

Evaluation of Rural Native American Veterans'
Perceptions of the Veterans Affairs Healthcare System

A Project Report

Presented To

The Faculty of the Anthropology Department at
San José State University

In Partial Fulfillment

Of the Requirements of the Degree of
Master of Arts

By

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December 2017

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SAN JOSÉ STATE UNIVERSITY

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Evaluation of Rural Native American Veterans' Perceptions of the Veterans Affairs Healthcare System

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Abstract

The purpose of the Masters Project is to explore the personal and cultural characteristics of veterans' identities, and beliefs as it regards to the Veterans Affairs (VA) Healthcare system. Additionally, the project explores how the VA healthcare system's characteristics have influenced veterans' abilities to access, and utilize the VA system. The Mono Lake Paiute veterans were recruited to help take part in a small study about their access to the VA, and any of the support networks like: the American Legion (AL), Veterans of Foreign Wars (VFW), and Disabled American Veterans (DAV). This is a qualitative methodological study that uses interviews to analyze how rural Native American veterans access their VA healthcare services.

During my process themes emerged regarding the expectations of VA healthcare are the following: to create a platform that produces more information about available services for mental and physical needs; to create an understanding that all veterans deserve benefits regardless of military standings; to break down the barriers of negative social stigma associated with mental and physical health issues; to address issues with respect for each veteran patient; to understand that many veterans have different ethnic and racial backgrounds; and to understand that each veteran's identity is framed by past experiences.

Acknowledgements

There are many individuals that I would thank for the help in the creation of this Master's degree project. First and foremost, I would like to thank all of veterans who I have worked with over the course of my project. Thank you all for allowing me into your lives. I was honored to have opportunity to interview such wonderful people as Terrie and Jerry; their insights, knowledge, honesty, and kindness allowed me the chance to fill a dream of helping my fellow veterans.

Almost twelve years ago, I was soldier in U.S. Army severing a tour in Iraq, when a series of events would change life. As though I have woken from a dream, I found my myself thrust from the life of lower enlisted soldier to someone who was interested in the lives of nomadic sheep herding farmers of the Iraqi river basins. I was unsure where to start, so I watched them as they worked the way up and down the rivers feeding and watering their goats. Soon after the first encounter with them, my unit was then moved and attached to the Iraqi army where I worked with people who came from different backgrounds in Iraq. I wanted to learn more about their cultural and customs, so I would start spending my meals with them when I had the chance. After my tour was over, I decide to change my course in life and left the service. I went back home to California where after few years of soul searching, I stumbled across an anthropology course at West Valley college. It was there while sitting through a lecture about Yamomami that I wanted to learn more about the nomadic people of Iraq. I wanted to understand more about what I saw. From there I transferred to San Jose State University and obtained my BA- Anthropology.

During an archaeology field school in the summer of 2012, I found another calling. I was introduced to group of older veterans who did not have access to the VA service. I was confused because I had an easy time transiting to the VA and did not understand why they were not connected. So, I made it my goal over the next few years to help these men. With the help of Dr. Charlotte Sunseri, I was able to apply and be excepted in the Applied Anthropology program at SJSU. From there I was able to make connections to help these men. Without Dr. Charlotte Sunseri guidance, advice, and time, I would not be at the point in life that I am at. Thank you for directing me and creating this potential for me to give back to my fellow veterans. I would also like to extend my thanks to Dr. Jennifer Anderson and Dr. Marco Meniketti, who helped me in my steps to grow academically.

Next, I would like to thank my family, my mother Yvonne DePage, my father and step father William Cadden and Terry Hollingworth, my brothers Joseph DePage and Gabriel Cadden, and my partner Stephanie Gonzalaz, for always supporting me throughout my trials. I am so proud to be part of a loving and caring family. I am dedicating this project to them.

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Table of Contents

1	Introduction to Project Report	8
2	History of the Veteran's Affairs Healthcare System	20
3	Literature Review	32
4	Methods	44
5	Discussion of Results	54
6	Conclusion and Significance	75
	Works Cited	85
	Appendix	90

Chapter 1: Introduction

The Rural Native American Veteran project explores the personal and cultural characteristics of veterans' identities and beliefs towards the Veterans Affairs (VA) Healthcare system. Reporting on work done in Mono County, California, in this report I explore how the VA healthcare system's characteristics have influenced veterans' abilities to access and utilize the VA services. This project asked such question as: what are some of the cultural barriers that have impacted the healthcare of the Mono Lake Paiute Rural Veterans community?

During the initial exploration in the summer of 2012, there was a local group of Native Americans who were recruited to help take part in a small study about their access to the VA healthcare facilities and support networks such as the American Legion (AL), Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), and Veteran Service Officers (VSO). Additionally, during the summer and fall of 2015, the same participants were invited as participants in large focus groups, along with new participants, to discuss their claims and healthcare access with the VA.

This is a qualitative and quantitative methodological study which uses ethnographic data to analyze how rural Native American veterans access the VA healthcare services. This work highlights particular needs of native veterans in accessing care and services which also includes the employee base of the U.S. Department of Veterans Affairs (VA) performance. The intent of this study is to:

- Create a platform that produces more information about available services for mental and physical needs.

- Illustrate an understanding that all veterans deserve benefits regardless of military standings such as Dishonorable discharge (Dishonorable veterans can't receive benefits from the VA).
- Break down the barriers of the negative social stigma of mental and physical health issues.
- Address issues with respect for the veteran as patients.
- Understand that each person has different ethnic/racial backgrounds.
- Consider each veteran's needs for healthcare and recognize that each veteran's identity is framed by past experiences.

The study is being produced to analyze the accessibility and acceptability that rural Native American's veterans face while engaging with the VA from their perspective as veterans.

This study illustrates the resources needed to provide multiple strategies which consider how identity could affect the access to the VA and support networks. The overall impact of this study is the assessment of how rural veterans could connect with the VA without a long and lengthy process. My deliverable includes a letter on behalf of the Mono Lake Paiute veterans to the VA Office of Tribal Government Relations, Indian Health Services, and the Bishop, CA VSO office in hopes that their needs will be fully served. My personal goal is to make sure that every veteran that I have interviewed will be connected to the VA and start-receiving medical healthcare. For the veterans of the Mono Lake area, I hope to have them fully engaged with the VA healthcare system such as:

- Benefits and pensions for disabilities received during their service to the

United States.

- To be in full contact with the Bishop, CA VSO representatives.
- Have access to VA healthcare.
- Have access to the Tele-Intensive Care Units and the Tele-Mental Health Hubs.
- Make sure that there is monthly mobile VA medical van coming and giving them a primary healthcare provider.
- Rural transportation Services
- Access to the Veterans Choice program.

Background

The Department of Veterans Affairs (VA) is a program to benefit veterans and members of their families. The range of benefits includes compensation payments for disabilities or death that are related to their military services, pensions or retirements, education (GI bill, Vocational rehabilitation), and rehabilitation. Also, the VA provides home loans, burial services, and medical care programs (nursing homes, clinics, and medical centers). In the terms of this department work force, is second in size to the defense department (DOD) (VA 2013). The Department of Veterans Affairs consists of three organizations: The Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery System.

During the summers of 2012 and 2015, I was engaged in a study that analyzed how Native American veterans perceived their VA healthcare. Historically, Native Americans have been a well-established part of the U.S. Military. The Paiute population is a great example of

this. Most of the male Native Americans that I have encountered throughout this project have served their country either in war or peace. The Paiute men have participated in the military operations from World II to the Vietnam War. The men in this group have played exemplary roles while they served our country. Some of the men have multiple Purple Hearts and other exemplary wartime metals. I have identified these men in the case study section, where I illustrated their needs and issues dealing with accessing the VA healthcare services. Each veteran faced some forms of social power structures that affected their personal agency when establishing contact with the VA and support networks.

Research Site

Most of the veterans that I have contact with live around fifty-mile area of Lee Vining, California. I interviewed nine veterans and their family's members for this study. Lee Vining is a small rural community on the eastern part of Sierra Nevada, off the highway 395 as it passes Mono Lake. It is a one-market, gas station, and motel kind of town. The closest Veteran Affairs out-reach medical center is in Bishop. Sixty-four miles south or about an hour's drive in the summer season (and longer delays in the winter months). I did the trip both ways so I could understand their plight. The Veteran Affairs hospital in Reno, Nevada is a 140-mile drive north, taking two and half hours'. I completed most of my research in the month of June and July, because all weather-related issues are minimal at that time.

The second veteran's group that I have interviewed lives in Bishop. All are members of the Bishop VFW post and live in proximity to their town's VA medical center.

Figure1



Figure 1. Map of Mono Lake area. Image adapted from www.monolake.org/visit/map

Approaches to Veterans identity

For this project, the usage of "identity" is a defined concept that was created by veterans' own military experiences. To understand the "veteran's identity," one can analyze how an individual's self-concept is derived from his or her time in social groups. This, then affects behaviors and social outcomes that affect every part of their lives (Hogg 2000:121). Moreover, past social-historical contexts have also affected veteran's life decisions about

how to gain healthcare access through a government agency like the VA. Their perceived ability is affected by the ways in which they move from one shared group to another group. Identifying these issues within the population can lead to concepts about accessibility and acceptability.

The way to help veterans is to design a healthcare system that includes an understanding of how the past military service affects them and how they now can utilize the VA services. Moreover, where do the veterans stand within the VA system and how they can enact their own agency? There are many veteran run organizations that veterans are part of; according to Harada, “The fact that more than two-thirds of the participants belong to veterans' organizations attests to their strong affiliation with their past military service” (Harada 2005:449). Findings like this can help contribute to the fact that Native American populations can provide valuable information for creating a design that best fits rural veterans’ needs.

Both the structure and acceptability of the VA healthcare services can be best understood from the perspectives of the veterans themselves. Outsider perspectives of the individuals' agency within the VA could be misunderstood, because of the lack of understanding of the veterans' own social structures. Without input from the veterans themselves about the care they, need many feel that VA programs are ran wrong, and will not look for care from the VA.

However, in recent years, “the VA has moved to systematize quality management, and the 'new VA' aims to serve as a national laboratory for understanding elements of access and quality” (Damron-Rodriquez 2004:248). This new methodology could help address the

issues that rural veterans face when trying to obtain healthcare services. Identifying specific barriers within the institutional structures could illustrate the access problems and the quality of services that veterans receive. Breaking down the negative perspectives of the VA structures within the veteran population could lead to better overall satisfaction for the veterans and employees of the VA.

Agency is referred to as the capacity that an individual should create an action that is independent of organizations or institutions, by making one's own free choices (McGee 2012:777). Many Native American veterans believe in the right to one's individual ability to act on their own behalf or their community. The Paiute Native American veterans are faced with the inability to access their own agency within the VA because of the lack of knowledge on outreach programs of the VA.

Some of the veterans had access to the VA many years ago, but have lost connection because of the lack of the individual interactions with the VA. They had the choice to receive healthcare; but “over time” lost the individual ability to connect with the VA. Their ability is affected by beliefs that formed through their shared experiences and perceptions from their past military and civilian experiences. This shared knowledge has placed them in a position of circumstances, where their own agency is the cause of the conflict between the Native American veterans and the outreach system of the VA (Bayhille 2009:25).

The veterans' identity is something that is constructed through life experiences. Some of the experiences that Native American veterans have faced were historical forms of colonial domination of Native Americans (Gelva 2008:432). Some of the veterans that I interviewed where sent away as children to boarding schools where the agenda was to assimilate them

through destructive impact to their emotional, behavioral, and cultural ways of life. One of the ways to combat these negative impacts to the Native American veterans' identities is to focus on the restoration of their agency. Some of the methods that could be used are the integration of new cultural ideas to help perpetuate their cultural identity, being active participants in their own research could give them a sense of ownership.

Project Themes

1) As a result of cultural notions which impact beliefs about healthcare, the Mono Lake Paiute Rural veteran are less likely to obtain healthcare than other veteran communities.

I investigated ideas about the concerning themes about wellness and healthcare that included: How do the Mono Lake Paiute veterans' cultural identities (including ethnic background, class structures, and lived experiences) affect their accessibility to rural VA healthcare?

When beginning this project, I expected that rural veterans would be less likely than urban to obtain any form of healthcare. I wanted to explore how Paiute historical background and their identities might have impacted on how they personally perceive the VA healthcare system. Most of these veterans were taken away from their families in their youth and forced to assimilate to the American culture. They were barred from practicing their own traditional lifeways. Paiute veterans might have distrust of the government because of the practices by the federal government and BIA boarding school programs. Since the VA is also a government program, the Paiute might not want to be bothered with another government

agency, and would rather receive their own healthcare from outside agencies other than the VA.

2) Besides the long distance required to travel to VA hospitals, Mono Lake Paiute Veterans face seasonal obstacles and road conditions in route even to local VA clinics.

This project explores: What are some of the geological and seasonal barriers that the Mono County veterans might encounter when traveling to VA healthcare facilities? How do the closures of major highways affect the travel to VA healthcare facilities?

