AMERICAN INDIAN VETERANS AND VA SERVICES IN THREE TRIBES

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Abstract: The purpose of this project was to describe experiences of reservation-based American Indian (AI) veterans with the Department of Veterans Affairs (VA), and to identify opportunities for improving care and services. Focus group discussions and individual interviews were conducted with AI veterans, family members, and community members in three diverse tribes. Results showed that many veterans in tribal communities experienced challenges receiving services and benefits from the VA, including lack of culturally competent care, transportation problems, and difficulties navigating the system. Family members, often main caregivers for AI veterans, lacked necessary resources, including sources for information, support services, and financial means to procure adequate care. A number of strengths also were identified, including local leadership and a strong community commitment to improve care for veterans.

American Indians and Alaska Natives (AI/ANs) enter into military service at higher rates than those of other racial and ethnic groups (Holiday, Bell, Klein, & Wells, 2006). They are also the least likely to access veterans' benefits compared to other race groups. Indeed, only 55% of enrolled AI veterans have been estimated to use Veterans Health Administration (VHA) services, the division of the Department of Veterans Affairs (VA) that delivers health care (Kramer, Wang, et al., 2009). Research to date suggests that the low levels of access are rooted in multiple causes, including use of Indian Health Service (IHS) instead of or in addition to VHA services; complex and often confusing systems of care spanning federal, state, county, and tribal jurisdictions; long distances; and cultural dissonance in care provision (Kramer, Vivrette, Satter, Jouldjian, & McDonald, 2009; Shore, Kaufmann, et al., 2012; Westermeyer, Canive, Thuras, Chesness, & Thompson, 2002). AI/AN veterans are disproportionately rural, and are highly rural compared to other racial and ethnic groups (Kaufman et al., 2013), adding to transportation and health care costs. Additionally, cultural practices or traditions may shape health care decision making in unique ways (Noe, Kaufman, Kaufmann, Brooks, & Shore, 2014). The VA has made recent strides in outreach to this population, including telemental health outreach, Tribal Veterans Representative training, and the establishment

of the Office of Tribal Government Relations (Kaufmann, Richardson, Floyd, & Shore, 2014; Shore, Brooks, et al., 2012). Indeed, the renewal of the Memoranda of Understanding between the IHS and the VA in 2010 formalizes a commitment by both entities to strengthen partnerships and improve care for AI/AN veterans (IHS & Department of Veterans Affairs, 2010). However, effective coordination of federal entities will only occur if it can be integrated meaningfully into local context. To date, little is known about variations in those local experiences, or how those experiences have shaped current needs of AI veterans and their families in tribal communities. With a mandate to reach out to rural veterans and their families, the Office of Rural Health of the VHA supported this project, through an academic partnership, to assess the local context of veterans in rural communities. The goal of this project was to give a voice to those who are most affected by services and programs offered by the VA and to identify priority programmatic and service issues which may foster VA-tribal collaboration. We used focus groups and in-depth interviews with AI veterans, family members, and community members to describe experiences and perceptions of care in the VA and IHS. We then present local recommendations for changes or improvements that may facilitate VA-tribal partnerships to improve AI veteran health.

METHODS

We identified three culturally and geographically distinct tribal communities across the nation for participation in this project. Three tribes were chosen to exemplify different experiences of AI veterans living within them. Selection was based on region (one each from the Northern Plains [NP], Northwest [NW], and Oklahoma [OK] tribes), varied level of engagement with VA and IHS services (see Table 1), and contacts suggesting the community might be open to participating in the project. (Part of our agreement with tribal partners was to maintain community confidentiality. Thus, we do not use specific tribal names, but instead refer to general descriptors, such as regional affiliation).

