who felt that had suffered racial stigma and trauma in the military service and in their lives." With the increase of racial justice awareness in the past couple of years, there has been an emphasis on more services for veterans of color. At her branch of the VA, Abel has worked on "developing a diversity action committee that consults with all areas of the hospital on diversity issues. This includes discussing with medical teams and other departments on how to support staff and veterans about implicit bias and racial issues."[34] Many members of the staff are also veterans, so the VA is as concerned with supporting them just as much as their patients. The VA is leading efforts in addressing implicit bias in the workplace and how to support people with various backgrounds. They are committed to finding a space to let race be something to talk openly about.

The VA has evolved over the past twenty years in providing more mental health services to racial and ethnic minority veterans, but many of the barriers that persist come from historical, political, and socioeconomic flaws in the American healthcare system. The progress of the VA's mental health care utilization demonstrates that the federal government can provide effective services to veterans, but the fact that a number of limitations that still exist exemplifies the

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[33] "'Reach Out' campaign highlights programs and assistance for Veterans during Suicide Prevention Month" U.S Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, last modified September 2, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5710.
[34] Valerie Abel, Personal Interview, November 14, 2021.

reality that the government can only provide so many social programs and benefits. The issue is a much larger socio-cultural problem that results in the disparities we see in mental health access for racial/ ethnic minority veterans. I originally wanted to blame the VA and federal government for these disparities, but after conducting my research and speaking to experts, such as Valerie Abel, I discovered that the problem is more systemic and ingrained in society. Money can be put towards veteran programs, but ultimately, the problems that exist are societal ones. The mental health services of the U.S. Department of Veterans Affairs have proven to be beneficial to Black veterans, but not enough are taking advantage of the resources. The problem is not negligence on behalf of the VA, but about advertising better.

The VA has made incredible strides with providing equal access to mental healthcare for veterans through policies, but further research needs to be done to know exactly where and how such programming and outreach should take place. To target the mental health of African American veterans, the VA can work on a number of strategies. One solution for gaining awareness in underrepresented communities is to put money towards targeted programming, however, implementation matters most. Because many factors for less utilization of services come from socioeconomic status, lack of trust in institutions, and availability of community resources, a major question to ask is, how do we break down distrust toward the federal government? To gain more productivity within these communities, the VA should produce specialized outreach programs, such as commercials with Black veterans or speakers from within their own communities to prove how they use their resources in a beneficial way. Hearing positive experiences from members of their own community or seeing themselves represented in the advertisements can make people take a second look at what's being offered. I hope the work I have done in writing this thesis with a macro-perspective on administrative challenges will be a

positive step toward finding solutions. The elimination of barriers to access for mental health services, such as insurance costs and treatment initiation time, proves how the efforts of the VA can be used as a toolkit for other healthcare institutions across the U.S. The accessibility of public health care needs to be made more widely available for all Americans, and institutions can start by following the work of the VA in creating equal access for all their service members regardless of background, class, and race.

Part IV: Veterans and Art Therapy

In the first semester of this academic year, I researched veterans' experiences with mental health services from the VA, and how race sometimes impacts who gets services and why. I focused on the broad questions about the Veterans Affairs Administration, and its policies that may have racial connotations. The questions I asked were, who got services, what barriers existed, and what efforts did the VA make to limit such restrictions. I concluded that the services that the VA had were effective, but underutilized by racial/ethnic minority veterans. The VA has created a number of outreach programs in the past twenty years, but they need to continue targeting racial and ethnic minority veterans that aren't seeking their care. I looked at the national scale of the VA institution and generalized my analysis for all hospitals and mental health care services.

After researching the differing effectiveness of various mental health policies at a macro-level, I have now chosen to undertake a micro-study of a specific therapy program developed for veterans. I am seeing first-hand the process of how an activity in terms of art can act as therapy. In the second part of this project, I have tried to work on the ground and see how veterans seeking community or mental health treatments outside the VA function. My goal for this part of my honors project was to study the strategies used in such therapy programs and to evaluate their

effectiveness. After researching the data and context of how mental health services are provided in the VA and how people receive them, I wanted to see what people do in the absence of effective services. I found an organization in Albany, New York that does art therapy for veterans and is committed to using this practice as a means of helping those with mental health challenges. My goal for this part of my honors project was to study the strategies used in such therapy programs and to evaluate their effectiveness. Secondarily, I also wanted to help members of this community get exposure for their artwork and raise awareness of programs for veterans. To those ends, I have created an online exhibit that showcases the veterans' artworks and raises awareness of this type of therapeutic activity (see Part VI). The group, Art4Vets, already has a collection of artworks, so I have highlighted those pieces and have organized an in-person installation in the American Studies department at Skidmore. The in-person component consists of original works in two glass cases and reproduced paintings on quilts that are hung on string and tied together. This exhibit features a mix of mediums from paintings, masks, mugs, and quilts. I also conducted interviews with veterans from the group to explore how the art serves their mental health, growth, and well-being.