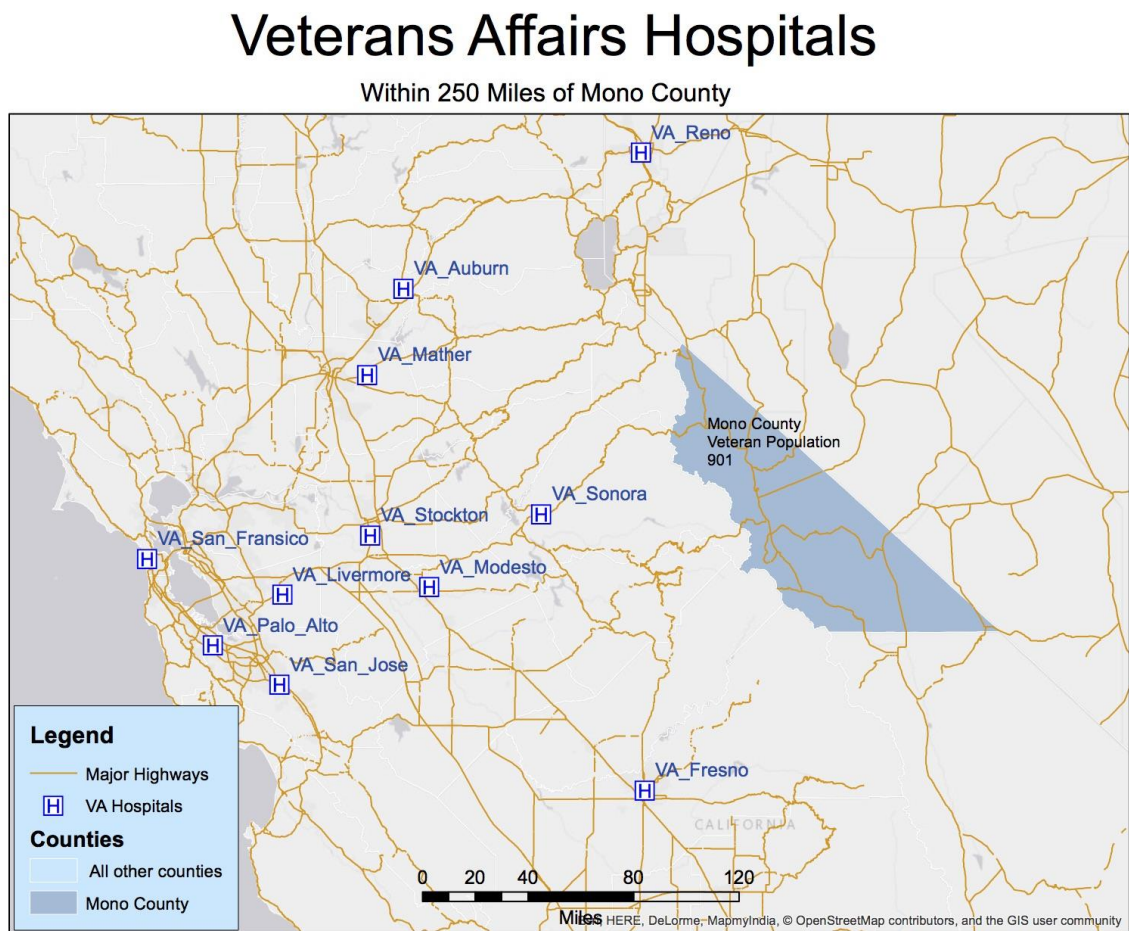
The veterans who live around Mono Lake are stuck between two different regional areas of the Veteran Affairs. If they choose to go to Bishop for help they are part of the Eastern California Veteran Affairs region. The outreach clinics there are small and with only a few places where they can get treated, but these are the only options. If they choose the Reno, Nevada Veteran Affairs this puts them in the jurisdictions of the Nevada Veteran Affairs system.

In theory, any veteran can get help at any of the Veteran Affairs hospitals, but if they want to be seen in the shortest amount of time they should select a hospital that is closest to them. Further, paperwork and claims should be submitted to the right department of Veteran Affairs or otherwise paper work might not be processed.

During the summer months, the routes to the VA hospital in California and Nevada are fully open with few or no road closures. However, during the fall and winter months starting in October and ending as late as June; major road closures are common. Highways going over the Tioga and Sonora Passes are closed after the first snow of the season and not open until late in the year. This causes limited access to the VA hospitals west of Mono

County, and leaves one route and one hospital to access. The Reno VA hospital is over hundred and fifty miles away and in the summer months it can take up to three hours to drive there.

Figure 2



Julianne Cadden Geog 170 Fall 2014

Methodologies

The objective of this project was to explore the potential avenues for the Mono Lake Paiute veterans to receive care from the VA by using qualitative methods to identify barriers to care which they experienced. The applied anthropological techniques being used are in-

depth interviews, participant observation, GIS spatial analysis, and archival research. These methods were used to gain insight about themes of the stakeholders' cultural identities, inequalities of power structures, and personal agency. These methods were conducted during the data gathering steps of phase 1 through phase 4.

Phase 1) Focused on cluster of interviews, focus groups, and archival research. The data gathered from the interviews were personal history with the VA and their identities. The focus groups will address the overall themes of VAH and communities. The Archival research had an analysis done historical themes and policies within the community.

Phase 2) Analyzed spatial mapping, GIS, document analysis of the Mono Lake areas for transportation issues. Spatial mapping and GIS analysis illustrated proximity of the VA facilities and physical barriers that impacted the veteran's travels. Document analysis addressed VA enrollment within each regional area.

Phase 3) An Analysis of a VA historical timeline presented issues with the mental and physical health of each veteran within the VA system.

Phase 4) Dissemination of project deliverable to selected groups.

Significance

This project contributes to our understanding of how accessibility and acceptability

are experienced among Paiute veteran populations in the Eastern Sierra Nevada. The study identifies the population's personal and cultural issues with accessing the VA healthcare system. Moreover, it discusses how governmental policies can influence veterans' access to healthcare.

The broader impacts of the project include outreach to under-represented Native American communities of veterans. This project can contribute to veterans by designing a healthcare system that requires an understanding of how the past military service affects the veteran's status within VA healthcare services. Moreover, it can address issues regarding veteran's standing within the VA system and how they can enact their personal agency when deciding healthcare options. Native American populations can contribute valuable information for creating a design that best fits the veterans' needs.

Specifically, this project can help individual veterans who took part in the study; this could happen by connecting them with outreach specialists from the local Veterans Center. With the collaboration of the Veterans Center representative and the VA medical staff, this project provided the veterans with the opportunity to access VA benefits such as: medical, financial, and housing services.

The overall goal is to create a deliverable for long lasting connections between the veterans, VA, and their support networks. I aim to produce information that can help for all informants by establishing a cultural of understanding between communities. I want all parties in this study to be fully informed throughout my research; with the perspective that any policy to address needs for veteran communities must respond to an understanding about a need or barrier from that community.

Chapter 2: History of the Veteran's Affairs Healthcare System

The VA is the largest healthcare system in the United States, serving millions of veterans, foreign and domestic (VA.gov 2013). The VA is a federal cabinet level agency that provides comprehensive healthcare services to veterans who are considered eligible. There are VA medical centers and outpatient clinic located throughout the United States and its territories. While the VA can trace its roots back to the Revolutionary War, it was not until after World War I when we saw a full-scale VA administration. During the early years of the administration, soldiers who were severely disabled only received limited pensions. Since, then Congress established a more complex system of care for veterans. During the trials of World War I in 1917, Congress established a new, more formal system, for veteran's benefits. This included on-going healthcare and pensions for disabled veterans. However, in the 1930's the federal government established an all-exclusive veteran focused agency called the "Veterans Administration". By the late 1980's it became a cabinet level Department of the Veterans Affairs that we have today (VA.gov 2013).

In the aftermath of the Civil War, there was a large population of wounded and disabled veterans. During and after the Civil War until World War I, many states established homes for their veterans to help integrate the veterans back into society. The Civil War generated hundreds of thousands of these wounded soldiers, more than any other wars in the United States history (Neal 2016). The United States government formed the Sanitary Commission on June 18, 1861 to help provide relief for the wounded and sick soldiers of the northern United States military during the Civil War. Domiciliary care was provided at these different state-run

veterans' homes, which includes medical and hospital treatments for the injured and diseased veterans. Regardless of financial status or disability, veterans of the Civil War, Indian Wars, Spanish-American War, and the Mexican Border battles, as well any discharged member of the United States Armed Forces, received care at these states-run healthcare homes (VA.gov 2013). These veteran's state-run homes were well documented by the Department of War who issues such census as, "According to the annual report for 1900, the National Home, cared for 102,722 veterans between 1866 and June 30, 1900, at a cost of just over fifty million dollars" (Plante 2004:57). Censuses such as these helped to pave the way for more advancing care for veterans. Government officials saw a need after later wars to create a more established department of care for future veterans and their families.

When the United States entered World War I in 1917, Congress passed a bill that established a new system of benefits for Veterans. This was the start of systematic healthcare for disabled and sick veterans. This included programs to help with disability pensions and compensation, different insurances for the veteran, and Vocational Rehabilitation services for disabled veterans. These programs still exist in today's VA system. By the end of the war and into the 1920's, there were three different federal government agencies that were administered by the National Home for Disabled Volunteer soldiers, the Bureau for Pensions of the Interior Department, and the Veterans Bureau.

By the early 1930's, these three departments were consolidated by the Executive Order of the President of the United States and became three components agencies within the new Veterans Administration. This was the second consolidation of the Veterans programs that created a new administration within the federal government. The first consolidation happened

nine years earlier in 1921 when the bureaus were established. However, more was needed for the veterans of this era, so the congress enacted a motion giving the president Executive Orders to consolidate all programs for veterans into one agency. The National Home for Disabled Volunteer Soldiers was also absorbed during the establishment of Veterans Administration in 1930. Their branch of the veteran's cemeteries was also taken over by the Veterans Administration which eventually became part of the bureau of Veteran Cemeteries. During the 1930's, the Veterans Administration grew from 54 hospitals in the 1930 acquisition to a staggering number of 152 hospitals, 800 outpatient's clinics, about 130 nursing home, and about 35 domiciliary (VA.gov 2005).

The closing of World War II resulted in the largest influx of veterans since the "War to end all wars" World War I. The new large population of veterans also led to new benefits enacted by Congress. This large population boom didn't come without its scandals during the early to mid-1940's, President Harry Truman accepted the resignation of the first Veteran Administration Administrator Frank Hines after he had series after series of news reports detailing "shoddy" care at the VA-ran hospitals. Additionally, The American Legion fought and protested the new VA administrator Gen. Omar Bradley for the lack of care and facilities. This lead to his resignation just a short time after the first administrator resigned. The VA during the 1940's was reeling from scandal after scandal and then the new influx of veterans from World War II and the aging population of World War I led to the formation of government commissions on eliminating waste. This led, in 1947, to wholesale changes in the structure of the agency.

However, something good came out the 1940's era scandals and that was formation of

the GI-Bill. During the ending of the war the public sentiment grew to help the veterans of World War Two return to civilian life style. Congress listened to the people and responded in 1944 with the Servicemen's Readjustment Act (The GI-Bill). This bill would drastically transform the concept of veterans' benefits for half century. The bill was signed on June 22, 1944 by then President Roosevelt. "There were three key provisions. The first benefit provided up to four years of education or training. The education package included the payment of up to \$500 a school year for tuition, fees, books and supplies, plus a monthly subsistence allowance" (VA.gov 2013). Once the veterans came home many of them went to college and university throughout the nation. This led to one of the largest post-high school educational booms the United States has ever seen. So much money was being introduced into the educational system that state and local governments had to create and establish more institutions to help with need for higher education for the returning veterans.

The second wonderful benefit that was provided for veterans was the Veteran Home Loan. It was federally guaranteed business, farm, and home loans with no down payment. This program is still in place today. This feature led to another boom in the farming and small business sectors after the war. The home loan generated jobs within the housing industry while also providing housing and assistance for the families and veterans.

The third featured benefit was the unemployment compensation. The law would provide the veteran with a small stipend of \$20 up to 52 weeks after their service was over. This helped soldiers get back on their feet, after war and returning to civilian life. This program is still active today, but the stipend amount has changed. Veterans today claim it as a form of unemployment.

However, there was a time limit on these benefits that the veterans could use. For veteran of this era, “When the World War II GI Bill program ended in 1956, some 7.8 million had received training, and the VA had guaranteed 5.9 million home loans totaling \$50.1 billion” (VA.gov 2013). The GI-Bill had profound effects on the economy and society of the United States, and veterans’ dreams of higher education and owning homes became a reality. To date, the World War II GI-Bill has contributed more than any other welfare program to veterans and their families. The Veteran’s Preference Act of 1944 gave preference to jobs when federal funds were spent. This act lasted for five years but was followed by another act to grant veterans hiring preference for federal jobs.

Post-World War II VA saw a demobilization that led to about 15 million veterans accessing the VA within just a few months. Within weeks, the VA hospitals filled to capacity, and wait-lists were started. Veterans were not seen for months. The Navy and Army both made beds ready for the overflow veterans. During this period, “To handle the dramatic increase in veterans’ claims, VA Central Office staff was increased in two years from 16,966 to 22,008. In the same period, field staff, charged with providing medical care, education benefits, disability payments, home loans and other benefits, rose from 54,689 employees to 96,047” (VA.gov 2013). When Omar Bradley left office in 1947, the VA had established 14 regional offices to help organize the workload. This was the largest expansion of the VA the country has even known. In no other time did the VA expand so much or so fast: this was the largest population increase to the system.

In the wake of the Korean War, the VA had to make more adjustments for the care of veterans. Congress reactivated the Vocational Rehabilitation Act of 1950 for veterans of the

Korean War. The Korean GI-Bill, also called the Veterans' Readjustment Assistance Act of 1952, provided job placements, home loans, and unemployment insurance. The World War II GI-bill and Korean War Act were very similar to each other; both gave benefits to returning veterans. The Korean War also created new veterans on top of the millions who came home from the World Wars; the VA had to create three different services to meet the growing workload. In 1953, the creation of these benefits was established: The Department of Insurance, The Department of Medicine and Surgery, and the Department of Veterans Benefits.

The Vietnam War saw an increase of six million veterans. The difference from the Vietnam veterans and those from earlier wars was the larger number of disabled veterans. The advancement in medical treatment and airlift meant that many wounded soldiers who would have died in the earlier wars would now be saved. Additionally, the cultural shock of suddenly being dropped back into civilian life caused issues with readjustment. Soldiers who were injured were released within days of reaching the U.S. The anti-war climate at home added to readjustment problems for those returning veterans. Many of these veterans reported that they felt isolated or alienated from their peers and society.

In 1966, Congress responded to the problem of the Vietnam veterans with several programs to help with the adjustment issues. First, Congress passed the Veterans' readjustment Benefits Act, like they had the previous last two wars. This act was called the "Vietnam GI Bill". It gave educational benefits to veterans, home loans, and veterans' insurance. "The education program for Vietnam veterans was highly successful. About 76 percent of those eligible participated, compared with 50.5 percent of World War II veterans and 43.4 percent of Korean Conflict veterans. By 1980, the Veterans' Readjustment Benefits Act of 1966 had trained 5.5

million veterans” (VA.gov 2013).