Table 1
Schematic of Distribution of Service Structure for Participating Communities

	Mostly IHS only	Mostly VA only	Mix VA-IHS
Community 1	X		
Community 2		X	
Community 3			X

The project was conducted following basic tenets of community-based participatory research (CBPR; Israel et al., 2003; Wallerstein & Duran, 2006) and methodologies common to grounded theory (Martin & Turner, 1986). Through contacts, we identified local liaisons who worked closely with veterans in their respective communities. First, we asked these persons to confer with local

veterans about their interest in a veteran-specific needs assessment project using focus groups in their community. All liaisons initially contacted indicated that local veterans responded positively to the project idea. The liaisons, working closely with the project team, then assisted with logistics of the data collection, including reviewing discussion guidelines, coordinating tribal approval, recruiting, and securing an appropriate venue.

We asked veterans, family members of veterans, and community members who worked closely with veterans to participate in focus groups and individual discussions. To be eligible for the project, participants had to be age 18 years or older. Enrollment in the VA was not a condition for participation for veterans. Family members included those persons viewed as family culturally, regardless of legal standing. Community members were those involved in veteran life in some way, whether through employment or volunteer positions in tribal programs (e.g., health, housing, transportation) or in other local organizations (e.g., churches, radio stations, off-reservation philanthropic organizations). Recruitment strategies varied by community, but generally included some sort of public announcement (through local papers, fliers, or radio) and word of mouth. While initial interest in the project was high among veterans, enthusiasm to participate was tempered by a long history of mistrust of both the VA and research. We assured interested veterans of research confidentiality (e.g., names would be deleted from transcribed materials) and that no formal note of participation would be added to a VA file (if one existed), as is the case for clinic-based studies within the VA. We also informed them that we could not protect their privacy if those in the room disclosed to others what they stated during a focus group—an important qualifier in small, tight-knit communities. The project received Institutional Review Board approval from the VA and the University. We also obtained approval for the project from each of the three tribal communities.

The discussion guideline was developed in an iterative process. Initial drafts were developed with physical and mental health care providers who had expertise in AI veteran care. We then sent the draft to the community liaisons for review, with an invitation to share with and elicit comments from other appropriate persons in the community. Main themes included questions about veteran life; experiences with VHA care, IHS care, and coordination between them; barriers to care, including transportation, cultural competence, and accessing benefits; and facilitators of care, such as special programs or services, or outreach events or processes. Additional topics included role of family members, community services, and general veteran life and activities in the community. Finally, each discussion ended with questions about participants' recommendations and next steps to improve AI veteran health.

We conducted a series of three focus groups with AI veterans, family members of veterans, and community members, respectively. Focus groups provide a means for exploring beliefs, attitudes, and experiences conversationally. Participants can build on one another's comments to generate or

refine common themes. In addition, on the advice of the community liaisons, we offered individual interviews. They indicated that some veterans may not be able to cope with group settings, and, in general, participants of any type may prefer private conversations about sensitive topics. A team member experienced in qualitative methodology, including individual and group discussions in tribal settings, facilitated the focus groups and individual interviews. All participants were given the opportunity to read the consent form, and it also was described verbally to account for any individual challenges in reading or understanding. Safeguards for confidentiality were described, including a request for participants to keep confidential all discussion occurring in group settings. All but two conversations were audiotaped and then transcribed. The other two conversations, both individual interviews, were not audiotaped at the request of the participants. In these cases, extensive notes were taken and integrated into the transcription material. We also asked participants to complete an anonymous demographic background questionnaire; these data were aggregated to describe group characteristics. All participants provided informed consent and were offered $50 in compensation for their time.

Analytic Plan

All recordings were professionally transcribed. An integrative approach to classifying material was used, including both inductive and deductive development (Bradley, Curry, & Devers, 2007). Specifically, the lead facilitator identified the major and subordinate themes crossing communities, as well as community-specific themes. One other staff member reviewed the content independently to validate choice of themes and subthemes. A third staff member identified quotations that were most representative of the themes and subthemes. The lead facilitator then reviewed the quotations and categorization. Any inconsistencies in the process were resolved through discussion with project team members. All team members then reviewed the quotations again for representation of content and representation across participants and communities. Due to space limitations, we were not able to use all selected quotations in this article. However, we included as many direct quotations as possible, because the words of the participants provide the most authentic statement of their experiences. Because many veterans were concerned that speaking out about the VA might result in decreased benefits or services, we do not identify the quotations by community to protect confidentiality. We do identify method of interview (focus group [FG] or individual interview [I]), as well as type of participant (veteran [V], family member [F], or community member [C]).