Based on what I found from the first part of this project, veterans are slipping through the cracks of the VA, but are finding ways to create community. Through local organizations, such as Art4Vets, those veterans are accessing therapeutic programs. To create more widespread knowledge of these groups and room for expansion nationally, I believe local veteran organizations should collaborate with state-run programs, such as the VA, in order to benefit each other. There may be apprehension for the veterans who have experienced negative treatment from the VA, but creating connections would help each program where they are weakest. While some VA's have cut their or limited their national art therapy programs, the local

groups provide a source of long-term therapy that can provide veterans with more help. In return, the local groups can use the clientele of the VA to expand their numbers and the tools available to run effective therapy programs. The two groups are not mutually exclusive, but would benefit from each other if strong connections were made.

In pursuing this micro-study of art therapy programs for veterans, I want to acknowledge once again my positionality. I am not a veteran, I don't have a close connection with a veteran, and I can't begin to know what they've experienced, but I feel it's my responsibility to try to understand their traumas by highlighting their stories. They deserve to be treated with the most care from the government and citizens, and I am doing my best to honor them and respect their stories. Veterans fight for our country, and it's our obligation that their needs are met, so I ask what's the most effective way to assure that this can happen? My argument is that in the absence of state-run programs, local organizations provide beneficial mental health care through art therapy for veterans who may have fallen through the cracks of the VA. Expansion and growth in outreach of community groups can be accomplished through collaboration with the VA. The partnership may include contacting therapy advisors at the VA and making plans for how to write grant proposals and use their resources to increase number of veterans.

I knew that I wanted to highlight veteran's artwork, but wasn't sure in what ways. I began by searching online for veterans' organizations that worked with art in the Saratoga Springs area where I am a student. I knew I wanted to create an exhibit showcasing veterans' experiences through the methods of art therapy, but I was unsure whether such programs existed locally. I was fortunate to find a community art studio in Saratoga and Schenectady, CREATE, that runs a regular art therapy program for veterans. I visited the studio and met with the director, Heather, who told me about the local veterans group, Art4Vets, with whom they collaborate. She

explained what the types of activities those in therapy do as a group and how they use art to create a community. She gave me the contact information of the founder of Art4Vets, Penny Lee Deere. Penny was immediately inviting and welcoming to me, and offered to assist me in any way possible with my project. I came into the project not knowing exactly where I was going to go because it all depended on what resources she had and what I would have access to. She helped me shape my ideas and the direction I might take in telling the story I wanted to share.

In 1995, Penny Lee Deere retired from the Army after two decades and returned home. She had served in the Gulf War and experienced what some have called the Gulf War syndrome. This is a physiological condition and a chronic, multi-symptomatic disorder that many soldiers experienced after serving in the Gulf War, which causes fatigue, muscle pain, cognitive problems, insomnia, rashes, and more. This disease is most likely caused by chemical warfare agents, particularly nerve gas that was given to soldiers as a preventative to the exposure of chemical warfare agents. Penny lived in Albany and found that the Albany Stratton VA Medical Center had therapy programs lasting 10 to 12 weeks that were helpful in treating some of her symptoms. She felt there needed to be more options for therapy, and for extended periods of time. She participated in the programs for 12 weeks until January 2016, when they stopped providing them for her. She didn't know what to do with herself, so she sat with three other members of the group and decided that they would create their own program, which would become the not-for-profit organization Art4Vets. This program is committed to offering veterans therapy through, art, music, service dog training, kayaking and more.[35] They have since grown and become a committee at the American Legion's Joseph W. Zaloga Post 1520 in Albany. The

[35] Shrishti Mathew, "Art Program Aims to Help Veterans Heal," *Times Union*, April 7, 2021, https://www.timesunion.com/news/article/Art-program-aims-to-help-psychological-effects-of-16084975.php#photo-20840985.

American Legion is a nonprofit organization made up of U.S. war veterans that have posts around the nation. Art4Vets is attached to the local Albany post, which provides them with funding.

Many of the people who have joined Art4Vets heard about it through word of mouth or by coincidence. Penny recollects that on one occasion "I had a bag on my shoulder and a person in the elevator said, 'Oh, I've heard about this organization. When do you guys meet? Tell me more.' It was just that simple, word of mouth or having our t-shirts on, carrying a bag, something that tells us who we are." Other people have joined Art4Vets after acting on a desire to get together with other veterans or looking for a safe place to belong. Penny notes that while the VA art program in which she participated for 12 weeks was beneficial and enjoyable, Art4Vets provides a more continuous outlet for Veterans, extending comradery, understanding and a creatively that so many veterans crave. Community run-organizations, like Art4Vets, made by and for the people who have shared lived experiences allow people to explore/express their identity and past experiences in a healing way. In sharing how she finds art therapeutic, Penny told me about an activity the group conducted in which veterans just scribbled a simple drawing and let everything go. They put some music on in the background, let their mind go, and not think about anything, but only paying attention to how the body is feeling. She added, "It's a mind, body, soul connection…. After feeling dismissed for years art gives me my voice, the freedom to let out, all on a blank slate, to be seen, to document, the residual effects of military sexual trauma. I am a multimedia artist who tends to use recyclables when I take a piece of various materials and make something out of nothing it is like rebuilding myself one piece at a time."[36]

[36] Penny Lee Deere, Personal Interview, March 11, 2022.