The second program was the Serviceman’s Group Life Insurance. This program is still active within the VA system. Unlike the veterans’ insurance of the past, the new program was not administered directly by the VA but was purchased by a commercial insurer.

The third Program was to assist the disabled. Congress in 1971 created a program of mortgage life insurance which enabled the severely disabled veteran to receive grants for housing accommodation for their personal disabilities.

Four programs help connect the Vietnam era veteran to VA services. The VA established outreach measure to bring benefits to the veterans. The Veterans Assistance program was created in over 21 different cities to help with the recently separated veterans. Additionally, the VA sent representatives to Vietnam to help assist the service members before they were discharged. In 1967, the VA created the toll-free telephone service for each of the regional offices. Counselors were also stationed at military separation centers. Moreover, the VA sent letters to veterans informing them of the benefits that they could receive.

The post-Vietnam War era saw a change in the VA. The military changed to an all-volunteer military to keep its ranks filled. The shift in outreach and care was reflected in the treatment of post-Vietnam Era veterans. The passage of the Veteran Health Care Amendments Act of 1979, created networks of Veterans Center across the United States. The Veteran Centers are separate entity from other VA facilities. Which provide various counseling and services for veterans. In the response to low military recruitment number, Congress passed the new Veterans’ Educational Assistance Act of 1984, otherwise known as the Montgomery GI Bill. This GI bill was eligible to anyone in the military who paid \$100 a month for 12 months and who

completed three years of active service or four years in the reserve. They were eligible for 36 months of educational assistance benefits. Montgomery GI-bill was active until the Post 9-11 bill was activated for the veterans of OEF and OIF.

With the increasing number of older veteran's patients from the World War II and Korean War, the VA in 1975 started training healthcare specialties in geriatric care. Care was shifting to address the needs of the larger, much older population.

The 1980's saw a streamlining of veteran benefits by the Congress. They introduced the minimum service requirements. "Veterans who had enlisted after Sept. 7, 1980, and officers commissioned or who entered active military service after Oct. 16, 1981, must have completed two years of active duty or the full period of their initial service obligation to be eligible for most VA benefits" (VA.gov 2013). There were exceptions for those with disabilities.

By the 1980's, proponents were seeking cabinet-level status for the VA. Now the VA was the largest independent federal agency and was only second to the Defense Department in terms of budget and employees. Many of the proponents at the time argued a cabinet secretary with direct access to the president should represent that agency. Then in 1988, President Reagan signed legislation to elevate the VA to a cabinet level status. Finally, on March 15, 1989, the Veterans Administration became the Department of Veterans Affairs which included Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery System (Va.gov 2013).

The Persian Gulf War that began on August 1990, and created a new, more positive climate around the U.S. military personnel and veterans' benefits. In March 1991, Congress passed the Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act. The

conflict in the Middle East definitive determining eligibility for veterans' benefits. During the Gulf War, service members were complaining of symptoms such as fatigue, skin rash, headache, muscle and joint pain, memory loss and more. The VA began a Persian Gulf registry like that of the Vietnam Agent Orange registry. The veterans are interviewed and screened about their medical history for the registry. They asked about possible exposure to environmental hazards. In 1993, Congress authorized medical care for Gulf War veterans for conditions related to exposure.

At the turn of the 21st century, the VA moved aggressively to redesign and build a system that is more compatible to aging veterans. The VA healthcare system was originally designed to meet the needs for a veteran population of the mid-20th century that cared about in-patient care and long admission treatments. By 2002, a new method of treatment for the re-examination of how the VA's uses its assets. A new more comprehensive process called CARES (Capital Assets Realignment for Enhanced Services), was designed to guide the nations' largest healthcare institution into the 21st century. The CARES program instituted and expanded mental health outpatient services and transferred care from antiquated facilities to more modern and urban-based VA facilities. By the 2000's, the VA was operating 157 medical centers and more than 850 community based outpatient clinics" (VA.gov 2013).

Working with Department of Defense, the VA benefits counselors were placed in discharge centers permanently. The counselors would brief outgoing service members about VA benefits. This helped prepare them for the civilian transition and VA benefits. The VA counselors operated at over 130 military installations to help service members with conditions arising during service and prepared them to start receiving VA compensation promptly after

they were discharged. On July 21, 2005, the VA celebrated its 75th Anniversary. It had grown from the Veterans Administration with a budget around \$786 million that served about 4.6 million veterans in 1930 to that of the Department of Veterans Affairs with a budget of \$63.5 billion serving about 25 million veterans (VA.gov 2013). Throughout the years, the VA evolved with the times to meet the needs of veterans and a changing society. Although the VA has had its hardships, it has never wavered from the dedication to veterans and their needs. As President Lincoln once stated the goal of the nation is, “to care for him who shall have borne the battle and for his widow, and his orphan” (VA.gov 2005). The VA dedication has never wavered from Lincoln’s goal to take care of our own.

Governmental agencies and NGO’s

This is a basic outline of the VA and several NGO’s whose services affect agency and structure within the veteran’s communities. Understanding what organizations veterans can access is a major part of understanding the needs of the veterans and the stakeholders. Each governmental and non-governmental organization (NGO) has a different mission in providing different forms of health care for the veteran populations.

The American Legion (AL) is a non-profit organization that is perpetuated by grass-roots efforts. The American legion is the largest social and mutual aid of the veteran support networks. This organization is committed to helping veterans of wartime services by coordinating avenues that the veteran could navigate through. Unlike the VA, the AL addresses the individual and treats them like a person with agency. The AL is only made up of veterans who provide peer-to-peer connections that prevent the individual from losing

power. The AL works for the veterans, by providing forms of power and agency for veterans who are connected with the VA.

The Veterans of Foreign Wars (VFW) has similar services as the AL, but differs in the number of veterans. The VFW works on behalf of veterans by lobbying in Congress for better VA health care and services. They are a nationwide organization that employs veterans and citizens to assist the veterans with their VA disability claim and pensions. This is an organization in which people without military experience can help establish connections for veterans. Moreover, the VFW is there for individuals, by extending beyond the realm of just helping veterans, it is also a place where veterans who are disconnected could reconnect and establish their own identity.

The Disabled American Veterans (DAV) is different from the rest of the not-for-profit organizations, because it only serves veterans with disabilities. Unlike the other two organizations, the DAV does not require previous wartime deployments. The DAV provides free assistance to any service-members who need VA or other services. They offer a mobile service office that is designed to bring assistance for disabled service members and their families living in rural areas, eliminating the long trips for veterans to the VA or other national service offices. The DAV organization crosses the VA and governmental boundaries and delivers assistance and power to veterans by providing them with direct connection to the VA health service through their outreach networks.

The Veterans Centers (VC) is part of the VA health care system and is set-up as part of an outreach organization for disconnected and homeless veterans. The VC is a well-developed part of the VA and structured to perform for the overall large population of

veterans. The VC consists of few federal employees who re-direct veterans to larger VA establishments. This is where veterans lose their identity and become another statistic for the VA.

Effects of past on the present

The roots of the VA healthcare started over 150 years ago with the creation of the domiciliary care units. The evolution of the VA facilities established back in the Civil War has morphed into a complex Cabinet-Level department governed, by the U.S. President. As every military service member leaves their term of service, they interact in some form or another with the VA. This leads us to the veterans of the Mono Lake area and how their interactions with are affected, by the past events of the VA.

As the VA has grown into the government agency it is today, it has come across new areas in which veterans' needs must be addressed. The VA Office of Rural Health (ORH) in the last ten years has made great strides in the directives that guide the organization operations. These policies stem from the need to educate those who work with veterans living the rural areas. Just like the domiciliary of the past the VA's, ORH has grown leaps and bounds in creating and implementing a national program that increases rural veterans' access to care and services. This leads us to the Lee Vining veterans who are at the leading edge of the VA's new rural programs. However, these veterans need significant help to let the VA know that they exist. For these veterans, interacting with NGOs could be their catalyst in gaining VA support in their area.

Chapter 3: Literature Review

The objective of this research is to present how accessibility and acceptability are experienced by Paiute veteran populations in the Eastern Sierras. The study identifies the population's personal and cultural issues with accessing the VA healthcare system. Moreover, it discusses how the governmental policies can influence the veterans' access to healthcare. Some of the methods that I used, focus on integration of cultural ideas to help perpetuate the veteran's cultural identity, agency, accessibility, and ability to network.

Themes

This project explores the personal and cultural characteristics of veterans' identities and beliefs about the Veterans Affairs (VA) Healthcare system. Additionally, the project explores how the VA healthcare system's characteristics have influenced veterans' ability to access and utilize the VA services. This study was conducted with the Mono Lake Kudzédika Paiute veterans who were recruited to help take part in a small study about their access to the VA and support networks like the Veteran Centers (VSO), American Legion (AL), Veterans of Foreign Wars (VFW), and Disabled American Veterans (DAV). This is a qualitative methodological study to analyze how rural Native American veterans access the VA healthcare services and identify barriers to their care. Themes that have emerged regarding the expectations of VA healthcare include the following:

- A platform that disseminates information about available services for mental and physical to the rural population,
- an understanding that all veterans have their own agency and power when accessing healthcare,

- emphasizing the structural barriers to access for rural veterans who need mental and physical health,
- and, recognizing each veteran's identity is framed by their past unique experiences.

In this chapter, I review the literature in applied anthropology to help contextualize an analysis of accessibility and acceptability that veterans face while engaging with the VA. The objective is to illustrate the needs for a selected veteran's population and how to provide a valid list of needs for the veterans and employers about educational strategies that considers how identities could affect the access to the VA and support networks.

Veteran Culture

Veterans of the U.S. military are a distinct cultural group (Harding 2017:439). These group of individuals who have served in any military branch including: the Army, Air Force, Navy, Marine, and Coast Guard. While some might have been drafted, volunteered, or served in the reserves or national guard all are part of the same distinct cultural group. Within this large group there are small subdivisions based on service era. For example, veterans of the OIF and OEF wars needs are different than those of the Vietnam era veterans. Shari Harding a RN nurse at the VA states, "therefore, it is important to understand these cultural group in order to provide culturally competent care" (Harding 2017:439). The veteran culture is heavily influenced by any shared social bond that the veteran have formed while in the military or after their service. Therefore, it is important to understand military culture so that practitioner can give the care as needed.

While engaging in this study, I used methods similar to the Giger and Davidhizar's model of transcultural assessment used by nurses working with veterans. I used such methods to

analyze how Mono Lake Paiute perceived their VA healthcare. Harding states there are six different methods to analyze a veteran, “the six broad assessment areas of communication, space, social organization, time, environmental control, and bio-logical variations are all affected by veterans’ past experiences in the military” (Harding 2017:439). However, I used only few methods from this model such as communication, social organization, time, and environmental controls.

As a veteran myself, I was able to communicate with ease with them because of my knowledge my military acronyms and slang terms. When dealing with social organization aspects, I informed them that I am officer of my local VFW and member of the American Legion. There is bond between members that ignores what service era, sex, and age which builds an upon bond of war and hardship that all face during war. As a veteran, I understand the value of time orientation and need to be on time. While interviewing veterans of all era it’s a common theme that veterans are very time oriented and get frustrated by civilians how lack the discipline for time management skills. The last method of the Giger and Davidhizar’s model that I used was environmental control, where I analyzed the distance and environmental factors that veteran might face when accessing healthcare through the VA.

Historically, Native Americans have been a well-established part of the U.S. military with a heightened sense of patriotism (Burns 2017:2). One Native American scholar states,” The warrior culture tradition, it seems to be instilled in the youth. As they grow up, they witness how the warrior, the veteran, is honored by his tribe at dances, powwows, etc. And oftentimes, you’ll find that the leaders in the tribes are veterans” (Clevenger 2010:1). The Paiute population is an example of this, with men and women in their community who

participated in the military operations from World War II to the more recent engagements in the Middle East.

The veterans who contributed to this study each encountered some forms of social or power structures which affected their perceptions of personal agency when establishing contact with the VA and support networks, and I explore how these notions in my discussion on anthropological literature more broadly. The Paiute, as well as other Native American communities, may use the anthropological perspectives of agency, and the ideas of ethnography to create a voice and agency within the VA benefits process. As the Paiute are capable of speaking for themselves, they first must have a social network in which they can build upon to straighten their resolve.

Identity

I used the Research and Development Service of the VA's model of "Veteran Identity Program" (VIP), to explore interface of veterans and their ethnic identity as it relates to their use of services. The "veteran's identity" is identified as a self-defined concept that was created by veterans' own military experiences such as, "'identity' (either personal or collective) is not naturally 'given', but it is culturally defined and constituted, for human beings live in cultural settings as 'a second nature of man'; so they are humanly conditioned and conceptualized in different 'ways of peoples' lives'" (Golubovic 2010:1242). To understand the aspects or strategies of identity for veterans, one can analyze how an individual's self-representation or perception is derived from his or her time in social groups, including ethnic ties to one's kin and tribal group or occupational ties to other soldiers. The veterans' identity has effects on their behaviors which leads to impacts every part of their life (Hogg 2000:121). Moreover, past

social-historical contexts, many of which are particular to native societies across the US, have also affected their life decisions about how to gain healthcare access through a government agency like the VA. The Mono Lake Paiute veterans perceived sense of cultural identity affects the ways in which they move from one shared group to another group. Identifying these issues within the population can lead to identifying concepts related to accessibility and acceptability.

The veteran identity may vary across race and ethnicity because of social-historical context (Harada 2002:118). Other influences that could affect health service are the different circumstances surrounding their military services include: “war era, location, length of service, service-connected disability, combat exposure, and rank” (Harada 2002:118). The Mono Lake Paiute veterans are a unique group of men. They shared a similar background with each as they all grow-up in a small town with shared cultural traditions. Much of their difference comes from location during service and war era. Men who served in combat seemed more eager to obtain help from the VA from those who were not in a combat zone. One of the veterans was part of Atomic bomb testing group. He felt since he had not serve in combat he is not entitled to healthcare. As he stated off the record, that he did not feel like warrior even though he served his country. He does not feel that he is entitled to healthcare as though it is a finite resource only entitled to those who are most severely disabled. The purpose of understanding the veteran identity is to determine how a person could utilize healthcare service and what would be the appropriate way to refer them to such resources and organization. For the Mono Lake veteran is about understanding who each person is and how can VA counselor’s bridge the gap that creates a lasting connection with each man on personal and caring level.