We provided the opportunity for participants at all sites to review the final draft report and provide feedback on the content, including confidentiality, synthesis of material, identified themes, and recommendations, consistent with CBPR principles (Israel et al. 2003). The final draft report included masked identifiers, similar to those in this manuscript.

RESULTS

In total, we held seven focus groups and seven individual interviews across the three communities, for a total of 42 participants (see Table 2). One focus group was conducted with women veterans and one with sheltered homeless veterans, per request of the local liaisons. Participants were primarily Vietnam-era veterans, with most branches of the armed forces represented; most had graduated from high school, and the majority were male.

Table 2
Demographic Description of Participants

	Northern Plains		Northwest		Oklahoma	
	(*n* = 11)		(*n* = 18)		(*n* = 13)	
Average age (Years)	48.8		58.9		67.5	
	n	%	*n*	%	*n*	%
Number of males	7	64%	14	78%	9	69%
Race (multiple responses possible)						
American Indian/Alaska Native	11	100%	17	94%	11	85%
White/Caucasian	--	--	2	11%	2	15%
Native Hawaiian/Pacific Islander	--	--	1	6%	--	--
Hispanic/Latino	--	--	--	--	1	8%
Education						
Less than high school diploma	1	9%	3	17%	2	15%
12th w/GED or diploma	3	27%	3	17%	3	23%
Some college	3	27%	9	50%	6	46%
College +	4	36%	2	11%	2	15%
Missing	0	--	1	6%	0	--
Period of Service (multiple responses possible)						
No service	1	9%	3	17%	3	23%
Korean or earlier	--	--	2	11%	2	15%
Vietnam	5	45%	12	67%	5	38%
Post Vietnam through Gulf War	3	27%	1	6%	2	15%
Operation Enduring Freedom/ Operation Iraqi Freedom	1	9%	0	0%	0	0%
Branch (multiple responses possible)						
Air Force	1	9%	1	6%	--	--
Army	9	82%	7	39%	3	23%
Marine Corps	1	9%	3	17%	4	31%
National Guard	--	--	--	--	1	8%
Navy	--	--	1	6%	--	--
None	1	9%	3	17%	4	31%

Discussions provided many perspectives and insights into AI veteran community life. Below, we summarize common themes, including community life, VA experiences, family roles and experiences with AI veterans and their care, and housing. Finally, we asked participants to discuss their views of promising pathways to improve AI veteran health. Of note, the quotations draw from perceptions or experiences of AI veterans and those who care for them. Not all quotations describe benefits accurately, and individuals' eligibility for benefits likely varied greatly. The intent in reporting the results is to demonstrate local perceptions of benefit rights, responsibilities, and experiences rather than to determine an actual portfolio of benefits.

We also present short statements to provide context for the included quotations, which might otherwise appear confusing or disconnected. These statements are not intended to be interpreted as results, but to facilitate understanding of the quotations.

Tribal Communities and Veterans

Research on veteran health care often focuses on individual veterans or on a health care facility or service. However, community life for reservation-based AI Veterans is also an important influence on health. Most participants indicated widespread community respect for veterans. Indeed, veterans traditionally have held a revered place in AI communities. Many were quick to point out that, compared to veterans of other racial and ethnic groups, AI veterans consistently are honored publicly (Beals et al., 2002).

> Well I think the Native Americans, they honor their veterans. I mean they're always recognized at different community gatherings and things like that. Dinners, suppers, powwows…So I think we're more fortunate than most people….They give you caps, blankets, sometimes different things. That has been my experience here, and most of the [region], I think that's the way it is.
>
> -V (FG)

One veteran participant (I), when asked why veterans are so important to tribal communities, offered this quotation from Tatanka Iyotaka (Sitting Bull):

> Warriors are not what you think of as warriors. The warrior is not someone who fights, because no one has the right to take another life. The warrior, for us, is one who sacrifices himself for the good of others. His task is to take care of the elderly, the defenseless, those who cannot provide for themselves, and above all, the children, the future of humanity.