I felt an important part of my work in evaluating the effectiveness of local, art therapy programs would be to conduct interviews with veterans from Art4Vets as a way of understanding their experiences and judging how such programs has impacted their efforts to heal from mental health issues. I kept the veterans names anonymous out of respect for their privacy, identifying them as Art4Vet1, Art4VetAZ, and Art4VetRW. Penny allowed me to use her name because she is the spokesperson for the group, and is okay with being publicly identified. Without exception, they agreed that participating in the Art4Vets art therapy program has been monumental in their efforts to combat mental health challenges. Each person I spoke with was at a different stage of processing their traumas, speaking about them with others, and representing them in their art. I came into the interviews with a general assumption that people had had similar experiences in the military, but after my second interview, I realized that each person is completely different in the way they talk about their mental health, treatment, and how they have developed from practicing art therapy. I also thought there may be differences between men and women's feelings about opening up and how they approach their art, but I discovered that gender was not an important differentiating factor. Although they may have different traumas based on their gender, the experiences of veterans in coping, processing, healing, and continuing their lives are consistent to the extent that they are all challenging and rewarding at the same time. Through the art therapy programs in the group, Art4Vets, veterans have had the opportunity to process their experiences and open up about their mental health with themselves or others.

In interviewing the veterans, I began with questions based on their backgrounds in seeking mental health services, specifically from the VA because my work in the fall had centered on this. In the first part of my paper, I found that many veterans were not satisfied with the care they received from the VA, or chose not to use their services at all. I was curious why

more people didn't even attempt to utilize them, and determined that there was a basic distrust of the national system, especially among racial/ethnic minority veterans. I then guided the questions to allow them to explain how they were first exposed to art therapy, how they may find art as expressive or therapeutic, and how they may have grown since starting the program. I sent the questions to Penny to make sure they seemed appropriate to the process, and she sent them to the veterans who were to be interviewed. She suggested this process so the veterans would be prepared for what I was going to ask and less anxious about speaking with a stranger about their personal life. The questions I asked were as follows:

1. When did you go into the service, and how long were you in?
2. What was your experience in the military like?
    - Have you used VA healthcare?
3. What has your experience been with getting mental health treatment from the VA? (If you sought it out)
    - Was your experience changed when the VA cut the arts program?
4. What were you in therapy for?
    - What drew you to the arts?
5. How did you find Arts4Vets and how did it make you feel when you joined?
6. How has art allowed you to find opportunities of expression?
    - Have you done art or art therapy before?
7. Do you find this art therapeutic?
    - If so, How?
8. How has the arts served as a form of therapy to overcome your health?
9. What has been your process of making art and connecting it to your own feelings?

- How do you feel when you've made a final product?

10. How does it make you feel when others observe your art?
    - Do you feel a different type of way when your work is displayed in DC?
    - Is there a difference in creating art vs presenting it?

During the interview**s**, I added additional questions based on the directions in which the conversation was trending and on what had been successful in previous interviews, Quickly, I realized each person had a different background with their mental health and seeking services, so the questions I had prepared needed to be tweaked at times. I also found places to let them expand more and dive into the process they used to make their specific art pieces. Some of the questions I added were:

1. Have you sought services at the VA?
2. Tell me about the art you've made
3. Have you been able to put your emotions directly on paper, or do you use more symbolism?

Penny warned me that my interviewees might not talk much or open up, but we had great conversation and connected very well. In my first interview with Art4Vet1, the interviewee was very open about her past experiences and answered all my questions in detail. However, in the interview I conducted with a second veteran, Art4VetAZ, I had to alter my questions because I was getting different responses. I used the questions I had written before as an outline for how to guide the conversation, but I followed up with alternate inquiries while conducting the actual interview. The third veteran, Art4VetRW, didn't want to talk at all about his experiences in Vietnam, so we focused on his process for dealing with PTSD from then to the present. By the end of each interview, all the veterans expressed thanks to me for allowing them the space to talk

about their experiences, although several experienced the sadness associated with dredging up painful memories. Throughout it all, there was a theme of growth, no matter how big or small, and gratefulness for joining Art4Vets and having me tell their story.