Accessibility

Access to the VA healthcare services is the focus of support networks such as: Veterans Service Organizations, American Legion, Veterans of Foreign Wars, and Disabled American Veterans which assists veterans, their dependents and survivors, plus the general public in obtaining benefits from federal, state, and local agencies administering programs for veterans. The VA healthcare services is one of the largest federal institutions in the nation. The support networks focus their attention on areas that are difficult for veterans to contact and help them through the VA benefit process and other legal or bureaucratic processes. When a veteran interacts with one of the support networks, they are given a caseworker that helps direct them through the intricacies of the VA system. “The importance of the VA health services access issues has been emphasized in an acknowledgment that only 10% of veterans use VA health services” (Damron-Rodriquez 2004:248). In my findings, I found that one out of nine veterans that I was in contact with had full access to the VA healthcare. While the other set of veterans struggle to understand how to access the VA system.

Moreover, in recent years, “the VA has moved to systematize quality management, and the 'new VA' aims to serve as a national laboratory for understanding elements of access and quality” (Damron-Rodriquez 2004:249). The issues that rural veterans are facing when trying to obtain healthcare services are the specific barriers within the institutional structures such as, “organizational changes to meet the needs of current and returning veterans in an environment of limited resources” (Weeks 2008:338). Identifying specific barriers within the institutional structures could illustrate the access problems and the quality of services that

veterans are receiving, by reallocating the limited resources to areas that are in need.

Breaking down the negative perspectives of the VA structures within the veteran population could lead to better overall satisfaction for the veterans and employees of the VA.

There are multiple processes that led to the foundations of postmodernist thoughts and theories about agency. The foundations for postmodernism movement were created by prominent theorists such as Pierre Bourdieu, and Michel Foucault (McGee 2012:776). The framework that created postmodernist theories was influenced by the need to “challenge the assertion that science and rationalism can lead to full and accurate knowledge of the world” (McGee 2012:777). Postmodernists such as Michel Foucault argued that relationships between power and knowledge are used as forms of social control through social organizations and institutions. For example, the Native American veterans’ population faces issues with knowledge about their healthcare accessibility in the VA. The institution that controls accessibility is the VA, which has social control over the individuals. The VA is an institution that is freely open to veterans, but the access to that care could be difficult for veterans who lack forms of agency. What causes problems with the veterans is the lack of outreach because of the veterans' distance to the closest VA clinic.

Agency

To understand agency from the Mono Lake Paiute veteran’s perspective, I used methods similar to veteran identities. I wanted to understand the relationship between ones’ own identity and the effect of ones’ agency when access VA healthcare. I analyzed how past events with the U.S. government in boarding schools effected their agency. Understanding the veteran’s identity could lead to further questions about their own agency when obtain

healthcare resources. William Sewell states, “to be an agent means to be capable of exerting some degree of control over the social relations in which one is enmeshed” (William 1992:20). For some Paiute veterans they might perceive that the Bureau of Indian Affairs and their boarding school program is equivalent to the governmental agency of the VA; their interactions with the forced assimilation program by the government’s Native American boarding schools led to their loss of agency. For the Mono Lake Paiute veterans, it is about having knowledge of the VA benefit process which means they would have ability to apply their context to the benefit and medical process.

In these schools, young Native American children were taken away from their family placed in boarding school hundreds of miles away from the families. They were forbidden to or speak their native language and traditional lifeways in hope that they would assimilate in to the American society. Bourdieu believes that it is important to understand childhood experiences in the molding process of the adult response to cultural practices (McGee 2012:778). From a Bourdieuan perspective, because of past events and dealings with U.S. agencies the veterans are positioned to not trust the VA because they fear that conditions that they have faced before will be reproduced again if they get involved with VA. The Native veteran populations have faced negative structures of the VA; their personal views of the VA have led to a formation of set practices that will guide them away from VA resources.

Social Power is considered the ability to influence the behavior of the population (William 1992:2). The VA is an institution that does not rely upon coercion to influence veterans, but the VA's power lies in the individual's perception of the VA. The VA is there to help veterans with needs that they might have. Thus, it's the person's own personal

perspective that changes the dimensions of power. Furthermore, power could result in various forms of constraints on an individual's action. During situations with the VA, the veterans could use a variety of different power tactics that could either prompt them to act in a proactive manner or make them disregard the VA. For the veteran to move beyond personal power issues and to become relevant, they must move beyond their personal ideologies and into collaboration with VA communities to help create a bridge that can empower them to preserve their own health care (Brighton 2011:334).

Foucault argued that forced censorship is a form of power that could influence the behavior of people. Because of self-censorship, a social division has been created that has led to forms of social discourse (McGee 2012:780). Instead of forming groups, the Native American veterans broke off and worked with the VA as individuals. What the veterans lack is knowledge about the VA services, and without the support of a groups' collective knowledge and experiences, they end up with less power to obtain their health care options.

Networking

Social networking has played a vital role in many functions of the VA support networks. Greenacre states, "Social networks often develop due to the informational advantage they offer participants" (Greenacre 2013:949). During the founding of the American Legion after World War I, networks played a big part in getting veterans on the frontline for fighting for healthcare. These movements connected veterans with a shared similar interest, and motivations. Over the past few decades, the culture and structure of the Veteran Affairs has been changing and developing into an organization that fulfills the needs of the masses, but at the same time dismisses the needs of the individuals. In the case of veteran's groups such as the American

Legion or VFW, they have created social networks often developed due to the informational advantages they offer to the individual veteran (Greenacre 2013:948). As an individual in the military, one is considered just a number. The same feeling is felt especially, during the benefit assessment process with the VA. Therefore, veterans are told to interact within the VA support networks, so that the individual forms a specific social bond in response to a need for information. A typical case would be a person about to undertake a specific behavior checking with peers, whom possibly have experience of that behavior, as to whether it is likely to result in a positive outcome (Greenacre 2013:948). For example, a veteran who is about to file for benefits could check with a peer that is part of these support networks to ask whether it is reliable or not.

Social bonds that are of the beneficial type allow for rich and complex social structures to form across many barriers such as the stage in which veterans meet with a compensation and pension physician and get evaluated on their disabilities. Therefore, by using the social groups such as VFW or American Legion the veterans gained the social knowledge of others to help in their interactions with the rating physician. Greenacre states, “that the type of individuals in group determines the network functioning... the nature of the relations bonds between individuals permits networks structure to form” (Greenacre 2013:948). The veteran’s groups are built upon knowledge of what life is like being veteran and how to interact with the world around them. One of the basic values installed in a soldier is social bond with each. Whether the not the soldier severed in the same war, camaraderie is an installed value that has help in the creation of veteran’s support networks.

The next stage is when the packet is evaluated and given a rating base on a set

guideline which rates illness. This is crucial stage, so much so that veteran must have social bonds with support networks as they have interacted with the VA many of times for veterans who are in the rating process. Everyone within these social networks have served a function in allowing information to flow around such network (Greenacre 2013:949). These functions included introducing new idea into the network or being a gatekeeper of information between social groups. Each time a veteran interacts with the VA groups they learn new methods of how to obtain benefits. The VA policies are ever changing, and new methods of evaluating veterans are updated, so it crucial that veterans build social networks to understand complexity of the VA healthcare system that are up to date.

Building Blocks for the Future

The frameworks of the VA have changed significantly over the past few years with influx of new administrators because of strings of mistreatment by staffing from the admission clerks to top level advisors. Investigators and researcher have continuously explored and analyzed questions similar to those in this project; however, there are more opportunities to extend this knowledge by researchers who working the VA system.

Therefore, this project attempts to build and contribute to these earlier studies and theoretical models from multiple angles to give guidance for future researchers. The project first angle was to use ethnographic approaches in order to depict the veterans everyday experience of information and their complexity of connections within the VA benefits process. Additionally, it serves as record of the lives of rural Native American veterans and allows data to serve as platform for a more critical analysis of these experiences. Another angle, the project applies theoretical frameworks that seems to be missing in the present

research produced on rural Native American veterans such as: using ethnographic methods to interpret the experiences inside of the VA rapidly change and diverse healthcare system. This project is a diversified approach that builds on anthropological methods to better understand the participants' experience which also helps to uncover additional theoretical possibilities and challenges for studying veterans of today.

Chapter 4: Methods

This project will provide an account of rural Mono Lake Paiute, who are trying to obtain healthcare from the VA. It is using qualitative methods to produce a deliverable covering the “needs” for the veterans and other stakeholders. The qualitative techniques used were an in-depth focus group interviews, observations, and document analysis. The techniques explored different avenues that illustrated the themes of each participant’s needs, regarding access to healthcare, benefit knowledge, personal agency, and transportation.

During the introductory process, interviews and meetings were setup and the participants were informed that I am a student working on my Master’s in Anthropology. As a veteran myself, I am duty driven to provide a deliverable which will help each veteran who would like to receive help by providing with knowledge about the VA.

Timeline

During the summer of 2012, I was an active participant in an archaeology field school. There I discovered that a few of our interviewees were veterans who didn’t have access to VA healthcare. This unique scenario led me into the Master’s Program in Applied Anthropology at San Jose State University in the Fall of 2013. Consequently, I started to work one on one with veterans, helping them obtain healthcare through my own knowledge of the VA system. There were two meeting dates that shaped this project. The first one being in the 2012 archaeology field school interviews and second was the 2015 focus group meetings. These provided me with a question that needed to be addressed: can these veterans receive

care? Who do I connect them with? What is at stake for each person with respect to healthcare and benefits? And what are the primary concerns for each party?

The ethnographic and oral interviews were conducted with informants that ranged from a 100 years old World War II veteran, to Vietnam veterans. Almost all the veterans are male who served during the Korean War and Vietnam War. Other informants are the family members of the veterans. This could be life partners, children, and other family members that have contact with the veterans. I have been in contact with the support networks like the VSO Out-Reach Center in which I have interviewed personnel about their struggles connecting with veterans.

The personnel from the VSO Vet-center voiced their concerns about the lack of care for the veterans of Lee Vining during my first emails to them. At this point in time, there was little to no communications between Lee Vining veterans and outreach personnel. Constant personnel changes among the outreach counselors impacted communications which was slowed and became nonexistent for the veterans of Lee Vining.

My initial email to VSO Vet-center in 2013 was to start a dialogue between veterans themselves and the outreach personal. After few emails, I proposed that the two parties should schedule a meeting about VA benefits. I proposed that the veterans create a strategic plan of actions, for them to discuss with the representative. If needed be, I offered to be a go-between for both parties. I wanted to help them create a long-lasting communication between the groups. In essence, I would be assisting the veteran through the steps needed to obtain basic healthcare benefits through the VA. After arranging meetings between the groups, the veteran could fill out the compensation and pension befits forms with the help

from the VSO Vet-center employee. During the next step, it takes a few years for the VA to process a veteran's claims. During the period from 2013 to June of 2015, the veterans started to receive healthcare at the VA.

During the focus group meeting on June 2015, the veterans informed me that they received a letter in the mail in the previous May. Their VA rating was almost completed and were informed that they would soon start receiving financial benefits along with their healthcare benefits they had been receiving. The rating is a private matter, I did not ask them what their rating was, I just wanted them to receive some form of benefits from the VA. It is up to VA benefit counselor who is governed by HIPA to help with the overall benefit packets and ratings. I am here to establish a dialogue between to stakeholders.

Sampling Strategy and Variables

I first used a chain-referral sampling technique otherwise known as snowball, where existing study subjects would introduce me to other subjects from among their acquaintances. In this ethnography there are different groups; the Mono Lake Paiute Veterans and their families, the VSO Vet-center personnel, Bishop veterans, and other outreach network personnel. All interviews were conducted to preserve confidentiality and anonymity of all interviewees, as well as their stories, and narratives. All interviewees were provided with an informed consent document; only those individuals who provided verbal consent were interviewed. The interviews were conducted in locations most accessible and comfortable for interviewees. Most were conducted at Lee Vining or Bishop public centers such as: the local VFW, VSO offices, Mono lake community center, and their family homes. These were suggested

as potential locations. All interviews were completed by the primary researcher and recorded with an audio recording device, and then transcribed.

The sampling variables of the interviews included stratification of care received, proximity to care, veteran identities and power structure, age, military past, and overall health needs. For the outreach personnel, sampling variables include: ability to reach rural veterans, communication, job responsibilities, and power structure indicated by job level which helped in identifying if the informants were the gatekeeper for veteran's benefits. The purpose for selecting these variables was to focus on themes that could provide a deliverable to help each veteran obtain healthcare. The organizational variables will help in determining outcomes for potential ways of providing ongoing care for rural veterans.

Methods Applied to Project

The methods that were used included: ethnographic interviewing with individual and focus groups, observations, and document analysis. In this study, these men have been identified as veterans who served during wartime. Their contribution illustrates veterans can contribute valuable information for creating a design that best fits the rural veteran's needs. All the interviewees were provided with an informed consent document to look over before starting the interviews, only the interviewees who acknowledge the consent were interviewed. All the interviewing was in a location that was favorable to each person, typically at the Mono Lake Community Center and Vet-center in Bishop. All the interviews were recorded at the Mono Lake Community Center. The interviews at the Vet-center were not recorded. All the information for those interviews were transcribed and evaluated for

themes, to be used in determining an approach to frame a deliverable for both the VA and veterans.

The Interview questions for veterans focused on: Their care received, concerns eligibility about obtaining healthcare, and proximity to outreach and healthcare facilities.

The typical interview questions for veterans are as followed (See Appendix A):

- What is your VA status? (Are you in enrolled?)
- What VA hospital do you visit the most?
- Have you ever experienced accessibility issues with the local VA healthcare?
- What are some of the accessibility barriers that you have encounter when accessing VA healthcare?
- What are some of the geological and seasonal barriers that you might encounter when traveling to VA healthcare facilities?

The Interview questions for the VA or VSO representatives focused on approaches of organization, their ability to reach out and maintain communication, and transparency. The typical interview questions for the VA or VSO representative are the following (See Appendix B):

- How long have you've working at VSO as a Veteran Service Representative?
- What has your experiences been with veterans?
- What are their major needs? (clinics, hospitals, Vet-centers)?
- Describe your experiences with veterans in this regional area?