She explained that veterans are held in such high regard because they align bravery with sacrifice for the survival of the community. The importance of veterans within tribes is a substantial strength to service provision. Indeed, it is this view of honoring and respect that drive many tribal programs to serve veterans—sometimes in partnership with the VA or the IHS, sometimes independently as a tribal response to that cultural priority.

VA Experiences

When conversation turned to the VA, many expressed frustration, distrust, and, at times, anger. Many veterans described a lack of information and assistance, dismissive personnel, and, at times, active obstruction on the part of the VA. These problems were reported to begin with the transition to civilian life. Many Vietnam-era veterans, for example, reported not receiving any information at all about benefits when they left the service.

> When you apply, when you're going in, you get all the combat stuff you need to go in combat. That is given to you. You're trained to do that, to get that. What do they do when we're getting out? Nothing. You have PTSD [post-traumatic stress disorder]. You have your people that are wounded. You have people that have all these issues. Why is it they cannot give you that package as you leave that says, "Here's a place to go, and this is how you receive it"? And why isn't that happening? See, that question, when I was getting out, I asked that question at that time, and nothing is happening.
>
> -V (FG)

Veterans from later periods of service also reported challenges in figuring out enrollment and benefits:

> And then it was about a year after I got back, I got a packet of information in the mail, they have case managers at the VA but the lady, she was deployed, and so they didn't have anybody to fill in her position. I had one appointment with her… so I never got [the information].
>
> –V (FG)

Underlying many of the stories of accessing benefits was a theme of prejudice, discrimination, and stereotypes.

> But because we're Native Americans, that image of us getting all this free government money is out there. It paints a picture…Maybe that's why it takes so long. "Oh, just put it over here, they'll be taken care of with Indian Health."
>
> -V (FG)

> Yeah. And we were informed at the last meeting we're better off not putting Native American on our claims. To get services faster.
>
> -V (FG)

For many, an unfortunate history of weak outreach and follow-through, insufficient cultural competence, and a general lack of resources contributed to many years of real or perceived VA neglect (Westermeyer et al., 2002). These feelings often were the first to be expressed, and often were expressed in strong terms. However, the experience was not universal. Many veterans and family members, particularly of one community in the sample, noted a VA system that worked well:

> I've been going to VA for a long time, and they always been nice, you know.
>
> -V (FG)

In that community, several factors may have been influential in supporting positive views: First, this community is not as geographically isolated as the others, making transportation to appropriate care possible. Second, this community has an advocate who works proactively on veterans' behalf to secure benefits. Third, the expectations differed. Veterans did not feel they missed out, necessarily, but simply did not need services for a long period of time.

Participants expressed varying opinions about the role of veterans in seeking VA services. Some held the view that veterans were expected to seek out those services.

> I understand, in a way, the VA that they cannot know when all these guys are coming in. I mean, they know by papers. They cannot go and chase them and say, hey, you know, how you doing or anything like that…It's like going to a doctor. Doctor is not going to go looking for you if you are sick… Same thing with the veterans.
>
> -F (FG)

For others, seeking help, even when those services had been earned, is counter to cultural values:

> I am a firm believer that one should do all that they are capable of doing to help themselves before seeking help. It's this value instilled in me from grandparents and parents that hindered my application for VA benefits.
>
> -V (FG)

Intertwined with beliefs about help seeking is the experience of the process. VA applications, appointments, and paperwork can be daunting.