Part V: What Life Looks Like After Trauma

Art4Vet1 joined the Army Reserve in 1990 and was released in 1997. During that time, she was active in the Regular Army through Desert Shield and Desert Storm, and then moved into the Active Guard Reserve status in the South Carolina Army National Guard. For this veteran, she loved her time in the Reserve and National Guard, but it was in the Regular Army that her experience was a nightmare. Stationed in Saudi Arabia, there was no time to mess around; she had to focus solely on the mission. After getting out of the military, receiving healthcare from the VA was not an option. The veteran stated:

> I was basically told when I got out of active duty, because I was not service-connected, I was not entitled in South Carolina for any medical at all through the VA. And yet, I have a hearing loss that the VA still is not taking care of. I have a mental issues related to the hearing loss. When I moved to Oklahoma, that was when I had my first breakdown. And that was the first time I was ever admitted to a VA hospital, first time ever in my life. I was on Ward 9. So that was pretty traumatic. And I was misdiagnosed. I was diagnosed as a cluster B personality, and I'm still living with that stigma from my breakdown.[37]

It wasn't until she went to the Washington State clinic that she felt as if she was treated like a human being in the VA healthcare system. It was in Oklahoma that she was first introduced to art therapy, and where the art therapist helped her process her Military Sexual Trauma (MST). She was disassociating badly, but through art therapy, the dirt that was under the rug for so long was being drawn out. Through unitingus.org, a U.S. veterans' organization, her artwork of hand-hooked fiber rugs was chosen to be displayed and for an exhibit, and she's kept them ever since.

[37] Art4Vet1, Personal Interview, March 28, 2022.

This veteran chose to make art not for the money, but “it was me bleeding my soul in every loop I hand hooked.” There is symbolism and double meanings in all her work. For example, when she made a dream catcher, there are three teal ribbons which signify anxiety disorders. In her poppy artworks, the poppies are the veterans, and the wounded warrior is the poppy bulbs without petals. She adds, “but you’re going to see a few poppy bulbs that have brown on them, very faintly, but they have the brown on them. That’s the addictions. That’s how we’re self medicating.” She uses artwork as an expression of herself and a way to show what she’s been through or what she’s witnessed from others. Art4Vet1 uses symbolism to present her experiences and emotion, and has specific and intentional meaning behind every color, subject, and material she develops. She notes:

> Another piece, another couple of things that I use is thistles. Thistles are the unofficial symbol of military sexual trauma. So we've dealt with pain, and we're trying to rebuild ourselves and develop coping skills and strength. And survival, we can survive anywhere. And excuse my language, I can be quite abrasive, but you can see a fucking thistle crawling in a crag on a cliff. How the hell it got there to grow, it got there. So that says something about surviving.

There is a process of healing while making art pieces that allows the veteran to confront the pain while encouraging ways to relax and focus. Art4Vet1 states that, “The spinning, the drafting of the yarn and spinning it on my spinning wheel causes me to focus and not think of anything else. When I'm in the design process, there's some spiraling, and then I got to get away from it, and then I can get back to it…. And then every time I put a hook in and I'm dealing with a color, there's an emotion with the color or the gradient or the movement.” The direct action of making art is a release for her anger as is the displaying of it to the world.

For all the veterans I spoke with, they found creating art to be healing, but through different means. Some expressed their emotions more literally through realistic depictions of

events or locations, while others made representational works. Art4Vet1 used many aspects of symbolism throughout her paintings and fiber art, while the second interviewee I spoke with, Art4VetAZ, found liberation through the process of making the work. Art4VetAZ joined the U.S. Navy in 1991, straight out of high school graduation. She joined the Navy because that was the only recruiting office open near them, and stayed in it for three years and three days. Overall, her experience was not good because she didn't feel there was any safe place for her, resulting in mental torture for three years. It wasn't until around 2016 that Art4VetAZ started getting any help because she didn't understand what was wrong, or with what she needed help. Fortunately, she went to the Albany Stratton VA, where she was able to meet with a PTSD doctor and MST coordinator right away. This connection, an example of the kind of collaborative work that Valerie Abel discussed with me in my earlier work, has made a large difference in her life, and they've been working together ever since.

Art therapy had been a part of Art4VetAZ's life for a while when she was at an inpatient mental health Naval hospital, but it wasn't until she met Penny that she took art more seriously. After meeting Penny in an elevator and finding out more about the organization, it took her a little while to get the courage to go to an Art4Vet meeting, but the first piece she did was a mask that proved therapeutic in its production. She explains her experience attending the meeting:

> It was the first time I went, we were making a mask and the art therapist happened to be there that day, and it was the whole, like how you see yourself or what's on the inside, and then what's on the outside. That was the first time that I could actually put how I felt into something because I couldn't put it into words. I couldn't say, "This is what's wrong with me or this is how I feel. I was able to do it through paper and glue and so I've been able to explore certain parts of my psyche that I didn't really ever want to go into anymore. And so, yeah, it's helped that way. I can express sometimes in my art, how I feel when I can't put words to how I feel or what might be going on with me.[38]

[38] Art4VetAZ, Personal Interview, March 29, 2022.