- What are some of the programs that you have for veterans in this local area?

After the interviews were digitally transcribed, I selected relevant testimony by using quantitative booking coding analysis (see Appendix C); I was able to illustrate and connect themes that have emerged from just the digital text documents. The use of quantitative booking coding I was able to illustrate several variables such as: stratification of care received, proximity to care, veteran identities and power structure, age, military past, and overall health needs are correlated as shared experiences which affected their access to the VA. The correlations of events, could have a lasting structural effect on how the healthcare system could develop an understanding of veterans' relationships, how the past military service affected them, and how they now utilize the VA services.

While interacting with all selected groups, I used the technique of observation to analyze how the individuals acted while interacting with the online application "Myhealthyvet". The observation allowed me to conclude a dialogue would not work between the VA and veterans. Veterans have been disconnected from the advancements of technologies over the last 20 years. The only way that I could see a dialogue form between them would be through a telephone (most likely home line, and not cell phone), and with in - person meetings.

The documentation analysis was part of the primary research for this study; in it I used prior interviews from my 2012 archeology field school. Included were relevant articles about rural medical health programs, travel advisories for Eastern Serra's, flyers on town bulletin boards, relevant policies about outreach programs, and testimonies by other

veterans in Bishop, CA.

Themes of the Study

What are the barriers facing the Paiute veterans and preventing VA benefit counselors from connecting veterans to VA healthcare services; and how can these stakeholders come together to create a lasting dialogue? For the veterans to receive care, the VA counselors need to understand the veterans' values and morals. On the other hand, the veterans will need knowledge about the inner-workings of the benefit process.

The information for this project was obtained by interviews with the stakeholders and observation. By discussing with veterans about accessibility to VA with veterans, the VA counselors could understand some of the veterans needs for healthcare and their issues with accessibility. A great example of this, is the transcriptions from the interviews with Peter and Jane. Peter is a Vietnam war veteran who has multiple injuries due to the war. Jane has been Peter wife and caretaker for the last 20 plus years.

Themes that emerged from the transcribed interview with Peter, and Jane suggest a historical time line of events accrued during and after Peter's military service that has caused problems with his VA healthcare medical conditions. Though this was a short transcription, there was adequate number of details of his combat and medical treatment in and after his time in Vietnam. Other areas and themes that were present in the transcripts were the military combat zones, enlistment statues (was he drafted or volunteered), the date of service or events, and combat actions scenarios.

Themes important in this study are: military social stigma; respect for the veterans as

patients; cultural competence of the veterans' ethnic backgrounds; understanding veterans' identity was framed by past combat experiences; and developing of veterans engaging with the VA. The aim was to provide education and strategies related to how identity affects access to the VA employees and support networks.

Analysis of Interviews

Since the focus of this project is to form a collaboration between the stakeholders of the VA benefits counselors, VA healthcare outreach programs, and the Mono Lake Paiute veterans; I sought to create a dialogue that prompted continued communication and amplified the voice and agency of veterans. The first set of interviews took place during the summer of 2012 in which I was student of a field school. I have read each transcript of the interviews that are relevant to the veterans, and used them within this project analysis. The follow up interviews took place three years later, in the summer of 2015. This was a good separation between the two events, as the veterans needed time to explore the VA and get established with a VA benefits.

I coded each interview to track several themes. These themes were:

- Military enlistment
- Lack of VA knowledge
- Personal agency when utilizing VA healthcare
- Proximity to VA treatment
- Social networks
- Accessibly to VA healthcare

Expectations

When starting this project, I anticipated some setbacks; one of them being the difficulties of interviewing federal employees of the VA. Usually, when interviewing a federal employee, one would have to go through many steps to obtain an interview. The reason being, I couldn't have an audio device or written notes in the room during the interviews. I was able to get an informal interview with the VA counselors about the needs of veterans in their area. I expected that VA counselors would be unwilling to help because I was not the veteran in need of services. I expected that veterans would not receive care because the VA counselor wanted to do everything by email. I was able to get them to do a phone meeting with the veterans: this started the process and they didn't have to drive 60 miles to Bishop, California.

A reasonable conclusion, would be that something had gone wrong with the meeting process such as: the VA counselor only called once, and the veterans missed their phone call, or that the VA counselor work load was too heavy and could not get around to helping the veterans who were rural, and harder to access. Events such as these can lead to veteran's disconnection with the VA support groups. I expected these events to happen at least once during Peter and Jane experience with the new VA counselor.

Moving forward

In the later chapters, after my analysis of the data were completed, I used the transcriptions to find relevant theme upon which to base my final analysis. In conjunction with literature review in past chapters, I was able to extract viable transcriptions to help straighten

my deliverable for the needs of the Mono Lake Paiute veterans. These suggestions will be found in the Appendix E and F.

Chapter 5: Discussion and Results

The goal of this project was to establish a bridge between the Mono Lake Paiute veterans and VA rural outreach counselors. The task for this project was how to find a way for Mono Lake Paiute to open-up so that veterans could start receiving care. The solution was to use applied anthropological methods which through interventions provided a voice and agency to the Mono Lake Paiute veteran community.

The first set of interviews from the summer of 2012, helped me develop a background leading to discussion in my focus group. The previous interviews were important to illustrate that there is need for healthcare and VA outreach. These interviews provided a baseline of who needs care, barriers to obtaining care through the VA, and the general needs for these rural veterans. Most of interviewees are veterans who served in World War II, Korea, and Vietnam Wars.

Background Interviews of 2012

My first informant, Bill is a Korean War veteran that served in combat in Korea and was discharged after his service in Korea. He later re-enlisted and served a total of nine years in service of the United States. He has had many problems and issues that are related to his time in the service. After his discharge, he entered the work force, not knowing of the help he could have received from the VA. When I asked Bill, if he has ever received any kind of help from the VA or support networks, he answered, that he received help only for a few years. About twenty years after he was discharged, he received a little help from his local

support networks such as VFW. The VFW helped him at first in the processing of his claims and benefits. Bill had problems with follow-ups about the claims and benefits with the Veteran Affairs. This happened because the local VFW employees were never consistent, or their workload was too large and thus Bill stopped receiving help. The effects of the VFW and VSO being understaffed leaves veteran's such as Bill without his VA monthly stipend payments and benefits. When asked why he has not received care or benefits, he was unsure and replied that the local VFW and VSO were not able to help him. Bill has had many problems with the VA, but the first priority for him is to get him reconnected with an active VSO in Bishop, CA. He needed to fill a new claim and petition with Veteran Affairs.

Peter has similar problems, but has been successful in contacting with the VA without the help of VSO. It is often reported that going to the VA without a support network is one of the hardest things to do. The Veteran Affairs only goes through selected support networks such as VFW, American Legion, DAV, and other VSO, because of problems with fraud. Peter had served in the Vietnam War in combat, and has received two Purple Hearts. He also has many problems and issues that are related to his time in the Vietnam War. Most of his problems have not been fully documented with VA. The last time he filed a claim was over ten years ago. On average, a veteran should file a claim for pensions or disability every two years, that way the VA has an updated copy of their records. Just like Bill, Peter has had little help from support networks. He was once receiving help from both the VFW and the American Legion, but over the years has lost contact with both. Peter needs to get in contact with a local VFW or the American Legion and set up an appointment so that they may submit new claims and pension forms.

Ryan was too hesitant to speak to us about his issues, after talking to family and close friends, I learned of his issues and problems with the VA. Ryan served on the frontlines in Korea and has many injuries and problems that relate to his time in combat. He was discharged after the war and never fully received help from the VA. One of the setbacks he has faced is that the VA has no record of him in the military. The VA from 1930's through 1980's was known for losing records of veterans before they streamlined the process using computer networks. The VA over the past eight years has gone through major changes in the way that they process soldiers when they are discharged out of the military. There are many processes that Ryan needs to go through to receive help from the VA. First, he needs to get in contact with the VSO in Bishop, CA. Second, he will need to file a new claim about his military records with the Human Resources Command of United States Army (based in Missouri). During this process the VSO can help him obtain a copy of a DD214. This describes his military career, and the places and medals that he has received. From there, he can then submit claims and pensions to the VA, and start to receive medical attention. This process will need the help from the local VSO's to help push along his request in a timely manner. By contacting those support networks, he will be able to find out the process needed to obtain help.

Frank is the oldest veteran in the area, having served in World War II as a pilot. He has a well-connected family that has helped him with his struggle with the VA. Like many of the veterans in his area, he too has a lack of support from the local American Legion, VFW, DAV, and other VSO's. The last time he filed a claim was within the recommended period of every five to ten years. This develops from a lack of outreach from support networks in this area.

The closest American Legion or VFW is in Bishop, CA over sixty miles away. The closest DAV is in Reno, Nevada, about one hundred and twenty miles away. There is a representative from the VA that drives through the town of Lee Vining once a month, but she comes unannounced to the veterans. The only way of finding out when the VSO representative drops by, is to call the VSO in Bishop, CA, asking her a month in advance of when she is coming. The most effective way for these veterans to contact the VA is by using the VSO. Frank's needs are to get in full contact with the Bishop American Legion or VFW and have them set-up his claim and pensions since he has gone over the recommended period for submitting claims.

Jason is a Korean War veteran who served on the front lines. When interviewing him, one can see the pain that was left from his time in war. He, too, had many problems and issues that were related to his time in the combat, and afterwards. He is a very proud man and at times has difficult talking about his time in the service. This is understandable and so most of the questions we asked were about the medical help, claims, and pension that he is receiving from the VA. He was once a member of the American Legion when they had a sub-office in Lee Vining and the VFW, which is out in Bishop, CA. When the American Legion left the town, he fell out of the loop and has forgotten how to access the VSO's. It has been over twenty years since he related to a VSO that could help him in the process of filing for a claim with the VA. What Jason needs to do, is to get in full contact with the Bishop, CA American Legion, VFW and VSO or the DAV in Reno, NV, in which they will help him with the process of filing a new claim with updated information.

2015 Focus Group Interviews

After working through the interviews of 2012, I understood more about the needs of each veteran within this small community. The summer of 2015, I was able to help in connecting at least one family to VA services, and informed few others about the steps need to obtain care. I was hoping that Peter's family would turn into a conduit of help for the other veterans in the area and would snowball from there. The 2015 interviews encompassed the process of identifying and overcoming the barriers to care experienced by Peter's family, and helping him obtain care. This was relevant for understanding the needs for the Paiute veterans more generally, as many of the concerns of Peter were shared by others in the group. To illustrate my interview points, I have broken the sections into themes that have risen from the interview process with Peter's family focus group in the summer of 2015.

Over the decades the culture of the Veteran Affairs has been ever-changing with different era of veteran joining the ranks, and the care of these veterans needs to be addressed and updated as these changes occur. With the constant influx of newly-separated soldiers for the last two wars (OIF and OEF), new areas of problems have arisen that have changed the landscape for both the veteran's themselves and the Veteran Affairs Administration healthcare system and their support networks. Most of the veterans that I have interviewed are from the Vietnam War. Each veteran has been involved with the VA at some point in their lives.

Military Enlistment

When interviewing Peter and his wife Jane, I discovered a few problematic areas when

they dealt with the VA benefit process. First, it was their troubling thirty years of inactivity with the VA that has led to point of separation of VA benefits. At one-point Peter related to the VA and support network, but then became estranged from them. While interviewing them, we explored his historical timeline of events during and after the military that could have lasting effects on his VA healthcare conditions.

Peter was born and raised in the eastern Sierra's mountain range. He went to a Native American Boarding school in Carson, Nevada. After he finished school, he was drafted into the US Army in 1965.

"Yea, you had to report on September 20, 1965. I have your order to report for introduction? You turned 20. And 21 when you were over there." (Personal Communication Jane, 2015)

Peter was around the age of 20 years old when he went to basic training, advanced training, and deployment to Vietnam. He trained for the military occupation of Artillery Crewmember. Artillery Crewmembers are educated in explosives, mortar teams, and basic combat skills. He only spent a few months in the states training to become an artillery man when he was deployed to Vietnam for the first of two tours in country. While being an Artillery crewman, he also did the job of Infantryman. He would travel dismounted through the countryside of Vietnam where he would engage Vietcong throughout his missions.

"You do everything. Most of the time I pulled the trigger lanyard. Yea, we did foot patrols. We were near the ocean with big hills. We had to make sure that we cleared. And sometimes we would go with the Airborne. With the 101 airborne." (Personal Communication Peter, 2015)

Peter spent most of his time in the middle part of Vietnam around the city of "Tuy". During his time in this location he was injured and received two Purple Hearts for wounds

received during combat against the enemy. He was medevacked out of country and sent back State-side where he ended up being discharged for his injuries during combat.

“I had two purple hearts. I turned one back in because. That it is what it is. I was getting out of the army. I wanted to get my hair longer. And at that time, they wanted me to too stand and pick up the other Purple Hearts. So, I told them No. I got all the purple hearts that I need. Just one.” (Personal Communication Peter, 2015)

By the end of his tour in Vietnam, Peter set his eyes to future and wanted out. He did his time and served his country, now it was time for him move on. For his actions in Vietnam, he also received a Bronze Star and Distinguished Service Medal (DSM) for his action in combat.

“I received a Bronze Star and DSM. The captain said he was going to come and see us while we were in the hospital. He never came one time. We had Anne Margaret that actress. She came and sat on my bed.” (Personal Communication Peter, 2015)

Once when he was released from the Army, the Discharge Officer told him he could go anywhere in the States and that the military will pay for that trip. So, Peter traveled to Oklahoma, where he lived on a Native American reservation for few years until he came back to Mono Lake basin. During this time, he was seen off and on at VA hospital in Reno, Nevada. When he was first discharged and processed into the VA he didn't receive any compensation for injuries that he had received. It wasn't until he met Jane, that she had helped him through the process of receiving on going care with the VA.