> When finally they get the courage to sign up, they are told they need more evidence, and these vets often don't have the skills to get that evidence.
>
> -C (I)

> One can get frustrated. Like which meetings are we supposed to go to or what meetings we're not supposed to go to? Which ones are you going to re-file if you don't do it within 30 days? And that gets a little confusing. Like, I'm kind of wondering if this was supposed to be one of the 30-day things or not now. I'm confused, you know, because that's what they've been telling me on the phone. If you don't make it within this 30-days, you're going to have to re-file. Re-file what, you know?
>
> -V (FG)

The confusion is compounded by eligibility requirements for benefits across the VA and the IHS systems of care. Most IHS facilities are required to serve tribally enrolled AIs, and the VA is required to provide services to eligible veterans. However, scarce resources and misinformation often result in confusing care options, and eligibility often is freely interpreted by local facility representatives:

> I'm an Indian so I came to the Indian hospital. And [the IHS] said no. Said I'm a veteran, I'm an Indian veteran. And I went to the veterans, and here they said "no" next. So I said how come I'm a veteran and I'm an Indian but I can't get into the [IHS] hospital and I can't get into [VA] hospital. Something's wrong here.
>
> -V (I)

Across communities, the power of personal stories became clear in discussions. Veterans and those serving them often recounted the influence of others' experiences. Many began their own stories about not trying to obtain benefits based on others' experiences:

You know, I know a Native American veteran who got injured over there, and they just completely denied him… I mean when you're got this bureaucracy and they put those hurdles in front of you that are time consuming, I mean who would want to?
-V (FG)

Yep, we got a lot of veterans here. They were in Iraq and Afghanistan. They don't want nothing to do with the [VA] service because I think they hear us talking about it, how long it takes, and how frustrating it is to us.
-V (FG)

While hearing about others' experiences at times created barriers—when stories of delay and denial spread through the veteran community—stories also can facilitate outreach and enrollment. Many veterans commented that, as others in their communities had finally gotten benefits, sometimes after many years, they were considering applying.

Family and family services. Family support and relationships are critical to AI veterans' lives and their care. Often family members are the ones who help with—or sometimes hinder—appointments. Others in the family who have served are key to assisting more recent veteran family members with transition, including paperwork and benefits, but also by providing emotional support and help with the immense social, psychological, and financial changes associated with a transition back to civilian life. Family members also are the people who are most likely to feel the initial brunt of difficulties in transition or mental health problems of their veterans.

It's tough on family. How does the family deal with it? What do they do? They just become part of it. Then when things happen because we love somebody so much, we just learn to live with it...
-F (FG)

It gets scary, sometimes. He doesn't do it intentionally. It's stuff that he does when he's asleep. He hits, bites, kicks. Kicked a hole in our wall, thought he was in the war… But, I love him a lot and care and hope that he gets some kind of counseling and stuff because you want them to get better, so we can be better and not be scared.

-F (FG)

Most participants did not know of any programs for families, though a few had benefitted from such programs. All acknowledged that such services were vitally important to care for the veteran as a part of the whole family. In fact, many veteran participants were themselves children of veterans. One reflected on his perceptions of generational patterns of PTSD:

But what I learned from that was that the majority of my generation and my parents' generation all have PTSD because of the way they were raised, and those who were in the military, their military experience was, for the most part, was my father's generation was in World War II and the Korean War. And they never were treated. And as a result of that, it affected their ability to serve functionally in a family. And that, in turn, affected their children and their relationship with their wives, their spouses. And so there was a big—it created dysfunction all the way to my life.
But just for my own personal experience, we went through—my parents went through a process of cultural genocide where [government] tried to beat our culture out of us, and you had an education system where we experienced some of it ourselves but not so much as our parents, when they got penalized for speaking their language. They couldn't go to their spiritual ceremonies because they would be penalized. Whatever benefits they were receiving, they would be cut off.

-V (FG)

…It's like we have one foot in two worlds all the time. And people are constantly scared. If we do something we're going to lose this, or we have to sacrifice this, or we have to sacrifice a part of our life in order to move forward.