Using the resources of paper and glue gave Art4VetAZ the ability and tools to express her thoughts and emotions in a way that words could not. She explains that the intention of making the mask is to be able to understand right away what one's feeling, and not hiding anything. She chose to display her feelings in the material in a literal sense. She suggested that given the proper prompt, she could delve into it. For example, one prompt was to express how you feel, and she used an organic metaphor to suggest she felt like a germinating seed. She said, "so I was a little seed that hasn't sprouted but wants to, and I think through art and art therapy, I can grow as a human being. I don't have to stay stuck."

All the veterans are at a different point of being comfortable with their art and public display, and for Art4VetAZ, showcasing her art in Washington D.C. made her feel legitimate. Vulnerability can be very hard to share with others, especially on the public stage, so it takes time for some to let people into their art. There is also growth in letting those projects go, and allowing others to hold them and view them. One of the projects the group worked on was making masks, with painting and collage on both sides of it to depict what you feel on the inside versus the outside. Art4VetAZ said that creating this specific artwork helped break down that wall, and the masks are an example of showcasing her vulnerability for others. She said, "The abuse that I can and put it into my mask that I made. So, you can see on the back it was like being like a caged gorilla or you felt dead inside, but how you really want to see, you want to be shiny and pretty, and you don't want people to see that caged gorilla that you feel, that you were made to have to live that way."

Through her experience participating in art therapy, Art4VetAZ has been able to open up more in other areas of her life and work on processing her trauma. She added, “So I've been able to do those things where now I can actually, like after I did that mask, I was able to actually talk to my provider at the VA, Dr. Smith. I was able to share with her and show her what I had done, and which then, that helped promote a conversation with her. And so that's helped to process some of that stuff.” The mask project in specific, has given Art4VetAZ the platform to verbalize her feelings in a way she hadn’t experienced before in previous treatments.

The experience of my third interviewee, Art4VetRW, is different from the others in that he is a veteran from Vietnam and has had different experiences because he is male. The process of understanding one’s trauma doesn’t differ based on gender, but the traumas may be different because he fought in a different war. Art4VetRW was in the Navy and got out in 1974, just before the United States left Vietnam. When I first asked about his experience during his time in the military, he was very clear in that he was not going to talk about what happened in Vietnam and spoke about his experiences very quickly. All he said was that during boot camp, he was a recruit educational petty officer, and after boot camp, he went through basic school and was a Lieutenant Commander between schools for a short time as a courier. He added, “That's all I'm

going to say about my career. It was good. Getting out was bad. Vietnam was not a popular war by any stretch. I lost friends. I couldn't get a job when I said I was a vet. And basically [I was] homeless until I started lying about my military status. And I was able to get jobs, dishwasher jobs, construction jobs, things like that. Talking about it is still kind of painful."[39] Based on the negative experiences he had during the war and after, he shields himself from that history.

Receiving healthcare from the VA was never quite successful for Art4VetRW because his diagnoses weren't treated properly. When he was honorably discharged, he was diagnosed with depression, and this was before PTSD had been identified as a pathology. Every year he'd go in to be evaluated, but he was never diagnosed properly or treated. In 1976, he went into the VA to be evaluated again, and the outcome was unsuccessful. The guy evaluating him asked how he was doing that day, and he said, "'I'm okay.' He says, 'Great, we'll drop you down to 0% disability.' And I thought, oh, that's it for my VA benefits. Never went back until recently, about three years ago." In his experience going back, he was re-evaluated, and they asked if he wanted to talk to someone, and then spoke with a director in the mental health department of the VA. Within fifteen minutes, the doctor stated that he had depression and PSTD. Since then, Art4VetRW has been shuttled in and out of programs. Every twelve weeks he receives a new counselor, but is currently working on seeing a permanent counselor to create stability. The ineffectiveness of the VA's ability to provide mental health services for him all these years has negatively affected his life through instability of jobs and outbursts.

Art therapy was introduced to Art4VetRW through programs at the VA in Philadelphia and Albany, which he found to be positive. However, these programs only last twelve weeks because that's the cycle the VA usually goes with, limiting any long-term therapy program. In

[39] Art4VetRW, Personal Interview, March 31, 2022.

joining Art4Vets, Art4VetRW explores his feelings through the artwork by blocking out the rest of the world. He told me:

> Art seems to focus me, keeps me present. I equate it to radio chatter. If you're in a combat situation, you're on the radio and you hear all this background noise, it's communications that doesn't really pertain to you and you're trying to sort it all out. And in my case, it's a lot of chatter about negative views of me from people. But when I get to my art, I'm focused right on the art piece. And I really get in touch with my own feelings, not what people tell me what I should be feeling or anything like that that are always with me.