VA knowledge

The major obstacle for veterans to overcome in the entry point of the VA is, “where does one go to access the VA healthcare; whom do they ask; and are they eligible for healthcare” (Brinson 2005:96). Many of the veterans who left the military before the wars in

Afghanistan (OEF) and Iraq (OIF) never received an introduction to the VA. After the start OEF and OIF, it was imperative that U.S. government did not make the same mistake as they did with the Vietnam veterans. Elisabeth Brook, Ph.D. states that, “recommendations for VA policy and planning include increasing caregiver support options, providing consistency for mental health services, and revising medical encounter coding procedures” (Brooks 2014:100). By providing consistency in the introduction process the 90% of veterans who haven’t received could gain access to the VA services.

When I asked him if he has ever received any kind of help from the VA or support networks he answered only for few years off and on. About twenty years after he was discharged, he received little help from his local VFW and VSO support counselors.

“I think my rating is at 30%.” (Personal Communication Peter, 2015)

The VA compensation and pension works from a rating zero to one hundred percent. For example, if the veteran is rated at twenty-six percent they will round up to thirty percent. In Peter’s case, a lot of his medical issues are not listed with the VA and haven’t been processed. This happened because he did his own claims and has not received helped from a benefit counselor from a support network such as the VSO’s. Many veterans are unsure of their VA statues and rating much like Peter was.

We have shown Yvette the copies (VA counselor). It’s in the new packet. Yea, but right now they are not say that you don’t have shrapnel in you. They just want to know what it is doing? Like the use of his shoulder because that what he was getting comp for. The muscles that been cut by the shrapnel. He doesn’t have full use of it. He only has so much motion he has. I want to show her this letter we've been getting. Once a month she comes up this way. I just called her and said the next time you come up here. Can we make appointment with you? It just happens to be that falling week. So, she explained everything. She said until then I can’t do anything. Since we got the letter, it said about 3 months from then. That was in the beginning of May.” (Personal Communication Jane, 2015)

One of the themes from the interviews was the lack of knowledge of the VA in general, and a lack of knowledge about how to gain access within the VA. Additionally, many veterans lack the knowledge of having access to the support networks that are willing to help them with their VA claim's and benefits. This has become a problematic issue with the VA healthcare system. Such questions could be asked of the VA, "How can the VA make it so that all veterans can easily access healthcare"?

"But he stopped going. But he didn't go back until... I don't remember when we went back? It's been around 12 or 15 years." (Personal Communication Jane, 2015)

"They screwed me up because they gave me nothing. For a lot of years, it was \$36 a month. Everyone told me to go back and get more." (Personal Communication Peter, 2015)

Peter talked about only receiving a small amount compensation, so he deduced that it was not worth it to continue with the VA. The paper work alone took so long. However, around ten to fifteen years ago Jane and Peter decided to take another try at the VA. They didn't have any help from the VSO or benefit counselor and got lost in the system again. What was different this time is that he received healthcare. He has learned to set up a primary care doctor and was seen for medical issues. His major problem with the VA is how to relate his service-connected injuries from Vietnam to today. Peter, served in the Vietnam War, was in combat, as part of the Mortar team. Where he would lift heavy explosive rounds, and discharge them without any hearing protection.

The VSO counselor helped at first in processing the claim for benefits in the early 2000's. However, there were problems with follow up, with the claim and benefits with the VA. This is the step where veterans get lost within the system "How do they follow-up and

get the final benefit awards”? One of the issues that were stated by the veterans; there is a lot of turnover of veteran benefit counselors at the local veteran support offices. Another issue is that the counselor’s workloads are very large for one person to take-on, so a lot of the burden gets placed on the veterans who lack the knowledge of the VA bureaucracy, thus the veteran stopped receiving help.

When he finally started to receive his benefits, it was only for a small percentage of his injuries and not for the vast majorities of all his illnesses. It was not until after many years of struggles that he started receiving his benefit rating, but by then he discovered that he lost his benefits because he did not stay active within the VA.

About every five years the VA reevaluates each veteran’s rating and issues a new rating. If some veteran stops going to VA or is getting better, the VA will lower or discontinue their benefits. In Peter’s case, he stopped going to VA for long periods in which resulted in a loss of his monthly stipend. There are so many unknowns with the VA system, veteran’s find that there is no way out of this never-ending need for help. He stated that he was unsure how to reply to the local service representatives about asking for more benefit counseling for his claims. This happens when a veteran gets lost within the VA system.

The veterans that were interviewed tend to receive higher rating and benefits, especially if they had access to a benefit counselor to help them through the process. If a veteran chooses too, they have their own choice to file their own claims with the VA. It is recommended to have a support network counselor to help them work through their claims. However, many veterans do not know of or do not have access to these support networks. One of the areas of trouble that the interviewee has had, is that all service-connected issues

have not been fully documented with VA or his VSO office. The last time he filed a claim was over ten years ago. On average, a veteran should file a claim for pensions or disability every two years so that the VA has an updated copy of their records.

After my first interview with Peter and Jane, they were placed into contact with his local veteran support office where he set-up appointments so that he could submit new claims and pension forms.

Since the first interview, Peter and Jane have been through two different VSO counselors. VSO's are known for the high turnover rates. This makes it extra hard for veteran's who find a good contact only to lose them within a few months or years later.

The Veteran Administration (not the Veteran Affairs See history chapter) from 1930's through 1980's were known for losing records of veterans about their military trauma: making filing for claim is almost impossible for veterans Pre-OIF/OEF to get medical benefits. Peter was receiving some compensation for one of his shoulders, but the other shoulder was wounded too and was not documented with the VA. He has since filed for it in his new packet.

The Veteran Affairs over the past eight years has gone through major changes, in the way that they process veteran's claims. This process has changed over the years and since the newly separated veterans of OIF and OEF have impacted the system. The VA has since learned to streamline the process because of the number of impacted veteran's coming home with trauma. I recommended to the interviewees that they should file for a new claim. The new process has streamlined benefit awards. The new wait-time for claims is six months to three years. Before, it could take Peter and Jane up to four years for award of benefits. Since they been in contact with their new VSO representative they been receiving updates

about their claim on monthly bases.

Personal Agency when Utilizing VA Healthcare

The veterans' social power is linked to their ability to influence the behavior of the support networks and VA services. The power of the VA is perceived as legitimate because of the social structures that exercise power over the veterans' healthcare. In this case study, this exercise of power creates a barrier to the working rural veteran population's ability to interact with VA outreach services. Veterans are seen as subordinated to the overwhelming superior influences of the VA bureaucracies throughout this study. Some of the tactics that could be used by veterans to gain access to the VA healthcare through the use of soft tactics by building a relationship between the VA social outreach counselors and themselves. Soft tactics are indirect, interpersonal, and collaborative efforts directed toward building a zone where veterans can express their own agency (William 1992:3). The veterans can gain accessibility by collaborating with support networks or VA researchers when establishing rural outreach connections. Once the veterans are connected and have established their agency, VA outreach counselors can help empower the veteran's decision-making process about their VA healthcare. The rural veterans' population that could help influence the judgment of the rural connection programs. They can then develop bilateral tactics that can coordinate and negotiate between both parties. The veterans can influence their target (the VA) by fully engaging with the power structure. This could be done by having a voice in their location and their primary doctors. Engaging within the power structure does not have direct but could be done advocacy by support networks or by a caretaker.

Agency is referred to as the capacity that an individual to create an act that is independent of organizations or institutions by making free choices (William 1992:20). To be an agent of one's own power means to be capable of exerting different degrees of control over social relationships. William states that, "agents are empowered to act with and against other structures: they have knowledge of the schemas that inform social life and have access to some measure of human and nonhuman resources" (William 1992:20). The outreach programs of the VA have not made it out to rural areas of the Lee Vining and this has affected the Native American veterans' creation of agency. However, some of the veterans had access to the VA many years ago, but have lost connection because of the lack of the individual interactions with the VA itself. They had the choice to receive healthcare, but over time lost the individual ability to connect with the VA. Their ability is affected by cognitive beliefs that formed through their shared experiences and perceptions.

During the first and second interview, themes started to arise: power, veteran's cultural identity, agency, social structures, and ability to access social support networks. The veteran was placed in this circle of never ending need for help. The interviewees have had many problems with the VA, but the first process for him was to gain access within the VA and create a relationship where he can get reconnected with an active support network, which would help him fill a new claim and petition form with the VA. One of the theme's that was common within the group was the rate that they all accessed the VA without a support network. To their dismay, this is one of the hardest things to do because of all the unknowns. With the help of the new VSO representative, they could help him with establishing his own individual power over his claims. Peter learned through trial and error which steps where

needed to access his own claims, and assert his own power. Some of the steps, the counselor had to do, but overall, he gained access with the VA with the help of the insider. During this interview, I could see by his mannerism and speech that he was relieved. Once he discovered that he had power he felt an overwhelming sense of accomplishment. He gained his power and agency with a new knowledge of networking the VA system. It did take a few years, but he now states that he thinks the VA healthcare system is a great place and would not change it for another.

“I think it's kind of good. The way that they're doing it now.” (Personal Communication Peter, 2015)

During the interview, I asked how would he rate the VA from a scale of zero percent to one hundred percent: from zero percent being the worst and one hundred percent being the best care you could think of.

“You think that they could only do 50%? I would think it was higher? Would say that its 90%? Because a 100% is the best. Don't think it's lower than 80% because when we are there. They listen to you.” (Personal Communication Jane, 2015)

“Either 100% or little lower” (Personal Communication Peter, 2015)

After interviewing many veterans, I found a common theme. Once a veteran gains access with the VA they find that the system is very helpful. It's a process of learning how navigate the VA system to gain access within the loops, and circle of bureaucracy, of a governmental system that can be problematic.

Now that Peter has care at the VA, I asked him if he has experienced any issues with accessibility such as trouble making appointments or care he receives from the medical staff.

“We have had trouble.” (Personal Communication Peter, 2015)

“Just little bit. Mainly, he had doctor that was Russian, and she had thick accent. He is

hard of hearing, so it was hard for them to understand each other. So, I would go in because I have the answers. So, I was answering because he was just looking at her. She yelled at me back she wanted him to answer the question. But he couldn't hear her or understand what she was saying. So, the doctor then asked me. So, this when we went for his back pain. He said maybe a MRI or something to look at my back. She stands up and yells at him asking if he would do anything about his back. When we came out I said that was it. So, we went to the desk and said we would like to change doctors. So, we had to fill out a thing. I felt terrible because I don't think she meant to be terrible to us. She just wanted answers. At 70 years old back surgery is not this you're thinking about. Even when you're young. Anyways what I wrote was that he couldn't understand her. And I felt that is she dealing with older patients she needs to understand to slow down. Older veterans are not quick to do stuff. She should have understood that." (Personal Communication Jane, 2015)

Both Peter and Jane (his advocate) applied for a different healthcare provider and received a new doctor the next time they went to VA. When care likes this happens, a veteran can ask the front desk clerk for new doctor, if there is one open for that field. In this case it was primary care doctor and the VA in Reno had many on hand.

"Yes, it took a while to get this new one. We got another young girl, but she was nice. Overall everyone is very nice at the VA. They're just nice. Not like the DMV or other things...But the new doctor was looking up everything. She had the screen open. Peter asked about his back because the new meds were not working as well." (Personal Communication Jane, 2015)

Other areas that could be difficult for veterans is the Tell-A-Health program for making appointments.

"Yea, the only one that getting the meds from My Choice Program. Getting meds to right area to pick up; There is too much red tape." (Personal Communication Jane, 2015)

Seasonal issues do arise when making appointments; such as the winter snows close the roads, so Peter and Jane are forced to make appointments from late Spring to early Fall.

"Yes, we tell them when it becomes fall that winter makes it hard. If the weather is good, then we make it. If it bad, then we won't make it. We do then from the spring and

fall. "(Personal Communication Jane, 2015)

Over the course of the interviews, I have learned that the Peter is a very proud man, and at times has difficulty talking about his time in the service. This is understandable, most of the questions that I asked were about the medical help, claims, and pension that he is receiving from the VA. I tried to stay away from combat experience since this was not the topic I was covering with the interviewee.

Proximity to VA Treatment

The VA is not a program where veterans received free care; one must be rated, have an honorable discharge, or be low income to receive ongoing care. With changes come the issues about accessibility and acceptability and how to address the issues with older veterans' healthcare. The veterans of the Mono Lake Basin are located between two different regional areas of the VA where the institutional structures are completely different. This forces the veterans to choose between two differently structured institutions that offer the same healthcare. This makes it difficult for the veterans and the support networks in selecting help for the veterans. Paperwork and claims should be submitted to the right department of Veteran Affairs or the paper work might not be processed. For the veterans who want to fully understand the networks of the VA they must become knowledgeable about the different networks and avenues. Providing courses or short classes on the ins and outs of the VA processes could help the veterans and their family members understand the interworking's of the VA. For most veterans I have interviewed, one of the problematic areas is the lack of knowledge of the VA.

Another issue that Peter and Jane faced was about driving across large distance to as the closest support networks or VFW in Bishop, over sixty miles away, and the closest DAV or VA hospital in Reno, NV about one hundred and twenty miles away.

“Yea, Reno. Yea it’s been Reno.” (Personal Communication Peter, 2015)

“They have one in Gardnerville, but we haven’t been to that one.” (Personal Communication Jane, 2015)

Additionally, their season variations effect when they can be seen at the VA; such as, in the winter the highway could be closed because of snow storms.

“Yes, the snow. Makes getting there hard.” (Personal Communication Jane, 2015)

“When we go to Reno in winter we see cars crashing a lot on the side of the road.” (Personal Communication Peter, 2015)

There is only one way for them to get to Reno in the winter and that is through HW 395.

“We can get through 395...but if the storm is too bad then they shut it down. Plus, people are crazy driving in the snow.” (Personal Communication Jane, 2015)

Besides the snow storms, they must watch out for other drivers that make this journey in the winter extremely deadly.

“They don’t look like they know how to drive in the snow... we saw dead people lying in the ground driving by.” (Peter)

“All those people that 4x4 and not used to driving in the snow. People are still going to slide and crash. 4X4 won’t help you. In fact, when going to Washoe we had people slide right in front of us. Almost hitting us. Not sure if someone knew her, but they uncover her as we drove by and saw the body. After seeing that body, it stays in your mine. Now when I drive I can thing about that.” (Personal Communication Jane, 2015)

The distance also plays a factor in how many times they go to the VA in a year. Their round trip, is 300 miles and can take them up six hours one way there.

