

**ALONE AT HOME:
POST-9/11 MILITARY VETERANS AND AMERICAN HOUSING AND HOMELESSNESS POLICY**

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ABSTRACT

The social safety net available to veterans is far more robust than for civilians in the United States, however, veterans are still more likely to experience homelessness than their peers. As the number of veterans from the wars in Afghanistan and Iraq continues to increase, it is essential that planners consider whether the housing and homelessness policies designed for past generations meet the needs of today's veterans. This is especially true as today's veterans are more likely to be women, are experiencing more deployments, and are frequently coming from communities and families with limited resources.

Historically, policy-makers have provided veterans a range of social benefits, including federally subsidized housing. For example, many public housing projects were originally built for WWII veterans. In addition, since the passage of the Servicemen's Bill of Rights of 1944, veterans have had access to Department of Veterans' Affairs (VA) home loans. In more recent decades, the VA has funded several programs for homeless and at-risk veterans.

Using the Pioneer Valley of western Massachusetts as a case study, I explore the experiences of post-9/11 veterans and the role of housing during the transition from the military to civilian life. Based on data collected through interviews with veterans and service providers, original survey data, observation of meetings, and analysis of administrative data, I outline the ways in which housing choices and policies contribute to the isolation of veterans from civilians in higher education settings, transitional housing, and in community settings. I argue that current housing policies do not address the social and physical isolation that returning veterans experience and, in some instances, these policies increase the isolation experienced by veterans. In addition, to experiencing isolation from the civilian community, many veterans, especially women veterans, experience isolation from the veteran community. Engagement with veteran service organizations and employment in veteran services helps to reduce this isolation and provides a sense of purpose to both male and female veterans. Finally, I argue for a community lens when considering veteran readjustment, as the resources available to veterans is tied to both their geographic location and social networks.

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Acknowledgements

In 1947, World War II veterans founded Watermargin Inc. on the Cornell University Campus in Ithaca, New York. In 1948, the students secured a house, which provided a space for men from different racial, religious, and ethnic backgrounds to live together on the largely segregated campus. The house motto was “All men are brothers” and in the 1960’s, when the house first included female members, it was updated to “All people are family.” Students living in the cooperative house were responsible for preparing meals, maintaining the home, and participating in educational programs that reflected the social justice goals of the organization. The house continues to bring together Cornell students committed to social justice and building community. It was in the basement of this house that I watched the first days of the invasion of Iraq during spring break of my senior year. The students I lived with were largely untouched by Bush’s decision to invade Iraq. Around campus, I worked and studied with young men and women who were in ROTC and would later be deployed, at least one friend would join the military after graduation. I would later attend the wedding of my best friend from Watermargin when she married an Iraq veteran. But, like most young people from my generation, I would never experience the conflicts first-hand and my inner-circle of friends did not contain any military service members. In the late 1990’s, many of the men and women who volunteered for service never imagined the events of 9/11 and the narrow election of the George W. Bush would lead to the longest military engagement in U.S. history. No one imagined that the relative peace, which had characterized our youth, would end so abruptly.

Nearly 15 years since 9/11, much has changed. Those who volunteer for the military, including the National Guard and the Reserves, do so with the understanding that they will likely be deployed overseas. As with WWII veterans, many young men and women return to college campuses, but their experiences are different than those who founded Watermargin, they are returning to campuses largely untouched by the conflicts abroad. The disconnect between the military and the civilian experience is one of many factors that contributes to the isolation of veterans on college campuses. I argue that we need to create more community spaces, like Watermargin, to bring together veterans and civilians. The question of how to do this is complex and the models from the 1940s may provide inspiration, but are unlikely to work in a much-changed world.

The first step is taking a sincere interest in understanding the experience of the men and women serving in the military today. The act of researching and writing this dissertation led to conversations with men and women whose paths never would have intersected with mine were it not for the research. I am very much indebted to the men and women who shared their experiences and stories with me through interviews and surveys. Without their openness and patience with my ignorance of military life this study would not have been possible. I also need to thank, the service providers who dedicate themselves to assisting veterans in the Pioneer Valley community and who made time for my questions in their busy schedules and space for me in their meetings. I was continually impressed by their commitment to veterans.

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Chapter 1. Introduction

In 1961, my father left the Army and began college at Cornell University. He had volunteered for the military seeing his only other options as working at the Corning Glass factory or continuing to work in dairy farming, as his family had done for years. Years later he would tell me of feeling out of place on campus. When he returned to civilian life, it was to a campus where his classmates were actively protesting the war in Vietnam. Furthermore, he was the first in his family to go to college and the economic and class differences between him and his peers on the Ivy League campus were acute. Through his military service he was able to attend college, an option that he had not considered before his service. He graduated in four years, focusing on his studies and work that allowed him to send money to his family.

In some ways, little has changed on college campuses for student veterans since my father's days. Current student veterans echo the stories of feeling separate from other students, both in terms of the military experience and their economic and class status. While protests against the wars in Iraq and Afghanistan are far less prevalent, returning veterans continue to experience a clash between military and civilian culture that can be disorienting and inhibit social interaction with students on campus. In an effort to understand the experience of returning home after military service, this study explores the experiences of post-9/11 veterans on college campuses and beyond. These experiences are at once highly individual and informed by veterans' experiences in the military and their personal histories. At the same time, the veteran experience is also shaped by the institutions that the nation has put in place to aid veterans with everything from paying for higher education to health care. For some these institutions provide the means to escape limited economic options in their hometowns, as was the case for my father,

for others the transition from the total institution of the military to civilian life is inhibited by policies that segregate veterans from the broader community and create dependency.

Military service, which was once viewed as a civic duty for all able-bodied men, is now a voluntary act of service. In 1950, 28 percent of men over 18 were World War II veterans, today, less than 1 percent of the adult population has served in the post-9/11 conflicts, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) (United States Census Bureau, 2015). The nature of military service is changing rapidly, as is who is serving and in what capacity. At the same time that military service is no longer compulsory for men, it has become increasingly open to women. The conflicts in Afghanistan and Iraq are now the longest conflicts in American history and for many civilians the conflicts have faded into the background noise. Furthermore, the fact that the share of the American public serving in the military has declined dramatically has meant that many Americans have little connection to the military or understanding of the wars' impact on service members and their families.

While the number of men and women serving in the military is declining, for many the intensity of service is increasing. Military service members are experiencing multiple deployments and have been exposed to new types of warfare from drones to improvised explosive devices. Furthermore, Reserve and National Guard troops are serving overseas in a capacity that has not been seen before. Whereas those in military service have historically been young men, women, parents and primary caregivers are increasingly being asked to leave their children and families to serve overseas (Institute of Medicine (IOM), 2013).

While the draft ended in 1973, for many military service continues to feel compulsory, as it is perceived as the only means of escaping a future of limited opportunities and economic

insecurity. Through military service, young men and women gain access to a social safety net that is more robust than that available to the general population. Furthermore, the social safety net provided through the Department of Veteran Affairs (VA) is one that emphasizes deservingness based on service to the nation, rather than need, and therefore is not stigmatized. The Congressional Budget Office (2016) estimates spending on veterans' programs, excluding health care, which is considered discretionary, will reach \$559 billion over the next five years (FY2017-21). This dissertation engages with the experience of veterans from a public policy and a planning perspective in an effort to understand the intersection of the institutions that provide this social safety net to veterans and the needs of post-9/11 veterans, with a focus on how these institutions assist veterans with non-medical aspects of the transition, including housing and homelessness.

Veterans social safety net and housing policy

Over the past two centuries, American policy-makers have granted veterans preferential status for a host of benefits, including housing. Veterans and their dependents have benefited from access to a wide array of social programs. Even as neo-liberal forces have increased the cost of education and health care, veterans continue to have access to low-cost or free college education and health care. While in the military, service members enjoy both material and social support that are generally unavailable in the civilian community. After leaving the military veterans have access to a wide array of veterans service organizations and programs through the Department of Veterans Affairs.

Among the benefits that we as a society have decided veterans should be provided is affordable housing. Since the passage of the Servicemen's Bill of Rights of 1944, also known as the GI Bill, veterans have had access to VA home loans that provide access to low-cost, no-

down-payment loans, however, many veterans were unable to obtain loans due to the discriminatory practices or private banks which ultimately were responsible for making the loans. In addition, in the years after WWII many of the public housing projects built were intended to provide affordable housing to veterans and their families (Vale, 2002). The VA home loan program has contributed to the fact that veterans, overall, are less likely than their non-veteran peers to experience housing cost burdens, however, veterans are also over represented in the homeless population (Arnold, Bolton, & Crowley, 2013; Fargo et al., 2012).

Several veteran-specific federal programs are designed to assist homeless veterans: the Grant and per Diem program (GPD), which provides transitional housing (i.e. shelter); the U.S. Department of Housing and Urban Development (HUD) -VA Supportive Housing program (HUD-VASH), which provides homeless veterans and their families with Housing Choice Vouchers (i.e. Section 8) and intensive case management through the VA; and the Supportive Services for Veteran Families (SSVF), which provides emergency assistance and case management for homeless and at-risk veteran families. Using the Pioneer Valley of Western Massachusetts as a case study, I explore the experiences of post-9/11 veterans and the role of housing during the transition from the military to civilian life. Based on data collected through interviews with service providers and veterans, original survey data, observation of meetings, and analysis of administrative data, I outline the ways in which housing choices and policies contribute to the separation of veterans from civilians in higher education, transitional housing (i.e. homeless shelters), and in community settings. I argue that the housing policies designed to assist veterans are not doing enough to address the social and physical isolation that returning veterans experience and, in some instances, these policies may be increasing the isolation experienced by veterans.

The breadth of supports available to veterans is great and rather than attempt a shallow study of all aspects of reintegration, I focus on housing policy and the role of housing during the process of reintegrating to the community. My aim is to understand the institutions that assist veterans experiencing housing instability and homelessness and how these institutions perpetuate or transform ideas about who are the deserving and undeserving veterans. In order to understand reintegration I consider the role of housing in relationship to the constellation of other concerns facing of the returning veterans, as housing is often interrelated with a range of other issues. For example, the housing first approach to homelessness recognizes that stable housing is critical in providing the foundation to address substance abuse and mental illness (Tsemberis, Gulcur, & Nakae, 2004).

Overall, veterans are less likely than the general public to face a housing cost burden and more likely to be homeowners, but at the other extreme, veterans are more likely to be homeless (Arnold, Bolton, & Crowley, 2013; Cortes, Henry, de la Cruz, & Brown, 2012). I propose that part of the explanation for this dichotomy lies in the transition period. For those veterans who make a successful transition from the military to civilian life, they experience advantages due to their veteran status: assistance with education, access to low-cost home loans, resilience and practical training from their military service. But, for those who fail to readjust to civilian life the consequences are high.

The Department of Housing and Urban Development and the VA provide annual estimates of the number of veterans who are homeless. In 2012, the federal point-in-time count of homeless veterans was 62,619 or 13 percent of all homeless adults (Cortes et al., 2012). Uncounted, and largely unseen, are those veterans who live in unstable housing situations: couch surfing, moving frequently, living in poor-quality housing, or facing eviction. The National Low

Income Housing Coalition analyzed 2011 American Community Survey data and found that over 1.5 million veteran households face a housing cost burden, meaning that they spend more than 50% of their income on housing (Arnold et al., 2013). Households headed by current-era veterans and women veterans are more likely than other veteran households to experience a housing cost burden. Through interviews with veterans I capture stories of homelessness and instability that are lost when we only consider the experiences of homeless veterans in institutional settings.

While the characteristics of homeless veterans are well documented, the mechanisms that lead to homelessness are opaque (Balshem, Christensen, & Tuepker, 2011). Existing studies of veteran homelessness have largely been conducted by public health and psychiatric researchers within the VA system and are often epidemiological in nature or provide evaluations of interventions to end homelessness (Balshem et al., 2011; Fargo et al., 2012). In large part this is due to the availability data on homeless veteran patients who are engaged with the VA health care system. Within the medical literature the phenomenon of homelessness among veterans is treated as a personal medical issue and focuses on individual characteristics of the veteran and largely fails to consider the role of institutions. In addition, studies frequently focus exclusively on male veterans, due to the relatively small population of women in the VA health care system. When women are included, the studies focus on comparing rates of homelessness among men and women and related medical and mental health conditions (Byrne et al., 2013). The advantage of these studies is that they provide an excellent understanding of homelessness and health for those veterans who are engaged with the VA medical system. However, they oversample the chronically homeless, who are more likely to have complex health conditions and are older.

I propose that we might gain a better understanding of homelessness, if we consider homelessness as a failure to transition from the military back into the community. In order to do this, it is necessary to understand the broader role of housing during the re-entry experiences of veterans, regardless of their current housing status or VA involvement. Housing insecurity is a spectrum on which chronic homelessness is the most extreme example. In addition, we should consider the experiences of veterans who struggle to find affordable housing and stay with family, go for a month “couch-surfing,” or who experience eviction, or foreclosure. Because stable housing is a foundation that allows one to address other needs, it is important to better understand how veterans experience housing during readjustment. Research in criminology has illustrated the importance of housing during reentry for reducing re-incarceration among ex-offenders (Roman & Travis, 2006). This study provides evidence that housing is also an essential piece of the transition from the institution of the military to the community. For many, family provides a bridge between the military and independent housing, but for those with limited social support housing instability, and homelessness are far too common.

Veterans today have access to a wide array of federal and state benefits designed to assist during readjustment to civilian life. This is relevant to the study at-hand for two reasons. First, it makes the rates of homelessness among veterans even more startling given the relatively rich benefits to which veterans are entitled. Second, benefits are not the same in every geographic area. The benefits available to veterans vary by community. In addition to the VA, individual states may provide additional benefits. There also exists a rich network of private, non-profit organizations that provide assistance to veterans and their families, such as the American Legion and the Iraq and Afghanistan Veterans of America. When we consider readjustment to the community, it is, therefore, crucial to consider the individual-level characteristics of veterans, the

characteristics of the communities to which they return, including the institutions and organizations that exist to aid during that transition, and the interaction between individual and community characteristics. Using a case study allows me to hold the benefits environment constant. I capture a snapshot of the available services, veterans' networks, and the complexity of the system that veterans must navigate in order to take full advantage of the benefits to which they are entitled.

Community and reintegration

In addition to providing a robust social safety net, the military also provides community. The military is what sociologists refer to as a "total institution" (Goffman, 1961). In the military there is a clear social hierarchy, basic necessities, such as housing are provided, roles are clearly defined, and service members frequently have little choice in determining how to perform a given task or in what order tasks should be completed. None of the young men and women I interviewed used the language of sociology to describe the military, but they did refer to their lives in the military as "simple" or "easy" emphasizing that how they spent their days was predetermined. Leaving this total institution is not simply leaving a job, or moving to a new town, it means losing the structure, clear identity, and sense of community, that the institution of the military provided. Thus, when we consider the experience of veterans, we need to consider the loss of community as well as traditional factors such as combat experiences, employment opportunities, and health conditions. This study is unique among current-era accounts of the veterans returning home in that the role of the community is central to the analysis.

An institutional and gendered approach

The definition of institution varies depending on one's discipline and research area. Here, I borrow from Portes (2006) concept of the institution as providing a blue-print for social

interaction, and treat institutions as distinct from organizations. Organizations are the realization of the blueprints provided by institutions. Veterans institutions provide the unwritten rules and norms that govern the Department of Veterans Affairs and the myriad veteran service organizations. Because institutions are often slow to respond to changes in society, veterans organizations may be slow to respond to the changing profile of veterans in the United States, such as the increasing presence of women veterans, or may need to go against institutional norms in order to serve the diverse needs of the population (Mahoney & Thelen, 2010). An institutional framework allows one to consider how local organizations implement federal and state policies to assist veterans. The overall approach of this dissertation is illustrated in Figure 1. Here the individuals' characteristics, the community characteristics and the institutional characteristics are all considered important in understanding the experience of returning to civilian life. Furthermore, the model captures this study's focus on how veterans institutions mediate the role of gender in determining reintegration outcomes, most importantly housing.

Conceptual Model

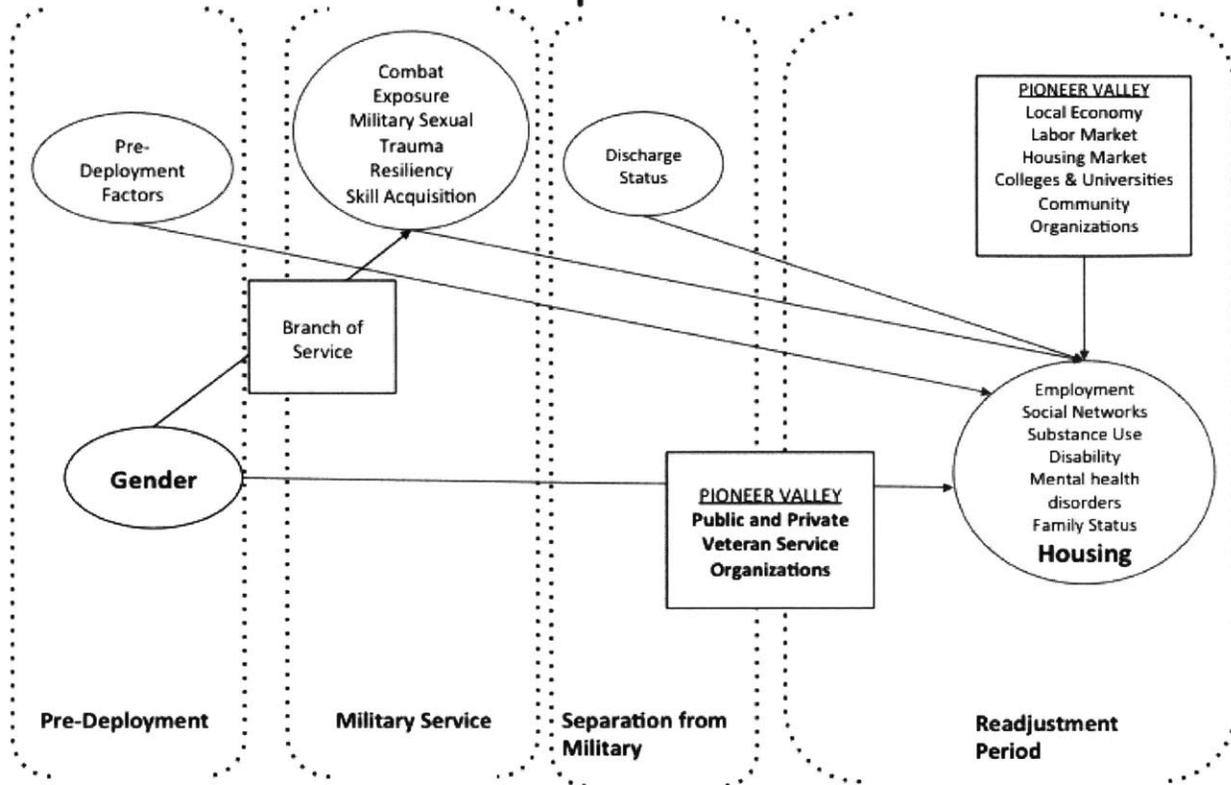


Figure 1

The increasing share of women serving in the military is forcing veterans institutions to go against historical institutional norms in order to serve women veterans. The defining characteristic of a veteran is his or her military service. Historically, military service has been tied to notions of citizenship, and women's exclusion from the military has been one means of excluding women from full citizenship. Women's increased presence in the military in a growing range of functions, thus, may be interpreted as a sign of growing equality in society, but as Enloe (2000), warns the inclusion of women in the military does not eliminate the sexism within the military, nor does it necessarily ameliorate women's unequal status within society: "That process [militarization] treats women as distinct from men; that process virtually always privileges

masculinity, even when some women do gain some new opportunities, from being included” (p. 300). The declining rate of military service has reinforced the status of soldiers and veterans creating what Lutz calls “super-citizenship”, she writes, “all civilians become, through this process, ‘sub citizens.’ And as first-class citizenship is militarized, those who are excluded explicitly or implicitly, including gays and lesbians and straight women, can see further erosion in their social status” (2002, p. 236). The privileged status of masculinity in the military continues on in veterans institutions. Women’s exclusion from the military has also lead to their historical exclusion from veterans benefits (Pateman, 1988). The privileged status of male veterans persists and has real consequences for female veterans, especially those in need of housing assistance. Turning around veterans institutions so that men and women are both able to equally experience the full benefits to which they are entitled is still far from a reality.

Even without explicit exclusion or discrimination, veterans benefits have historically been reserved for white men. Gender differentiation refers to the ways in which traditional gender roles determine the allocation of benefits and produces inequality (Goertz & Mazur, 2008). Mettler’s (1998) analysis of the New Deal provides a powerful illustration of gender differentiation and how, inadvertently, political institutions created a two-tiered welfare state: men were the primary beneficiaries of federal social security and unemployment insurance, whereas benefits for women and children were implemented at the state-level, and subject to a system where they were deserving of assistance only in relation to their role as mothers or potential mothers, rather than their status as individuals.

Similarly, policies restricting women’s military service and making military service compulsory for men have produced substantial gender differentiation with regard to veterans benefits. Veterans benefits, which have historically gone to men, have been among the most

generous in a nation with a relatively limited social safety net (Skocpol, 1992). In addition, because veterans benefits are tied to one's service to society, historically, veterans benefits have been better insulated from the political pressures that have contributed to the erosion of the welfare state.

Despite restrictions on the nature of their service and caps on the number of women in the military, women have served in the military for decades. Those women who have served have faced discrimination in the military and as veterans. Women have been denied veterans benefits both directly and indirectly. For example, women veterans of WWII were not explicitly denied access to the VA Home Loan Guaranty, but because of underwriting standards, women were unable to use the program because banks considered women's income supplemental and therefore would not lend to women (Altschuler & Blumin, 2009). Similarly, the redlining practices of banks and the out-right prohibitions of African-Americans from suburban developments fueled by the VA home loan program meant that African American WWII veterans were excluded from the benefits enjoyed by their white counterparts (ibid). This example illustrates that to reflexively extend veterans benefits, designed to meet the needs of past veterans, may inadvertently perpetuate the unequal treatment of veterans on the basis of their family status, gender, race, sexuality and a host of other dimensions. While veterans have never been a monolithic group, the cohort of Veterans returning from today's conflicts is increasingly diverse. Despite this diversity many of the policies that have been created to assist veterans fail to recognize the unique needs of women and parents.

Research questions and hypotheses

My primary research question is: *Under what conditions do veterans experience instability during readjustment to civilian life and how does this differ by gender?* Related to this primary question I pose the following questions:

- *Do male and female veterans' experiences securing housing during readjustment to civilian life differ and if so, how?*
- *Do male and female veterans' experiences accessing veterans services differ, and if so, how?*
- *What role do veteran service organizations play in reinforcing or creating gender differences during readjustment?*

Data for my study draws on several sources: in-depth interviews with 24 post-9/11 veterans, interviews with veteran service providers, and observation of meetings of service providers, a survey of current-era veterans living in the Pioneer Valley, and client-level data on veterans living in homeless shelters in the Pioneer Valley. Through triangulation of survey data, interviews with veterans and service providers, and observation I tested the following hypotheses and reached the following conclusions:

- I. *Existing housing services for veterans are poorly suited for women, especially women, with dependent children.* In the Pioneer Valley there was no emergency housing available in a veteran specific setting for veterans, male or female, and their children. Thus, the local VA prioritized HUD-VASH vouchers for homeless veterans with families.
- II. *Stable housing during the first year after separation from the military is associated with fewer difficulties readjusting to civilian life.* Stable housing after service was often a result of a strong support system, from family. Thus, unstable housing was a sign of weak

support system and veterans who experienced frequent moves or periods of homelessness also struggled with multiple other challenges.

- III. *Female veterans are more likely to report feeling uncomfortable in spaces designed for veterans than male veterans (for example, in VA medical centers or student veteran centers).* In interviews female veterans expressed a desire to socialize with other veterans, regardless of their gender, but frequently complained that the male-dominated environment was unwelcoming and, as a result, they avoided certain veteran spaces.
- IV. *Female veterans are less likely to engage with veteran service organizations than male veterans.* Female veterans frequently reported participating in veteran service organizations, but often they found themselves having to prove their status as veterans in a manner that no male veterans reported. While some were leaders in veteran service organizations, other chose not participate.

Outline of the dissertation

In the following chapter, I outline the foundations upon which this research draws and review the relevant literature on the effects of military service, prior studies of veteran readjustment, the experiences of women in the military and as veterans, and federal housing and homelessness policies for veterans. In chapter three, I explain why I embraced a mixed-methods approach and case-study research design. In particular, I introduce the characteristics of the case, the Pioneer Valley of Western Massachusetts. Furthermore, I explain the survey sampling technique web-based Respondent Driven Sampling (webRDS), which I used with limited success in order to gather original survey data. Using webRDS I failed to achieve a sample from which I could make probabilistic inferences to the general population of veterans, but it provided

valuable insight into the networks of veterans and lessons for future researchers interested in applying this new survey sampling technique to other populations.

In chapter four, I present the data in support of one of this studies key findings: that current-era veterans in the Pioneer Valley are experiencing high rates of isolation. The isolation experienced by veterans is often most extreme in the first months home, but feelings of isolation are persistent and have negative affects on veterans' reintegration to civilian life. Isolation is not just a phenomenon on college campuses, where veterans are older than their non-veteran peers, but also in the workplace, among veterans and their family members, and, unexpectedly, even among veteran peers. Both male and female veterans experience isolation, but female veterans experiences are mediated by the fact that they frequently felt less supported by their male counterparts during their military service.

In chapter five, I document the experiences of veterans living in several different housing situations. Veterans describe how they made choices about where to live after military service and how those choices were shaped by the housing options in the Pioneer Valley. For many family provided much needed assistance and support, often in the form of housing, during the transition home. Many of the veterans in this study were students and discussed how the housing options available through the college or university they attended were not well suited to their needs. Several of the men and women I interviewed were currently or formerly homeless and I share their stories of housing instability and consider how the housing assistance available to veterans increases the isolation of veterans from the civilian community. I also use client-level administrative data from the local shelters to provide basic demographics on the population of post-9/11 veterans in the Pioneer Valley.

In chapter six, I turn from a focus on the individual veteran towards the system of veterans benefits and providers. Drawing on observations of veteran service provider meetings and interviews with providers, I show how the complexity of the system places a burden on the individual veteran and can easily overwhelm or misdirect a veteran, especially those with limited support and injuries. In addition, I show how providers rely on strong networks in order to serve their clients with complex needs. In contrast, the isolation experienced by individual veterans inhibits their ability to fully realize the benefits to which they are entitled.