Putting himself into the art has made him remember the good memories, which he has repressed for so long. The therapy has given him memories of the good parts of his life that had for so long been blinded by more intrusive visions.

For Art4VetRW, painting is how he can communicate best what he's feeling, rather than using words. When creating art he said, "Sometimes I feel like I'm bleeding on the canvas. That's how much emotion I put into it." Art therapy has proven to be a method for him to express himself, which signifies why there needs to be more funding and resources given to local veteran organizations. He enjoyed his time in the art therapy programs at the VA, but they were too short, and Art4Vets gives him to option to come in weekly and work on his projects. In the places where the VA can't provide the necessary services to its veterans, such as art therapy, local groups provide important services. I asked if it felt easy to put his emotions on the paper or was difficult to conjure those emotions. He replied, "Yes. I can say both. It's difficult and easy. It kind of flows. It makes me feel good. I shared these pictures with a lot of vets and they're real appreciative. Some of them have even asked for photos of them or copies of them." To present his art is beneficial for viewers, but also for his mental health. He doesn't see anything different in his behavior, but people tell him he's really changed in a lot of good ways. He expanded on those impressions: "I'm more assertive. I stand up for myself. I don't let people walk on me

anymore. That's one thing. I'm less jumpy. I don't feel as triggered anymore and I am getting over having to have my back to the wall looking at the doors. I'm also finding joy." Joining therapy programs have enabled him to be more present in not only his artwork, but with other people.

Each veteran I spoke with uses their art to express their feelings, but they differ with regard to how comfortable they are vocalizing their experiences. Penny is extremely open with her story and talks candidly about the vulnerability she feels when displaying her art for the public. She creates art that speaks directly to her military sexual trauma and writes her thoughts in her artwork. Some of the veterans' artwork visibly displays experiences from the military, while others are more representational. Art4Vet1 has double meaning in her art and chooses symbolism to get across her thoughts and experiences. In our interview, she was very open with what happened to her in the military, how it affected her, and how her dreamcatcher made of thistles was speaking directly to survival. In contrast, Art4VetAZ was more closeted with her experiences in the military, but she was very willing to talk about her artwork and how she relates to it. For her, the method of using your hands, paper, and glue to create art is therapeutic, and the pieces are more symbolic. It's not always about what the outcome presents to the rest of the world as, but how it makes her feel while creating it. Art4VetRW paints realistic images of what he's seen and experienced. While explaining one of his paintings, he said:

> The trifold flag with cemetery in the back, military, or National Cemetery in the back with all the stones all in a row. And I even put coins on top of the stones. But it shows the trifold flag and blood dripping out from it forming stripes. And then the stripes go off And there's protestors on it, on the stripes, with flames on the flags. And the protesters are different shades of gray, holding signs with nothing on them. Because to me, the disrespect for the flag says at all. It doesn't matter what their sign says, their yelling or anything, it's the burning of the flag. It's stepping on the flag. That's what they're saying to me.

Even though the methods of art are different for each veteran, and their level of comfort portraying their inner emotion differs, the process is therapeutic for them all because it gets out what they truly feel inside. Art4VetRW doesn't share his experiences from his time in service, but reflects his feelings processing afterwards. The other three veterans also depict their process of dealing with trauma through symbolic, abstract, and representational artwork.

Part VI: Online Exhibit and In-Person Installation

In addition to my interviews with veterans involved in art therapy programs, I wanted to create spaces to display their work. I decided to do this in two ways. First, after speaking to Penny, I arranged to obtain some of the group's artwork to hang up in the American Studies hallway at Skidmore, as pictured on the left. For the installation, titled, "The Art of Healing: Veterans' Artwork from Art4Vets Therapy Program," I worked with Penny on which pieces I could hang up because veterans had their own opinions about what they wanted publicly

displayed. The artwork is so personal to them, so it was my priority to respect their wishes. I also wanted to develop an online component with the intention of allowing Art4Vets to have this documentation of their work and share it with others. Throughout this whole process, I kept in mind what would most benefit them and respect their work.

One of the greatest challenges was in assuring the veterans themselves that there were shown benefited to displaying their art at Skidmore. After setting up the first draft of my in-person installation, for instance, I sent photos to Penny, and she requested certain items be taken down because those artists didn't want their work shown. Given the personal nature of art therapy, some veterans simply aren't comfortable with showcasing their artworks to unknown audiences. That said, many veterans recognize that the public presentation of artwork needed in these services is also an important part of the therapy. Their work recently was on display in Washington, D.C., and I asked what it felt like to have their art put on such as large platform. Penny responded:

> This is a whole new ball game. For our art to be at the military memorial is huge, Dulles Airport and seven different other locations in Virginia, Maryland, and Washington, DC area. It just got back, and it's not done traveling yet. We are on our way to Newberg, where I have communicated with David Lyon Hart. He is a professional artist and he is putting our art on display alongside his, which is about veteran trauma. So the reason it's going to coincide nicely with his piece is he's showing what trauma looks like, we're showing what life looks like after trauma.