“About three to four hours, but I’m not sure. We stop and get food and gas, but I think it’s about three and one-half hours.” (Personal Communication Jane, 2015)

“It’s not the same. It took 10 hours.” (Personal Communication Peter, 2015)
“It was that one time coming back. It was so bad that people were going only 20 MPH. From Washoe to Bridgeport.” (Personal Communication Jane, 2015)

They stated that they try and make all appointments for one or two days in row, four times a year. That way it cuts down on the traveling to Reno.

“About four time a year.” (Personal Communication Peter, 2015)
“Maybe two time a year. His primary care is every six months.” (Personal Communication Jane, 2015)

The VA does have buses going from Bishop, California to Reno, Nevada, but they will only stop in Lee Vining if Peter or Jane call ahead for a pick up. The bus takes up to 10 hours to get there and they would have to stay the night at the Defenders lodge at the VA. The bus only comes once a month, they would have to plan appointments accordingly.

“I think we are too far out. I have seen the buses at Reno before.” (Personal Communication Jane, 2015)

Geographically, the veterans that live around Mono Lake Basin are stuck between two different healthcare regions of the Veteran Affairs. If they choose to go to Fresno, California for help, they become part of the Eastern California Veteran Affairs region. The outreach clinics with the Fresno district are smaller, and there are only a few places they can be treated at. If they choose Reno, Nevada the VA puts them in the jurisdictions of the Nevada VA system. In theory, any veteran can get help at any of the Veteran Affairs hospitals, but if they want to be seen by primary care team they should select one of the two. This makes it difficult for the veterans and the support networks in selecting help for the veterans. Paperwork and claims should be submitted to the right department of Veteran Affairs or otherwise paper work might not be processed. Peter and Jane are happy to stay within the

Reno region of the VA because access in the winter would be cut off from the other VA hospital.

Social Networks

Another problematic issue with all the interviewees was with establishing lasting connections between veterans since the VFW and American Legion are no longer in of Lee Vining.

“I think John was in the Korea and other Indian guys who were in Korea from Bridgeport. One nighttime we had our Army type of thing. The dinners down there. Just the Indians and they were really laughing and having a good time. Talking about how many people got killed. What valley they were on.” (Personal Communication Peter, 2015)

About 20 years ago the Native Americans stated, the VFW in Lee Vining, CA was where they would meet monthly to hang out, and promote comradery within the group. Since the closing of the VFW they meet every occasionally, in small groups to hang out, and catchup on each other lives.

“I was a part of the American Legion...We used to do parades and stuff...We have few Vietnam buddies here.” (Personal Communication Peter, 2015)

“He has belonged to that, but he never needed that or used it for anything. We never thought about that. This town used to be full of all that stuff. They have Indian chapter of the VFW.” (Personal Communication Jane, 2015)

Accessibly to VA healthcare

There is a representative from the Veteran Affairs that drives through the town of Lee Vining once a month, but she comes unannounced to dismay of the veterans. One can also access the support networks in Bishop, California for office meetings. After years of not having a voice within the VA, it has seemed that VA system might have forgotten that these veterans

live in the Mono Lake area. However, after the last set of interviews, I discovered that these veterans have made strides in establishing their voice when dealing with the VA. One of the areas of their improvement was that the veterans learned to empower themselves about the processes of benefits counseling and the steps needed to obtain services from the Veterans Affairs.'

So, Yvonne came up here and helped use with some of the VA stuff. So, he wouldn't have to show his main card. That has all his information. So, like when places say discounts for veterans he would only show his new card not the VA hospital ID card. Yvonne came up here and took their pictures and made them new card right there." (Personal Communication Jane, 2015)

Also, many veterans did not know how to access their medical benefits, claims and pensions, and the support networks.

"I think about asking the right question when see Yvonne because we don't know?" (Personal Communication Jane, 2015)

There are many different stakeholders within the population of veterans that can receive medical help too (especially the families that have stuck by them for years). Some of these stockholders include families, friends, local communities, veterans support groups, the private and public sectors and government organizations that are connected to veterans. There is still a need for more access and transportation to local VA medical and mental healthcare offices, and a need for support offices within the region for the veterans. By giving them opportunities to get to these places, they can facilitate and maintain a better contact between themselves as veterans. There is still a lot more work that can be done to help veterans within the VA system by establishing a long-lasting connection with the local support networks.

In the final chapter, I will be analyzing different formats, so that Mono Lake Paiute

veterans and the VA counselors could make a lasting connection. Moreover, this could address the issue that many veterans face when accessing their medical benefits, claims and pensions, and the support networks.

Chapter 6: Conclusion

This case study has addressed how Native American veterans perceived their VA healthcare issues stemming from: concerns of power, agency, and knowledge about veteran's organizations. Historically, the VA has had its ups and downs dealing with veteran's healthcare accessibility. However, there seems to be a disconnection with the VA and rural veteran's populations. Almost all the Mono Lake Paiute veterans that I have encountered have had little to or no knowledge about the VA. These men have participated in minimal encounters within the VA. These men were identified in this case study section because of their real-life issues with the VA, and I could help illustrate the main points of their needs and issues dealing with accessing the VA healthcare services. Each veteran had faced some form of social power structures that affected their ability to practice their personal agency when dealing with establishing contact with the VA or other support networks.

Reflexivity “The Veteran’s Identity”

The veteran's cultural identity plays a major role in identifying the issues around agency and the concepts that were created by the veterans' own experiences with the VA and other governmental institutions. By understanding each Veterans' identity, one could analyze how social networks and power could have affected individual conceptions and how they could have been derived from their time within different social groups where power and agency become part of their access to healthcare. These beliefs then could have affected veterans' behaviors and social outcomes, which then could have affected every part of their

life. However, because of the past social contexts that each person has faced, it would have impacted their decisions about how to gain healthcare access through a government agency like the VA. The way that they perceived themselves and the VA has influenced the ways in which they moved from one organization to another. One could identify the theme around agency and power within the populations it could then lead to solid foundations that defined the concepts about accessibility and acceptability.

One way to help the veterans is to create an understanding from both the veterans' and the VA's points of views concerning the healthcare system and the requirements of veterans in rural communities. Findings that deal with the low enrollment rates veterans within the VA could contribute to the fact that Native American veteran populations are not fully integrated into the VA networks. The information gained for these studies could help in designing a system that best fits veterans' perspective of how the VA healthcare model can better meet veterans' needs.

The networks in which the veterans' access their healthcare was a starting point where veterans could express their needs to the VA about the social patterns. This could be presented to the VA, showing concerns that veterans face, when trying to connect with the VA healthcare and other agencies. One could address the issues with their access to the VA healthcare services by emphasizing support networks like the AL, VFW, DAV, and VSO's. Their focus is connecting the veterans to the VA system by empowering the veterans with knowledge about accessibility. The support networks in rural settings need to address the issues with attention to areas that are difficult for veterans to contact. These support networks are needed to design a format that better helps the VA benefit processes and other

legal areas that veterans might face. In my findings, I discovered that only one out of nine veterans that I was in contact with had full access to the VA healthcare. This could change by empowering the rural veteran's communities, by establishing networks that provide detailed information about the processes of the VA system.

When analyzing both the structures and the acceptability of the VA healthcare services one could best understand it from interviewing veterans about their healthcare services. One might have misunderstood the individuals' agency within the VA, because of the lack of the understanding of the veterans' social structures and their ability to interact with different agencies. Analyzing the methodology of agency and power, one could help address the issues that rural veterans are facing when trying to obtain healthcare services. By identifying specific barriers within the institutional structures, one could construct and illustrate the access problems by addressing quality of services that the veterans are receiving. Furthermore, by presenting the perspectives of the VA structures within the veteran population, there could be better overall satisfaction for the veterans.

The veterans' social power has been linked to their ability to help influence the support networks and VA services. In the case study, the authority of the VA overwhelms the veterans' power. The power of the VA seems to be legitimate because of the VA social institution, it's structured so that the VA is the only body that can exercise power over the veterans' healthcare. The rural veteran's population has little access to the service, which then provides them with little empowerment. In this case study, the rural veteran population has not had any or had only a few attempts to interact with VA outreach services. Some of the tactics that could be used by the veterans could be soft tactics where the veterans use

indirect, interpersonal, and collaborative effort to connect with the VA. The veterans could gain accessibility by collaborating with support networks or VA employees by establishing rural outreach connections (Gross 2007:377). Once the veterans are connected, VA employees could make rational decisions about how the rural veterans' population may obtain access to the rural connection programs. The veterans and the VA employees could then with collaborate and negotiate between both parties. The veterans can influence the process by fully engaging with the power structure.

Empirical Findings

The objective of this case study was to explore how accessibility and acceptability are experienced by rural veteran populations in the Eastern Sierra Nevada. This study has identified the population's personal and cultural issues with accessing the VA healthcare system. Furthermore, it discussed how the governmental policies can influence the veterans' power and knowledge about accessing their healthcare. Some of the methods that were used focused on how to integrate the veterans' cultural ideas that help to perpetuate the veteran's perspective on cultural identity, agency, power, social structures, and their ability to create and design networks that best fit them.

Furthermore, veterans interviewed from the 2012 and 2015 share similar overarching needs. In addition, to each person's unique circumstances they all have similar areas of needs such as accessibly to VA healthcare and the platform that disseminates information about available services for mental and physical to the rural population. It is important to understand that all veterans have their own agency and power when accessing healthcare;

there are proximity barriers for rural veterans who need mental and physical health; and there should be a consensus that each veteran's identity is framed by their past, unique experiences.

The participants who chose to be part of the VA system faced additional adverse challenges. Each veteran and their family members developed a distinct strategy when interacting with VA healthcare in general. For Peter and Jane, their concepts of the VA have changed from my first interview with them. Since, the 2012 and 2015 interviews, they have had three years of additional care from the VA. During my first interviews I helped communicate some methods they could use when accessing the healthcare: First, be proactive and have a voice when asked about healthcare options, second be proactive in the benefits process, and third ask for care that is closer to where you live though the “Choice” program.

Finally, during the 2015 interviews I sat down with Peter and Jane, and asked them about the methods they used since our last meeting in 2012. During this time, I bridged a gap for them by connecting them to a Bishop VSO representative. This was their first step in having a voice over their benefits. Jane stated few times that she had to become more proactive, in her role as advocate, thus, pushing Peter’s benefit package along. She was able to do this by calling the counselor and asking where their packet is during the process. This process could be done easier if Peter and Jane had access to a computer and could access their Ebenfits online.

The next steps for Peter and Jane include accessing the VA healthcare with a primary healthcare doctor. They struggled through this process; but, in the end, got a doctor who

listened to them. The first doctor did not understand their needs and would not listen to their options about their own healthcare. So, Peter and Jane took it into their own hands, and asked for a new primary care doctor. This was a big step for Peter and Jane, when I interviewed them in 2012 they felt as though they had to take whatever the VA gave them.

While the informants adapted to their new healthcare environment, they began to have influence within their communities. One of the goals was to make sure that there is at least one proactive veteran with Lee Vining Paiute community. That way they could learn from original veteran and disseminate their knowledge to others.

Project Deliverables

For this project, I have two deliverables to accomplish: First, creating a bridge for the Mono Lake Paiute veterans to access the VA healthcare services. The second was submitting my findings to all stakeholders, including veterans, Bishop VSO, and to the Office of Tribal Government Relations specialist Terry Bentley.

The deliverable was accomplished through multiple steps: First was discovering what the veteran needed and how could I help them. For Peter and Jane, it started by bridging that gap with obtaining benefits. I made first contact with VSO counselor in the fall of 2012, by email and phone. I then setup a meeting between both parties to establish last connection. I told the VSO counselor about past experiences that the veteran has had with the VA and the VSO communities; they could withdraw at any sight of misrepresentation. I asked VA counselors to treat them with care, they are in need of help, and they didn't know how to gain that first step into accessing care. The second phase was to send out packets of

information about different options for the veterans in that area. I created such a packet during an independent study with Dr. Sunseri in fall of 2012. I sent out about five packets to the Paiute community center and one going directly to Peter and Jane. Within these packets it had material on benefits access, planner for the VA, and information on outreach programs within their area, transportation guilds, and different veteran statements about the VA.

Finally, the final deliverable for this project was to send a letter to the Office of Tribal Government relations specialist Terry Bentley. In this office, Terry Bentley acts as the direct contact between Native American community and the VA. She could establish lasting dialogue between the VA and the Mono Lake Paiute veterans. By giving her a letter about my findings, I am hoping that she reaches out to these veterans and provides a counselor who has cultural knowledge about Paiute veterans.

Limitations of the Study

There were a few obstacles I faced during the study that became apparent over the course of my research. I had concerns with sample size and the limited number of participants to observe. At first during the 2012 interviews, I had about nine veterans who were interviewed. However, by 2015 focus group interview I had only five people show up and two only being veterans themselves. However, with just a small sample I was still able to understand their plight. With more veterans I could have found different overarching themes.

Another obstacle was the complexities of the interviewing process: interviewee knowledge about the VA, their age, and health. Some of the questions that were asked of the

veterans seem to be hard for them to answer because of the complexity of the VA. Many of the veterans from 2012 interviews were older in age and could not make it to 2015 interviews, and the veterans who did make it to the 2015 focus group interview had a hard time sitting for long periods. I had to postpone the interview for a day because of health issues. Looking back at that scenario I should have set up multiple dates with focus group, and tried to reach out ahead of time with elderly veterans.

The major obstacle that I faced was how apprehensive I was about my perceived age, gender, sexual orientation, and ethnicity when I was doing field work with older Paiute and Bishop VFW veterans. I made attempts to address these issues, by stating that I am OIF combat veteran who was a .50 Cal gunner and that I build bridges under fire. I am a life time member, and Officer at my local VFW in the San Jose, CA. With each attempt I help eased any scrutiny that the veterans might have towards my demographics.

Significance

This project is not just a record of the plight of few veterans who struggle to obtain healthcare in a rural setting, but rather an investigation of the systemic barriers to accessing care. I hope that other scholars might extend this work, and use my study as groundwork for future studies. There are multiple areas of consideration that could have relevance for future investigations. The researcher could follow up on my actions for advocacy for the Mono Lake Paiute veterans, by connecting with the VA Office of Tribal Affairs. Other ventures could be what are the VA policies for cultural awareness and what can be improved. Finally, what are the local, county, VSO, and other outreach network policies and procedures for rural areas?