In chapter seven, I turn to the formal and informal sources of social support that some veterans are engaging with and argue that these communities are often key to helping veterans access benefits. At the same time, these communities are held back by their historical legacies of serving adult men. Many younger veterans, particularly female veterans and veterans with family, are disinterested in the bar culture of many veteran service organization posts and thus do not participate in these organizations, which offer a network of veterans that may be highly beneficial. Many veterans who have successfully reintegrated have found fulfilling careers serving the veteran community formally through their employment. Whether formal or informal, service to the veteran community has benefited many veterans, both those offering assistance and those receiving it. This suggests that an expansion of peer-support beyond the field of mental health may help to reduce the isolation of veterans.

In chapter eight, I suggest three contributions of the dissertation to future research on veterans. First, I suggest that the role of the community is essential to consider when studying or serving veterans. The loss of community when leaving the military is deeply felt and without rebuilding a sense of community after service many veterans experience prolonged feelings of isolation. Second, the separation of veterans services from the mainstream social safety net has

disparate impacts on male and female veterans. The separation allows for services to be specialized to address the unique challenges from experiencing combat, and the delivery of services in a veterans only environment reduces stigma associated with accessing assistance. The historical exclusion of women and their continued minority status means that they are often forced outside of the veteran settings to seek care from mainstream sources. This affects how women are perceived by mainstream service providers and society who may not give them the status bestowed on veterans when they are seen outside the VA system. My final argument is that those concerned with income inequality in the United States should also be concerned with veterans' experiences. Veterans come disproportionately from communities with lower levels of education and income. Thus, they frequently return to communities that are less equipped to assist during the transition home. As a nation we should wrestle with and acknowledge that the burden of military service is falling disproportionately on those with limited resources and this trend has grown overtime (Kriner & Shen, 2010). Finally, I conclude with a summary of key findings, policy recommendations and ideas for future work.

Chapter 2. Literature review: veteran experiences, gender, and housing and homelessness

The vast majority of what we know about veterans in the United States is through research from the Veterans Health Administration (VHA). The VA funds research through its Office of Research and Development in four primary areas of inquiry: biomedical laboratory, clinical science, health services, and rehabilitation. In addition, with over 152 medical centers throughout the country, VHA has a rich and extensive collection of data on the health and mental health needs of veterans who receive care through the system. The challenge is that many veterans are not eligible for VHA care or choose to seek care elsewhere. The same is true for non-health services, while veterans may choose to access emergency housing services through the VA or VA contractors, many are in mainstream services. Thus, research from within the VA often captures an important, but limited, slice of the veteran experience. Research on the veteran experience by social scientists outside of the VA is more limited and has historically focused on the experiences of male veterans. This dissertation seeks to capture the full-range of veteran experiences in the Pioneer Valley and offers an understanding of veteran reintegration that considers the veteran within the community and the institutions that determine the nature of veteran services.

Effects of military service

Much of the existing research on veterans in the social sciences focuses on estimating the effects of military service and compares veterans and non-veterans on a variety of outcomes. A major challenge in estimating the effect of military service is that in today's All Volunteer Force

(AVF), and to a lesser extent in prior wars and conflicts, individuals select into military service and this selection bias causes concern that observed differences between veterans and non-veterans are not attributable to military service, but rather to characteristics of individuals that existed prior to service. The effects of military service are not homogenous (Alair MacLean & Elder Jr, 2007; Modell & Haggerty, 1991). An illustration of the heterogeneous impact of service is illustrated by the research on the effect of military service on earnings and employment. Studies of Vietnam veterans have found that for white male veterans, service was associated with lower earnings and higher unemployment (Angrist, 1990; Card, 1983; Teachman, 2004). A study of women veterans' earnings found that veterans of the AVF earned less than their civilian counterparts and older veterans (Prokos & Padavic, 2000). In a recent study of post-9/11 veterans, Kleykamp (2013) found that women veterans suffered from higher unemployment than both their civilian counterparts and male veterans. Kleykamp also found that the effect of military service varied across education levels: those with a high school education or less earned more than their peers, but this advantage disappears for those with some college or more. This study is concerned with understanding how veterans experience the transition from the military to the community rather than comparing veterans to civilians. Nonetheless studies comparing veterans to civilians emphasize the varied experiences of veterans and the importance of considering the unique experiences of women veterans. In addition they highlight the importance of considering a veterans socioeconomic background, race, branch of service, era of service, combat exposure, and officer status when seeking to understand their experience (MacLean & Elder Jr, 2007).

Veteran readjustment

In the aftermath of each modern war social scientists have investigated the phenomenon of

readjustment or reintegration from the military back to the community, though most studies have focused on the experience of male veterans. A common thread throughout many of these studies is the initial sense of isolation that veterans experience, regardless of the era of service. This isolation is often understood as an individual phenomenon. Building on these prior studies this study's aim to add another perspective to understand the phenomenon or isolation as connected to public policy, in particular the segregation of veteran services from mainstream social services. Writing about WWII veterans, Schuetz (1945) is one of the first to discuss veterans' difficulty returning to civilian life. He describes the veteran in terms of a home comer who has been shaped by his experience abroad and returns to a home that, through the passage of time, is also changed. Schuetz argues that both the veteran and those welcoming the veteran home must prepare for the inevitable difficulty of the homecoming. Waller (1944) in his book, *The Veteran Comes Back*, described the Veteran as "a social problem" (p. 13). He was writing before the passage of the GI Bill, at a time when many feared that the influx of veterans from WWII would cause social unrest and the end of the war would lead to economic downturn. While written in a very different time, it is clear that not much has changed since WWII in terms of the challenges of readjusting to civilian life. Waller writes "What the times demand is a new art, the art of rehabilitation. We know how to turn the civilian to a soldier [...] But we do not know how to turn the soldier into a civilian again." He goes on to argue forcefully for increased federal spending for programs to help rehabilitate veterans.

The sociologists Havighurst, Eaton, Baughman, and Burgess (1951) conducted an extensive study of servicemen and veterans in an undisclosed Midwestern town. Fieldworkers interviewed 416 veterans in order to provide "a reasonably complete and impartial picture of veteran behavior" (p. 2). The study found that WWII veterans initially had difficulty readjusting

to civilian life and experienced a period of time where they felt alienated from the community, but overtime the majority of veterans had successfully reintegrated into the community. Today rather than being remembered as a social problem, the veterans of WWII are known as the Greatest Generation. Ross (1969) attributes the successful reintegration of WWII veterans in part on their ability to mobilize political support for benefits for all veterans, regardless of their disability status. The experiences of WWII veterans are unique in that such a large number of young men served and returned from the war at the same time. In the wars and conflicts since, a much smaller share of the population has served and individuals have not returned as part of a larger cohort. Thus, the alienation that Schuetz (1945), Waller (1944) and Havighurst et al. (1951) describe among WWII veterans is exacerbated for veterans of later wars and conflicts.

Common throughout the literature on the experience of Vietnam veterans is the sense that neither the government nor civilians appreciated the sacrifices made by often unwilling soldiers. Faulkner and McGaw (1977) conducted in-depth interviews with 20 Vietnam veterans enrolled in university and found that initially veterans experienced a sense of being “let down” by society and government. Student veterans reported that they felt unable to share their experiences with other students and also felt excluded from society. They also argue that connections to other veterans were important for “reconstructing” a sense of self and that civilian relationships helped veterans to return to civilian life and reintegrate into society. Norman (1990) interviewed women who served during Vietnam, primarily as nurses, and found that, like male veterans, female veterans also felt alienated from society because the Vietnam War was extremely unpopular.

The National Vietnam Veterans Readjustment Study (NVVRS) was mandated by congress in 1983 and focused on documenting the prevalence and incidence of post-traumatic stress disorder (PTSD) and other mental health disorders related to readjustment to civilian life (Kulka,

1990). This comprehensive study covers a broad spectrum of issues related to readjustment and found that in general, compared to other veterans of the Vietnam era, male veterans who served in Vietnam were as well adjusted as those who had not served. However, women veterans who had served in Vietnam experienced more adjustment problems than women of similar age and military occupation who had not been deployed to Vietnam. NVVRS asked about homelessness and found that over one third of male veterans with PTSD had been homeless or vagrant. The study's definition of homeless differs considerably from current HUD definitions: it asked whether there was a period of at least one month where the respondent did not have a regular place to live and whether the resident had traveled around for a month or more without prior arrangements for where he or she would live and work (Kulka, 1990). This definition clearly captures some individuals who do not meet current federal definitions of homeless, and suggests high rates of housing instability, especially among veterans with PTSD.

While it is still relatively early to make conclusions about the readjustment experiences of post-9/11 veterans initial evidence suggest that current-era veterans are experiencing similar difficulties (Glantz, 2009). A survey of report post-9/11 veterans found that 44 percent reported difficulty readjusting to civilian life (Morin, 2011). The majority of research on the experiences of post-9/11 veterans focuses on documenting the medical and mental health conditions of those who have served. The Institute of Medicine (IOM) (2013) report mandated by congress is the most comprehensive report, *Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families* on the well-being of recent veterans.

The current generation of veterans are being diagnosed with PTSD at higher rates than prior generations, estimates range from 5 to 20 percent of veterans (IOM 2013), and in her

ethnographic work Finley (2011) focuses on both the personal experience of PTSD among post-9/11 veterans, family members, and health care workers in San Antonio, Texas and on the cultural politics that surround PTSD in the United States. Finley's work is important in that she situates PTSD in the larger culture, acknowledges that the personal experience of war, is also political and that the meaning of the experience of war is also cultural. Unlike the medical studies, which isolate the individual from the cultural and political realities of war and its aftermath, her work acknowledges the interdependence of these worlds and how they shape veterans post-deployment lives. Similarly, Smith and True (2014) use in-depth interviews with post-9/11 veterans to explore the role of identity conflict in the prevalence of PTSD and mental health disorders among veterans and argues that a "disease orientated view of PTSD" does a disservice to veterans and fails to fully capture the experience of moving from the total institution of the military to civilian life. MacLeish (2013) provides an ethnographic account of the experience of soldiers, their families, and the larger community surrounding the largest military installation in the nation, Fort Hood. This ethnography focuses on the experience of war and how violence is normalized in the lives of both soldiers and those who live in a military community. These studies of post-9/11 veterans' experience are valuable in that they situate the veteran within the larger cultural and political climate. Furthermore, they rely on qualitative data from interviews and fieldwork. All three studies focus exclusively on the lives of male veterans. While they acknowledge that gender and cultural expectations of "manliness" shape how soldiers respond to trauma and seek (or fail to seek) help post-deployment, the voices of women veterans are absent. Furthermore, MacLeish and Finley conduct their fieldwork in Texas, in areas dominated by the military. While veterans are highly concentrated in these areas, many return home to areas where military culture is not dominant.

College campuses are one of the most common settings to which post-9/11 veterans return. Rumann and Hamrick (2010) conducted in-depth interviews with 6 veterans on a mid-western university campus to explore how current-era veterans experience the transition from the military to school. The study found that students frequently reported a feeling of separateness from non-military students and a renewed sense of focus when they returned to school. The students interviewed were predominantly male. Based on interviews from this study with one female student and a female student in another study, Hamrick and Rumann (2011) conducted an exploratory analysis of the experiences of women student veterans. They found that strangers assumed that women veterans had not served in dangerous situations. In contrast, regardless of the nature of their service, it was assumed that male veterans had served in combat. Both female and male students reported close ties to those they served with, and a sense that civilian friends had remained the same while they had matured in the military. Hamrick and Rumann conclude that some women veterans may avoid places where male veterans gather. Pellegrino and Hoggan (2015) explore the transition from the military to community college for female veterans through the experiences of two female veterans and similarly find that women's experiences in many ways mirror their male counterparts, but that motherhood and marriage often complicate these experiences. Both studies suffer from the extremely low number of interviews but suggest that we need to consider whether women veterans are well served by traditional veterans services on college campuses.

Where prior studies have suffered from low number of women veterans, this study has ensured that a representative share of the interviews and survey respondents are women. In addition, it is among the first to explore the experience of post-9/11 veterans in a non-military community. This study contributes to the literature on veteran readjustment by exploring gender

differences and the importance of housing during readjustment. By looking at both male and female veterans in the same geographic area, the goal of this study is to understand whether and how male and female veterans' experiences of isolation differ and how the policy and service environment of the area shape that experience. In the following section, I explore the existing research on women veterans.

Women soldiers and veterans

There are a significant number of narratives written by women in the military and by journalists interested in the experiences of women in the military (Benedict, 2009; Bowden & Cain, 2008; Browder & Pflaeging, 2010; Holmstedt, 2008; Williams & Staub, 2005). In addition, several excellent films document the experience of women serving in Iraq and Afghanistan and their experiences both in the wars and at home (Dick, 2012; McLagan & Sommers, 2010; Nesson, 2011). These films and personal narratives provide powerful accounts of women's experiences. The research on women's experiences as veterans is relatively limited, especially in the social sciences. Much of the current research focuses on the medical, mental health, and psychological needs of women veterans. Within the planning and public policy fields there is a need for well-designed research in order to better understand women's experiences both in the military and as veterans, especially as the share of the military personnel who are women climbs and the roles that are open to women continues to expand. This study is not focused exclusively on women's experiences, but it has purposively attempted to ensure women are well represented in order to be able to compare women's experiences with their male counterparts and also to consider whether the institutions that serve veterans are responding to women veterans' needs.

Women in the military during the Vietnam era were frequently considered only in relationship to the male soldiers. From interviews with nurses who served during Vietnam

Norman (1990) summarized the findings from her interviews: “The nurses were valued as professionals, yet exploited as women. They were both appreciated and used. Military leaders needed nurses to staff hospitals and care for patients but did little to accommodate the practical needs of the women” (p. 162). In *Vietnam Veterans* Brende and Parson (1985) write that American women were a prized sexual object and a potential threat to enlisted men. "The conviction that white American women were the ultimate in romance and sexuality made rejection by them all the more painful and narcissistically injurious to the soldier" (p. 126). In 1985, the VA conducted a survey of female veterans, recognizing that prior studies failed to collect data from enough women veterans to allow for generalization (Boyle & Harris, 1985). One of the starkest examples of discrimination in the findings was that 15% of women reported that they were forced to leave the service by the military because of pregnancy or children, and they did not leave because they wanted to. This rate dropped only one percentage point to 14% in the sub-sample of post-Vietnam women veterans, even though policy changes in the 1970s prohibited separating women because of family. While the number of women in the military has grown, the high rates of Military Sexual Trauma (MST) illustrate how women in the military continue to face discrimination, harassment, and assault (Kimerling, Gima, Smith, Street, & Frayne, 2007).

One of the first historical accounts of women veterans experiences in the Iraq and Afghanistan wars is from Mesok (2015) who argues that the lifting of the military’s ban on women serving in combat roles was informed by women’s service as members of counterinsurgency teams in Iraq and Afghanistan. In Iraq and Afghanistan, “Lioness teams” and “Female Engagement Teams” (FETs) were utilized by the military in order to gain access to gendered domestic spaces. While women were still officially banned from combat roles, women

auxiliary teams accompanied male counterinsurgency teams in conducting home raids. Official military policy instructed female soldiers to signal their dual roles both as members of the masculine military and as women by wearing headscarves, but only once within the home. In their performance on these auxiliary teams women soldiers demonstrated the usefulness of their gender difference to the military. Mesok writes: “Ultimately, the decision to utilize women soldiers and marines as counterinsurgents was less about the military figuring out what women could do then about what ‘women’ meant within the occupations” (p.80). In addition to the labor they performed, the women were symbols of the liberated western woman and the ideals that were used to justify the war on humanitarian grounds.

In *Waging Gendered Wars* Eager (2014), a political scientist, argues that in order to understand women’s combat experiences it is necessary to use multiple feminist lenses. She dedicates a chapter to consider the existing research on the experiences of women veterans and how challenges such as PTSD, homelessness, MST, and suicide affect women. The book’s focus is on women’s experience in combat and was driven by her interest in documenting the experiences of the women who fought and died abroad.

There is a growing body of research on gender differences among veterans health, mental health and health care utilization. These studies rely on data from the VA health care system and national surveys funded by the VA or Department of Defense. Observational studies conducted by VA researchers have documented the unique health needs of women veterans: women and men demand similar services from the VA for treatment of physical conditions, with the obvious need for different care related to reproductive health, however, women veterans demand slightly higher treatment for mental health disorders (Haskell et al., 2010; Mattocks et al., 2012). Similarly, there are several epidemiological studies on rates of homelessness among women

veterans and evaluations of programs for homeless veterans, which report that women veterans are over-represented in the homeless population both in comparison to male veterans and female non-veterans (T. Byrne, Montgomery, & Dichter, 2013). Hamilton, Poza, and Washington (2011) conducted focus groups with homeless women veterans in Los Angeles and through these interviews sought to understand the pathways to homelessness. Hamilton and colleagues find that homelessness among women veterans is often rooted in a “web of vulnerability” where trauma experienced both before, during and after military-service contribute to current homelessness. Trauma included both domestic violence, either as a child or adult, and MST, women often linked the trauma to their substance abuse, which was also cited as contributing to their homelessness. Notably, the sample of women in this study did not include any women who had served in the post-9/11 era. The authors also do not discuss the women’s roles as parents and, while not explicitly stated, it appears that the women were sampled from the single adult shelter system, thus the findings may not generalize to the family shelter population.

Montgomery, Cutuli, Evans-Chase, Treglia, and Culhane (2013) found that among the population of veterans that utilize the VA health care system for primary care and were not currently in the VA’s homeless system, women are more likely to report higher levels of housing instability and risk of imminent homelessness based on new data from the VA’s universal screening for homelessness and risk of homelessness. In addition, younger veterans were at elevated risk of homelessness. Overall, 0.9% of veterans reported recent housing instability and 1.2% were at risk of homelessness. In a separate study of Nebraska veterans, 3.2% of veterans reported housing instability and those reporting housing instability were more likely to be female (Bossarte, Blosnich, Piegari, Hill, & Kane, 2013).

In order to understand gender differences in mental health disorders Street et al. (2013) conducted a mail survey of current era veterans and stratified the sample by gender. They found that both sexual harassment and combat exposure were stressors for women during deployments. Women were more likely to report sexual harassment; roughly half reported experiencing unwanted sexual experiences during deployment. Women were less likely to report combat exposure, still 73.4% reported exposure to some level of combat. In terms of mental health outcomes, there was no difference between men and women in reporting symptoms associated with likely PTSD and symptomatic anxiety. Women were more likely to report symptoms consistent with depression, and less likely to report alcohol abuse. For men and women, both sexual harassment and combat exposure were associated with increased risk of PTSD. Related to the high rates of sexual harassment, a concerning finding of the study is that women were less likely to report feeling supported by their peers. The authors conclude “Our findings suggest that, unfortunately, female Veterans believe that they are less likely to be supported in coping with war-zone stressors by their military peers. (S560)” This belief may lead women Veterans to avoid potential sources of support in the community. This is particularly concerning given that prior studies on readjustment report that support from veteran peers is often essential during the first phase of readjustment where the veterans separates from the military but has not yet reintegrated to the community (see for example: Faulkner & McGaw, 1977). In a survey of post-9/11 Connecticut veterans, Pietrzak et al. (2010) found that PTSD and depressive symptoms were associated with lower unit support and post-deployment social support. Women veterans’ minority status may contribute to alienation not only from the civilian community but also from the veteran community because of their experiences of harassment while in the military.

Several qualitative studies that have focused on women veterans experience transitioning from the military to the community. Burkhart and Hogan (2015) use grounded theory explore how female veterans cope with the transition from the military to the community. Drawing on interviews with 20 women who served in a range of military occupations during the post-Gulf War era they highlight the segregation among the civilian and military cultures and that female veterans frequently opt-out of the VA and seek care in the civilian sector. Furthermore, they highlight the conflict experienced as women attempt to reconcile their military and civilian identities and that many women found that connections with other veterans informally or through veteran organizations allowed them to reconcile these identities, similar to the findings of Smith and True (2014).

Maiocco and Smith (2016) used story theory to document the experiences of coming home from war for eight women veterans and from post-9/11 era. Included in the core themes that arose from these stories was the importance of military friendships and veteran peers in coping with the transition home. Given that the sample was exclusively female veterans they did not compare female veterans experiences to their male counterparts. The studies aim was to encourage the use of story theory as part of the mental health care visit with female veterans. Mattocks et al. (2012) explore how women veterans cope with combat and military sexual trauma through semi-structured interviews with 19 OEF/OIF female veterans. They find that coping strategies varied, but many women experienced isolation upon returning home. In addition, several women veterans minimized both their contributions during military service and their deservingness of VA services for conditions related to their service. Mankowski, Haskell, Brandt, and Mattocks (2015) explore the role of social support for 18 VA-enrolled, OEF/OIF, female veterans during deployment and post-deployment. They find that social support helps

alleviate some of the struggles of deployment, but that it did not eliminate the challenges of transitioning from the military to civilian life. Women veterans commonly reported depression, post-traumatic stress, and difficulty sustaining relationships with family members and partners. Despite the challenges of deployment and the difficulty of readjusting to civilian life, the women in the study viewed their deployment experience in an overall positive light.

Federal housing and homelessness programs for veterans

Veterans have benefited from targeted federal housing aid for decades. Since the Servicemen's Readjustment Act of 1944 the bulk of that aid has taken the form of federal loan guarantees through the VA. The VA Home Loan Guaranty Program has assisted millions of veterans with the purchase of homes since it was created in 1944. The program lowers the cost of homeownership for veterans by eliminating the need for a down payment and private mortgage insurance. There is evidence the program increased the rate of homeownership by lowering the age at which WWII veterans were able to purchase their first home (Fetter, 2011). Survey data has indicated that women who are eligible for the VA Home Loan Guaranty utilize the program as much or more than men (Westat, 2010).

After WWII, many of the federal- and state-funded public housing projects were created for returning veterans and their families (Vale, 2002). Today, there are no VA assistance programs for veterans who choose to rent homes, unless renters are at imminent risk of homelessness or formerly homeless. In addition, major HUD programs to assist low-income renters do not consider veteran status, although local public housing authorities may choose to prioritize veterans (Government Accountability Office, 2007). To address homelessness among veterans, there are a handful of federal programs. The Grant and Per Diem (GPD) program makes competitive grants to non-profits of up to 65 percent of construction or acquisition costs

to create transitional and supportive housing for veterans. In addition, GPD provides funds to cover on-going operating costs. A 2011 GAO report on homelessness among women veterans surveyed GPD providers and found several barriers to women, especially women with children, accessing housing through the GPD program. Over 40 percent of GPD providers cited a “lack of access for women with children” as a primary barrier to serving homeless women veterans (U.S. Government Accountability Office, 2011). In addition, providers reported that the funding structure of the program created disincentives to housing veterans with children because the program only compensates providers for housing the veteran, no additional support is paid to the provider to cover the cost of providing a bed to dependent children. Thus, it is unsurprising that over 60 percent of GPD providers who serve women, do not serve women with children. There is limited data available on homeless women veterans. Data from the VA, which is not necessarily generalizable to the full population of homeless veteran women, suggest that roughly one-third of homeless women veterans reside with their children, compared to only 8% of homeless male veterans. The lack of GPD housing for children will, therefore, disproportionately impact women.

Supportive Services for Veteran Families (SSVF) was created in 2008 to assist very-low income veterans and their families in remaining in stable housing or transitioning into permanent housing. Through grants to community non-profits the program is designed to target resources to prevent homelessness and provide rapid rehousing assistance. The HUD-VA Supportive Housing (HUD-VASH) program is targeted at chronically homeless veterans, those who have been homeless for at least one year or experienced four episodes of homelessness over the past three years. HUD-VASH provides chronically homeless veterans with permanent housing through a housing choice voucher (HCV) from the local public housing authority and case management

services through Veteran Affairs Medical Centers (VAMC). Veterans pay 30 percent of their income towards rent and must agree to engage in case management services.

The 2010 Federal Strategic Plan to Prevent and End Homelessness set the goal of ending veteran homelessness by the year 2015. Along with the announcement of this goal has come increased federal funding for GPD, SSVF, and VASH. Studies have shown that HUD-VASH has been effective in increasing housing stability (Rosenheck R, 2003). Women experience similar, or in some cases better, outcomes when they receive assistance through these federal housing assistance programs (T. Byrne et al., 2013; Kaspro, Rosenheck, Frisman, & DiLella, 2000). Initial evaluations of the SSVF program have found that the majority of veterans and families who are assisted through SSVF avoid homelessness in the two years after receiving rapid rehousing assistance (Thomas Byrne, Treglia, Culhane, Kuhn, & Kane, 2016). The SSVF and HUD-VASH programs are inline with the current movement towards a Housing First model and away from traditional shelter. The programs have been crucial in lowering the number of homeless veterans to date. Notably, the efforts to track the decline in homeless veterans have made it clear that the elimination of veteran homelessness is measured by eliminating chronic homelessness rather than all forms of homelessness. Thus, even while the VA releases new guidelines to transform GPD programs into short-term bridge housing (Gibson, 2016), it will be many years, if ever, until the transitional housing for veterans will no longer be needed.

Summary

Outside of a handful of ethnographies, the existing research on post-9/11 veterans and their experiences returning to civilian life focuses on the individual taken out of the context of their community and the institutions that are dedicated to assisting the veteran through the transition. The studies that have considered the experience of veterans within their communities

and drawn on in-depth interviews or ethnographic research have focused primarily on the experience of male veterans and in communities dominated by large military installations (Finley, 2011; MacLeish, 2013). In this study, I use a mixed-methods approach to understand the experience of returning from the military to a non-military community, where the share of the population that has served in the military is the same as the national average. In addition, my study contains in-depth interviews with both women and men allowing me to consider the extent to which gender plays a role in shaping the experience of returning to civilian life.

This study is also unique in its focus on the role of federal and state housing and homelessness policy. While homeless veterans are frequently the subject of studies that consider the rates of co-occurring health and mental health conditions, demographics, and military factors, there is a lack of understanding how housing and homelessness policies shape the experiences of veterans seeking to return to non-institutional settings and how these policies contribute to gender differences among veterans. By interviewing veterans from a full spectrum of housing experiences and by interviewing and observing housing service providers this study expands our understanding of homelessness and housing instability among veterans and situates it in the complex and often obscure veterans and mainstream emergency housing systems. This context offers insight into how to improve the system in which too many veterans find themselves.