-V (FG)

Addressing trauma linking generations is key to successful service provision in AI communities. Trauma in these settings is not just about war experiences. It includes multiple traumas over a turbulent history, such as disease, genocide, forced relocation, broken treaties, and a systematic

deculturation through the education system (Dixon & Roubideaux, 2001; Evans-Campbell, 2008; Shelton, 2004). The result has been a traumatized people, with the added anguish of war for veterans and their families (Beals et al., 2002; Manson, Beals, Klein, & Croy, 2005).

Housing

The topic of housing arose in all communities. Certainly the topic was not a surprise in the homeless group. Still, others clearly struggled with obtaining this benefit they had earned. The comments reflect the ambiguity in jurisdiction: Is this the tribe's responsibility, through federal monies allocated to tribes to provide housing per treaty agreements? Or is it a VA benefit, earned through the course of military service? How can veterans overcome barriers to securing land through the tribe and loans through the VA?

> Another comment I want to make is why the VA wouldn't help me get a home when I got back. It's because I lived on the reservation. That's bull, because they told me if they bought me a home I'd have to move off the reservation and then they'd buy me a home, which isn't right, you know.
>
> -V (FG)

The veterans at the homeless shelter expressed similar sentiments.

> But we have a housing program here… Most of the veterans [in the shelter] are trying to get out [of the shelter] and get into the other houses. But they (the tribe) said they can't set aside any homes because there's too many people for homes, and they can't prioritize us (the veterans).
>
> -V (FG)

For many non-AI veterans, housing benefits and homelessness are often two separate issues. In many urban communities, for example, housing is available, but an individual's situation (unemployment, mental health, etc.) may result in homelessness. In contrast, housing simply is not available in these tribal areas even if a homeless AI veteran's economic or psychological situation may improve so that he or she can support responsibilities of accommodation.

Local Veteran Advocates

All three communities in this project were characterized by strong veteran leadership—sometimes an individual, and sometimes various individuals supported by veterans' committees or the tribe. Characteristic of advocates varied greatly, and were not easily defined by veteran status, gender, tribal membership, or age. Advocates' positions were sometimes supported by the VA, sometimes the tribe, and were sometimes voluntary. These advocates tended to have a sustained presence in the community, were deeply committed to the service of veterans, had developed skills in navigating the VA and IHS systems, and were persistent in facilitating VA enrollment or case review even of reluctant veterans. The differences these individuals have made to local veterans' lives cannot be underestimated.

> You know, I think the reason [advocate] is working so good is she has some compassion for the people, for the veterans. I think I never would have come back, in fact, to ask for upgrade if it wasn't for [advocate]. But she said, "I'm not going to let you go. You deserve it and you're going to get it. I'm going to help you get it." And I did.
>
> -V (FG)

When participants were asked what advice they would give to a recently returning veteran to the community, most responded that they would first send that person to the local liaison.

Local Views of Next Steps

We concluded the discussions with questions about recommendations that participants had for services to assist veterans. These questions prompted many creative and thoughtful ideas generated by participants' experiences with the VA—all of them relevant for future VA-Tribal partnerships. Several themes emerged across all three communities, including specific health services, local support services, and improvements in the VA process or coordination of care with the IHS. While some participants remained skeptical about improvements in VA services locally, others saw opportunities, including help with transition to civilian life and enrollment, expanding VA expertise in chronic pain services, incorporating spiritual components into care, supporting local advocates and veterans' family members, and increasing cultural competence. For the latter point, participants recommended that the VA also educate them about the VA culture and expectations. The ideas, summarized in Table 3, could be starting points for coordination and partnership with the VA. The VA already has started programs for some of these items (e.g., traditional healing services); because this area already has a foundation, it could be a basis for further collaboration.