Art4VetAZ expressed that when her work was shown in D.C., it felt validating and legitimatizing, which helped her confidence.

For many of the veterans, art is just something they do to keep their mind focused, but to exhibit their work on a national stage is rewarding and demonstrates the importance of a group like Art4Vets. Displaying their works collectively also allows each veteran to see what the others

are doing. Art4VetAZ explained how viewing other's works inspires her to achieve the growth she wants to attain. She said:

> I think some of the ladies are farther along in their process of self-discovery. So they're far more open with some of their art then I am yet. I hope to get to there. Like I leave, saying, "God, I wish I could be that open about some of the stuff that is going on in each person's head when they do art," and they explain it and we talk about it and just like, "Gosh, I wish I could be that open." But I think they've been working at this part of them a little bit longer than I have.

This reflection also reminds us that every person is at a different stage of processing, and those distinctions are evidenced in their diverse forms of art. When Art4VetRW's artwork is on display in an exhibition, he finds a purpose in presenting it to others, more so than for himself. He enjoys creating the art, but he feels especially motivated when he is asked to make something, such as the poppies, white roses, or forget-me-nots projects. I asked, "do you feel that you want others to view your message through it or you're doing it just for your own self-expression?" He replied, "I want them to feel something. It was suggested that if I have something on display I should be like a fly on the wall. Just not introduce myself, but ask somebody that's looking at the painting, 'What do you think about this?' Just to get the ideas." All of these thoughts and insights informed not only the exhibit that I installed at Skidmore but also a second venue that I created for distribution of the veterans' works: an online exhibit.

In the process of creating the online exhibit, I used images of artwork Penny sent me, and organized them into categories from the group's various projects. In addition, I created my own theme and included a section of my in-person installation. Three of the projects I showcased were Poppies, White Roses, and Letters From Mom. For the Poppies and White Roses projects, I included a description and history of what those flowers symbolize in the military to provide background for the artworks. The images I used to represent each theme were a combination of paintings, collage, sculpture, poems, photography, and other mediums. One of the sections I

added was “Responses to Military Sexual Trauma” because a lot of the artworks were made by women who are using art to heal from MST. Art4Vets is a group of predominantly women, many with the shared experience of MST, so I wanted to highlight those experiences as its own theme. As I worked on this exhibit, I continuously collaborated with Penny who approved what images to show or take out because I wanted this to be an accurate and respectful representation of each veteran’s artwork. I concluded the exhibit with images of my in-person installation to present what artworks I had received and how I displayed them. Showing what the exhibit looked like gave people who didn’t get the chance to see it, specifically the veteran’s whose artworks were in my exhibit, the ability to view it.

The online exhibit can be accessed at: https://www.canva.com/design/DAE88UWQB0k/qmSRHU542BQhbymK2qG9Zw/view?utm_content=DAE88UWQB0k&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton. For convenience sake, I’ve also printed here the images in the annotated pages that follow. I think readers will see from the variety of works presented that the Art4Vets therapy programs reflect a wide range of personal experiences and many different artistic strategies for overcoming trauma associated with military service.

Conclusion

Throughout the first part of this paper, I explored a more general approach to what access to mental health care services from the VA looks like on a national scale, and for the second part, I chose to focus on how veterans who may be slipping through the VA cracks are finding suitable means to treat their need. Based on what I learned through the veterans I interviewed, and how they felt they had the space to express themselves through the Art4Vet art programs, I feel there needs to be a stronger presence in local communities in addition to the national initiatives I outlined in the first section of this honors thesis. Some of the veterans I interviewed did not receive any VA healthcare, either because they were denied, didn't seek it out, or didn't know they had PTSD. Considering those scenarios, it is unreasonable to assume the VA can provide adequate services for all veterans. The local groups are more approachable and provide longer lasting programs that introduce veterans to therapy programs. If there is more funding given to these groups, either through taxpayer money or not-for-profits, they can provide more services for veterans and expand their work. Spreading local groups throughout the country, especially to regions without VA branches, would provide greater and more sustained accessibility to therapy programs.