Chapter 3. Methods and data collection: a case for mixed-methods and lessons learned from web-based respondent driven sampling

Throughout the course of this study I have been repeatedly struck by both the shared experiences that define the veteran experience and the uniqueness of each individual's experience transitioning from the military back to civilian life. I attempted to honor this with methods that allow for both generalizations and provide space for the complexity and details of the experiences of individual veterans. Throughout the months I spent talking with veterans, attending veterans events, and analyzing data, I constantly pivoted from the intricate details of the individual to the broader generalizations that are needed to both generate and test theory. Furthermore, I found that throughout the data collection process themes emerged that I had not anticipated and forced me to consider new questions.

The mixed-methods approach of this study was driven by the goal of triangulating quantitative survey data with qualitative interviews and observations. In the end, I found the collection of original survey data far less productive than the collection of qualitative data. In this section I lay out my rationale for choosing a mixed-methods approach along with my justification for using a new sampling technique, web-based respondent-driven sampling (webRDS). In addition, I outline the procedures for the collection of qualitative data and the methods used to recruit veterans for the survey and interviews and the events that I attended and observed. I also describe the sources of administrative data that were analyzed.

In addition, I explore why webRDS failed to produce an adequate sample for making estimates about the population of post-9/11 veterans in the Pioneer Valley. This discussion of webRDS is intended to offer guidance to others who are faced with the dilemma of choosing

either to survey from a problematic sampling frame or to use webRDS. I conclude that webRDS is poorly suited to study current-era veterans. For any population, webRDS is challenging to implement and researchers considering this approach must carefully weigh the costs and benefits, have adequate resources to properly implement the approach, and determine the appropriateness of the sampling technique for the population of interest.

Research questions and hypotheses

A primary goal of collecting original survey data was to enable the comparison of male and female housing outcomes, benefits utilizations, and membership in veterans service organizations. My research questions are: *Under what conditions do veterans experience housing instability during readjustment to civilian life and how does this differ by gender?* Related to this primary question I pose the following questions:

- *Do male and female veterans' experiences securing housing during readjustment to civilian life differ and if so, how?*
- *Do male and female veterans' experiences accessing veterans services differ, and if so, how?*
- *What role does veteran service organizations play in reinforcing or creating gender differences during readjustment?*

Throughout the course of the study, new data gathered through structured interviews caused me to also consider the theme of isolation in the civilian world and a strong expression of nostalgia for the structure, stability and camaraderie for military life. Thus, during the analysis of the qualitative data I also consider: *How does federal housing policy either reinforce or alleviate the isolation experienced by returning veterans?*

I test the following hypotheses that (1) *Existing housing services for veterans are poorly suited for women, especially women, with dependent children;* (2) *Stable housing during the first year after separation from the military is associated with fewer difficulties readjusting to civilian life;* (3) *Female veterans are more likely to report feeling uncomfortable in spaces designed for veterans than male veterans (for example, in VA medical centers or student veteran centers);* and (4) *Female veterans are less likely to engage with veterans service organizations than male veterans.*

A case for mixed-methods

In order to answer the questions above, I employed a mixed-methods approach and an embedded, single-case study design (Yin, 2009). The unit of analysis is the individual veteran, embedded within the Pioneer Valley community. I define the Pioneer Valley as the area within Hampden, Hampshire, and Franklin counties of Massachusetts. At the individual level, I have collected survey data and conducted semi-structured interviews with current-era veterans living in the Pioneer Valley. I defined the population of interest as anyone who served in the military for any period of time after September 11, 2001 and was not currently on active duty. Included in my population of interest were members of the military who were currently in the Reserves or National Guard. These individuals were still drilling and could potentially return to active-duty service. I made the decision to include Guard and Reserve members with a history of active-duty service because during the current conflicts so many Guard and Reserve members had been called upon to deploy overseas. Furthermore, in this area of Massachusetts, without any major active-duty installations, Guard and Reserves make up a sizable share of the military and veteran community. Finally, the experience of transition from active-duty to reserve or guard status is not unlike separating from the military and poses its own unique challenges.

In order to understand the community and service environment in the Pioneer Valley I conducted interviews with veteran service providers, directly observed dozens of meetings and events related to veterans issues, reviewed documentation, and collected and analyzed existing administrative and archival data related to veterans in the Pioneer Valley, including client-level data from the Hampden County and Three County Continuums of Care (CoC), which capture descriptive statistics on homeless veterans and their families who are receiving services from homeless shelters in Western Massachusetts.

Case study research

Mixed-methods research includes research where the investigator collects and analyses both quantitative and qualitative data to understand a single phenomenon. Creswell and Plano Clark (2007) distinguish case-study research from mixed-methods research, and indeed many case-study designs rely exclusively on qualitative data, however, in some instances case-study designs are also mixed-methods design. I use a mixed-methods approach, rather than a purely qualitative case study design, in order to triangulate observations from a larger sample of veterans with the qualitative data from the in-depth interviews and observations. The quantitative data provided through the administrative data provides insights into the demographics of veterans in the Pioneer Valley, but they do not provide the detail necessary to understand broader context. Qualitative data from interviews with veterans and those who work with veterans provides the details necessary to understand the mechanisms and context that contribute to trends and characteristics revealed in the quantitative data. Furthermore, these qualitative data from veteran and provider interviews and observation of meetings and events provided me with an on-the-ground understanding of policy implementation. I found that the federal housing programs authorized by the federal government to end veteran homelessness gave great latitude to the

street-level bureaucrats. Through engaging at the local level and capturing qualitative data it is possible to understand how programs actually impact veterans lives.

The case-study design is especially well suited to understanding veteran readjustment and related housing policies due to the complexity of the phenomenon and the limited prior research.

Yin offers a two-stage definition of case-study research:

1. A case study is an empirical inquiry that

- investigates a contemporary phenomenon in depth and within its real-life context, especially when
- the boundaries between phenomenon and context are not clearly evident.

2. The case study inquiry

- copes with the technically distinctive situation in which there will be many more variables of interest than data points
- relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as a result
- benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin 2009).

Single-case designs are justified for a variety of reasons. I have chosen a single-case design because the veteran population, and the diversity of services and towns within the Pioneer Valley, make it a representative case. Furthermore, the single-case allows me to go in-depth and better understand the veterans community in a single geographic area. The Pioneer Valley case may be compared to other cases in the future, but the lack of in-depth research on veteran readjustment from a policy and planning perspective makes it appropriate to start with a single-case. Research to date, especially research on current-era veterans, has largely focused on the

challenges of reentry from a medical or psychiatric perspective. Research on veteran homelessness has also tended to focus exclusively on veterans who are in the shelter system and receiving services. These studies focus on the individual and frequently focus on the psychiatric and mental health needs of veterans. In contrast, this study expands our understanding of the role of housing in veterans' lives by interviewing veterans who are stably housed and veterans who are currently or formerly homeless. Other studies on housing for veterans have generally sampled only currently homeless veterans. Thus studies of homelessness oversample the homeless veterans who experience the longest stays in the shelter system and we underestimate the experiences of housing instability.

I intentionally decided not to focus exclusively on homelessness, because I believe that we too often treat homelessness as a binary variable rather than as a continuum. For determining where scarce housing resources are allocated, such distinctions are often necessary, but for understanding a phenomenon like veteran transitions and homelessness, such distinctions are not useful and may be harmful. I designed the survey to capture housing experiences that would not meet the federal definition of homelessness, but were signs of housing instability. For example, I ask about experiences of foreclosure, eviction, camping or living in ones car, and about the frequency of moves. These experiences are also explored in the interviews.

The Pioneer Valley as a representative case

The area, known as the Pioneer Valley, is located in western Massachusetts and contains 43 cities and towns, including Springfield, the fourth largest city in New England. It is home to roughly 690,000 individuals. The area contains both urban and rural areas, academic communities, fertile agricultural land, and manufacturing and industrial centers. Its many educational opportunities attract young veterans looking to utilize education benefits through the

GI Bill. Known as the Five College area, the Pioneer Valley is home to University of Massachusetts at Amherst, Amherst College, Hampshire College, Smith College, and Mount Holyoke College. In addition to these nationally known colleges there are several community colleges. The area is also home to the Central Western Massachusetts Veteran Affairs Medical Center, which houses a well-known program for PTSD, and a non-profit that serves homeless veterans. There are no active military bases in the area, but West Over Air Reserve Base is located in Chicopee and, by land area, is the largest Air Reserve Base in the country and in Westfield, Barnes Air Force National Guard is located and the units based there have participated in OEF and OIF.

The Pioneer Valley is a representative or typical case (Yin 2009) as the area is in many ways typical of non-military communities to which many veterans return. Analysis of American Community Survey data reveals that demographically the area is similar to the nation in important ways¹. The three counties that make up the Pioneer Valley, Franklin, Hampshire, and Hampden, have a veteran population in line with the United States: in the nation 8.7 percent of the civilian population over 18 are veterans, compared to 8.6 percent in the Valley. In addition, the age profile of the veteran population in the Pioneer Valley is very similar. Overall, residents of the Valley are about as well off as the average American: in the area, the 2014 median household income was \$66,483 compared to \$65,443 nationally. Despite the rich academics available in the area, overall, the educational profile of the region is similar to the nation, 30.3 percent of the population over 25 have a Bachelors degree or more, compared to 29.4 percent of the nation. It should be noted that Hampshire County, home to the Five Colleges, is an outlier,

¹ Social Explorer Tables: ACS 2014 (5-Year Estimates) (SE), ACS 2014 (5-Year Estimates), Social Explorer; U.S. Census Bureau.

with 43.2 percent of the population with a bachelors degree or more. The Pioneer Valley is less racially diverse than the nation as a whole; 73.1 percent of the population is white, non-Hispanic, compared to 62.8 percent of the country as a whole (see Table 1).

Table 1: Characteristics of the Pioneer Valley compared to the United States

	Pioneer Valley		United States	
	n	percent	n	percent
Total Population	698,075		314,107,084	
Veteran Status				
Civilian Population 18 Years and over:	550,790		239,305,217	
Veteran:	47,410	8.6%	20,700,711	8.7%
18 to 64 Years	24,301	4.4%	11,371,344	4.8%
65 Years and over	23,109	4.2%	9,329,367	3.9%
Median Family Income (In 2014 Inflation adjusted dollars)	\$66,483		\$65,443	
Race				
White, non-Hispanic	510,412	73.1%	197,159,492	62.8%
Black, non-Hispanic	40,902	5.9%	38,460,598	12.2%
Hispanic or Latino	113,722	16.3%	53,070,096	16.9%
Educational Attainment				
Population 25 Years and over:	458,182		209,056,129	
Less Than High School	59,476	13.0%	28,587,748	13.7%
High School Graduate (includes equivalency)	133,021	29.0%	58,440,600	28.0%
Some college	127,098	27.7%	60,821,634	29.1%
Bachelor's degree or more	138,587	30.3%	61,206,147	29.4%

Source: Social Explorer Tables: ACS 2014 (5-Year Estimates), Social Explorer; U.S. Census Bureau

A unique feature of the Valley is that Massachusetts has a relatively rich benefits environment for the population as a whole, and veterans in particular. Massachusetts was the first state in the nation to offer veterans benefits. As early as the French-Indian War towns within the Massachusetts Bay Colony provided public assistance to veterans. At the start of the Civil War these benefits were formalized under Chapter 115 of the Massachusetts General Laws, which established means-tested assistance for veterans and their families. The network of

Veterans' Service Officers administers these benefits. This unique aspect of Massachusetts may make the case of the Pioneer Valley less representative, but provides a unique opportunity to compare veteran attitudes about local public assistance to those about federal public assistance for veterans.

Data collection

My study seeks not only to understand gender differences and housing decisions of post-9/11 veterans, but how housing policy and veterans institutions shape the experiences of veterans. Thus, I consider individuals embedded within the Pioneer Valley and the area's networks of veteran service organizations. The multi-level nature of my study demanded that I collect and analyze multiple sources of data (see Table 2). Starting at the individual level, I collected data on veterans through surveys and interviews of current era veterans. At the organization level, I collected data on organizations through interviews with representatives of organizations in the Pioneer Valley who work with veterans. In addition, I directly observed meetings and events related to veterans services in the Valley. For example, over a period of more than a year I regularly attended meetings of the Western Mass Housing First Network Veterans Committee. Finally, I collected data on the Pioneer Valley including census data, relevant local newspaper and blog posts, and observations of the area from being a resident. Table 2 summarizes the sources of evidence that I collected during the case study.

Table 2: Data Sources

Documentation	Meeting minutes from Western Mass. Housing First Network Local media coverage of veteran issues
Interviews	Interviews with post-9/11 veterans Interviews with veteran service providers
Original Survey Data	On-line survey of post-9/11 veterans
Direct Observation	Observation of Western Mass. Housing First Network Observation of veterans events (e.g. VeteransExpo)
Administrative Data	Client level-data from Homeless Management Information System (HMIS)

Interviews

Interviews provided the specific and deep understanding of how veterans in the Pioneer Valley experienced the transition home. Interviews with service providers provided details on the availability and nature of veteran services in the Pioneer Valley (See Appendix I for survey instrument). A large number of the service providers interviewed were also veterans, among them several had served after 9/11.

In order to recruit veteran interview respondents, I asked for volunteers through the online survey. Survey respondents were asked whether they would be willing to participate in an interview and I followed-up by email with everyone who volunteered. In addition, I reached out in-person at veteran specific sites. For example, I went to a local transitional housing provider and was introduced to the residents during the weekly house meeting. I introduced myself, explained the study, and invited anyone who was interested to come and speak with me after the meeting. I found that among the men in the transitional housing program those who volunteered all preferred to participate in an interview and declined to participate in the survey. All interview respondents were thanked with a \$20.00 Amazon.com or a Dunkin' Donuts gift card. Most

interviews took about one hour, though several were considerably longer. Several of the interviews were with veterans who wore both public and private hats. These interviews included questions about both their personal experiences and their experiences as public figures working to assist veterans.

Interviews with veterans were conducted either in my office or at a location convenient to the veteran, such as a coffee shop or library. I interviewed three men living in transitional housing. These interviews took place at the transitional housing program, in an empty case managers office. All interviews were audio recorded and later transcribed. The interviews were semi-structured and guided by an interview protocol that was developed based on prior interviews with veteran service providers (see Appendix II for the survey instrument). In total 24 veterans were interviewed, 6 of the interviews were with women and 18 were with men (see Table 3). The men and women interviewed were from a variety of service backgrounds I spoke with men and women who had served in the Army, Navy, Air Force, and Marines (see Table 4). Several served in the Reserves or National Guard or were currently in the Reserves or National Guard. Three of the interviewees were African-American, three were Hispanic, and the remaining were white, non-Hispanic. The ages of the veterans ranged from early 20s to over 50. The majority of veterans had been enlisted, but I also spoke with individuals who had been officers. The vast majority of veterans had deployed overseas, predominantly to Iraq; several had experienced multiple deployments. Military occupations were varied and included both frontline infantrymen and administrative occupations. See Tables 3 and 4 for a summary of interviewee characteristics. The range of experiences was incredibly broad and I realize that despite this, there are still a variety of experiences that were not captured.

Table 3: Demographic Characteristics of interview participants

	Interview participants (<i>n</i> =24)	
	n	percent
Gender		
Male	18	75%
Female	6	25%
Race		
White, non-Hispanic	18	75%
Black, non-Hispanic	3	13%
Hispanic	3	13%
Currently a student		
Yes	16	67%
No	8	33%
Housing Status at time of Interview		
Homeless	3	13%
HUD-VASH	2	8%
Unsubsidized Housing	19	79%
Age		
20-29	8	33%
30-39	5	21%
40-59	2	8%
50+	4	17%
Unknown	5	21%

Table 4: Military Characteristics of Interview Participants

Branch	Interview participants (n=24)	
	n	percent
Army	10	42%
Air Force	6	25%
Navy	6	25%
Marines	2	8%
Ever a member of:		
Reserves	8	33%
National Guard	5	21%
Number of Deployments		
Never Deployed	4	17%
1	7	29%
2	5	21%
3	2	8%
4 or more	2	8%
Unknown number, 1 or more	4	17%
Service-Connected Disability Rating		
Yes	14	58%
No	9	38%
Unknown	1	4%
Veteran Service Organization Member		
Yes	13	54%
No	9	38%
Unknown	2	8%

Service providers were contacted through email or phone. Over the course of the year I spoke with representatives from all levels of government and several non-profits. Organizations represented in my study include:

- VA of Central Western Massachusetts
 - MST Coordinator
 - HUD-VA Supportive Housing Case Managers

- Veterans Justice Outreach Coordinator
- Women's Health Director
- OEF/OIF Coordinator
- Veteran Service Officers
- Veterans Inc.
- University of Massachusetts, Amherst
- Holyoke Community College
- Greenfield Community College
- Springfield Technical Community College
- Veterans Education Program
- VetCenter, West Springfield
- Massachusetts Department of Mental Health
- Massachusetts Department of Veteran Services, SAVE team
- Soldier On

When possible, interviews with service providers were audio recorded and transcribed in other instances I took detailed notes. Events attended included: 2014 and 2015 Veterans Expo, formerly known as Stand Down for Western Mass, 2014 Massachusetts Women Veterans Conference, and regular monthly meetings of the Veterans Committee of the Western Massachusetts Network to End Homelessness.

The interview transcripts, meeting minutes, and field notes from these interviews and observations were all imported into NVivo software and coded. I began my analysis with codes developed during the research design process, but also added codes as themes arose that were not anticipated. I conducted all coding of the interviews and notes.

Administrative data

In addition to the quantitative data from the survey, this case study also analyzes administrative data collected through HUD's Homeless Management Information System (HMIS). I obtained administrative data from homeless shelters operating in Western Massachusetts, through entering a Memorandum of Understanding with the local Continuums of Care. The data set includes a self-report measure of whether an individual is a veteran. In addition to veteran status, the shelter intake also includes data on the branch of service, era of

service, discharge status, and whether the veteran was ever in a combat zone. Unfortunately, these measures are not consistently available for all veterans, but they provide useful detail on many veterans in the homeless system.

Data is organized by an individual's stay in a shelter. Each individual in the shelter has a unique record, there is also a family id, which permits me to identify families that are headed by a veteran. This data spans the period of time from 2011 through 2014. The analysis provides descriptive information and gives a more complete view of the population of homeless veterans in Western Massachusetts. Captured in the data is where homeless veterans stayed prior to entering shelter and demographic characteristics, such as age, race, ethnicity, and gender. Furthermore, the data set contains information on benefits received by the veterans.

I rely on the Census Bureau's American Community Survey data in order to describe veterans in the Pioneer Valley overall. This data was downloaded from Social Explorer. I use the 5-year county-level estimates. This data provides a picture of basic demographics of veterans as a whole. Unfortunately, the data doesn't allow one to drill down to the level of detail that would allow me to make comparisons across gender or across service era because of the limits imposed by the sample size.

WebRDS survey data

My survey data collection resulted in a non-probabilistic convenience sample. However, my original aim was to collect survey data that would allow me to make generalizations about the experiences of current-era veterans in the Pioneer Valley and compare the experiences of male and female veterans. In order to accomplish this, one needs to use a sampling technique and inference methods that allows for statistically sound estimations. Traditionally survey researchers create a sampling frame from which they select a simple random sample or a

stratified sample. With a probabilistic sample from an accurate sampling frame, one can make inferences about the population of interest. The challenge for this study is that a sampling frame of current-era veterans living in the Pioneer Valley was not available. I originally considered sampling from institutional settings, such as the local VAMC, but this would limit my study to those veterans who are eligible for VA health care and currently enrolled, furthermore, this would have required Institutional Research Board (IRB) approval from the VA. I also considered approaching the Massachusetts Department of Veteran Services, which receives a list of recently separated veterans from the Department of Defense and their “home of record”, where they resided prior to serving in the military. Using the home of record is problematic because many veterans do not reside at their home of record after service. In addition, this sampling frame would oversample those individuals with a stable address and, given my interest in housing instability and homelessness, this would introduce bias into my sample that would severely hinder my inquiry into these issues. In the absence of a sampling frame, researchers often utilize random digit dialing, or other similar procedures, to screen the general population for members of the target population. This results in good estimates, but is extremely time consuming and expensive. I hesitated to use non-probabilistic sampling methods because the data collected would be biased in that those who volunteered for my study would be different from other members of the target population in important ways. Thus, for the collection of survey data, I turned to a relatively new sampling procedure that relies on peer recruitment and has been shown to produce asymptotically unbiased population proportion estimates when properly implemented (Salganik & Heckathorn, 2004).

Respondent Driven Sampling (RDS) was first introduced by the sociologist Heckathorn (1997). Today, RDS is used widely to estimate the prevalence of traits among hard-to-reach

populations for whom there is no sampling frame. For example, RDS studies are one tool in estimating rates of HIV infection among sex-workers, intravenous drug-users, and men who have sex with men(Johnston, Sabin, Hien, & Huong, 2006; Malekinejad et al., 2008). Golub and Bennett (2014) use RDS to estimate the prevalence of substance use among post-9/11 veterans living in low-income, predominantly minority communities in New York. To my knowledge, this is the only existing study that utilizes RDS to study a military veteran population. Similar to Golub and Bennett, my study considers the experiences of current-era veterans, who may be unlikely to engage with mainstream veteran institutions.

RDS is used to refer both to the sampling procedures and the data analysis methods (Salganik, 2012). Inherently, the RDS data collection process creates a data set where there is interdependence among the observations. While in practice some researchers have used RDS data collection and not used RDS inference, doing so produces biased results because it ignores the interdependence of observations within the sample. RDS inference essentially uses network data from survey respondents to weight their responses. Ignoring the interdependence in the sample and failing to use RDS inference with RDS samples, produces biased estimates. I will focus this discussion on the essentials of RDS data collection and web-based RDS (webRDS).

Like snowball sampling, RDS relies on peer recruitment. A small number of “seeds” are selected from the target population. Seeds are essentially a convenient sample and may be selected based on their characteristics and large social networks. Seeds then recruit other members of the target population from their social networks. Each seed is asked to invite their peers, who are also members of the target population, to participate in the study. These respondents then begin another wave of recruitment. The recruitment process continues until the desired sample size is reached. The relationships between the seeds and each wave of

respondents are tracked using unique identifiers, or coupon codes. It is essential that this network data be collected in order to make inferences about the population.

In addition, each respondent is asked how many individuals they know in the target population, in social network theory this is known as *degree*. It is important to define what the researcher means by “know.” Knowing someone is frequently defined, as they know your name and you know theirs; the relationship must be reciprocal. In sum, at a minimum any RDS study must collect from every individual, the unique code of the person who recruited the respondent, a unique individual code, and their degree size. This allows the researcher to estimate the network and then make estimates from the network to the population (Heckathorn, 1997; Salganik & Heckathorn, 2004).

The majority of published RDS studies collect data from individuals in person. Web-based RDS (web RDS) was originally introduced by Wejnert and Heckathorn (2008). Through webRDS respondents take surveys online and recruit their peers through electronic means, such as e-mail, instant message, social media, or text message. Wejnert and Heckathorn (2008) tested the ability of webRDS and email recruitment to generate a sample of college students. They started with nine seeds and in only 72 hours achieved their objective of a 250-person sample. They state:

Once sampling has started, no effort is needed on the part of the researcher except to download the completed data set. In traditional sampling methods, the researcher must identify every member of his or her sample using a predefined sampling frame and persuade each one to participate. RDS requires the identification and recruitment of only 5 to 10 seeds; the identification and recruitment of the remaining sample is then done entirely by the respondents.

Stein et al. (2014) successfully implemented web-based RDS in order to survey students in Thailand about contact patterns relevant to the transmission of airborne infections. Notably the Stein et al. study did not use material incentives, though students were provided the opportunity to view their recruitment trees on a Facebook page devoted to the study as an incentive. In total, the researchers invited 191 students to participate in the study, 80 completed the study, of which 44 invited their contacts. In total 220 individuals completed the survey. This recruitment differs from the webRDS methods proposed by Wejnert and Heckathorn in that 44 seeds were required to achieve a sample of roughly the same size that they achieved with 9 seeds. Like Wejnert and Heckathorn the Stein et al. Study was initiated using a student population, though seeds were asked to recruit up to 4 close contacts, who were not necessarily students.

Bengtsson et al. (2012) used web-based RDS to sample men who have sex with men (MSM) in Vietnam. From an initial sample of 20 seeds they achieved a sample of 676 participants over 24 recruitment waves. The study was conducted using a web-based survey that required a login. Survey respondents were invited to recruit other MSM through email or Yahoo! Chat messages. Participants received compensation either in the form of a credit on the respondents SIM card or a donation to community organization, or a lottery. In addition, participants were able to compare their characteristics to those of other participants.

To date, the only published study using web-based RDS in the United States looked at substance use among young adults in the United States (Bauermeister et al., 2012). The study's goal was to estimate the prevalence of alcohol and drug use among young adults in the United States and to determine whether these estimates were comparable to existing national estimates. The authors' target population of interest was youth 18 to 24 year olds who lived in the United States. The authors used an advertisement on Facebook to recruit seeds. Youth who responded to

the advertisement were screened on the basis of race, ethnicity, and region of the United States. Those who met the criteria of the researchers and represented a needed demographic were also screened by telephone. In total 22 seeds were used. Initially, incentives for participation were \$20 for initial participation and an additional \$10 for each friend recruited. Youth were asked to provide emails of their friends and then 24-hours later computer generated emails were sent inviting their friends to participate in the study. The authors found that this method of recruitment was not effective. Only 2 referrals enrolled in the study. The recruitment protocol was altered to allow youth to send the email messages directly to their friends, but this did not increase referrals. Finally, the authors increased the number of potential recruits, allowing seeds to earn up to \$50 for referring a maximum of 5 friends. In addition, youth were encouraged to share their unique identifying number via text message and/or social media. This proved effective at increasing referrals and in total they achieved a sample size of 3,448. One piece of information missing from the article is the degree size of the seeds and the sample overall. The target population of the study was youth in the United States. Thus, the degree size of the average 18-24 year old is likely much larger than the relevant degree of the target population of this study. The larger pool of potential respondents both overall and as a share of participants social network would increase the number of effective referrals holding all else constant. An additional web-based RDS study is the much discussed and later retracted LaCour and Green (2014) study, which was published during the data collection process of my study. LaCour (2015) maintains that he followed web-based RDS sampling procedures, but the efforts of Broockman, Kalla, and Aronow (2015) to replicate his study failed in large part because they were unable to recruit a sample size comparable to that which LaCour claimed. While it is

unknown to what extent LaCour adhered to web-based RDS techniques, the failed replication efforts point to the difficulty in recruiting survey respondents online.