Table 3
Summary of Local Resources, Plans, and Suggested Next Steps

Theme	Specific Recommendation	Quotation
Health Services		
	Home visitation programs	But, [IHS doesn't] understand combat vet mentality. What we did see was the rural program [of the VA] would go in-house, and I like that program for the vets, –if there's a relationship established with that provider. -C (I)
	Expanded chronic pain services	The VA is a good thing for the vets that have chronic pain issues because our IHS don't like to deal with the chronic pain issues... -V (FG)
	Spirituality	When a man is healed from the inside out, many of the outward manifestations stop or do not occur. The shortest and quickest healing for veterans will be found in the area of spirituality. -V (I)
Support Services		
	Local leadership	I've heard rumblings of a couple people that come back from Desert Storm or Iraq, they're isolated. They won't talk to anybody... Let them know there are people available like [local advocate] who's very assertive, very aggressive, and dependable. That's the type of person that we need here in this community. -V (FG)
	Family support services	I am going to start a PTSD support group... and see how that goes. Eventually, within that PTSD support group, we'll identify families that are in need. -C (I)
	Veterans community spaces	They could have this place for the Veterans, you know, just Veterans to come, to have like a library or so they could drink coffee, ...Because a lot of Veterans are uncomfortable being around other people, ...But if you're talking to Veterans, you can talk amongst yourself and laugh and talk and have a good time... -V (FG)
VA Process		
	Cultural sensitivity	It would be good if we could get somebody who would take the time to understand what our traditions mean to us. -F (FG)
	Personnel resources	Need an action plan that works—VA hires at the top and it looks good on paper, but not enough happening on the ground. -V (FG)
	Tribally based VA office	I believe my people here in [tribe] are more than capable of running their own VA Office on the reservation and would be more successful at it. -V (I)
	Listening skills	I think the big thing for transition for people getting out is just listening to them. It would be nice to have some kind of support group for them to just sit there and listen. -V (FG)
	Coordination with IHS	I don't know what it is, but I've heard about it... It's some kind of MOA or something between [IHS and VA]. They're supposed to work together. But I don't know – I've never seen that happen. -V (FG)
	Transition from discharge	I was so grateful to have my cousin and one of my best friends that got back before me... you get all the information before you get out of the service, and they tell you to enroll in the VA and about transition, but, I mean, it's so overwhelming you're just hit with all this information and it's hard to remember everything -V (FG)

DISCUSSION

The conversations of this project were emotionally charged—from anger to gratitude. Sharing experiences took tremendous strength and courage. The veterans themselves often were severely afflicted by PTSD. For them to come forth at all, much less in a group setting, was a highly courageous act. Moreover, these communities are small and group members knew one another. While this familiarity often turned into a strength as they drew support from other participants, no anonymity existed. Veterans risked making statements in front of others they knew—statements that could easily be taken outside of the room for others in the community to hear eventually. Finally, participation in these discussions was no guarantee of improved services, although some may have hoped for such an outcome. The following two quotations, both from the same group of participants, exemplify the tensions between these risks and benefits:

> It's been 40-some years [without receiving benefits], [for] some of them longer than that. Now, again, too, what's going to be the end result of this meeting? …See, that's the frustration…like I said, "Here's a hoop, you jump it, then we might give it to you."
>
> -V (FG)

> I'm glad I came. I want these guys—I hope they get all their benefits and everything. I went through a lot of hard work to get mine, but I'm glad for them. Maybe my healing can start.
>
> -V (FG)

While VA programs for AI veterans have been expanding in recent years, and veteran eligibility for benefits varies widely across veterans, the real or perceived lack of access to them continues for many. Feelings of frustration or anger shape present experiences in important ways. From outside perspectives, these discussions may easily be dismissed as negative or destructive. This would be a mistake. First, culturally, storytelling is critical. Stories retell events, display responses, and offer parables to guide future actions (Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002). Second, the conversations about these experiences may be an important part of healing, as several veterans noted after the discussions—dismissing them precludes that possibility. Third, the discussions offer an implicit invitation for the listener to understand the community and those who live there. Stories of VA experiences—both good and bad—spread quickly. Those dedicated to serving veterans know that stories about veterans who were successful in obtaining benefits, or

receiving needed VA care, are powerful in encouraging others to seek services. In sum, as veterans themselves noted, listening to and affirming experiences will help build relationships necessary for effective service provision in these communities.