In this project I had the chance to interview only a few veterans because of time constraints and accessibility to each veteran. What I discovered is that I needed more time with Lee Vining veterans to make contacts. When I was in Lee Vining, time moved slow, no one was in rush to meet others. Sometimes, it could be days or weeks for people to gather and meet up. For me, I was used to the fast pace of Bay Area where everyone is in rush. I should have taken time to travel up there and adjust myself to their lifeways. I stayed only a week; if I stayed for a month, I could have reached out to more veterans. Future investigators may be able to take more time with these veterans, and spend more time learning about their culture around Lee Vining and Bishop.

An area that could be considered to have practical and theoretical relevance for further investigation is a policy analysis. One could analyze each veteran program for their policies that affect the rural veterans. By diving deeper into policies analysis, an investigator could come up with practical policies that incorporate the veterans' values and cultural identities. This could be an ideal plan for the VA, to do more research into why rural small-town veterans are living without healthcare or benefits.

Another area that a possible investigator could build upon from my studies involves access to the county and state level agencies. Each department has their own VSO office and with a set of policies that affect rural populations. The investigator could bridge the gap between these agencies and the veterans, much like I did with the city level VSO office.

Finally, one of the most important aspects of the is project for future investigators to consider the historical background of each veterans and what they each have endured over the years, plus the void that each veteran feels when they are forgotten. On the contrary, there are

stories from each veteran that can celebrated. These veterans of the Kudzedika Paiute tribe are very proud men, who have lived their whole lives in spaces that defined themselves. They had the capacity to go, stand up and fight for their country and come back alive to live their traditional ways in their rural and rugged mountain of Eastern Sierras. This project helped illustrate the lives of these men and struggles they had to overcome. For future investigators and anthropologists, this project and others like it, are contributions to our American national story, and must be documented for future studies.

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Chapter 8: Appendix

Appendix A:

Interview questions for Veterans

How Veterans interact with the Veterans Affairs Healthcare System

Primary Investigator: Julianne Cadden

Introduction to Interview:

Thank you for agreeing to take part in this study. This project aims to collect the personal and cultural characteristics of veterans' identities and beliefs towards the Veterans Affairs (VA) Healthcare system. The study focuses on the experiences and perceptions of the Veterans and their perceptions of the VA Healthcare system. The interviews will be collected by primary investigator Julianne Cadden. Your interview will be taped by audio recorder to create a transcription and for content analysis.

The interviews will be conversational in nature and focus on the following topics:

Could you tell me about when and where you were born and raised?

What cultural group or tribe do you identify with?

What branch were you part of in the military?

What types of jobs did you do in military?

Could you describe your job in the military?

Were you active duty or other?

Were you drafted or volunteered?

What year did you enter the military?

What combat zones were you deployed too?

Where was your state side duty station located?

What is your VA status? (Are you in enrolled?)

What VA hospital do you visit the most?

Have you ever experienced accessibility issues with the local VA healthcare?

What are some of the accessibility barriers that you have encountered when accessing VA healthcare?

What are some of the geographical and seasonal barriers that you might encounter when traveling to VA healthcare facilities?

How does the closures of major highways affect your travel to VA healthcare facilities?

What is your feeling about the VA Healthcare system?

What are your beliefs towards government funded healthcare?

Has a non-profit's organization ever helped you with access to the VA?

Appendix B:

Interview questions for VSO representatives

The interviews will be conversational in nature and focus on the following topics:

How long have you've working at VSO as a Veteran Service Representative:

Have you all ways worked in the Mono & Inyo regional area?

What has your experiences been with veterans? What are major needs? (Like clinic or hospitals)?

Describe your experiences with veterans in this regional area?

What are some of the program that you have for veterans in this local area?

When meeting with the VSO, do you feel your meeting is being crammed into a small amount of time with not enough allowed to complete your queries? Or does the VSO have the patience and provides you with the time necessary to explore your concerns.

Is he/she getting sidetracked while talking with you or does the VSO give you his undivided attention?

Does the VSO exhibit confidence?

Does he/she seem genuinely interested in your claim(s)?

If you phone the VSO, is your call returned within a reasonable amount of time?

Does he/she show competence in the performance of the job?

How do you feel working with this person---comfortable, intimidated, encouraged, patronized?

Depending on your response you need to decide if you want to continue with this VSO.

Appendix C:

Coding

Variable	Label	Type	Values	ValueLabels
100-Veteran	VeteransStatus	numeric	101	ActiveWithTheVA
			102	AtOneTimeWasActiveWithVA
			103	ClaimsPending
			104	neverfiledclaimwiththeVA
150-military	MilitaryBranch	numeric	151	Army
			152	Marines
			153	AirForce
			154	Navy
			154	other
200-Duty	MilitaryStatus	numeric	201	ActiveDuty
			202	Reserves
			203	NationalGuard
250-Enlistment	enlistmentStatus	numeric	251	Drafted
			252	Voluntary
300-zones	CombatZones	numeric	301	WW2PacificTheater
			302	WW2EuropeanTheater
			303	KoreanWar
			304	VietnamWar
			305	GulfWar
			306	Kosovo&Bosnia
			307	OIF
			308	OEF
			309	other
350-station	DutyStationStateSide	characteristic	351	California
			352	Texas
			353	Washington
			354	Georgia
400-disability	VADisabilityPercentage	numeric	401	0%
			402	10%
			403	20%
			404	30%

			405	40%
			406	50%
			407	60%
			408	70%
			409	80%
			410	90%
			411	100%
			412	other
450-Hospital	VAHospitalAccessed	numeric	451	Reno
			452	Mather(sac)
			453	Sonora
			454	Fresno
			455	Modesto
			456	Stockton
			457	Livermore
			458	PaloAlto
			459	SanFrancisco
			460	SanJose
			461	Auburn
			462	other
500-care	TypeOfMedicalCareReceived	numeric	501	physical
			502	mental
			503	other
550-entry	entryDate	numeric	551	1930
			552	1940
			553	1950
			554	1960
			555	1970
			556	1980
			557	1990
			558	2000
			559	2010

			560 other
600-combat	combat	characteristic	601 been
			602 friend
			603 getting
			604 other
			605 seeing
700-type		characteristic	701 poor
			702 good
			703 great
800-physical		characteristic	801 winter
			802 summer
			803 spring
			804 fall
			805 car
			806 car
			807 road
900-NGO		characteristic	901 VFW
			902 AL
			903 DAV
			904 VA
			904 VSO
			905 Vet
			906
1000-transmissions		characteristic	1001 my
			1002 e
			1003 email
			1004 phone
			1005 mail
			1006 other

Appendix D:

Consent

Evaluation of the Veterans Affairs Healthcare System Policies

Responsible Investigator: Julianne Cadden, Charlotte Sunseri Supervisor Adviser

You have been asked to participate in a research study investigating the Veterans' personal experiences when accessing the Veterans Affairs Healthcare system. Because this is an evaluation study of the VA, the study we will not use real names in the interview transcripts and publications.

You will be asked to tell about your individual experiences with accessing the VA healthcare benefits. You will be asked to show the interviewer what VA hospitals you access and any other relevant documents.

The researcher would like your permission to record this interview, which will be transcribed (a copy will be given to you for your records).

It is the goal of this project to add different perspective to the narratives of the rural VA healthcare system. Specifically, this project can help contribute to the individual veteran Paiutes who took part in the study, by connect them with outreach specialist from the local Veterans Center. With the collaboration of the Veteran Center representative and the VA medical staff, this project will provide the veterans with the opportunity to access VA benefits such as: medical, financial, and housing benefits.

Questions about this research may be addressed to the principle investigator Julianne Cadden, Department of Anthropology, San Jose State University. She may be contacted at 408-726-2110 and Jcadden02@gmail.com. Complaints about the research may be presented to the Anthropology Department Dr. Charlotte Sunseri by contacting 408-924-5314 or Charlotte.sunseri@sjsu.edu.

Appendix E:

MEMO

Student at SJSU, Applied Anthropology Master Program

To: Terry Bentley
From: Julianne Cadden
CC: Charlotte Sunseri
Date: October 9, 2017
Re: Lee Vining, CA Paiute Outreach

Hi Terry Bentley,

I am a Graduate student in the SJSU Applied Anthropology Master's Program and US Army Veteran of the OIF and OEF wars. I am contacting you in hopes of forming a connection between you and the group of Native American veterans I have been working over the last five years.

Over the years, I have been working with a small group of Native American Paiute Veterans living within the Mono Lake regional area. Over the course of these years, I have tried to help them establish a connection with VA. First thing I did in 2012 was connect them with the local VSO rep. Only one person from the group of about ten people received any type of help from the VSO. One of my goals in Masters Project was to make sure these men have a solid connection to the VA and are receiving the help they need. While doing some research I came across your Office of Tribal Government relations with the VA. I am hoping this could be a first step in establishing lasting care for these men.

Most of these men are from the eras of Korean and Vietnam Wars but I know there are OIF and OEF veterans but I haven't contacted them.

I am reaching out to in hope of establishing a solid form of care and outreach support for these Veterans. I have tried almost everything I could for them based on what networks are out there for rural veterans. I am hoping that VA/OTGR could fill the gaps that are missing and send someone to help these men get the VA care they need.

Julianne Cadden

OIF Army Veteran, SJSU Masters student

Appendix F:

Proposed Plan

Framework:

This proposed plan is a framework for the VA employees and the Mono Lake Paiute veterans to both utilize as they see fit. I recommend that each person using this document, treat it as a working plan that could be amended with each unique situation. This proposed plan, can aid the employees of the VA and the Mono Lake Paiute veterans in establishing a set of goals: continuous communications, improve accessibility to benefits and medical healthcare, and the integration of the veterans' culture.

The responsibility of the VA management is to disseminate knowledge gain from the Mono Lake Paiute veterans to their regional office; providing a correct care plan be given to this unique group of veterans. Additionally, the Mono Lake Paiute veterans must let themselves be known to the VA employees for research and benefits counseling.

The purpose of the Masters Project is to explores the personal and cultural characteristics of veterans' identities, and beliefs. Additionally, the project explores how the VA healthcare system's characteristics have influenced veterans' ability to access and utilize the VA services. The Mono Lake Paiute Veterans were recruited to help take part in a small study about their access to the VA, and support networks. During my time with Mono Lake Paiute Veterans, I found that veterans struggled to maintain any form of continuous communications with anyone that worked for the VA. The interviewees had many problems with the VA, but the problematic issues were with communication. To their dismay, this is one of the hardest things to do because of all the unknowns. With the help of a new VSO representative, they could help them with establishing his own individual benefit claims.

Many veterans learn through trial and errors which steps are needed to access their own claims, and assert their own power. With help from a VA counselor these steps can be eased, and the veterans might retain services from the VA.

During the initial exploration in the summer of 2012, there was a local group of Native Americans who were recruited to help take part in a small study about their access to the VA healthcare facilities. Additionally, during the summer and fall of 2015, the same participants were invited as participants in large focus groups, along with new participants, to discuss their claims and healthcare access with the VA.

This is a qualitative methodological study which uses ethnographic data to analyze how rural Native American veterans access the VA healthcare services. This work highlights particular needs of native veterans in accessing care and services which also includes the employee base of the U.S. Department of Veterans Affairs (VA) performance. The intent of this study is to:

- Create a platform that produces more information about available services for mental and physical needs.
- Illustrate an understanding that all veterans deserve benefits regardless of military standings such as Dishonorable discharge (Dishonorable veterans can't receive benefits from the VA).
- Break down the barriers of the negative social stigma of mental and physical health issues.
- Address issues with respect for the veteran as patients.
- Understand that each person has different ethnic/racial backgrounds.
- Consider each veteran's needs for healthcare and recognize that each veteran's identity is framed by past experiences.

Goals:

My personal goal is to make sure that every veteran that I have interviewed will be connected to the VA and start-receiving medical healthcare. For the veterans of the Mono Lake area, I hope to have them fully engaged with the VA healthcare system such as:

- Benefits and pensions for disabilities received during their service to the United States.
- To be in full contact with the Bishop, CA VSO representatives.
- Have access to VA healthcare.
- Have access to the Tele-Intensive Care Units and the Tele-Mental Health Hubs.
- Make sure that there is monthly mobile VA medical van coming and giving them a primary healthcare provider.
- Rural transportation Services
- Access to the Veterans Choice program.

This project contributes to our understanding of how accessibility is experienced among Paiute veteran population. The study identifies the populations' personal and cultural issues with accessing the VA healthcare system. Moreover, it discusses how governmental policies can influence veterans' access to healthcare.

The broader impacts of the project include: outreach to under-represented Native American communities of veterans. This project can contribute to veterans by designing a healthcare system that requires an understanding of how the past military service affects the veteran's status within VA healthcare services. Moreover, it can address issues regarding veteran's standing within the VA system and how they can enact their personal agency when deciding healthcare options. Native American populations can contribute valuable information for creating a design that best fits the veterans' needs.

Specifically, this project can help individual veterans who took part in the study; this could happen by connecting them with outreach specialists from the local Veterans Center.

With the collaboration of the Veterans Center representative and the VA medical staff, this project provided the veterans with the opportunity to access VA benefits such as: medical, financial, and housing services.

The overall goal of this deliverable is to create a long-lasting connection between the veterans, VA, and their support networks. The goal is to produce information that can be helpful for all informants by establishing a cultural of understanding between communities. I want all parties in this study to be fully informed about policies that address the needs of the veteran communities.

At any stage, anyone can ask for Julianne Cadden to be mediator between groups, so that veterans can make the connections. Acting as adviser for the veterans, I can help navigate between the possible areas of differences and unknowns to help bridge the gap between the stakeholders. The value of my ethnographic studies can contribute to the future discussions in which it can build upon, and further trust can be developed. As a veteran myself and a researcher, I am committed to the negotiating process and with the willingness of each stakeholder to achieve a lasting commitment to embrace the cultural values of these veterans.

One can find my research of this project at the SJSU Anthropology MA Project and Thesis Archive under Cadden, Julianne (2017) [PDF] if they have any further questions about the detail of this study.