Based on the initial promise of webRDS to allow me to estimate the prevalence of housing instability and compare attitudes among male and female veterans I attempted to use webRDS to recruit a sample of post-9/11 veterans living in the Pioneer Valley. Despite my best efforts the survey data collection failed to collect a sample of the size needed to use RDS inference or other statistical analysis that would allow me to generalize from my sample to the population. In this study, the recruitment process failed to create recruitment chains. In fact, only one veteran was successfully recruited through peer-recruitment, thus the final sample is essentially a convenient sample. The relatively limited literature on webRDS requires that I share my experience with webRDS in order to help other researchers considering this approach to data collection.

The survey instrument was created using Qualtrics, an online survey service (See Appendix III for the survey instrument). Initially, the survey required participants to enter a unique password to enter the survey, later I updated the survey to allow participants to enter a code if they had received one, but they could enter the survey without one. All respondents were screened in order to ensure that they lived in the Pioneer Valley, had served in the U.S. Military for some period of time after September 11, 2001 and were not currently on active duty. When someone completed the survey, a message was sent to my email account informing me that someone had completed the survey and I would send a thank you e-mail containing a \$5.00 gift card to Amazon.com or Dunkin' Donuts. In addition, I would receive an email if the respondent volunteered for an interview or to recruit additional veterans. In order to encourage participation I offered an incentive of a \$5.00 gift card to the respondent upon completion of the survey. In

addition, each participant could receive an additional \$5.00 when someone they had recruited completed the survey for up to 3 survey responses. Thus a respondent could receive a total of \$20.00 in gift cards if they completed the survey and recruited three additional respondents.

In accordance with the Respondent Driven Sampling (RDS) data collection procedures, I initially identified three veterans to serve as seeds. Two of the seeds were male and one was female. The seeds were all post-9/11 veterans who worked with veterans, therefore, I believed they were well networked and would be effective at spreading the word about the survey. The seeds completed the survey and were sent emails that they could cut and paste and send directly to other contacts. The emails contained the survey link and coupon codes to share with other veterans. I followed up with the seeds to encourage them to share the survey links and they indicated that they had passed on the links and coupon codes when interviewed. Nonetheless, these initial seeds did not lead to any additional survey responses. I then created flyers with the link to the survey and unique codes that would allow the veteran to access the survey. I distributed these at the VA in Leeds, the VetCenter in West Springfield, and distributed them to service providers, including SSVF case-managers, who worked with veterans. These cards produced a handful of surveys responses, but again they did not lead to surveys through referrals. I then amended the study protocol to allow recruitment via Facebook and for the survey to be taken in person on an iPad. I also went to the University of Massachusetts at Amherst (UMass) and received IRB approval that allowed me to have an administrator send an email to the UMass student veteran list-serve. This proved to be the most fruitful. The survey was also shared on the Facebook pages of several Veteran Service Organizations in the Pioneer Valley. In addition, in the fall, I gained IRB approval from the community colleges in the area and I was able to post flyers at all three schools. These flyers produced additional surveys and volunteers for interview.

In addition, I attended house meetings at a homeless shelter for veterans where I introduced the study and myself. I was prepared to have veterans take the survey on an iPad. However, one of the more interesting findings is that several veterans specifically did not want to take the survey online, but were interested in volunteering for an interview. Several of the interviewees who declined to take the survey had suffered Traumatic Brain Injuries or Post-Traumatic Stress Disorder or Adult ADHD. Thus, I believe the survey would have been challenging for them to complete and they were aware of this. Thus, the mixed-methods approach was particularly appropriate given that these many veterans' experiences would not have been included in the study if I had collected only survey data.

In sum, the failure of the webRDS data collection procedures resulted in a much smaller sample than anticipated and a sample without the necessary size or network structure to allow for inferences from the sample to population. The final sample size for the survey is 33, including 23 male veterans and 10 female veterans (see Table 5). The men and women who participated in the survey were predominantly white, non-Hispanic, and the median age was 29. Reflecting the success of recruitment methods on college campuses 76 percent of survey respondents were currently enrolled in school, and roughly a third had completed a bachelor's degree or more. The military service experience of survey participants was varied, with respondents from every branch of the military and a wide range of ranks, though the majority were enlisted. Over 42 percent had served in Iraq and 27 percent had served in Afghanistan. The typical survey respondent had been separated from the military for 4 years and had served in the military on active duty for just over 4 years, though several had served for considerably longer and retired from service.

Table 5: Survey participants' demographics

	Male		Female		All	
	n	percent	n	percent	n	percent
Gender	23		10		33	
Race						
White, non-hispanic	16	70%	8	80%	24	73%
Ethnic minority	7	30%	2	20%	9	27%
Age	29 (median) 31 (mean)		33 (median) 35(mean)		29(median) 32(mean)	
Education						
High School Diploma or GED	2	9%	1	10%	3	9%
Some College	12	52%	3	30%	15	45%
Associates Degree	2	9%	2	20%	4	12%
Bachelors Degree	3	13%	4	40%	7	21%
Masters	4	17%	0	0%	4	12%
Currently a student						
Yes	18	78%	7	70%	25	76%
No	5	22%	3	30%	8	24%

Table 6: Survey participants' military characteristics

	Male (n=23)		Female (n=10)		All (n=33)	
	n	percent	n	percent	n	percent
Branch (veterans could serve in multiple branches, totals do not sum)						
Army	7	30%	2	20%	9	27%
Navy	5	22%	1	10%	6	18%
Air Force	3	13%	2	20%	5	15%
Marines	5	22%	0	-	5	15%
Coast Guard	1	4%	0	-	1	3%
Army National Guard	3	13%	2	20%	5	15%
Army Reserves	1	4%	1	10%	2	6%
Navy Reserves	4	17%	0	-	4	12%
Air Force Reserves	0	-	3	30%	3	9%
Marine Reserves	1	4%	0	-	1	3%
Number of Deployments						
0	4	17%	4	40%	8	24%
1	8	35%	2	20%	10	30%
2	7	30%	2	20%	9	27%
3	2	9%	2	20%	4	12%
4	1	4%	0	-	1	3%
5 or more	1	4%	0	-	1	3%
Ever serve in...						
Iraq	10	43%	4	40%	14	42%
Afghanistan	6	26%	3	30%	9	27%
Reason for seperation						
retired	4	17%	3	30%	7	21%
completed contract	6	26%	1	10%	7	21%
medical discharge	3	13%	3	30%	6	18%
honorable discharge	8	35%	1	10%	9	27%
other	2	9%	2	20%	4	12%
Years since seperation						
median	2		7		4	
mean	3		7		4	
Years Active Duty						
median	4.33		2.75		4.21	
mean	8.87		8.67		8.12	
Rank						
E-3 - E-4	12	52%	2	20%	14	42%
E-5 - E-8	6	26%	8	80%	14	42%
W-4 - O-4	3	13%	0	-	3	9%
O-5 - O-6	2	9%	0	-	2	6%

Limited veteran networks contributed to the failure of webRDS

One assumption going into the study was that veterans would be in contact with other veterans on a regular basis and, therefore, able to share information about the study and recruit additional survey respondents. This assumption was based on conversations with veteran service providers and the work of Golub and Bennett (2014) where traditional RDS was used to recruit post-9/11 veterans in New York City. Data from the survey indicate that current-era veterans are not necessarily well networked, at least not in the geographic area defined in this study. To obtain the degree of each respondent I asked “Of all the post-9/11 veterans you know who live in the Pioneer Valley, how many have you seen, called, texted, e-mailed or been in contact with on social media in the past 2 weeks? Please be as precise as possible.” Of the 30 responses to this question, the most common response was 1 (n=10) and followed by 2 (n=6) and 0 (n=4). The mean degree was 4 and the median was 2. The initial seeds I identified had larger degrees than average, 10, 15, and 6 thus making them potentially good seeds. Nonetheless their relatively high degrees did not result in any additional surveys.

Every veteran who took the survey was asked whether they would be willing to recruit others, and I sent recruitment emails to everyone who volunteered. In total, 14 (46.7%) of the 30 veterans who answered this question volunteered to recruit and were thus seeds, since they were all recruited by me or through emails and flyers distributed on my behalf. I reached out to all of the potential seeds via email. On average, these veterans had higher degrees; the mean degree of those who volunteered to be recruiters was 4.7, (median 2) compared to a mean degree of 3.4 (median 1) for those who did not volunteer. Despite the initial willingness for help recruiting, only one person took the survey through peer recruitment. Notably, the individual who was successful in recruiting originally declined to recruit and only volunteered after an in-person

interview. Thus, this experience leads to the question of which characteristics, beyond degree, should a researcher consider when selecting seeds for a webRDS study and at what point in the process is recruitment breaking down.

A World Health Organization (2013) report of RDS on the implementation of RDS outlines the characteristics of good seeds in their manual on RDS. They recommend: “A good seed should have a large social network.” Furthermore, they recommend: “Seeds should also be enthusiastic about participating in the survey and be able to convey that to their peers.” The relatively high degree of my initial seeds suggests that I was effective at selecting seeds with large social networks. Clearly that is not sufficient. This raises the question of how to select individuals who will be able to take on the hard work of persuading others to participate in research that is not their own. It is worth noting that the one referral that I achieved occurred after a particularly fruitful interview with a young veteran who immediately after the interview reached out to another veteran. Unfortunately, the veteran in the second wave declined to recruit others. Thus, this points to the issue that is especially difficult with web-based RDS. The researcher has in-person contact only with the seeds, if at all. In traditional RDS, coupons are brought to a site and a service or incentive is delivered in person. With an in-person meeting, the researcher has the opportunity to engage with the participant and communicate their gratitude and importance of the study. An email or a Facebook post, especially to someone with a large network, is likely lost in a full inbox or constantly updating stream of status updates and posts. Furthermore, emails generated by an automated program may be blocked or placed in a spam box.

A clear conclusion from my experience is that web-based RDS is more difficult to implement than Wejnert and Heckathorn (2008) portray. The reasons why Wejnert and Heckathorn were so

successful are not immediately apparent, but it would be useful to do future research in order to test what aspects of the study were most important to its success. For example, one unique characteristic of the Wejnert and Heckathorn study is that they were recruiting students from the university at which they worked and the students were asked to recruit students on the same campus. Thus, the trust between the researchers and the potential survey respondents is likely higher than in most research situations. In addition, it is likely that the recruitment emails came from addresses that were from the same email server. For example, students could feel confident that the email was not spam because the recruitment emails were from addresses with a known and trusted origin, (e.g. janedoe@univ.edu) and they would not be blocked.

RDS and veteran isolation

Through the qualitative interviews themes of isolation upon returning to the civilian world arose again and again, even talking with veterans who were in leadership roles in veteran service organizations or had achieved financial or career success. Among the most cited reason for why veterans missed the military was the loss of camaraderie and the feeling that their fellow soldiers had their backs. When I asked about connections to those they served with many stated that they were separated by distance and that they had largely fallen out-of-touch, except for the occasional wedding or reunion and the ersatz connection provided by Facebook. These themes will be explored later, but they are relevant here because RDS requires that respondents have reciprocal relationships with others. Veterans who responded to the survey would likely have higher degrees than the overall population because they were largely recruited through higher education institutions and veteran service organizations. Thus, the low-degree of the sample, suggests that webRDS is not a good sampling technique for studies concerned with current-era veteran populations outside of major metropolitan areas.

This also highlights the importance of conducting preliminary research. As part of my study I started with interviews with service providers. At the close of interviews I asked the service providers their thoughts on both the sampling technique and the incentive. I was encouraged by service providers who assured me that veterans dedication to public service would translate into a willingness to participate in my study and that the incentives would be appropriate for the population. My optimism and excitement about RDS combined with encouragement from service providers led me to overestimate the networked nature of veterans and to downplay the importance of personal connection. For future research on current era veterans I would recommend lifting or expanding the geographic boundaries.

Moving forward it is important that researchers who use web-based RDS share their successes and challenges so that we can improve our understanding of where web-based RDS is appropriate and where it is likely to fail. In future web-based RDS studies researchers should consider randomly assigning incentive structures so that we can determine to what extent the incentives actually matter. Similarly, the effectiveness of recruitment methods, e.g. Facebook vs. Text message vs. Chat could be randomly assigned and evaluated. Without random assignment of these procedures it is difficult to say whether it is the persuasive or charismatic nature of a seed or the seeds choice of recruitment method that is more effective. In theory a seeds effect should be limited to the 1st of 2nd wave of recruitment. The researcher may be able to choose and motivate a seed, but after the seed has recruited his or her contacts their personality or network size is not relevant. Future research into webRDS must explore the extent to which each of the following contributes to effective sampling: degree size of seeds; average degree size of target population; nature of incentive; means of recruitment, e.g. computer generated email, direct email from friend to friend, Facebook post, Facebook message, text message, online chat;

sponsorship of study or membership in the target population of researcher(s); number of seeds; and initial engagement with seeds. It may be that webRDS is effective in certain settings and not in others, but only through open communication of both successes and failures in webRDS data collection can we hope to understand under what circumstances researchers should consider webRDS.

Summary

The data collection processes outline above spanned the better course of a year. The analysis of the data has been a largely iterative process. Going from the interviews with service providers to crafting the survey instrument or from interviews with veterans to analyzing the trends in the HMIS data. The case study design requires that the data triangulate on a single answer and in large part this has been the case. In the following chapters, I explore my findings and present the survey data and administrative data alongside the qualitative data. They reinforce one another and provide important insight into the experiences of current-era veterans in the Pioneer Valley. I present them hoping that these findings will inspire future studies using similar and different methods. Veterans' experiences are well documented in the medical literature, but largely ignored in the planning and policy literature. My hope is that this study will be the first of many considering veterans experiences from a policy and planning perspective.

When the soldier returns and starts to speak -- if he starts to speak at all -- he is bewildered to see that his listeners, even the sympathetic ones, do not understand the uniqueness of these individual experiences which have rendered him another man.

Alfred Schuetz (1945, p. 374)

Chapter 4. Isolation at home

Introduction

In his article *The Homecomer* Schuetz (1945) was among the first to explore the experience of WWII veterans returning to civilian life. He remarks on the difficulty for both the “homecomer” and “welcomer” to navigate the changes that have occurred in both. Reading Schuetz today, it is remarkable how little has changed for military veterans in terms of the initial experience of navigating the return to civilian life. The men and women I interviewed, like their WWII predecessors, returned home to find that the home that they had left was much changed and that their experience in the military and in combat had changed them to a degree that even among peers and family they felt alone and unable to communicate the experience of serving abroad.

This generation is different than prior generations in important ways. They are serving for longer periods of time and experiencing more deployments, 43% of those who deployed experienced multiple deployments and the average length of a deployment is 7.7 months (Institute of Medicine (IOM), 2013). Moreover, fewer Americans have served in the military than in prior generations, despite the fact that the wars in Iraq and Afghanistan are longer than prior conflicts. Fewer Americans have direct knowledge of what it means to serve in the military and transition from the military to civilian life. Thus, while in 1950 1 in 4 adult men had served in WWII today roughly 1 in 100 adults have served in OEF, OIF, or OND.

For policy and planning researchers, the shrinking veteran population may contribute to a sense that veteran-focused housing policy and planning are becoming less relevant. On the contrary, as veterans' experiences become more unique we need to do more to consider how veterans can reintegrate into non-military communities. The experience of serving in a war zone and being thrust back into a civilian society is bound to disrupt even the most resilient individuals. Today's veterans are not the first to experience isolation and a sense of disconnect from civilian society. Accounts of prior veterans experiences tell a similar tale of returning to civilian life and in the short term being adrift and unable to return fully to family and civilian community (Faulkner & McGaw, 1977; Schuetz, 1945). What is missing from prior accounts is an understanding of how this experience of isolation can shape the veteran's ability to navigate the complex system of veterans benefits and how veterans institutions contribute to this isolation. In this chapter, I document the evidence from my interviews and survey data that shows that many veterans experience isolation from both the broader civilian community, but also from other veterans. I consider the forms that this isolation has taken and the non-policy factors that have contributed to this isolation and the potential effects of isolation.

As it has persisted across the eras of service, in my interviews the theme of isolation was echoed in interview after interview regardless of the branch, age, race, or gender of the veteran. Many veterans had addressed their isolation and found deep connections through public service or other relationships, but it was impossible to ignore the fact that nearly everyone I spoke with had experienced, or was currently experiencing, a sense of being isolated from the larger community.

In this chapter, after I lay out the data that support my argument that returning veterans are experiencing isolation. I go beyond explanations of isolation that focus on the individual and the

role of isolation as a coping mechanism. I argue that military culture that regards civilians as less than military men and women contributes to and prolongs the isolation of veterans, especially in non-military communities like the Pioneer Valley. The military and the broader American culture place military service members both apart from and above the civilians whom they are serve. Within the military as well, a hierarchy of veterans create distinctions that persist after service and inhibit veterans from building bridges among veterans from various branches and occupations. Finally, I conclude by considering how this isolation impacts the social capital formation of veterans, which in turn may influence employment and housing opportunities. Veterans are afforded greater access than civilians to government assistance intended to increase their human and economic capital, but the isolation they initially experience may prevent them from fully realizing the potential of these services.

Sense of community in the military

The experiences of isolation and missing the camaraderie of the military were the most consistent theme that emerged through the interviews. At first this surprised me, because I had actively sought to interview highly connected veterans, those who would be able to spread the word about my study to their peers. The fact that even the men and woman who worked in veteran service offices for their towns or colleges were expressing feelings of being isolated was unexpected. As I continued the interviews, the theme was so strong that I could not ignore it, even as the goal of my study had been to look at housing choices. The isolation and loss of community is relevant to understanding the housing choices that veterans make when they come home, so I start off by describing the phenomenon I observed and later consider the implications for planners and policy makers concerned with veterans.

As part of the semi-structured interviews, I asked every veteran whether he or she missed the military. Only one veteran did not answer with an unequivocal “yes”. Those who agreed that they missed the military nearly universally cited at least one of three features of the military that they missed: the camaraderie, the structure, and the financial security. One typical response came from a male Army veteran:

I do every day. Part of it was just life was simple, yeah, you were told what to do and told how to do it and if you didn't do it, there will be consequences, and so you don't want to do the consequences, so you do what you're told and when you're told, how you're told, so it was too easy. [...]. I miss the camaraderie and I miss what I did. When I was in Afghanistan at the end of my tour, all I wanted to do was go home. And, as soon as I got home, within like two or three weeks it's like, I was trying to find every single unit that was deploying to Afghanistan and go back.

Across the interviews with both female and male veterans I found that many expressed feelings of isolation and a loss of connection. The loss of community was deeply felt. The intensity of the relationships and trust built during a deployment was often described in terms of a family. One Marine captured the intensity of the bonds he experienced during his service:

Every day of my life I miss just the camaraderie, knowing that anything can happen so you got to look out for -- the trust that was there between us Marines was unbreakable. When shit hit the fan that dude would be there for you, like your boy needs \$1,000 for whatever the reason, take \$1,000 and you ain't got to pay me back. Don't worry about it bro, I got you. Just the camaraderie, just the fellowship, just the simplicity of it. All we really had to do was not die overseas.

Another male Navy veteran, who was currently homeless and had a 100% disability rating due to injuries sustained during his service also described the bonds in terms of family:

Interviewer: Do you ever miss being in the military?

Veteran: Everyday. Everyday.

Interviewer: What do you miss?

Veteran: Everything about it. Everything. Just the brotherhood, I had people that I served with that I'm closer with than half my family.

Several female veterans also used the language of family to describe their bonds with their fellow service members. However, women's descriptions of camaraderie are different than their male counterparts in that they describe an initial hurdle to overcome in order to build the trust and the bonds. The male veterans explained the brotherhood without qualification, whereas the women described it as hard-won and described a need to earn the respect of their male counterparts. The women did not discuss the need of the men to earn their trust -- the trust building went in one direction. The final outcome was still that the women felt the loss of community when they left the armed forces. One female Iraq and Afghanistan veteran shared her experience as a leader in a predominantly male environment:

I made sergeant within a few years, so I had a team that I was responsible for. It was usually males and I never experienced any disrespect because I was a female. As long as you -- you just need to pull your own weight. As long as you show you can pull your own weight, you're fine but I never -- I never experienced anybody saying you shouldn't be here because you're a female. They might have thought it but maintained professionalism, but a lot of like -- oh, how are you going to fit boobs in that vest type of thing that kind of deal but nothing -- definitely had 300 big brothers.

Another female veteran who retired from the Navy and had been among the first women to integrate all male combat ships described a similar experience of needing to work hard in order

to gain the trust of her male colleagues, but once that trust was established described it as a strong bond and one that she deeply missed.

I actually ended up working in engineering, so that was even more challenging. A very male environment, you know, welders, electricians, engineers -- very male environment. And I was, in that one office I worked in, I was the only female out of 9 people, so it was very, it's a department of maybe 300, there was maybe, I don't know, there might have been maybe 5 females. I'm trying to count how many. It wasn't that many at first, but it's getting better. You know so that was definitely interesting. It happened to be my favorite command though. Interesting enough in the end. It was because of all the challenges and getting through it. And then just, you know, getting the guys, to trust you, getting them to trust that you're going to hold your own weight, just that whole piece, so I built a lot of relationships from that duty station. [...] So I think the whole thing, for me was really challenging was leaving the military environment and the close-knit people that you met, just the camaraderie so that piece was hard, the transition up here.

Leaving the tight-knit community of the military for civilian life was difficult for both men and women. One retired Air Force woman described her first apartment in the Pioneer Valley: "I loved the place, it was absolutely fantastic [...] But it was a shock to go in and live in an apartment where you don't know what everybody else's lives are like." A female UMass student who was in the Air Force Reserves commented on how hard it was to make friends on campus:

I do not have a lot of friends on campus really. I don't -- I have maybe four -- I was actually joking around with my mom recently. I said I have four Facebook friends now from school. This is such a large number [*sarcastically*]. So, I don't have nearly as many friends here as I do on base. And, you know, even -- because they don't live here and you

don't go with the same people to every class and so that's, you know, that's a little bit harder so I do miss that part — like the community there.

While the women I interviewed expressed a longing for the military and the community it provided, overall it was to a lesser extent than their male counterparts. This is not surprising considering that women are less likely to report feeling supported during their military service or part of the military community (Street et al., 2013). All of the women I interviewed reported experiencing sexual harassment and at least two were survivors of military sexual trauma. It is not hard to connect these experiences with lower levels of sense of community while in the military. Nonetheless, the women I interviewed, including those who survived MST, did express a sense of loss when it came to leaving the military community.

Isolation from family and friends on the home front

For many the isolation they experienced was not just the loss of the military community, but also a feeling that family and friends could not comprehend or accept them. Thus many experienced a dual loss of community, both the family and friendships that they had left when they joined the military and the community that the military had provided. This was true even for those who came from families where members of their family had served. One male Navy SEAL, whose parents had also served, recalled the difficulty of returning to family life:

Yeah. So, one of the difficult things is you're on deployment and you miss all the holidays. And you miss, like I missed a bunch of funerals. People pass away while you're gone and I think that is probably one of the hardest things to deal with, is your family at home when you're gone. And then you come home to it and expect you to be normal at your family parties like you were before, but you kind of feel disconnected from holidays and your family life because you're just so used to not doing it.

A young Marine who has both PTSD and a TBI as a result of his service and whose parents had served in the Army remarked:

It [the fact that his parents had also served] doesn't make it any easier to talk to them, but it's cool just knowing that they understand that things happen and people change from their experiences. They are understanding of that.

Several veterans described consciously isolating themselves from others, including family and friends when they came home as a means of coping. Other researchers have found that isolation is one coping strategy employed by veterans after deployment by men and women (Mattocks et al., 2012). A homeless Army veteran described living with his sister, who used drugs:

So, I stayed in the basement, in the basement dark, no TV and that was fine. The only time I came upstairs was to use the bathroom, take a shower, or something and I'd go back downstairs. But once they were doing drugs they would come downstairs and I used to argue and fight with them. So, they didn't understand that I was downstairs for a reason, you know. So, I had to deal with myself, in combat, I could be by myself.

The desire or need to isolate oneself came up frequently in the interviews with veterans, especially those who had experienced combat, regardless of whether or not they were in official combat roles. A woman who had served in Iraq described how difficult it was for her to go out with her friends in the city:

It was the worst decision I ever made in my entire life, going into Boston in crowded areas. [...] It was very soon after we came home and it was a really stupid decision to go, but I felt obligated because it was my best friend and I'm home and she didn't get it. I couldn't just say no, I'm not coming out.

The relationship with family was complex because at the same time that many expressed feeling disconnected from their family, many simultaneously cited their family as a source of material support during the transition home. This was true for many of the veterans regardless of whether they were leaving the military as young men and women or after 20 years of service. Many reported initially staying with family as a means of gaining financial stability before moving out on their own. This support was essential, but often difficult for formerly independent men to accept:

I think it was a little difficult at the same time in the early stages that all of a sudden dealing with having people around to support you. Family mainly. It was almost awkward. I'm used to doing everything independently and all of a sudden all these people are here, they want to help me. What do you need, what do you need? It was a little overwhelming at first.

For the majority of veterans I interviewed their family was a source of support, but it's important to note as well that many of the veterans interviewed came from families with very limited family support so that the loss of the military "family" was potentially more acute as there were no additional social supports. The three veterans I interviewed who were currently living in a homeless shelter all reported alienation from family: one man had been kicked out of his home by his mother while he was "acting out" due to his PTSD and drug use, another reported that his sister's drug use forced him to leave her apartment, and another reported that his substance abuse and poor relationship with his abusive step-father forced him on the streets. Other formerly homeless veterans also cited weak or non-existent family supports: in some instances family members were not financially stable enough to assist their children, in others conflict and divorce contributed to the loss of housing.

The reaction to this feeling of being disconnected from family and friends took different forms. In the most extreme cases several male veterans were very open about their desire to live apart from the larger community. In response to what he liked about the Pioneer Valley, the former Navy SEAL responded:

I like it. I like the Pioneer Valley. I am more of an outdoors person than anything. So, it suits me rather than a city. I don't like the city, I don't like being around other people.