The three communities participating in this project were highly diverse in their culture, history, care experiences, and opportunities. Anger and frustration, for example, were not universal across or within communities, and, indeed, some participants' accounts of their experiences may be likened to local models of best practices. In spite of the diversity, several common themes emerged in all settings. First, local advocacy for veterans is paramount. Community advocates had achieved the trust of local veterans by demonstrating their ability to work within the system to obtain benefits that often seemed unattainable. Supporting this advocacy – including developing relationships with tribal leadership – and providing additional resources for "on-the-ground" work with AI veterans is key. Programs such as the Tribal Veteran Representative trainings, which build local leadership, are vitally important to maintain, enhance, and extend throughout AI communities (Kaufmann et al., 2014).

A second major theme was the role of families in veterans' well-being. Veterans often referenced lost or destroyed relationships, for which they held themselves responsible, and expressed regret and frustration for their inability to maintain important relationships. For family members, the focus was first on the veteran and their confusion about how to access a system to get needed help for him or her. Family members and veterans also talked about the apparent lack of emotion among veterans. The concern was not just about the lack of capacity, but the effect on others—the generational extension of trauma. Although the VA has begun to implement programs to support family members, focused efforts tailored to AI communities (e.g., addressing intergenerational trauma) likely could build on extant strong family and kinship ties.

Housing was a third common theme to all three communities. This topic came up unprompted in many discussions; in others, it was one of many topics presented in a list of issues affecting veteran life, and elicited animated discussion. Home loans and other assistance for housing are a part of the benefits earned through military service—one that AI veterans living in many tribal communities have difficulty accessing. In part, this difficulty is due to the lack of housing options in tribal reservation communities in general. Housing, a part of treaty rights for many communities, often precludes ownership. Transitional housing is not common, and many veterans do not have access to land on which to build new housing. While current VA programs to address housing in tribal communities, such as the Native American Direct Loan program, are intended to alleviate some housing problems, such programs often include substantial barriers. For example, an MOU between a tribe and the VA must be in place before any veteran in that community can apply for a loan.

A final theme across all communities was the hope and expressed need for an improved relationship with the VA, ideally coordinated with the IHS—a finding also reported by Kramer, Vivrette, et al. (2009). The relationship of veterans with the VA varied tremendously by community. However, all discussions illustrated a desire for improved relationships along several dimensions: (1) assistance with forms, appointments, and coordination of care; (2) continuity of VA services personnel, and (3) a bidirectional opportunity to learn about culture—VA understanding AI culture, but also veterans and their families wanting to understand VA "culture," including processes and expectations. For example, The VA has three main departments that provide programs, each with different responsibilities and eligibility criteria. Many veterans did not distinguish among them. While not necessarily surprising, because the VA is often perceived as one large entity, the lack of information about administration of services across the three departments may have contributed to confusion and frustration.

The findings of this project should be interpreted cautiously. Participants expressed concern about confidentiality, which may have hindered some discussion. We included only three communities in this project, and, within communities, just a small sample of eligible individuals participated. Although we chose communities carefully to demonstrate variation, and worked locally to recruit those with diverse experiences, the sample is not representative. For example, the mean age of participants in each tribe varied considerably. While no deliberate action caused the age difference, the conversations may have been shaped by issues that varied by age. Similarly, the veterans in this project primarily served during the Vietnam era, and so the views expressed may not be generalizable to those of other periods of service. Of particular note is the lack of participation by veterans of recent conflicts. Although some participants speculated that the lack of involvement may reflect a wish for distance from all things military immediately after discharge, or a generational gap by period of service, these veterans represent a growing proportion of all veterans, and their views and experiences will be especially important in future planning.

Even with these limitations, the discussions brought forth important insights into AI veteran life in tribal communities. The three communities included in this project reveal strong support and respect for veterans. This characteristic of tribal communities, extending far beyond these three, is a significant resource for any collaborative efforts serving the veteran population. Relationship building and advocacy were common themes throughout the discussions. A foundation of trust will provide immense opportunities for creative and innovative ideas for improved care for this important population.

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