What responsibility does the American government have to provide for those who fought our wars? The federal government is already funding the U.S. Department of Veterans Affairs through tax dollars, and given the current economic climate, it may be unrealistic to expect that a larger portion of the federal budget will be directed at VA programs. In addition, some veterans may not want the federal government getting more involved given their lingering perceptions of the biases and prejudices of the VA system. The art therapy programs that the VA does provide are helpful and sought after by the veterans, but it can be very hard to access them. The difficulty

in getting into one of their programs exemplifies why the inclusive Art4Vets organization is crucial in supplementing the needs of veterans that they can't find through national institutions. Art4VetAZ explained that when she started going to the VA, they didn't have an art therapy program, but her doctor had started bringing art therapists in. She described her frustrating experience trying to see the art therapist: "Unfortunately I always got put on the waiting list. So I never got into the programs, because they were always... You have to have your provider put your name in and if you don't get put in soon enough, you get put on the waiting list."[40] Through the VA, there are too many barriers that don't give the opportunity for many veterans to utilize their services. Even if those services are effective, the limited capacity of attendees and infrequent visits, cause veterans to give up on pursuing therapeutic programs. As I found in my research last semester and saw through these interviews, too many veterans are falling through the cracks of the VA.

Keeping the focus on locally funded therapy projects, paid for by donations and some local taxpayer money could be a viable solution. Art4Vets currently gets money through the American Legion, for instance, which is a not-for-profit organization that is donation-based. Of course, local organizations, such as Art4Vets, have successes and places for improvement. These groups are effective in providing an accessible and community-based environment for veterans. The element of long-term care and being surrounded by those with shared experiences provides a supportive network that may not always be found in larger institutions such as the VA. Although there are many positives to local groups, they can still do more in outreach and funding. Many people found out about Art4Vets through coincidence, such as seeing the words on a tote bag, or word of mouth, limiting the widespread knowledge of this group. They have the support and

[40] Art4VetAZ, Personal Interview, March 29, 2022.

funding through the American Legion, but if connected with the VA, they could reach a wider audience and grow their organization on the local scale. The goal is to have more of these groups around the country because they provide resources that the VA cannot.

A solution for the needs of veterans not accessing the services that the VA provides or can't provide is collaboration between the local organizations and the VA. Instead of picking up the veterans who aren't finding adequate services at the VA, local groups can collaborate with the VA to provide each other with what the other can't. This enables the VA to provide the local group with the resources they have, as well as widespread outreach. When speaking with the psychologist I interviewed in the first part of this paper, Valerie Abel, she informed me about the partnership she has at her VA with the community and local veteran initiatives. In response to the benefits I told her from the local groups in comparison to the VA's services, she said, "our veterans often can benefit from services in the community… but we at the VA can be a great resource for these organizations in ideas of how to best engage these veterans and work with us as veterans may already be in our care."[41] Working with the VA allows for more veterans to become aware to the smaller, local initiatives, and join those groups to supplement the services that the VA can't provide. In addition to funding local organizations more and spreading them throughout the country, I advocate for collaboration between the two.

There are art therapy programs on the national scale and at the local level, so this prompts the question of how can they work together? We have seen the disconnect between veterans and the VA through both semesters of my work, but I believe the connections can be made stronger. Community organizations may have veterans they serve that need other services that the VA could offer, and the VA could be interested in what outside organizations are offering. An

[41] Valerie Abel, Personal Interview, April 29, 2022.

example of a partnership may be having someone from the VA come to the organization and speak with veterans about the services available to them and provide support in walking them through the process to get connected. The connection process is often a step that gets veterans lost and dissuades them from receiving benefits at the VA, so having someone lead them through the steps would be helpful. Alongside that, the VA could connect their veterans to programs in the community, ensuring access to both VA services and community services.

As we've seen through the experiences of veterans in Art4Vets, those who have gone to the art therapy programs at the VA found them successful, but timing is an ongoing issue. Funding streams dry up after a set number of weeks. Some veterans left the VA because they weren't finding the care they needed and joined Art4Vets because of the continuous support and therapy programs. Therefore, not all veterans may want to get services at the VA, so there are other partnership models that don't involve enrollment. The VA can work with local organizations to get money for new programming through grant proposals. For example, Art4Vets could reach out the recreation department at the VA, and "develop an innovative idea to use creative arts therapy for veterans by using unique services that the VA offers and unique services that the outside organization offers."[42] This would encourage a partnership where the VA mental health service works with the Art4Vets to identity veterans in their mental health care who could benefit from the services of Art4Vets. In addition, the VA has the resources to provide education to the Art4Vets about the best way to support doing more extensive arts programs like these ones with the veterans with mental health needs. Because the counselors and psychologists at the VA, like Valerie Abel, are trained in specifically veteran needs, they would be a vital source for helping more local organizations create more programs to benefits veterans. Art4Vets gives veterans the opportunity to heal through their art therapy program, and could

[42] Valerie Abel, Email, May 3, 2022.

reach a greater audience with more funding and education through collaboration with the VA. They are each able to provide one another crucial services that the other may not have. Developing a partnership would benefit both agencies because it would allow veterans who are not finding everything they need at the VA to have access to community organizations, and those who are in the local groups to expand their services through the resources of the VA.

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