Similarly, when I asked a former Marine where he'd like to be living in a few years he replied:

Somewhere, just way out in the middle of nowhere kind of off the grid. Where unless I tell someone where my house is they ain't going to find it. Just completely away from everybody. Not a fan of people anymore, I'm really not. I'm not a huge a fan of people.

Civilian and military culture clash

The desire to separate from the world was not universal. There were several who actively worked to build connections and establish themselves in their new communities. Several veterans expressed a strong desire to make connections with their classmates or those they worked with, but were frustrated by the what they referred to as the "civilian world." The men and women I spoke with drew strong contrasts between the military and civilian worlds. The frustrations with the civilian world were broad: civilians were described as lazy, disloyal, disrespectful, lacking accountability, and overly sensitive. The contrast between the civilian world and the military often arose when discussing employment or the classroom. One Marine veteran discussed his experience finding work after leaving the service:

So, I never really found a job that really fit with me you know what and there was -- you soon find out that in the civilian world that it's a dog-eat-dog world, you know, no one -- there's no brotherhood, it's all about who can I step on to get to the next level, you know,

and I wasn't used to that because that's not what the military -- that's not how we work, you know.

One former Colonel told of his longing for community and how he took steps to build that community, but still found the civilian world isolating:

Significantly, even with my VFW participation, my church participation, my community participation, I still feel isolated. When I leave church, when I leave the [Food Pantry], it's every man for himself and I don't -- I'm trying to make the connections, but it's tough this way. You guys [civilians] have a rough life out here.

At the same time that many characterized the civilian world as highly competitive, military veterans frequently remarked on the laziness of civilians and the lack of accountability. One female Air Force veteran remarked:

Like, in a civilian world, you can call in sick in the morning and then post pictures of you being at the beach on Facebook, and it's no big deal in the civilian world, because, oh well, maybe you were sick in the morning, you felt better in the afternoon, and you went.

In the military, you pull that kind of nonsense, you're out of the door.

In the classroom and the workplace civilians were not only described as being lazy, but also as being overly sensitive. This came through especially in interviews with younger male veterans.

One Marine remarked: "I'm having a really hard time getting that civilian filter for what I say."

Several student veterans who had been to war expressed frustration that their classmates had no experiences that could parallel their own and were consumed with relatively frivolous concerns. One young Army veteran, college student remarked:

You come back here and people are just like way -- they've got these nice cupcake lives and they're just like so carefree and so it was kind of annoying talking to them,

interacting with them. And so that was kind of -- you get used to dealing with people who hadn't been in those situations or not laughing at somebody's face when they're like, "Oh man I didn't get to see my dog last week." Or like, "I can't go home this weekend."

You're just like -- "it must be real tough for you, like suck it up." So, you kind of have to learn to not do that.

The difficulty of learning to be a civilian again or returning to a home that felt like a foreign environment were frequent themes. The concept of a foreign land was captured in the idea that military veterans need to learn a new language. The idea that civilians and military speak a separate language also came up in conversations about employment. The difficulty of translating military work experience for a civilian job market came up frequently as an issue.

One female Navy retiree recalled:

Initially it was really hard to find a job because you're, for me I was used to the military language, you have to, the transition is that you have to understand, to translate what you lived and breathed and the terminology into what society, or civilian people will understand.

This idea of two worlds, the military and the civilian, contributes to the separation and isolation of veterans. Theorists like Enloe (2000) have argued that the civilian world has become militarized and that the boundaries between the civilian and military cultures are eroding, but the lived experience for many of the men and women is that the cultures are separate. The structure and mission of the military provide a clear identity and an understanding of one's place in a community to service members. Upon leaving the military many struggle to regain that sense of where they belong and are finding a clash between the two cultures. This is exacerbated by the fact that so many civilians have extremely limited experience with the military and often have

difficulty engaging with veterans. One Marine veteran described his frustration with the expectation that he would now be expected to return to civilian cultural norms:

Everything that we were trusted to do, that we were expected to do, that's the hardest thing, coming out of the infantry where the job is to be able to kill somebody — that's the job. Like, let's not church it up. The mission of the Marines Corps rifle squad is to locate, close with, and destroy the enemy by fire maneuver, or repel the enemy by fire, and close combat. That's never easy for anybody to do, so the only way you're going to get through it with a smile, you know and still not be completely traumatized is to be dark, to be morbid, to not be politically correct. Then you come back here and you tell a joke or say something that isn't politically correct and everybody looks at you like you're insane. I cannot tell you how many times I've said something and somebody looks at me like I'm some PTSD-freaked-out-whack-job that is ready to go Rambo on the first person to look at me wrong. It drives me nuts, and I don't understand why everyone is so eager to wave the flag and support troops, when you're gone, and the second you get home and you're like hey can I get a hand with something, or you say something that offends somebody and they are the first ones to walk away, I don't get that.

This young Marine points out the conflicting stereotypes that many civilians hold regarding veterans. The civilian community has put the men and women who volunteer for the military on a high pedestal, while simultaneously believing that those who serve are likely to have mental health problems and behave in violent ways. The fact that the burden of serving has been so unevenly distributed also means that a smaller share of the population understands what it is to be in the military and those that are in the military are seeing multiple tours. While simulated war and violence is everywhere on TV and in video games, most Americans have not fully

considered what it means to be tasked with committing violent acts in the name of the United States. At the same time we venerate veterans, we have a media that focuses on the negative experiences of veterans for example: MST, homelessness, suicide, and PTSD. Several of the veterans I spoke with expressed concern over the negative portrayals of veterans and frustration that this focus on the difficulties facing veterans would take away from the pride of service. One young Army infantry veteran wrote in the survey:

Vets get plenty of help. Turning them into victims and vocalizing a never ending SOB story about vets really detracts from the pride and honor of silent sacrifice we made. Lets not turn vets into a another victim group that needs to be coddled.

A. MacLean and Kleykamp (2014) tested whether civilians in fact hold stereotypes about combat veterans returning from Iraq and whether public support for stereotypes about combat veterans translated into discrimination. Using data gathered from a survey experiment they found that the public does hold stereotypes towards combat veterans: specifically, they would not be surprised to hear that a combat veteran had problems with mental health, substance abuse, or violence. However, these attitudes did not appear to lead to discrimination towards veterans as survey respondents also indicated that they would be pleased to have combat veterans as neighbors, co-workers, and friends and support the government providing aid to these veterans. They compare public attitudes towards combat veterans to those towards veterans who were deployed to Iraq, but not explicitly in combat, those who never deployed and toward contractors who were in combat, who were in Iraq, and who were only in the U.S. The findings suggest that the public believes that veterans who were in combat deserve the most help relative to those who were deployed and those who served only in the US. In addition, the public believes that veterans are more deserving of assistance than contractors. The authors conclude that the results suggest

that veterans are in fact not a stigmatized group and that their symbolic capital explains the fact that the public simultaneously believes that veterans are more likely to display socially undesirable behaviors and express support for social closeness and government support for veterans.

Many veterans, like the Marine quoted above, were aware of their symbolic capital, but felt that it would not translate into meaningful assistance. This may be due to the fact that while the public may express a desire to be socially close to veterans, in practice veterans are wary of civilians and civilians often unsure of how to behave around veterans given that they hold these stereotypes regarding veterans' behaviors. Veterans frequently had stories of civilians asking questions that were at best insensitive and at worst offensive. For example, an Army veteran and college student recounted:

[At the] beginning of the semester, without fail, five or six times somebody would find out that I'm -- they were like, "Oh what's the backpack here?" I'd say, "I'm a veteran." They were like, "You were deployed?" I'm like, "Yeah. I was in Iraq." Then the next question on their mouth is -- and they look like this [wide-eyed look], "Did you ever kill anybody?" and it's just like oh my God. And it's like a loaded question because -- [...] the only thing they know about war is it's a video game that they've played or it's *Blackhawk Down* and so they don't realize that when you're getting shelled or -- there's a report on the radio that a person's been shot at, like it's sheer terror and you're -- it's not cool and, if you were ever out, like -- at one point I had to pull a rifle to do tag and almost killed them and it was just like it was not a good feeling. It was not fun, it was not cool, and it's not something I want to share with some 19 year old kid I just met who looks at you with open eyes. Because if you say "yes" that you killed somebody, you're a

murderer, if you say no, you're some puss who sat out and didn't do anything, you didn't get the full war. It's just like everybody had a different mission over there and just because I didn't pull the trigger it doesn't mean that it wasn't a stressful situation. But you get that a lot so a lot of veterans will not self identify or they'll try to just blend in as a regular college student and not talk a lot.

As this young man describes it, a negative interaction with a few civilians has the potential to create a pattern of isolation where veterans retreat from other students. In response to the lack of dialog between civilians and veterans several initiatives on college campuses and among health and social work professionals in the area have arisen to help address this divide and educate civilians about military culture and the behaviors that veterans may display that are valued in the service and in battle, but problematic at home. In non-military communities, such as the Pioneer Valley, the lack of cross-cultural understanding may be addressed through this type of education, but it is unlikely to reach a scale that alleviates the feelings of isolation and cultural clash between civilians and veterans.

Isolation within the veteran community

In addition to expressing distance from civilians, many veterans expressed feeling isolated from other veterans. Notably, many also expressed a strong sense of community among veterans, even as they disparaged other veterans or discussed the ways in which they did not fit community norms. For the purposes of my research, I considered a veteran anyone who had served in the U.S. military for any period of time and was not currently serving on active duty. However, the criteria for membership and benefits eligibility varies from organization to organization, thus it is impossible to point to a single definition of "veteran" and through my interviews I found that the definition of veteran is contested and that the contestation over who is

a “true” veteran is often tied up with notions of what makes someone deserving of respect or assistance. A hierarchy of veterans came through both implicitly and explicitly in the interviews and survey comments and these notions of who is a true veteran intersected with beliefs about who was deserving of services or membership.

To those outside of the military, the distinctions among branches and rank are complex, but can be learned and understood, but these divisions are just the beginning. There are additional ways in which veterans draw distinctions amongst themselves and they are expressed both by the veterans and the veterans service organizations and the Veteran Administration and Massachusetts Department of Veterans Services, which make distinctions among veterans based on factors including era of service, length of service, nature of service (e.g. National Guard, Reserves, Active Duty), discharge status (honorable, other than honorable etc.), and whether the veteran was ever deployed overseas. Men and women in the service, internalize these distinctions and this can lead to feelings of inadequacy or superiority depending one’s position. These distinctions matter because notions of who is a deserving veteran can contribute to individuals isolating themselves from other veterans at a time when they may need support. Among veterans several expressed guilt and regret at never having been deployed. Just as public attitude surveys by MacLean and Kleykamp (2014) revealed that the public preferred combat veterans to those who had deployed to Iraq, to those who had served stateside, among veterans this hierarchy is also present. Service overseas is given more weight by both service organizations and veterans. When I asked one Navy veteran whether he was a member of any veterans’ service organizations he replied:

I haven’t joined any of those. I don’t know. I just -- I feel like -- maybe I’m just concerned I’d end up being around a lot of people that aren’t my age. In my mind, I

almost see those organizations as having mostly older veterans and maybe also, I kind of feel guilty too because I didn't deploy and I feel like if that came up I wouldn't be looked at as validating as they would.

The most commonly cited point of distinction was whether the veteran had been deployed and seen combat. The phrase "boots on the ground" came up again and again as indicating that the veteran had been overseas and involved in combat operations. The most deserving of veterans in the implicit hierarchy were those veterans who had served in combat. The historical exclusion of women from combat roles has meant that regardless of women's exposure to danger, the assumption is that women are outside of this elite group of veterans and lower down in the hierarchy. The combat distinction frustrated both men and women as many felt that regardless of whether one was in a combat role, being in a combat zone exposed them to danger that civilians could not comprehend. Several expressed frustration that though they were not technically in combat roles, like infantry, they still experienced the dangers of war. This was especially true for women. One female veteran who served in the military police in both Iraq and Afghanistan expressed frustration over the fact that because she was a woman, and formally banned from combat roles, others assumed that she had not been in danger.

Assuming that they [women soldiers] must have been nurses, we must have stayed on the base. We must not have had any real responsibilities because you're, well they've kind of changed it now or said that they've changed it as far as combat troops, but just because we weren't like infantry walking upfront doesn't mean that we weren't upfront. [...] I was in the same gun truck as my male colleagues. We are in the initial push so we weren't like in their blowing up buildings and things but we were definitely clearing caves, clearing houses that when the special forces called us out, which was not

everyday, that wasn't like an everyday assistance, but presence patrols -- I mean we were in just as much danger as our male colleagues.

The official exclusion of women from combat roles, combined with the hierarchy in which combat veterans are at the top, undoubtedly contributed to the attitudes of male veterans who often expressed negative attitudes towards women. When I asked one young veteran about his experience working with women, the former infantryman got visibly upset recounting his experience in Afghanistan and his frustration that as an infantryman he was working harder than others, particularly, the women on base:

No, the entire time, because the whole brigade, the unit as a whole was all infantry. So, it was all guys and the only time we saw a woman was like a handful that were in support jobs that we'd only come in contact with them for like very short periods of time. And I mean, there's...I'll admit. There's definitely a bias there, but it's mostly just the infantry versus everyone else sort of rivalry that everyone else is fat and lazy, which they are in comparison. And then it's just some of the things you overhear from some of the women. Like we're waiting to eat or something and you're hearing about them like cussing about this and that, "No. I'm not going to go work back there. I'm going to work up here because I'm on my period and I'm not putting up with that." It's like, really? You get to choose what you get to do? You're going to make excuses for this for yourself? Like I think you really just kind of setting yourself...you're pulling the gender back ...

Regardless of the veracity of the claim that women were using their gender to avoid unpleasant duties, the perception of female veterans by their male peers, was often negative. This was true whether men were recounting experiences in the military or discussing experiences with other

veterans. One young male Army veteran who had recently graduated from college told me that he didn't really spend time with female veterans on campus:

I was thinking about that, so most of the women that served, something was either wrong with them or like I would say the majority of them either were super annoying, or mentally something was wrong with them. They had a weird tick or they had a disorder something like that, because I mean why else would they join?

Several male veterans voiced the idea that there was something wrong with women who chose to go into the military. For example, one Marine veteran told me a story of how he and his buddies would say that there is a "US 10" and an "Iraq 10", suggesting that the women he served with in Iraq were less physically attractive than those at home in the US.

I asked the women who served what it was like to work in an all-male environment and many stated that they had experienced sexual harassment, though several shied away from using that term, and at least one was open about being a military sexual trauma (MST) survivor. While they recognized that they were often assumed to be in lesser roles, they reported feeling supported by their fellow veterans and several were active in the veteran community working in veteran service organizations and organizing veterans on campus. The popular image of a veteran as male and the assumption that women were not in combat situations often lead to female veterans being assumed to be non-veterans or at the bottom of the veteran hierarchy. The women understood this well and expressed frustration:

A lot of times, the difference, for me that I've seen for me out here, probably anywhere really, is whether or not you were boots on the ground — how much respect you get if you were boots on the ground. Well you were in a combat zone, but you weren't boots on the ground, and then you're a female [...]

One woman who had retired from the Air Force after 20 years of service and was at the Pentagon for 9/11 expressed her frustration and regret over never having been deployed and blamed the paternalism of her male supervisor for preventing her from being deployed.

I wanted to go Desert Shield Desert Storm and there was a spot for somebody who was an awards and dec[orations]s expert, I was an award and decs expert. [...] “Sir you really need to send me.” He said, “I’m not going to send my daughter, I’m not sending you.” [...] I knew where he was coming from but it was still so frustrating that my only avenue to go overseas and to see what it was like and to be able to do my job was thrown away because I was a female and I’m like, “Yeah now doesn’t seem to work,” but then I never got a chance to deploy anywhere. So -- but that was the only time it was because I was a female that I didn’t get to.

The changes that are happening in the military now, such as the military lifting the ban on women’s participation in combat roles, may alter the perception of women veterans, but it will take years to change a culture where women are assumed to play a supporting role to men. These barriers to women being considered true veterans are present in both the civilian and military communities. For example, I interviewed a young female Army veteran who had recently been photographed in the local paper at a veterans’ event. The photo was captioned along the lines of “John Doe talks with his friend, Jane. He is a veteran who served in Vietnam.” I showed her the photo and she recounted how the reporter had simply asked her name for the photo. When I showed her the picture and asked her about it she said:

Veteran: We get it all the time. They just think we’re the spouse or the daughter or -- No. We are vets too. [...]

Interviewer: How does that make you feel?

Veteran: Well, now that I've seen it I'm kind of irritated, but it happens all the time.

Thus women veterans both within the veteran community and the civilian community are often fighting an uphill battle to defend their status as true veterans. Where both male and female veterans must navigate notions of who is deserving among veterans, women veterans default status is below their male counterparts, regardless of their experience. Despite the discrimination that women reported they did not report greater levels of isolation than their male counterparts. This was somewhat surprising, but could be due to the fact that the women I interviewed reported higher levels of support from their family and spouses. Thus while the veteran community may have been relatively less supportive they could draw on other sources support.

Summary

The social isolation experienced by today's veterans may dissipate with time. For many the social isolation was reinforced by their behaviors and was clearly a means of coping with the trauma that they had experienced during their time in war. Several veterans told of initially being extremely isolated from friends and family, but they found that as they received help developing other methods of coping with PTSD and other conditions related to trauma, they reported being more comfortable in social situations. Veterans I interviewed had been out for as little as six months to as long as ten years. Those with longer periods of separation often remarked that they had struggled, but found community, often within the veteran community. The feeling of missing the military did not dissipate. For many, the camaraderie and community that they had experienced during the service was held in higher regard than any experience that came before or since.

The military provides not only financial support and structure, but also community. While there is some existing research on both the formal and informal support available to military families, I was unable to locate a discussion in the literature on what it means to lose that community. The loss of this community appeared to be one of the most significant losses for those I interviewed. Huebner, Mancini, Bowen, and Orthner (2009) write about the importance of informal social support for military families and highlight that the end goal of formal social support is to foster greater informal social support. The challenge outside of the military community is that informal social support across the military and civilian divide is important, especially in communities where the military is not dominant.

Through my survey, I asked veterans about their social networks, specifically, about their network of veterans in the Pioneer Valley. The data collected through the surveys on the degree size of respondents is useful in illustrating the difficulty that veterans would have maintaining a military or veteran only social network. Degree is the number of people in the study's target population that a respondent knows. In this case, degree was the number of post-9/11 veterans, who live in the Pioneer Valley, that respondents reported seeing, calling, texting, emailing or being in contact with over social media in the past two weeks. Thirty veterans completed the questions on degree. For both male and female veterans the median degree was two and 13% reported that they had no contact with any post-9/11 veterans in the Pioneer Valley over the past two weeks. Thus, the typical survey respondent had only been in contact with two post-9/11 veterans who lived in the same area. This data is not drawn from a representative sample, and I suspect that the numbers would be even lower for those who did not respond to the survey because I recruited respondents through veterans groups. I did not collect data on the non-military social networks, but the qualitative data suggest that for many of the veterans in the

Pioneer Valley, their civilian networks are also limited. The limited veteran networks of returning veterans are concerning because so many expressed feeling alienated from non-veterans. In areas like the Pioneer Valley, where the military is not dominant, successful reintegration will likely require making connections outside of the military community.

Planners and public policy makers should be aware of the isolation experienced by young men and women for several reasons. Perhaps most importantly we should be concerned because while the public holds veterans in high esteem, if veterans experience isolation from the community and from their peers, they may be less likely to utilize the services to which they are entitled. For many veterans I found that it was only through a personal connection to another veteran that they finally made it to the VA and received needed assistance or treatment for medical conditions. The isolation from civilians and veterans could result in smaller social networks and levels of social capital that are useful for securing employment and navigating systems like higher education and housing markets. Recent veterans have experienced lower levels of employment than their peers (Kleykamp, 2013) and it would be worth conducting additional research to understand the extent to which these lower levels of employment could be explained by the relatively limited social networks of veterans.

Reducing isolation among veterans is a difficult proposition, but there are settings in which actions may be possible that could reduce isolation. For example, college campuses provide a site where student veterans are currently in large numbers. In addition, housing policies may be revised in order to promote civilian and veterans interactions. In the following chapters I will explore the role of housing during the transition from military to the community and consider whether there are policies that may worsen or alleviate isolation. In addition, I will explore the

stories of connection and community service that were told by veterans as examples of how veterans are creating new communities after military service.

So just like it's our country's duty to bring back all of our men and women from the battlefield, we've also got a duty to make sure that every single veteran has a place to call home when they get here -- and for the rest of their lives.

First Lady Michelle Obama announcing Mayor's Challenge to End Veteran Homelessness, June 4, 2014.

Chapter 5. Housing and homelessness at home

Introduction

While the majority of homeless veterans in shelters served in prior conflicts or during peacetime, younger veterans are more likely to face a housing cost burden and some reports suggest that they are entering shelter faster than those from prior conflicts (Arnold et al., 2013; Glantz, 2009). Through my interviews and surveys it became clear that for most, especially those without a partner, housing was a challenge that they had not anticipated. Furthermore, many veterans expressed paradoxical preferences when it came to housing. At once they longed for the sense of community that living on base or in the barracks had provided, while simultaneously choosing to live in housing that was separated from other students or from the community at large. Veterans stated preferences often were in direct conflict with where they were currently living. For some this was a result of limited means and the lack of affordable housing options, but for others, especially those living on college campuses, the range of options available did not include housing that would meet their preferences. The housing options for single, male, homeless veterans served to reinforce the institutional way of life that veterans had become accustomed to in the military. For women veterans and veterans with children, the housing options, primarily through the HUD-VASH system allowed them to live in the community. This comes at some cost. First, the HUD-VASH vouchers are primarily intended for individuals and

families in-need of intensive case management and for some voucher recipients the need for housing was primarily driven by affordability rather than the need for intense services. Second, the housing vouchers are not an emergency solution and the lack of emergency housing for families and women means that women are more often forced into the mainstream system of housing and, thus, lose the symbolic capital on which the veterans in the veteran specific shelter system can draw.

Federal Housing and Homelessness Policies for Veteran Populations

In her book, *Redesigning the American Dream*, Hayden (2002) argues that the post-war housing patterns, fueled by Federal Housing Administration (FHA) and Veterans Administration (VA) home loans and reinforced by zoning and land-use regulations, have become outdated and ill-suited to meet the needs of modern Americans. The Levitt-Town model of suburbia, focused on the needs of a prototypical white, male, WWII veteran and his family, has left too many Americans unable to afford ever-larger single-family homes and created an extreme shortage of housing appropriate for single adults or childless couples. This is a crisis for the general population, not just veterans. While veteran housing policy in the Post-WWII era helped fuel the distortions in the housing patterns of United States, the VA home loan program has also contributed to the fact that veterans are more likely than the general population to be homeowners (Arnold et al., 2013). On the other side of the coin, veterans are more likely than the general population to experience homelessness (Fargo et al., 2012). Veteran homelessness is not a new issue, but it has recently regained the attention of the public and politicians alike as the Obama administration mobilized federal resources to attempt to eliminate veteran homelessness by the end of 2015 (U.S. Interagency Council on Homelessness, 2015). However, just as the broader housing policy has become outdated, so too have many of the policies designed to

address veterans' housing needs and homelessness. Furthermore, patterns of suburban housing that inhibit community building and promote isolation among the general population are particularly harmful for recently returning veterans who express high levels of social isolation upon returning home.

In WWII 16.1 million Americans served – in 1950 28% of adult men had served in WWII, thus the men and women who returned home from war were inevitably living in communities and attending college with veterans who shared their experiences (United States Census Bureau, 2015). In contrast, from 2001 through 2013, roughly 2.2 million Americans served in Iraq and Afghanistan (IOM (Institute of Medicine) 2013). Thus, roughly one percent of the population has ever served in Iraq or Afghanistan and a declining share of the population has ever served in the military. Veterans are less likely to be in classrooms or neighborhoods with those who share their experiences. A shared experience does not eliminate the feelings of isolation, as the research of Schuetz (1945) and Faulkner and McGaw (1977) demonstrated for WWII and Vietnam veterans, but it does increase the likelihood that those in the broader community are familiar with military culture and aware of the unique challenges of military service and the transition home through their exposure to family members and friends who have served.

The loss of shared experience has not reduced American's support for our "troops", nor the belief that veterans deserve special access to benefits (A. MacLean & Kleykamp, 2014). If anything, the professionalization of the military has elevated the status of military service members in public discourse (Lutz, 2001). Historically, American policy makers have singled out veterans as a unique group that deserves preferential status for a range of benefits, including housing (Skocpol, 1992). Since the passage of the Servicemen's Bill of Rights in 1944 veterans

have had access to VA home loans, low-cost loans that do not require down-payments or private mortgage insurance. The VA home loan program essentially increased homeownership rates by lowering the age at which veterans purchased their first home (Fetter, 2011).

While the majority of veterans never experience homelessness, the problem of veteran homelessness has persisted through the years and in 2010 the federal government set a goal to eliminate veteran homelessness by the end of 2015. The announcement of this goal was followed with increased funding and expansion of several programs for homeless veterans, specifically, the HUD-VA Supportive Housing program (HUD-VASH), which provides homeless veterans and their families with Housing Choice Vouchers (i.e. Section 8) and intensive case management through the VA and the Supportive Services for Veteran Families (SSVF), which provides emergency assistance and case management for homeless and at-risk veteran families. In addition, the grant and per diem program (GPD) which provides federal funding for both capital and operating expenses to non-profit transitional housing providers (i.e. shelter) continues to provide homeless veterans with transitional housing. The HUD-VASH program was first introduced in 1992, with only 1,000 vouchers available annually for veterans with psychiatric and/or substance abuse disorders (Cheng, Lin, Kaspro, & A., 2007). Since 2008, over 79,000 vouchers have been awarded and the program has been a cornerstone in the efforts to eliminate veteran homelessness. The requirement that voucher recipients have serious mental health or substance use disorders was lifted in 2008, effectively broadening the eligible population (Perl, 2013). Congress authorized the VA to create the SSVF program through the Veterans' Mental Health and Other Care Improvements Act of 2008. The program expands services for very-low income families who are at-risk of, or currently experiencing homelessness. At the federal level, the investment in rental housing for low- or middle-income veterans that characterized the WWII

public housing programs has disappeared. Public Housing Authorities may decide to create preferences for veterans, but this is a local decision. A 2007 GAO report found that low-income veterans were less likely than the non-veteran low-income population to receive rental assistance (Government Accountability Office, 2007).

The recent efforts to end veteran homelessness enjoyed broad support, even during a period of sequestration, spending on SSVF and HUD-VASH has grown year over year. Notably, funding for HUD-VASH and SSVF increased even as programs that support the general population, such as public housing and the Housing Choice Voucher program have remained stable. Federal spending on veteran homelessness was roughly \$1.5 billion in fiscal year 2015 (National Alliance to End Homelessness, 2016).

The creation of SSVF and the expansion of HUD-VASH addressed a major limitation of the existing resources for homeless veterans, namely that the transitional shelter model, embodied in the GPD program, does not meet the needs of single-women nor parents. A 2011 GAO report on programs for homeless women veterans clearly outlines the limitations of the program, in particular that only 30 percent of programs house women and of those only one third allow children (U.S. Government Accountability Office, 2011). In contrast, HUD-VASH and SSVF are available to assist families and singles and more-flexibly meet the needs of homeless and at-risk men and women with children. Veterans with HUD-VASH vouchers or SSVF assistance must find housing in the private market and the federal government assists with the costs of securing that housing, but does not provide capital expenses for the housing as it does with the GPD program. For the chronically homeless and those who are the most intensive users of the shelter system, the supportive housing model has been shown to be highly cost-effective (Rosenheck, Kaspro, Frisman, & Liu-Mares, 2003).

Veteran's experiences of housing and homelessness in the Pioneer Valley

Through my case-study research I sought to understand how these federal programs have been implemented at the local level in the Pioneer Valley and answer the research question: Do male and female veterans' experiences securing housing during readjustment to civilian life differ and if so, how? The Pioneer Valley contains a large GPD program with over 200 beds, along with a handful of smaller GPD programs, two active SSVF providers, and a HUD-VASH program operated out of the local VAMC. I was able to visit the local transitional housing and interview GPD program participants. In addition, I interviewed SSVF case-managers, and HUD-VASH voucher holders and case-managers. Furthermore, I spoke with veterans whose housing experiences ranged from owning vacation homes in Martha's Vineyard to having recently lived out of their truck. In order to understand housing choices and challenges in the Pioneer Valley, I interviewed service providers in the area and regularly attended monthly meetings of the Western Massachusetts Network to End Homelessness Subcommittee on Veterans. In addition, I attended two Veterans Expos, which are held annually in Springfield, Massachusetts and intended to connect veterans with services. These Expos are the contemporary Stand Downs, one- to three-day, VA sponsored events intended to connect homeless veterans with supplies and services. These experiences are supplemented with data from the two HUD continuum of cares (CoCs), the bodies which organize the delivery of homeless services at the local level.

In this chapter, I explore the variety of experiences that veterans in the interviews and surveys described during their reintegration from the military, including how student veterans' housing choices affected their experiences as students, the paths to homelessness for those who experienced homelessness after service, stories of housing instability, and the role of family support during the transition home. I found that while there were distinct categories of

experiences within the narratives, there was also significant overlap in the experiences. For example, I spoke with stably housed students, who had lived in their cars directly after leaving the service. In the following chapter, I consider how housing policy and planning decisions could improve the reintegration experience of current-era veterans. It is important to note that the emphasis on homelessness policy is driven by the focus on homelessness among veterans in the VA and the absence of formal housing policy for those who are neither homeless nor homeowners. The vast majority of the veterans I spoke with fit in neither category, they lived with family members, fellow students, or rented private housing. I attempt to capture the full range of experiences in an effort to understand the factors that may point one towards homelessness or towards stability and also to emphasize the struggles that those who never seek formal assistance experience.

Family as a safety net

The majority of the veterans I interviewed had not experienced homelessness and many attributed their ability to navigate the transition and to secure housing to the support of family, usually parents or a partner. The ability to stay with family was essential for many. In contrast the lack of this resource contributed to homelessness among several of the men and women I interviewed. One female Army veteran discussed how her parents and partner were able to help her transition to living in the Pioneer Valley and attending UMass. In her case, as with many others, her parents and partner had limited resources, but together they were able to make the transition. Her partner was also a veteran. Also important to note, is that she had three young children.

I feel like my situation was special because I had my family's support and because you know I had-- Dan² [her partner] came out and he had that apartment and I was able to stay there and then bring my sister over, like these things were all way difficult, except there are some people who don't even have the opportunity to do that because they just don't have somebody who has an apartment there and maybe they don't have siblings or maybe they do have siblings but those siblings are not able to drop their lives and move -- except the only reason this happened is because the recession hit my family so hard that they were unemployed too, so I don't think that I would have been able to overcome my situation if the timing and the context was any different and I don't think it could be replicated by another person if they didn't have what I have, you know what I mean? Because it -- I feel that it's amazing Dan and I have made it through all these things you know and I almost feel like we shouldn't have, you know?

Another female veteran relied on her family to ease the transition from being active duty in the Air Force to retirement. Similarly, her family assisted her with housing for her and her son, but it was not without challenges.

He [her dad] made the transition to retired easier, because Dad had said to me -- I was about a year away from retiring — and my dad had said, “Well you know since you're going to be retiring, why don't you move in with us and then save up money. We won't charge you rent. Save up money so that you can have a down payment for a house.” [...] The challenge is they only had a spot for one and my youngest [son] was with me so then I said to my sister who lives in Chicopee, my sister Sally, I says “Hey, you know that

² All names have been changed.

spare bedroom you have, would you mind housing a teenager?” So she says “Yeah, no, I don’t mind.” So he stayed with my sister and I stayed with my parents for that year so that I could save up money and do what I needed to do in order to be able to buy the house.

While the support of family was essential for veterans who had dependent children, it was also important for those without children. A young Navy SEAL who had to move many times for service-related reasons shared: “I’ve been fortunate enough to have my parents help with housing in transitions, because getting rid of apartments, moving in and out of places has been just a complete pain.” Another young Navy veteran and college student recalled how his dad helped him find a home to buy and renovate before returning home:

When I came back from active duty I actually -- before I came back even — my father found a really good price on a manufactured home that needed a lot of work. My dad’s really handy. He did a lot of the work before I got home, so he refurbished it a lot with the agreement that anything he invested in it I had saved while I was in, that I was going to pay him back, which I have. So it was -- the transition was relatively easy because of family. They really helped me out a lot. And I’m still there currently.

A retired female Navy veteran lived with her Aunt when she first moved north. “I lived with my aunt because of costs and you know the transition of, you know when you retire you get a portion of what you earn, a very small portion, so the cost up here is high.” Later she lived in her mother’s house with her mother, sister, and partner, while she saved money and got settled outside of the military. The family support was appreciated, but it was also difficult at times:

And so it was kind of taxing, you know I had a room, it wasn't like I had a whole house, everything had to fit in this room, so a 12 by 12 box, literally, but I could go use the kitchen. But it wasn't my house.

For many veterans sharing close spaces with family members is common during the first months and often years being home. For some this provided the stability and support they needed to get a firm footing in the civilian world, for others conflicts within families preceded spells of homelessness and instability, as was the case with two of the veterans I interviewed in a homeless shelter. The conflicts with family were often rooted in substance use on the part of the veteran, and in some cases family members. In other cases, PTSD and “acting up” after returning home was cited as the source of the rift. The loss of family support was sometimes temporary, for example, several veterans who reported getting “kicked out” for their behavior also reported that they were currently on good terms with their family, though unable to live with them.

The veterans who reported moving from the military into private housing without the assistance of family were often using the GI Bill. The GI Bill provides a housing stipend and basic allowance and for several veterans this monetary assistance was a key factor in deciding to enroll in college or community college. The fact was that very few reported having sufficient savings to rent or purchase housing of their own. Those who did were often part of two income-earner families and were often former officers, rather than enlisted. A male Navy officer stated: “I’m lucky, I’m married to a doctor. I can't complain about my life.” A retired army officer and graduate student echoed this sentiment:

And then once the Doc [PhD] program hit, now you've got the GI Bill, so it's not costing me anything to go to school. In fact the months that I'm in school I make the housing

allowance, and so I make a little bit of money [...] here and there for the past five years.

Or four years, whatever, which I'm fine with it, because I've got a sugar mama, so I'm good.

It's important to note, that being an officer did not guarantee stability after service, the highest ranking veteran I interviewed, an Air Force Colonel, experienced homelessness after an expensive divorce and foreclosure. What became clear was that even retired officers were not insulated from the financial stress of leaving the military and those who were able to weather these stresses were able to rely on family members for support.

Housing and Higher Education

For veterans enrolled in college or community college their housing preferences, namely to live off-campus, were shaped by their perceptions of traditional students and feelings of isolation on campus. In turn, their housing choices maintained or reinforced these feelings of isolation. Many of the veterans I spoke with were either currently enrolled or had recently attended community college or university. In the Pioneer Valley there are a host of academic institutions, I conducted outreach at University of Massachusetts, Amherst (UMass), Holyoke Community College (HCC), Greenfield Community College (GCC), and Springfield Technical Community College (STCC). These schools all have student veteran centers and student led clubs for students who are veterans, active military, or members of military families. Students learned of the survey through emails to the student veteran list-serves or through flyers placed at the student veteran centers. Thus those students who responded were likely more connected to veteran services than others. Nonetheless I was surprised that many reported similar experiences of social isolation and physical isolation from other students and other veterans.

The isolation was not only in relation to being separate in terms of age; most veterans today serve for a minimum of four years so that when they return to school they are considerably older than the cohort of freshman that they would expect to join. Similarly, their life experiences have separated them. Students reported that it was often difficult to relate to other students. The age difference is coupled with differences in lived experiences. This division is not just among civilian students and military veterans, but even among student veterans some expressed a belief that their unique experience, for example, serving in the infantry or during a particular battle, made it impossible for others to relate. Both veterans and students solidify the perceived division through their behaviors. Veterans whose initial interactions with students confirmed their perception of students as unable to comprehend or respect their service would then lead them to avoid such interaction. The divisions were often reinforced by practical and logistical concerns. For example, none of the veterans I interviewed currently lived on campus and many lived over 30 minutes from campus.

That was tough [commuting 45 minutes to school], but it was the only way I could think of heading back into school. There was no transition from going from work to school.

There is no help there. It's just a complete leap of faith and hope things work out for you basically.

This geographic separation further limits opportunities for traditional students and veterans to make social connections outside of the classroom. As one student pointed out veterans miss out on the opportunity to create friendships with other students because they do not engage in the party culture. For veterans there is no novelty in living away from home and drinking. An Army veteran highlighted that many of the student veterans approach their studies more seriously than younger traditional students:

A lot of us take this seriously because we've earned, we have paid with our bodies, we've paid with time, and we've paid with blood to come to college for free, the last thing that we want to do is just waste it. So we don't want to do the whole, a lot of us don't want to do the whole hard party lifestyle, and we don't want to live in a place where it's nonstop bass, we can't study and stuff like that. So the dorms are not appealing to us, also because you'd have to live with a bunch of kids.

Furthermore, many of the veterans, especially women veterans, are either parents or married. Thus, on campus housing options are not considered. One female Air Force reservist and student:

Yeah. It's funny because like when I talk to my parents they would be like well, you're not really that much older than [other students] because I'm 25, but it's a pretty giant gap to be married, have a house, and have a full time job and then -- I remember in one of my labs somebody said "Oh, so you're like a grown up." I said, "Yes. I'm like a grown up." So it's funny because I can kind of blend in. Like I look young but most people don't notice but then it is sometimes hard talking to them. I don't know. It's weird because it is only like six years but it's still hard to sometimes just have conversations with them and it's strange.

Many students cited financial reasons for living far from campus. Students reported commuting 30 to 45 minutes each way to campus in order to live with family in Springfield, Holyoke, or Chicopee, areas where housing costs are much lower than in Amherst, where the University is located. Students cited this physical distance as an additional reason that they had not made

connections with civilian students. Like other veterans, students prioritized cost when deciding where to live. One Army Veteran remarked:

I ended up in a little studio apartment in a converted motel that I probably should've realized by seeing that it had by far the cheapest rent in town that it probably wasn't like the most ideal place to live.

This young man went on to describe the contrast between his living arrangements in the Army and in school:

Well, I mean, part of it was just going from living in the barracks and having dozens and dozens of people that I know and that I work with and see every day. Like all those neighbors and they're right there and you can just go knock on their door and talk to them and everything and then the next place I live is handful of 40-year-old guys hanging out on their front porch throwing bottle caps down at cars and, you know, [I] end up a little bit isolated and just kind of sitting in my apartment going stir crazy. I used to always have stuff to do, and if I don't, I have people to go see and hang out with and talk to and I'm just kind of sitting there, staring at the walls and I guess to break away from that I go into the VFW posts because...not because it's a VFW post, but because it's the only place in town that you can smoke inside. So, yeah. So, I ended up going there quite a bit and became a regular and spent a lot of time there and ended up setting myself back from adjusting to being a student because I was just drinking all the time, like all the time like I spent...in last November, I mean, I don't know about the other ones, but I looked through the receipts and everything and I spent 600 bucks on drinking.

This young man's story expresses a longing for living in a barrack setting with friends he can call on at any time of day, which is not unlike the traditional college experience. He describes

choosing his housing based solely on cost and also expresses a desire to live on his own. The choice to live alone, but at the same time long for camaraderie, is potentially motivated by other needs that are in tension with his desire to build new relationships because the act of living alone off campus and choosing not to live with roommates prevents the veteran from creating a new community. The isolation is reinforced by his choices. This came up again and again as veterans I spoke with described negative feelings of isolation and at the same time a turning away from potential sources of support, whether from civilians or veterans. Understanding this tension between a desire for a community and a desire for space seems essential for planners and policy makers interested in helping during the readjustment phase and creating veteran specific resources. For example, designing housing for veterans on student campus should take into consideration the fact that many veterans long to feel more connected to other students, but would be uncomfortable living in traditional dorms where noise levels can be high and space limited. Another example, is that the Veterans Expo, held at a large convention center in the city of Springfield, may provide connection to other veterans, but the large crowds and urban setting undoubtedly would leave many veterans I spoke with uneasy.

The barriers between veterans and civilian students were not impenetrable, but are clearly real. One student and Army veteran, who described his fellow classmates as having “cupcake lives” shared with me that he formed strong bonds with his non-veteran classmates on a school-sponsored research trip abroad. Reflecting on that experience he compared it to the military camaraderie and expressed a wish that he made those connections earlier in his college career.

I realized that it [the research trip] was probably one of the best things for me in terms of re-integration and really feeling accepted and coming together and really bonding with people, because I really felt that -- I told it to the students that I felt that bond that I

created with all the people I served with, I created with these guys somehow. It's because we were living so close and we were all we had down there, like if something happened or you needed help taking data, you had to talk to any of the other kids down there. And I thought that that was extremely positive and helpful for me and in the jungle it's very helpful to grow close to people like that again and be living in such a tight environment with the same group of people and see the same people every day and it replicated, I think as close as you could, the military experience for the community. [...] And those kids I was really close with, and that's the only thing that really has replicated what I was kind of looking for in a community and how close I could get to people again and I did not want to leave that jungle when we left, because we ended up getting stuck coming back, we missed the flight coming back so all of us were stuck there for an extra day.

The challenge is that many young veterans resist engaging with activities such as a trip with civilian students or living in a setting that would potentially recreate the community environment of the barracks. This resistance is driven by cost considerations, it's driven by beliefs about other students, it is also driven by coping mechanisms to address PTSD and other physical and mental health problems that may drive student veterans to be uncomfortable in group settings.

Campuses make efforts to create spaces for student veterans to come together, the campuses had veteran lounges, but few of the veterans I interviewed reported using these resources or engaging with the related student groups. Those who had used the centers largely reported using it for practical purposes. Some also reported feeling uncomfortable in these spaces. For example, a female veteran at a community college who was active in local veteran service organizations and the veteran student group, reported feeling uncomfortable in the space:

Because, I first got there and like everywhere else it's mostly men. And I'm sorry, but I don't want to sit in a room where I'm trying to study or look something up on the computer and all you hear about is sex or banging your wife or -- like I don't -- it's like I'm not even sitting here.

Another marine veteran at a community college reported having trouble spending time at the veteran center:

It's kind of difficult because you know I'll go in there sometimes to just hang out and chill, but all the veterans will be in there. And it's not a bad thing, but it's just like they want to talk to you and they want to get to know your service and everything you did. And they want to talk about dates and they want to start talking about things.

Interviewer: That's just what happens.

Interviewee: I'm just like it's cool, I know we are all veterans here, but I don't want to hear about it. A lot of times I go back home and sometimes I just think about shit and I don't like it. So, I don't want to meet a lot of people. I don't know if it sounds kind of selfish, but I don't want to meet new veterans and hear about their experience a lot of the times. It's good enough just to know that you're a vet and you been through some shit and that's it. We can chill, we can talk about everything else, but I don't want to talk about my service. I don't want to talk about what I went through, I don't want to talk about what you've seen because you never know I might trigger something in you or you might trigger something in me.

These students are clearly seeking connection but are feeling ill at ease in the veteran centers and among the traditional students. It suggests that there may be a need for fostering connections between veteran students and non-veteran students, such as the research trip described above.

There may be room to take advantage of veterans' commitment to public service and civilians strong support for veterans. The clear takeaway is that current patterns of housing preferences and options on campus are not in-line with the preferences of the veteran students. Veteran students reported being aware of a veteran floor on campus, but had strong preferences not to live among other students because of the age divide, the different lived experiences, the high cost, and the seasonality of the housing. While in the Post WWII era, student veterans drove a boom in the construction of dormitories and on-campus housing for families, today's veterans are living far from campus and this physical distance from campus is inhibiting the creation of strong bonds with other students that may be instrumental in relieving isolation and developing relationships that could assist with careers after college. Many of the veterans viewed education and the degree as a tool to achieve an end, whereas in many ways a four-year college education is also a process of socialization and building a social network that one can access throughout the years. Future research is needed to understand whether the withdrawal of veteran students from this aspect of school may contribute to their relatively higher levels of unemployment (Kleykamp, 2013).

Homelessness and instability

Of the 24 veterans I interviewed, three were recruited at a homeless shelter funded through the GPD program. In addition, through other recruitment methods that were independent of veterans housing status, I interviewed several formerly homeless veterans. Two veterans were currently receiving HUD-VASH vouchers and case management through the VA, two college students reported living in their cars for short periods of time, and one retired Colonel reported moving from hotel to hotel and living with friends after losing his house to foreclosure. In total, eight of the veterans I interviewed reported periods of homelessness ranging from one week to

several years. In addition to the interviews, the survey data also shed light on the prevalence of housing instability among post-9/11 veterans in the Pioneer Valley. None of the homeless shelter residents volunteered to complete the survey and only one of the HUD-VASH voucher holders completed the survey. None of the survey respondents reported currently living in a homeless shelter, but six of 23 the men who responded, reported that they had lived in their cars or camped outdoors, because they had nowhere else to live and two of those men had also lived in a homeless shelter since leaving the military, (no women reported living in a shelter or living in their car or camping). Ten (two women and eight men) of the 33 respondents answered yes to the question “Since leaving the military, has there ever been a period of at least one week where you did not have a regular place to live?” Even though these figures are not generalizable to the overall population, they point to a level of housing instability that is concerning and also highlight the fact that if we just look at the number of veterans in shelter at any given point in time we underestimate the number of veterans who have ever experienced homelessness.

Veterans receiving housing assistance

The residents I spoke with at the homeless shelter and those I interviewed with HUD-VASH vouchers shared stories that were unique at the granular level, but in the broad strokes are common. They told stories that linked their homelessness to at least one of the following factors: substance abuse, mental illness, including Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), childhood and young adult histories of abuse and family dysfunction. This constellation of risk factors was not surprising, previous researchers have linked these factors to veteran homelessness (Balshem, Christensen, & Tuepker, 2011; Metraux, Clegg, Daigh, Culhane, & Kane, 2013).

A female Army Veteran and MST survivor recounted her difficulties with substance abuse and homelessness, “While I was in Florida, I was living in a back of a U-Haul truck.” When she returned to stay with family in Western Massachusetts she sought treatment at the VA and eventually received a HUD-VASH voucher that allows her to live in her own apartment. She has turned her life around, but is still dogged by her criminal record. When I asked her if she could have found housing without assistance from the VA she replied:

No. because when I was using I did get into criminal stuff so with felonies you can't -- it's hard to get jobs or -- if you haven't lived somewhere how are you going to apply for an apartment? You need like -- so it would've been 10 times harder. I'm sure, sooner or later, I would've found something or something would've happened, but no.

An Army National Guard veteran recounted his pathway to homelessness after service in Iraq. He connected his homelessness to his substance abuse and the loss of several close friends and family members in a very short time.

Veteran: And then I got into drinking and drugs. Actually I was going to my drills, doing everything I was supposed to be doing and out of the blue on a drunken night decided to move to Colorado.

Interviewer: Oh, okay.

Veteran: I was actually AWOL for a year from the National Guard. When I moved to Colorado I ended up homeless. Got two DUIs while I was out there. Just really went downhill. Ended up coming home because I got my second DUI and didn't want to deal with it so I jumped on a plane and flew back home.

A Navy veteran whose substance use had also contributed to his other than honorable discharge from the Navy related his path to homelessness:

I ended up losing that job some months later, you know, due to substance abuse so I couldn't keep up the job, you know, lost the place, you know, ended up homeless. [...] I was on the street for a while and in 2006, 2008, I bounced around different areas in Texas, Dallas, Fort Worth, the biggest cities and stuff, you know, I hitchhike go here, you know, panhandle make money, get drunk every day, sleep on the bridges and train tracks, hitch rides on free trains. I remember having to do that. I knew which trains go which direction and, you know, I hopped in back of one of the bunkers when nobody was looking and, you know, ride the trains and stuff.

This veteran had lived on the streets on and off for nearly 10 years. Currently, he was living in the GPD program and was working on a discharge upgrade and staying sober. He had arrived at the homeless shelter after being picked up outside a super market, drunk, during a blizzard.

You know this [shelter] is the best thing that's ever happened to me. Like I said if I wasn't in [this shelter] I'd be out there drinking and drugging. I'd be out in the street right now getting drunk, getting ready to lay on a concrete floor with one blanket.

One veteran who was living in the homeless shelter had been kicked out of the house by his mother for "acting-up" and had lived in the shelter on multiple occasions. He was somewhat unreliable when telling his story, but he clearly had severe war related injuries and PTSD. I asked him, "What was it about [this program] that helped?" He responded:

They made me feel welcome. They made me feel like I wasn't an outcast. They accepted me, which was the biggest thing ever. With all the problems that I was dealing with I thought I was going to be dead, I thought I would take my own life. By all rights I probably should have.

The veterans I interviewed in the HUD-VASH and GPD programs had all experienced homelessness as singles, although two of the men were parents, they were not actively parenting their children when they were homeless.

Homelessness and housing instability in the community

There were several others who told me stories of homelessness and housing instability, but who never received housing assistance either through living in a shelter or through a voucher. These stories told of homelessness and instability for primarily financial reasons, combined with pride that prevented accepting help, or failures in the system. A former infantry man who had served in Afghanistan and decided to attend college in the Pioneer Valley after his service told me that he had lived out of his car for a week when he first arrived because he was required by the rental company to do a walk through of the apartment when signing the lease, but could not move in until the first of the month.

Yeah. I was trying to save that money because I just assumed that other stuff would come up, like unforeseen expenses and I didn't want to be short for that. So, I was trying to cut corners anywhere I could. And I mean, while I was living in my car I just asked people in VFW if it was all right if I just parked my car there and slept there because they didn't have the time limits like other places. When I got up here I didn't, you know it's a small town. I didn't think they had parking meters and I got up here at four in the morning so I just parked somewhere and woke up to having two tickets on my windshield.

Another young man who had served in the Marines told the story of living with his wife in his truck upon returning to the area after separating from the Marines and living in California.

Actually it was kind of a rough start getting home. We were actually living out of my truck for the first few weeks. It's not the first time I've been homeless, but it's the first time I've had a wife to support that I've been homeless. So that was tough.

An argument with his mother led to them not having a place to stay and it was only through the kindness of a small-time landlord that he and his wife were able to secure an apartment, despite not having any savings for first or last months' rent or a security deposit. He told of going to the unemployment office and logistical problems receiving benefits even though he was told he was eligible for 26 months of unemployment benefits. In addition he had gone to the local Veteran Service Officer and been told that Chapter 115 benefits were for the disabled and thus, he declined to apply for benefits.

I thought about that [Chapter 115], he was telling me what it is primarily used for, you know disabled veterans, homeless veterans, I kept that in my hip pocket, I didn't want to do that. Cause I'm not disabled, because I can work.

Another veteran, a woman who had served in the Army in both Iraq and Afghanistan told of the stress of nearly losing her home to foreclosure after a divorce from her husband. At the same time she was waiting for an increase in her service-connected disability rating to go through the VA and it was only days before the potential foreclosure that the claim came through and she received the back pay to which she was entitled and she was able to make the payments necessary to keep her home. Had the claim taken a few more weeks or months, she likely would have lost her home.

I almost lost my house. I was making preparations for who will take my dogs from me, who wanted things that were in the house. [...] I was at least three months behind, but making a payment as best as I could. So, always three months behind even though I was

making the payment. I applied everywhere for every help possible, but I worked and I made enough money that if I had just gotten up to everything is paid right now I would've been great each month forward, but I was behind three months and not being able to play catch up. So, at that time they sent me the foreclosure papers and they sent me all these notices and I was about a week away from just walking away from the house even my mother at that point -- I was broken, I was not doing well. My mother said, "Honey, if you need to come home, come home, just walk away." And I had filed for a service-connected disability increase from issues that I had already been awarded, but awarded only 10% from the military. And the percentage correlates with the amount that they pay you. I had filed for that in 2009 and right before I was ready to leave the house they sent it to me. They sent the retro[active pay], so that check turned right over and went straight to paying the mortgage, paying the car bill.

The level of housing instability among the veterans I interviewed and who completed the survey, and had been recruited outside of the shelter setting points towards the need to do more to overcome barriers to connecting veterans with the necessary financial support. The stories of living in one's car for any length of time were frustrating because there is assistance available and with the proper connections these short periods of homelessness should be unnecessary. Assistance accessing benefits like Chapter 115 or Unemployment Insurance could potentially bridge the gap so that veterans do not end up camping or living outdoors. The challenge is that those most at-risk for housing instability are frequently also resistant to assistance or disconnected from other veterans.

Single-adult shelter demographics

The outlines of the personal stories of homelessness are echoed in the HMIS data from the Hampden and Three County Continuums of Care. From 2011 - 2014 there were 280 post-9/11 veterans in the shelter system in the two Continuums of Care that contain the Pioneer Valley. Ninety-one percent (256) of post-9/11 veterans were men and 9 percent (24) were women (see Table 7). Their ages ranged from 19 to 58, and the median age was 30 years old. The majority of veterans were white (80%, n=225), 13% were African-American (n=37). Eleven percent (n=12) were Hispanic. Thus while the post-9/11 veteran population was predominantly white, non-Hispanic, they were more likely to be minorities than the overall population of the Pioneer Valley.

This cohort of homeless veterans largely did not have any post-secondary education 17% had a GED or less, 46% had a High School Diploma, and only 20% had any post-secondary education. Furthermore, the majority of post-9/11 veterans in the system had an honorable discharge status, suggesting that they would potentially be eligible for a range of veteran benefits: 57% (155) reported an honorable discharge status. Only 3% (8) reported dishonorable discharge status, which would bar them from the vast majority of veteran services (see Table 8). Thirteen percent of the veterans reported being a domestic violence survivor (see Table 9). Even though women were much more likely to report domestic violence (54%, n=13) men outnumbered women as victims — 23 men (9%) reported domestic violence. The shelter data does not track military sexual trauma (MST) separately from domestic violence so it is impossible to say whether the experience of trauma occurred in the military. Nonetheless, this pattern of domestic violence patterns mirrors the trend in national data on MST where women in the military are much more likely to experience sexual assault than men, but the absolute number

of male survivors of MST is greater than women (Hoyt, Rielage, & Williams, 2012; Kimerling et al., 2007).

Substance abuse and mental health problems were common in male and female homeless veterans. Among both male and female veterans 29 percent (81) reported abuse of drugs and/or alcohol, 27 percent (76) reported drug abuse, and 13 percent (37) reported alcohol abuse. Overall, 70 percent (192) of veterans reported a mental health problem; 27 percent (74) reported a chronic health condition; 27 percent reported a physical disability; and 6 percent reported a developmental disability. It is likely that these numbers understate the prevalence of these traits as they rely on self-report. Thirty percent (83) of veterans had a dual diagnosis, a substance abuse and a mental health condition. As with domestic violence it is impossible to determine a causal link between these conditions and military service. What is evident is that the challenges faced by the men and women veterans in the shelter system are complex. The intersection of substance abuse, mental health, physical disability, domestic violence, and low levels of education suggest that for many moving from shelter to stable housing will require multiple layers of support.

Twenty-nine percent of veterans reported that prior to entering the shelter they were staying with family or friends (see Table 10). Nine percent reported that they were living in a place not meant for human habitation; this could include living out of a car, or camping outdoors. Several came from institutional settings including 13 percent who were incarcerated (35) and 10 percent from in-patient substance abuse treatment (27). The majority of veterans stayed for a short period of time in the shelter. The median length of stay was 46.5 days, but the mean was 103.7 days.

Table 7: Demographic characteristics of single-adult, post-9/11 veterans in Western Massachusetts shelters, 2011-2014

	Male		Female		All	
	n	percent	n	percent	n	percent
Gender	256		24		280	
Race						
White	210	82%	15	63%	225	80%
Black	33	13%	4	17%	37	13%
Other	3	1%	2	8%	5	2%
Missing	10	4%	3	13%	13	5%
<i>N</i>	256		24		280	
Ethnicity						
Hispanic	29	11%	2	8%	31	11%
Non-Hispanic	227	89%	22	92%	249	89%
<i>N</i>	256		24		280	
Highest School Level						
High School Dropout, No GED	10	4%	0	0%	10	4%
GED	35	14%	2	8%	37	13%
High school diploma	123	48%	7	29%	130	46%
Post-secondary school	46	18%	10	42%	56	20%
Missing/Unknown	42	16%	5	21%	47	17%
<i>N</i>	256		24		280	
Age						
Mean	31.3		32.9		31.4	
Median	30		32		30	
Min	19		22		19	
Max	58		58		58	
<i>N</i>	256		24		280	

Source: Homeless Management Information System, Three County and Hampden County CoCs for the period July 1, 2011 thru June 30, 2014.

Table 8: Military characteristics of single-adult, post-9/11 veterans in Western Massachusetts shelters, 2011-2014

	Male		Female		All	
	n	percent	n	percent	n	percent
Military Branch						
Air Force	14	6%	3	13%	17	6%
Army	143	58%	13	54%	156	58%
Marines	47	19%	1	4%	48	18%
Multiple	0	0%	3	13%	3	1%
Navy	35	14%	4	17%	39	14%
Other	8	3%	0	0%	8	3%
<i>N</i>	247		24		271	
Served in War Zone						
No	132	54%	19	83%	151	57%
Yes	111	46%	4	17%	115	43%
<i>N</i>	243		23		266	
Discharge Status						
Honorable	140	56%	15	63%	155	57%
General	60	24%	2	8%	62	23%
Bad Conduct	11	4%	1	4%	12	4%
Dishonorable	4	2%	0	0%	4	1%
Medical	6	2%	2	8%	8	3%
Other	25	10%	4	17%	29	11%
Client Doesn't Know	1	0%	0	0%	1	0%
Client Refused to Rep	1	0%	0	0%	1	0%
<i>N</i>	248		24		272	

Source: Homeless Management Information System, Three County and Hampden County CoCs for the period July 1, 2011 thru June 30, 2014.

Table 9: Health characteristics of single-adult, post-9/11 veterans in Western Massachusetts, 2011-2014

	Male		Female		All	
	n	percent	n	percent	n	percent
Has Chronic Health Condition						
No	183	74%	15	63%	198	73%
Yes	65	26%	9	38%	74	27%
<i>N</i>	248		24		272	
Has Mental Health Problem						
No	78	31%	4	17%	82	30%
Yes	172	69%	20	83%	192	70%
<i>N</i>	250		24		274	
Has Substance Abuse Problem						
Alcohol Abuse	34	13%	3	13%	37	13%
Both Alcohol and Drug	74	29%	7	29%	81	29%
Drug Abuse	70	27%	6	25%	76	27%
No	75	29%	8	33%	83	30%
Client Doesn't Know/Refused	2	1%	0	0%	2	1%
<i>N</i>	255		24		279	
Physical Disability						
No	183	73%	17	71%	200	73%
Yes	67	27%	7	29%	74	27%
<i>N</i>	250		24		274	
Developmental Disability						
No	224	94%	24	100%	248	94%
Yes	15	6%	0	0%	15	6%
<i>N</i>	239		24		263	
Domestic Violence Survivor						
No	228	91%	11	46%	239	87%
Yes	23	9%	13	54%	36	13%
<i>N</i>	251		24		275	

Source: Homeless Management Information System, Three County and Hampden County CoCs for the period July 1, 2011 thru June 30, 2014.

Table 10: Housing characteristics of single-adult, post-9/11 veterans in Western Massachusetts, 2011-2014

	Male		Female		All	
	n	percent	n	percent	n	percent
Prior Residence						
Emergency Shelter	23	9%	1	4%	24	9%
Hospital	3	1%	1	4%	4	1%
Un-subsidized Hotel	3	1%	1	4%	4	1%
Incarcerated	34	13%	1	4%	35	13%
Other	6	2%	2	9%	8	3%
Housing owned by client	4	2%	0	0%	4	1%
Perm hsg for formerly homeless	2	1%	0	0%	2	1%
Place not meant for human habitation	23	9%	1	4%	24	9%
Psych. Hospital	20	8%	4	17%	24	9%
Rental, no sub	12	5%	0	0%	12	4%
Rental, VASH	1	0%	0	0%	1	0%
Rental, non-VASH sub	2	1%	0	0%	2	1%
Safe Haven	1	0%	0	0%	1	0%
Staying w/ Family	42	16%	1	4%	43	15%
Staying w/ Friend	36	14%	3	13%	39	14%
Substance Abuse Treatment	20	8%	7	30%	27	10%
Transitional Hsg	23	9%	1	4%	24	9%
<i>N</i>	255		23		278	
Total Length of Stay						
Mean	104.2		98.1		103.7	
Median	47.4		34		46.5	
Min	0		0		0	
Max	1524		519		1524	
<i>N</i>	256		24		280	
Total Stays						
1	157	61%	23	96%	180	64%
2	61	24%	1	4%	62	22%
3	23	9%	0	0%	23	8%
4 or more	15	6%	0	0%	15	5%
<i>N</i>	256		24		280	

Source: Homeless Management Information System, Three County and Hampden County CoCs For the period July 1, 2011 thru June 30, 2014.

Family Shelter Demographics

The HMIS data from July 2011 through June 2014 includes 18 stays by 14 unique families that include a post-9/11 veteran. (Over the period available, a total of 26 families with a veteran in the household entered the system.) I define a family as any household with two or more members. This could include an adult couple or a parent(s) with children. I suspect that the estimates of the number of veteran families are likely lower than the actual number of veteran families in the system. Interviews and meetings with veteran service providers have provided anecdotal evidence that screening for veteran status is not as well established in the family shelter setting, though the policy has been updated so that all families should now be screened for veteran status. Recent analysis of HMIS data from three large cities indicates that women are less likely to be identified as veterans within mainstream shelter systems (Treglia, 2016).

Of the fourteen veteran families, four families were headed by a male veteran and 10 were headed by a female veteran. Two of the male-headed families were childless and two included children. The female-headed households all included children, the number of children ranged from one to three (see Table 11).

The male-headed households were all headed by Hispanic men, and half of the female-headed households were headed by a woman who was a minority, five white, one African American, and four Hispanic. Thus it appears that veterans within the family shelter system were more likely to be minorities than single veterans in the shelter system. Family heads, especially, male heads had low levels of education. None of the male heads had post-secondary education, and only three of the female heads reported any post-secondary education.

Three of the female heads of households reported being a domestic violence survivor, none of the male heads reported a history of domestic violence (see Table 13). The family heads

were less likely than the single veterans to report disability, only two female heads reported a physical disability and three reported a chronic health condition. Five of the heads of households (one male and four female) reported a mental health condition. Substance abuse was not reported for the majority of heads of households. No male heads of households reported drug or alcohol abuse and only two female heads reported any drug or alcohol abuse.

The heads of household reported serving in all military branches, except the Coast Guard. For those where discharge status is available (10), the majority reported honorable discharge (6) or medical (1). Post-911 veterans in families were younger than those in the adult system. The average age of the heads of households was 27, ages ranged from 24 to 37 (see Table 12).

The total length of stay for female-headed households was greater than the male-headed households and the typical shelter stay for families was longer than individuals. The mean for male-headed households was 71.75 days (median = 51) and for females 335 days (median=241).

Table 11: Demographic characteristics of families headed by post-9/11 veterans in Western Massachusetts shelters, 2011-2014

	Male Headed	Female Headed	All Families
Number of Children			
0	2	0	2
1	1	6	7
2	1	3	4
3	0	1	1
<i>N</i>	4	10	14
Race			
Black	0	1	1
White	4	9	13
<i>N</i>	4	10	14
Ethnicity			
Hispanic	4	5	9
Non-Hispanic	0	5	5
<i>N</i>	4	10	14
Highest Education Level			
GED	1	1	2
H.S. Diploma	2	5	7
Post-Secondary School	0	3	3
Missing	1	1	2
<i>N</i>	4	10	14
Age			
Mean	25	28	27
Median	25	27	27
Min	24	24	24
Max	26	37	37
<i>N</i>	4	10	14

Source: Homeless Management Information System, Three County and Hampden County CoCs For the period July 1, 2011 thru June 30, 2014.

Table 12: Military characteristics of post-9/11 veteran heads of households in Western Massachusetts shelter, 2011-2014

	Male Headed	Female Headed	All Families
Military Branch			
Air Force	0	1	1
Army	1	2	3
Marines	1	1	2
Navy	1	2	3
Other	1	1	2
<i>N</i>	4	7	11
Served in War Zone			
No	1	5	6
Yes	1	1	2
<i>N</i>	2	6	8
Discharge Status			
Honorable	3	3	6
Medical	0	1	1
Other	0	2	2
Client Doesn't Know	0	1	1
<i>N</i>	3	7	10

Source: Homeless Management Information System, Three County and Hampden County CoCs For the period July 1, 2011 thru June 30, 2014.

Table 13: Health characteristics of post-9/11 veteran heads-of-households in Western Massachusetts Shelters, 2011-2014

	Male Headed	Female Headed	All Families
Has Chronic Health Condition			
No	4	7	11
Yes	0	3	3
<i>N</i>	4	10	14
Has Mental Health Problem			
No	3	6	9
Yes	1	4	5
<i>N</i>	4	10	14
Has Substance Abuse Problem			
Alcohol Abuse	0	1	1
Drug Abuse	0	1	1
No	4	8	12
<i>N</i>	4	10	14
Physical Disability			
No	4	8	12
Yes	0	2	2
<i>N</i>	4	10	14
Domestic Violence Survivor			
Yes	0	3	3
No	3	6	9
<i>N</i>	3	9	12

Source: Homeless Management Information System, Three County and Hampden County CoCs For the period July 1, 2011 thru June 30, 2014.

Summary

While the majority of veterans I spoke with were stably housed and did not express concerns about homelessness or housing instability, a surprising number shared histories of instability and homelessness that were troubling and pointed towards a failure of the systems in place to adequately prepare veterans for the transition from military to the community. Those

leaving the military today are required to attend a Transition Assistance Program (TAP) which covers a variety of issues related to returning civilian life, from writing a resume to applying for VA benefits. Many of the veterans I spoke with had attended the program, but found that it was not helpful, in large part because they viewed it merely as a hurdle to getting home and seeing their families. Given that many young veterans are not receptive to these trainings it is difficult to imagine a more effective means of preparing veterans for the transition. Peer support and linking a veteran with a peer in the community who can help the veteran navigate the bureaucracy in the event of an emergency could be one way to prevent unnecessary experiences of homelessness and instability. The majority of veterans will never need this level of support, but a significant number will and are often unaware of the assistance available to them or too proud or afraid of the stigma to accept assistance. In the next chapter I turn from the stories of the veterans to the accounts of veteran service providers. The systems in place to assist veterans are complex and at times fail the veterans in need of services despite the best intentions of the service providers. As the stories in this chapter illustrate, veterans' special status in society, their symbolic capital, and the flow public resources does not necessarily translate into the appropriate utilization of resources. The burden placed upon the individual to navigate the system and the individual's isolation from other veterans and service providers, who may have the knowledge of these programs, are problematic because they unnecessarily keep many veterans from realizing the benefits to which they are entitled.

I mean, again with that zeitgeist, I was pretty confident that anything that came up there was probably some sort of obscure program out there somewhere that would be able to help me out and I mean we're sort of that group that's immune to criticism that nobody can say about it and god forbid you say anything bad about the vets.

Male Army Veteran

Chapter 6. Navigating veteran services, a maze of good intentions

Introduction

The Servicemen's Readjustment Act of 1944, also known as the GI Bill, was born out of the advocacy of the American Legion. Created to assist the veterans of World War II and their families with the challenges of returning to civilian life the legislation created the modern Department of Veterans Affairs (VA), which oversees a host of policies intended to assist veterans and their families. These policies continued the tradition of assisting disabled veterans and created new systems to assist veterans with reintegration, regardless of their disability status. From education benefits, to low-cost home and small business loans, these policies were intended to expand the opportunities for veterans and to deal with the "veteran problem" (Altschuler & Blumin, 2009; Frydl, 2009; Waller, 1944).

The GI Bill and the veterans programs that preceded have effectively segregated veterans services from mainstream services. The separation of the social safety net for veterans from mainstream assistance for low-income and disabled Americans has insulated veterans' benefits from funding cuts and also the stigma associated with "welfare." In addition, the specialization has provided for the creation services that can address the unique needs of veterans. However, the segregation of veterans' services is not without costs. In this chapter I argue that this segregation has contributed to the isolation that many veterans experience and has meant that the

needs of non-traditional veterans, such as women, are frequently unmet within the veteran system.

I sought to answer the question: Do male and female veterans' experiences accessing veterans services differ, and if so, how? What I found is that even though non-traditional veterans' needs are frequently met in mainstream civilian systems, veterans within these systems lose the social status associated with the services provided in a veteran-centric setting and women veterans within the veteran system often are assumed to be non-veterans, or assumed not to have been in combat situations. This is particularly true when we consider housing policies. Having documented the isolation experienced by the current generation of veterans and explored the various housing situations that today's veterans find themselves in, in this chapter I explore how the housing and homelessness policies, as implemented in the Pioneer Valley, have contributed to the isolation I observed. In addition, I explore how the pseudo-military culture and single-sex environment in a Grant and Per Diem (GPD) transitional housing program inhibits a return to civilian life, and excludes women and families, thus reinforcing their second-class status within the veteran community, but also giving them preferential status for community-based interventions, such as HUD-VA Supportive Housing (HUD-VASH).

Many of the veterans I spoke with were alone in the sense that they were isolated from other veterans, but also in that the system designed to help them required an enormous amount of individual effort in order to navigate it. Many were overwhelmed or unwilling to engage with the system due to the experience of family members who had served in prior conflicts, especially Vietnam, or negative perceptions of the VA based on the experiences of friends. Those who were able to get the help they needed often attributed this to another veteran taking an interest in their well-being and insisting that they go to the VA. Importantly, many who had successfully

engaged with services reported being satisfied with the care and assistance they had received, but it was often difficult to make that initial connection and veterans reported suffering unnecessary economic hardship and stress because of logistical challenges and delays. In my conversations with veterans it is not possible to verify the degree to which the veteran experienced difficulty accessing services due to errors on the part of a service provider or the system, usually the VA, and to what degree the errors are driven by the veteran. Regardless, through conversations with veterans and service providers it is clear that the fragmentation of the system was a contributing factor to the challenges that both providers and veterans face. Fragmentation occurs both among the federal and state systems and within these systems. The fragmentation makes it difficult for *both* providers and individual veterans to navigate the system. Providers deal with the fragmentation by coming together and collaborating, individual veterans who experience the fragmentation of the system are often turned off or turned away by the system or suffer unnecessary hardship.

In homeless services, Culhane and Metraux (2008) highlight the problem that homeless services often operate parallel to mainstream social services, which do not provide housing assistance, and homeless assistance is triggered only when an individual or family becomes literally homeless. Veteran services are in many ways more robust than mainstream social services, for example, in the health care system they regularly screen for risk of homelessness, but they mirror the mainstream system in that homeless benefits are still most often triggered by becoming literally homeless. Furthermore, it is only since 2008, when the VA introduced Supportive Services for Veteran Families (SSVF), that services have been available to explicitly prevent homelessness. In this chapter, I focus on data collected from observing and interviewing veteran service providers. I outline the complexity of the veteran institutions, continuing my

focus on housing and homeless policy. I argue that despite the embrace of a community-based approach to housing among the VA and HUD, homelessness services continue to emphasize transitional housing and the lack of integration of social services with housing services continues to leave homeless veterans without the necessary assistance, despite the relative abundance of federal, state, and non-profit support for veterans. The fragmentation is the result of policies designed to treat one distinct issue at a time, and the layers of bureaucracy. Both veterans and service providers are responding to financial incentives and doing their best to navigate conflicting rules about eligibility. We have created a separate system for veterans that is robust, but so complex that an unnecessary burden falls on the veteran and their family to navigate the system. In addition, the system reinforces the civilian military divide. I ask how can we alleviate isolation through policy reforms that assist veterans in accessing the assistance to which they are entitled?

Military service and government benefits

Even though many veterans chafed at the notion that they are recipients of government assistance, the economic benefits — from the relatively high-levels of job-security and pay while in the service to access to higher education after service — were frequently cited as strong motivating factors when deciding whether to join the military. Special benefits for military veterans and their dependents have existed throughout American history, however, it is only since the end of WWII that these benefits have nominally been available to honorably discharged veterans, regardless of their disability status. Accessing these benefits is often fraught with confusion and frustration and navigating the bureaucracy of the VA and state-level agencies is not easy, especially for one with disabilities. I asked everyone I spoke with what motivated them to join the military. It's difficult to say whether the sample of veterans I spoke with is

representative, but it was evident in the interviews that the men and women I spoke with came from at best middle-class backgrounds and many came from families with very limited means and communities where there were limited jobs or opportunities. One man described his experience: “And so I was a Pell Grant kid and I had ... without the ROTC scholarship, I wouldn’t have been able to afford to go to school [...] the Army goes like, yeah, four-year scholarship, I was like: show me the money!” Stories like this were common across the genders.

For some, this economic need and lack of community resources took away their sense of freewill in making the choice to join the military. One of the factors that makes military service today so different from prior eras, is that the military is all volunteer. In the stories that the media tells about military service and the men and women who join, the mundane fact that for many the military is an escape from negative circumstances and communities or is driven by economic need, does not fit the heroic narrative. For example, one recent graduate, and woman veteran describes how in many ways joining the military felt like her only option. On her college campus she expressed frustration that other students, whom she perceived as more privileged, judged her decision to join “I didn’t go in there because I wanted to hurt anybody [...] I went in there because I needed to get out of my town.” She joined the Air Force after dropping out of college due to a pregnancy and was working at a gas station in a “go-nowhere sort of a place” and in an abusive relationship.

One thing that I have a problem with is [...] the undergrads, because they just don’t want to know. And I used to have the same -- similar opinions, I used to feel like, you know, like sometimes people have a choice -- like you choose to join the military. [...] But I know that sometimes it seems like it’s is a choice, but it’s not really a choice, you know, I

mean it was a choice between that and just, you know, who knows where I would have ended up, but I mean it wasn't going to be anywhere good.

Similar stories were heard from men living in Springfield, Massachusetts, a city that is struggling economically and where violence and drugs are common. One African-American young-man explained how he viewed his choice to join the Marines:

Well, to be honest with you, it was really, for me it was really an option of either becoming a statistic in the Springfield streets and getting involved in things that maybe I had no control over and dying that way or joining the military, going to war and dying for something worthwhile for my family, to give them something to look back on and be proud of instead of me being a statistic in a newspaper somewhere.

The economic driver was present in nearly every interview whether it was the economic incentive of paying for school, a signing bonus, or a regular paycheck. The economic motivation for joining raises the issues around how we still use the military to define citizenship and who is deserving or undeserving of assistance. Lutz (2001) argues that we have propelled military members and veterans a to “super-citizen” status as the share of the population that has served declines. Furthermore, the growing economic inequality in America may also be contributing this divide as lower-income men and women select into service as higher education and solid jobs move further out-of-reach. This in turn widens the gap between those who serve and the affluent who can access education and economic stability without having to join the military. While longitudinal data on the economic and educational backgrounds of the individuals who volunteer for military service is not available Kriner and Shen (2010) document a growing casualty gap, in that war-time casualties are concentrated in communities with lower levels of income and education.

Pioneer Valley veteran benefits and service environment

The promise of economic security, through military training or higher education, did not come as easily as the veterans had planned or as the recruiters and military ads had promised. In part this was because veterans were frequently dealing with disabilities that made it difficult to pursue the careers they had envisioned. In other cases, veterans had been discharged from the military due to substance abuse and thus without access to benefits and with a military record that would negatively impact their employability. In many cases, having access to federal and state benefits eased veterans' economic difficulties, but unfortunately these benefits were often difficult to access or veterans were unaware of their existence. In the course of my interviews with providers and observation of veteran providers meetings the complexity of the veteran institutions became apparent. Intersecting with the veterans institutions are the myriad institutions that serve the civilian community and where veterans are frequently embedded. The abundance of services was frequently cited, as was the complexity of the services. Providers were very aware of the inability of any one person to fully understand the system. For a veteran seeking assistance the sheer volume of potential sites to seek assistance could be overwhelming. In Leeds the VA Medical Center serves Massachusetts veterans from areas West of Worcester. In addition, the VA provides assistance to veterans in outpatient clinics throughout the Valley. The VA is also where veterans apply for disability compensation and social workers at the VA assist homeless veterans seeking HUD-VASH vouchers among many other services. The VAMC in Leeds is the local hub for all federal programs. The VetCenter in West Springfield is another site that is federally funded. Focused on serving returning combat veterans and their families, the VetCenter is funded through the VA, but is separate in that the case records from the VetCenter are confidential and separate from the VA. Many providers cited this distinction as a potential

advantage for those who were reluctant to seek care at the VA for fear of losing their standing within the military or in their civilian jobs.

The state hub of veterans services in Western Massachusetts is in many ways the Holyoke Soldiers Home. At the time of this study, no post-9/11 veterans utilize long-term care or domiciliary care services at the Holyoke Soldiers Home, but it is where the Department of Veteran Services Statewide Advocacy for Veterans Empowerment (SAVE) team offices are located. The SAVE team provides veterans and their families with assistance accessing benefits with the overarching goal of suicide prevention and identifying veterans with mental health distress. The SAVE team is made up of peers who are either veterans or direct family members of veterans. The team travels to where they are needed and also sees veterans at their office. In addition, in Massachusetts, each town has a Veteran Service Officer (VSO) who is responsible for accepting applications for Chapter 115 benefits, these benefits are funded jointly by the state and municipalities and are intended to assist low-income veterans and their dependents with health care, housing, and general assistance. In some areas, one VSO serves multiple towns, but most towns have a VSO office located in the downtown. The VSO's capacity and hours of availability have historically varied widely from town to town. Recent state legislation (VALOR act) requires each VSO to pass basic exams certifying their knowledge of the relevant rules surrounding veterans' benefits.

In addition to these state and federally funded organizations, several non-profits serve the area. I interviewed case-managers at two of the largest non-profits in the area that hold SSVF contracts and operate homeless shelters in Massachusetts. One of these non-profits operates a large shelter with over 200 beds funded through the GPD program. In addition, it has constructed permanent affordable housing for veterans throughout the Pioneer Valley and Berkshire County.

Supportive housing for veterans is also currently under construction on the VA campus. This non-profit serves Western Massachusetts and areas as far as Albany and Pennsylvania through federal SSVF grants. The other large non-profit, which is based in Central Massachusetts, also has SSVF grants and case managers based in Springfield who work with veterans throughout the area, but does not operate any shelter beds in the Pioneer Valley.

The area is dominated by higher education and many of the area colleges and community colleges have active veteran centers on campus to assist veterans with accessing services and also as veteran friendly spaces for veterans to socialize. Finally, there are the traditional Veteran Service Organizations that are intended to provide assistance and community for veterans and their families, such as the Veteran of Foreign Wars (VFW), American Legion, and Disabled American Veterans (DAV). I spoke with veterans who were active in these organizations. Depending on the town, these organizations may have a physical space or may hold meetings and events in community spaces. These are just a handful of the active organizations that exist in the Pioneer Valley. There are numerous other non-profits and the VA operates clinics throughout the area.

The sheer number of resources requires a sophisticated understanding of the system. A long-time Department of Public Health employee and veteran himself acknowledged the complexity of the system and took pride in his ability to navigate it:

I'm pretty fluent in the VA versus DVS versus VSO [Veteran Service Officer] --, I get -- you know, I mean I'm a proud bureaucrat, you know, it's not a pejorative term in my definition -- definition of a bureaucrat, you know --I'm a Max Weber fan.

A SAVE team member likened the array of services to a puzzle, when I asked her about how she assisted female veterans with housing needs she said: "It's a puzzle, keep pushing until it fits." In

response to the overlapping and complex resources providers rely on collaboration in order to meet the needs of their clients.

A VA OEF/OIF/OND coordinator and Iraq veteran himself, assists returning veterans with the transition to civilian life and accessing the services, acknowledged the limits of his knowledge of services and the need to reach out to others. In addition, he acknowledged that the complexity of the system frequently frustrates and potentially repels veterans in need of assistance. His awareness of this was likely due to his status as a peer.

Coordinator: Yeah, I mean it's a collaborative effort, you know, it's -- there's things that they know that I don't know, and I don't try to know them, you know.

Interviewer: It's complex.

Coordinator: Right, it's complex, plus I mean there's a lot going on the federal side so, you know, I try to know a lot of things, I always say I know a little about a lot, you know, but I do know the person I need to call and get that answer. And it's not -- I never tell a veteran like hey, call this guy and then they call that guy and that guy tells them to call this guy and then before you know it, the veteran is like, "Screw this, you know, I'm all set." So, I try to eliminate that and I try to just make sure that I'm calling the right person every single time or I'm telling that veteran to call this person they're going to get an answer. So, we're working with these other organizations out there, especially state ones. There's just state benefits that I just don't know about, that they are the expert. So, there is no need for me to be an expert if there's an expert already out there, I just need to know who that expert is.

The complexity of the system has lead to the creation of several working groups including VOICE, a recent collaboration of outreach specialists who assist veterans with accessing benefits

and the Western Massachusetts Network to End Homelessness Veterans Subcommittee. I regularly attended meetings of this subcommittee, which brings together representatives from the VA, Veteran Service Officers, VetCenter, the Continuum of Care, and veteran shelter and SSVF providers in the area. Once a month the committee meets, alternating between Springfield and Northampton. Initially the team worked on goals such as ensuring that regardless of where a veteran enters the shelter system that they are screened for veteran status. In addition, the team created resource sheets to help non-veteran specific providers determine whether a veteran in their care might be eligible for assistance and who to contact for assistance. These networks enable providers to regularly meet face-to-face and problem solve. The Holyoke Veteran Service Officer summarized it well:

So, you know it's always cogs that you have to identify for the individual, but there's no really two alike, of what the obstacles are. And that's why it's just a kind of an ongoing process and that's why, the groups, some of the groups, you've been in it. That's why we all need to work together because we each do individual components of it.

A common theme that arose was the need to cobble together resources in order to maximize the assistance available to a veteran. This is especially true in assisting veteran families experiencing homelessness. The lack of transitional housing for homeless families has spurred creative problem solving for providers. The local VA prioritizes families for HUD-VASH vouchers. The challenge is that often the process of applying for a voucher to actually moving into an apartment can take weeks to months. Thus the providers have been forced to find short-term solutions. The high degree of collaboration among a core group of service providers who are dedicated to assisting homeless veterans was apparent, but it became clear through my work that if a veteran was not connected to these individuals it was easy for him or her to fall

through the cracks. Some service providers I discussed this with seemed to place the blame on the veteran. Arguing that the resources are available and more generous than for prior generations and eras. When I asked one VA employee what would make his job easier he expressed frustration that he could not “pour brains into people’s heads.” The frustration with veterans refusal to seek help was echoed by other service providers. But I also frequently encountered stories where the system had failed and the individual was left without the assistance to which they were entitled because of bureaucratic failures. One HUD-VASH case manager expressed her frustration:

It is fragmented. I mean it's fragmented to me. Imagine what it is to them [veterans]. I can't figure out where to go for what, and this is redundant, and this is redundant. I mean it's ridiculous the services that are out there and it doesn't seem like much is getting done. You know what I mean? To me it's like, vets — it's like the sexy thing, so there are all these things, but like everybody seems to do the same thing, but nobody's really getting any help or satisfaction, it's kind of crazy, and if I can't negotiate it how are they supposed to negotiate it.

Often the individual fails to navigate the system and it has dire consequences. An SSVF case worker shared one such story of a student veteran at an elite college who lost his housing:

He was living off of service-connected disability money and GI benefits, but he had an incomplete for a class so he couldn't re-enroll for the fall semester. So he's working on completing those classes, but he lost all his GI bill money. [...] So he's living on half of the income that he had. So he had an apartment that was affordable with both of those benefits coming in, but was no longer affordable. So he actually called the VA and the VA advised him to tell his landlord I'll leave, keep my security deposit and find

someplace else. In that case what they should have done is immediately called SSVF and the VSO [Veteran Service Officer] because the VSO has money, SSVF has money, we could have at least got him through those few months and preserved his housing and he has service-connected disability -- he didn't want to talk about it but I know it's mental health related, you know, whether it's PTSD or not you know some sort of trauma happened. He needed people to step in and help him. I think whoever he talked to at the VA just didn't know how these programs connect, which is a big challenge [...] And it's a complicated web and it's supposed to be no wrong door. So if he called the VA he should have had access to the VSO, to SSVF, to whatever programs have financial assistance.

Through my interviews I spoke with several veterans who had gone through similar experiences in attempting to access services and finding that delays or miscommunications resulted in unnecessary challenges. It was especially true that among students interruptions in GI Bill assistance could be catastrophic. In one instance a young marine who was in an explosion in Afghanistan and has a traumatic-brain injury told of enrolling in community college classes, only to find out halfway through the semester that he had medical appointments that conflicted with his course schedule. He cited the failure of the different arms of the VA to communicate, resulting in the loss of his GI Bill assistance, his only income at the time, in addition, he was required to pay back the tuition and book money he had received.

It's not too bad to be honest. Just recently, this past year my VA claim finally got pushed through. So, I was finally service connected so I'm at 100% with the VA right now. The only problem with that is there's really no connection between the disability side of VA with the education side of the VA; because I signed up for [community college] classes a couple of years ago, just to pass the time when I got back to Springfield. It was that time

when it finally pushed through, my med board was on board with me to give me transportation to my appointments and just to work with me to get places and get the care that they had me receiving, but that conflicted with my school schedule so I had to drop classes, but yeah it was terrible. I was midway through my second semester and I had to drop classes. I had signed up for new classes in the summertime and then I got orders to go to Groton for a TBI clinic and that totally messed up my schooling.

So, the education side said you've got to pay back all that money we paid for your tuition and your books back to us and, at the time, I was destitute, like I wasn't receiving, obviously I wasn't service-connected. So, the only money I had coming in was from the education and I argued for a few years I'm still going through it. The medical side of the VA would not help me to give the education side all of my paperwork. I said, "I will show you everything you need to prove the dates, the time, every circumstance that I was in that shows I couldn't be in school and I was destitute I had no money. This is the only money I'm getting." They didn't care. Now, when I get my VA compensation and everything, there's a lot of it that's taken out because the education side is taking all their money back from me.

The collaboration among the service providers, stood in contrast to the isolation that I observed in many of my interviews. The Marine veteran above is an example of an individual who was attempting to connect with services, clearly deserving of assistance, but faced extreme barriers in accessing this assistance that in his telling seemed largely bureaucratic and unnecessary. His case was further complicated by the fact that his injury impaired his ability to process information. Furthermore, the injury led to his separation from his unit and a move from

being based with the Marines in California to being based with the reserves in Rhode Island. He went from living on base to living in a motel in Rhode Island. The loss of his unit and the complexity of the system within both the VA and the Department of Defense appeared to leave this injured combat veteran with very little support at a time when he needed it most. He is still literally paying for the complexity of the system. Despite these experiences he had a positive attitude towards both the military and the VA.

Both the providers and the veterans experience the fragmented nature of veteran services. The providers address it by coming together and sharing their expertise and in doing so the clients with whom they work benefit. Rather than having a single individual advocating for them, veterans who are working with the case managers and Veteran Service Officers who are part of these collaborations, have an entire team working to make the puzzle fit together. The issue is that I spoke with many young veterans who were struggling and completely unaware of the Veteran Service Officer, or who had been unlucky in that the VSO in their community was reluctant to accept their application for assistance. The ability to access benefits was thus in many ways separate from the individual veterans eligibility or even willingness to accept assistance, but often determined by who the veteran first engaged with in their attempt to get assistance. Personal persistence on the part of the veteran or an advocate could override a negative encounter, but often a bad connection or negative experience would have long-lasting impacts on vulnerable veterans and their families.

Homelessness policy

The layers of trauma and the complexity of the stories of the veterans who experienced homelessness makes it clear that eliminating or solving homelessness is an aspirational goal. In fact, through meetings of the continuum of cares it became clear that the goal to end veterans

homelessness is going to be operationalized as achieving a “functional zero,” in other words ensuring that veterans who enter the homeless system are quickly identified and connected to resources to address their needs and move them back into the community with the appropriate supports. No one in the policy community believes that the problem of homelessness will ever be solved in the sense that it will be eradicated. The essential question is how to create supports for those experiencing homelessness to find permanent affordable housing for those who can live independently and permanent supportive-housing with intensive case management, like HUD-VASH, for those with intense service needs. The challenge is that there is a limited supply of HUD-VASH vouchers and permanent supportive housing. This combined with the complete lack of temporary housing for veteran families has meant that the local VA has prioritized veteran families and women veterans for HUD-VASH vouchers, while the flow of single, male homeless veterans to the grant and per diem program continues. While the policy and research community are now strongly support a move away from institutional shelter settings and towards community based support, the reality is that there is not enough private or subsidized affordable housing in the community, nor community based supports.

The presence of the grant and per diem program at the VAMC means that area has a consistently high number of homeless veterans, which increases the number of HUD-VASH vouchers flowing to the community. I interviewed the HUD-VASH case managers at their offices on the VA campus. The program was originally designed to serve chronically homeless veterans, which are overwhelming single-adult males. However, locally the HUD-VASH program has been essential in housing veteran families, for whom there are no veteran-specific transitional housing options in the area, and women for whom there are an extremely limited number of grant and per diem beds. The HUD-VASH case managers lamented the fact that the

folks they work with are in crisis when they finally reach out for help. The HUD-VASH program has become a housing of last resort option for families who cannot use the grant and per diem program locally.

Remember we get them when, by the time we get them, they're in major crisis, I mean the bottom has fallen out by the time we get them so it's like, getting them stabilized and then repairing and building back up. It would be really good if some of these services were there before the bottom fell out. Before it gets to the crisis where I'm at shelter and my kids are in a hotel or whatever. We've had people call us Friday morning and say we only have enough money to stay at the hotel a few more days or we're leaving the hotel tonight and we have nowhere to go. and its a case of call DTA [Department of Temporary Assistance] run them there, get them into a hotel, and get them a voucher, and get them a job.

HUD-VASH vouchers provide a permanent subsidy and like traditional Housing Choice Vouchers, the veteran and his or her case manager are limited by the housing market conditions and the willingness of landlords to accept the vouchers. Depending on the town or city market rents often are prohibitively high for veterans to secure decent, affordable housing. Having the voucher enables veterans to live in the community, but often their choices are severely limited. This topic sparked many comments from the case managers.

Case Manager 1: In this area it's really hard. My favorite topic: the payment standard around here, which is set by HUD. In Northampton a one-bedroom apartment is \$822 and that's supposed to include utilities. So nobody is going to get housed in Northampton, except now and again some people really luck out or get into one of the new projects that has a requirement to house a certain number of low-income people. But, so we wind up

sending people to impoverished areas, like Springfield, where there is a lot of housing stock, there is a lot of drugs, so you tell me what's going to happen.

Case Manager 2: The other issue that we run into is that in Northampton, Easthampton, Amherst, and this area in general, a lot of the housing stock is controlled by rental agencies, and those rental agencies want a credit check, and criminal history, and a fee, and a previous rental history and when they start looking at that with our veterans, they're disqualified.

Case Manager 3: And then when you do find them, I have very few vets where I would live in where they're living. People that are willing to rent to section 8 or overlook certain things are not often places that I would want to live.

Despite the limitations of the HUD-VASH voucher it was clear that the program was the key to success for several the veterans I interviewed who were enrolled in the program. The male veteran and HUD-VASH recipient was working at the VA the female was a leader in a local veteran service organization and attending community college. Both had successfully found housing and connections in the community, while receiving support from the VA.

A grant and per diem (GPD) shelter in the Pioneer Valley

The grant and per diem program has existed since 1994, but in recent years, as homelessness policy has shifted away from transitional housing towards a model of rapid re-housing and supportive housing the GPD program has come under pressure to shift their model. Just this year the VA issued a letter to all GPD programs discussing the plan of the VA to introduce “Bridge Housing” which would house folks in need of shelter, but emphasizes a housing first model, where substance abuse and mental health treatment are not conditions for consideration for placement in permanent housing (Gibson, 2016) . This model is embraced by the research

community, but often at odds with frontline workers deeply held beliefs about how to best serve their homeless clients and with ideas about who is deserving of limited and costly permanent housing resources (Tsemberis et al., 2004). The shift in policy is slowly taking root both locally in the Pioneer Valley and nationally. Observing the GPD program on the VA campus in Leeds highlights the need for reform both for the reasons presented by federal agencies including the VA and HUD, but also for reasons that are not explicitly raised. The research clearly demonstrates that a housing first model that emphasizes community-based housing can be both cost-effective and more humane than housing single men and women in institutional, transitional housing long-term, this is true both for veterans and for the non-veteran populations (Culhane & Metraux, 2008; Culhane, Metraux, & Hadley, 2002). I argue that for the veteran population, the urgency in abandoning an institutional program is increased because the veteran-only setting segregates veterans from the broader civilian community and inhibits the acquisition of the skills necessary to navigate the civilian world. Furthermore, the GPD program in its current form is not able to serve all veterans fairly, the program largely ignores women veterans and veterans in families.

I was able to observe the GPD program on a handful of visits to the program for interviews with residents and resident meetings. The first thing that struck me when visiting the GPD program was that it was all male; both the residents and the staff were all men in the buildings I visited. (Note there are roughly a dozen beds for women in a separate location on the campus, however, all but one of the current residents were not eligible for the study and the only eligible resident declined to participate.) The second striking factor was the state of disrepair. The programs are located in old hospital buildings on the grounds of the VA Medical Center in Leeds. Outside is brick and inside the walls appear to be concrete. Some have peeling paint. The

rooms in the first building are primarily dormitory style and the men sleep in rooms with several others veterans. I attended two weekly meetings at which the residents and case managers came together to welcome the new residents and review the rules of the program. Everyone gathered in the common room, where there were several computers, a large television, couches, a soda machine, and a pool table. I was the only woman in the room at both meetings. The complaints aired at the house meeting are familiar to anyone has lived with roommates or even worked in a large office:

- Label and date food in the common fridge;
- Do not eat food from the fridge that is not yours;
- Do not play your music late at night;
- Turn off the television if your roommates are sleeping; etc.

In the course of the meeting a case manager explained, “This is not just housing, this is a program. If you just want housing this is not the place for you.” It appears clear that living in the GPD program comes with many rules, but from the short meetings it was hard to say how closely the men hew to these rules. Furthermore, it is clear that the language of the rules is drawn from military. In order to embrace the new model significant changes will need to be made to enable veterans who would normally resist the rules of the program today to access temporary housing.

The program requires that veterans pay a portion of their income in rent. For those who have no income they are required to contribute through work. It is sometimes difficult to distinguish the staff from the residents. One veteran who expressed an interest in my study, I at first believed was staff because he worked in transportation services. He not only drives the vans, but also had a desk in an office and dressed neatly in dark khakis and a polo shirt or button down. Seeing this man on the street or even in a shelter, one would not assume he is homeless.

On the VA campus the non-profit is constructing supportive housing, ideally, residents from the program who need long-term support will transition into this housing. The non-profit also has SSVF operations throughout the East Coast they. Talking to veteran providers throughout the area I have repeatedly heard that the operation has attracted veterans, particularly homeless veterans, to the area. In some ways this has been a boon to the area. The high number of homeless veterans living in the shelter on the VA campus increases the count of homeless veterans in the area, thus increasing the resources flowing to the area for all homeless veterans. The number of HUD-VASH vouchers available is higher than it would be without the shelter. Alternatively, this constant supply of homeless veterans has meant that it is difficult to document progress in housing homeless veterans using the statistics that HUD requires the Three County CoC to report annually. In addition, over the years the shelter has had to navigate its relationship with the community, and ensure that those who come to the area for shelter, but decide to leave the program before they find housing do not enter the community without housing, thus becoming a burden on the local service providers.

The shelters for veterans in the area of the Pioneer Valley exclusively serve single adults. To be in shelter means disconnecting from the social ties of family and sexual relationships. This is clearly problematic for veterans who are caring for small children. Veterans with children must leave the area or enter the family shelter system, which results in families living in hotels for extended periods of time.

The restrictions are also potentially problematic for veterans without children. Separating partners without children is required by the current system, this can be extremely disruptive and prevent veterans in need from entering the shelter system. Furthermore, the separation of single male adults from the world of family and women could inhibit the formation of community that

could substitute for the community that military provided. Addressing isolation by reproducing the relationships from their military days appears to be one reason so many men felt at home at in the GPD program despite the admittedly terrible physical conditions. The program is designed so that men graduate from one building, with more dormitory style housing, to another building with more private rooms. In theory, GPD programs are temporary housing and veterans are supposed to be limited to two years with an end goal of moving to independent living. For some this may mean transitioning to the supportive-housing that is under construction. Existing housing operated by this non-profit uses a limited equity co-op model that allows veterans to build equity overtime. Currently, there is housing in in Berkshire County, and there are multiple projects under construction. The majority of the housing under construction is not designed for families, but is similarly designed for single men. Thus, for those who choose to move into permanent veterans housing, the men transition from the male shelter environment to permanent housing that also inhibits their ability to form social connections based on family or with women. For example, the existing limited-equity co-op housing consists exclusively of studio and one-bedroom apartments, which are not appropriate for families. Thus, while the men from the GPD program may be able to move into permanent affordable housing, they will continue to live separate from families. For some this may be essential to living independently, however, it also means that veterans with families and women are largely excluded from benefiting from permanent affordable housing designed for veterans.

The GPD program not only creates a veteran specific culture, but it also is physically separated from the larger community. The VA campus is known as the Hill and is located at the top of a hill away from the downtown and residential areas of Northampton. There is regional bus service that connects the VA campus to Downtown Northampton and thus other areas of the

Pioneer Valley. Thus, there is an affordable option for transportation, but in my conversations with veterans in the homeless shelter, many appeared to stay on campus, except to make trips to the local mall.

The GPD program I observed meets three core functions that many in my interviews expressed missing when they left the military: structure, camaraderie, and financial security. Thus, it is clear why this model would be effective and appealing for many who have failed to successfully transition to the civilian community. The question that is not addressed is whether it is advisable to recreate the features of the military institution. A formerly homeless veteran, who had never lived in the GPD program, but had worked with many residents commented: “I think the program’s an enabler to live a life -- live that same lifestyle instead of adjusting back, you know.”

For the majority of veterans there is no question that they successfully serve and return home to families and relationships, but how do we address the needs of those for whom the transition is marked by homelessness. The creation of a separate, veteran-specific, homeless services stream of federal funding signals that veterans are more deserving than other homeless populations and in some way different. While veterans often do have unique needs, the historical demographics and discrimination against women has also resulted in a system that does not treat all veterans equally. Recognizing the faults in the current system is not intended to denigrate those who work within the current policy environment. The rules of GPD program and the funding incentives that have created this system, such as the rule that providers do not receive additional funding for families, have encouraged the creation of programs that focus on single, primarily male, adults. GPD providers have responded to the preferences of both the veterans they serve and the federal and state funding agencies that support their operations. The model requires that the beds remain

occupied, one VA service provider referred to the GPD programs as a “build it and they will come” model. For its survival it responds to not only the local demand for housing, but also to the regional demand, welcoming veterans in need from areas outside of Western Massachusetts. Massachusetts is an ideal state to operate in because it provides state income benefits to veterans. This additional income increases the veteran’s ability to contribute to the cost of housing at the GPD program. Clearly, state and federal policies shape the decisions of GPD providers when determining where to operate and who to serve.

Summary

The three homeless men I met in the GPD program had found respite and assistance through the program at a time when they were in crisis and they continued to receive support through the program. I asked each man where he would like to be living in a few years and they all expressed a desire to move out and live in a home of their own. One even brought up a photo of a home he had been looking at on his smart phone. Even those who may have difficulty transitioning out of the GPD program in its current form express a desire to return to living in the community. Unfortunately, it was unclear in my conversations how these men would actually go about making the difficult transition for shelter to community housing.

The new guidance from the VA to GPD providers emphasizes that transitional housing should be brief and have low barriers to entry. My experience in the shelters and interviews with providers in the region suggests that GPD programs provide much needed short-term housing and structure for their residents, but that the programs may inhibit the transition from the military to the community. Many veterans end up staying for long periods of time, even beyond the two-year limit. While the VA has clearly signaled its intention to transform current homelessness policy so that veterans spend less time in transitional housing and have diversified the supports

for homeless veterans by expanding HUD-VASH and creating the SSVF program implementation is key to ensuring that the GPD program is modernized. Shortening stays in transitional housing will only be possible if appropriate affordable housing options or housing subsidies, such as vouchers are available to veterans. Currently, housing costs in the Pioneer Valley are too high and the supply of affordable housing does not meet the demand. It is clear that those working with homeless veterans will need to build partnerships with civilian affordable housing developers. The challenge is that the local systems to assist the general public are also strained. Recently Massachusetts has adopted a policy to prioritize veterans for public housing. Here the separation of services has the additional consequence of potentially pitting deserving veterans and deserving civilians against one another. Currently, there are waiting lists in many of the communities in the Pioneer Valley, thus adopting a preference for veterans will mean that others, for whom there are not additional supports such as Massachusetts Chapter 115 or HUD-VASH, may experience delays or be denied services.

There are no easy solutions, but there is clearly a need to expand affordable housing and supports for civilians and veterans alike. Potentially, creating supportive housing that serves civilian and veteran families in the same location would help to integrate veterans in the civilian world. Such a project would require affordable housing developers to also cross the veteran civilian divide

Chapter 7. The importance of veteran community for successful reintegration

Introduction

While not universal, for many of the veterans I interviewed engaging with a community of other veterans provided a sense of purpose and a sense of belonging to those who had previously experienced isolation. Through my survey and interviews I hoped to understand the role of the veteran community in the process of reintegration, in particular, whether veteran service organizations reinforce or create gender differences during readjustment. Engagement with the veteran community could come in formal or informal settings. While mutual support through veteran service organizations has existed for decades, peer support in formal settings has recently gained support from both state and federal organizations. For example, in the clinical setting veteran peer specialists have been embraced by mental health professionals within the VA to model recovery to those with substance abuse and mental health disorders. In addition, nationally the VA has embraced the peer support model in working to end veteran homelessness (Casey et al., 2016). In Massachusetts, veteran peers are on the ground working to prevent veteran suicide through the Department of Veteran Services' (DVS) statewide advocacy for veterans' empowerment (SAVE) program. I interviewed several peer support specialists who worked at the VA and also in the SAVE program. Furthermore, many of the veterans I interviewed also happened to work in veterans services, without the formal title of "peer specialist," they worked as veteran service officers or in their college's veteran centers.

For many, informal peer support through veteran service organizations and social networks helped make the transition from soldier to civilian easier, or at the very least normalize the difficulty that the veteran faced. Those engaged with veteran service organizations also had significantly larger social networks of veterans in the Pioneer Valley. Among survey respondents, those who belonged to a veteran service organization had significantly more contact with other veterans; their degree, the number of post-9/11 veterans with whom they were in contact with locally, was greater than their peers who were not members. Veteran service organization members had a mean degree of 6.8 and non-members had a degree of 1.6. It is impossible to determine to what extent networks of members of veteran service organizations had grown through their membership and to what extent those who are more social were more likely to join veteran service organizations. In this chapter, I explore the role that the veteran community and peer support is playing during the transition from soldier to civilian. I argue that overall engagement with other veterans helps veterans to learn about and access benefits; veteran peers provide mutual support and help to normalize unique experience of returning from war and share strategies for dealing with challenges of reintegration; and recognize when a fellow veteran is in need of assistance. Furthermore, formal peer support provides a sense of belonging to the peer support specialist at the same time it assists the veteran client. Veterans working in veterans' services reported high levels of a job satisfaction. Like every community though, the veteran community is not wholly positive. Peer networks can discourage veterans from seeking assistance through the VA and also stigmatize help seeking behavior. Furthermore, formal peer supports, are not as diverse as the population that it serves and some groups, such as women, may find that their specific experience and concerns are not reflected in their official "peers". Finding connection through the veteran community often takes veterans several years, but it

appears to be a common characteristic of those who have successfully made the transition from the military to the community.

The role of formal peer support during the transition

The experience of war is unique and veterans expressed the feeling that only another a veteran can understand the experience of war or serving in the military. This was true for both male and female veterans. A female Army veteran who was active in the veteran community tried to explain the reason she sought out veteran community:

Because they've -- it might not be the exact same thing that I've gone through but everybody has their struggles or what they've overcome but we still have the whole military thing in common so you just automatically feel connected. Even if you've never even seen these people before. It's just...I don't know how to explain it.

The connection between veterans was often encouraged through engagement with veteran services. A male peer support specialist and National Guard veteran explained that he advised younger veterans to connect to the veteran community:

My biggest thing that I say to people is stay connected. [...] Stay connected to your fellow vets. Find them in your community, find somebody who understands to talk about it.

As Smith and True (2014) point out in their qualitative study that examines the identity struggle post-9/11 veterans experience, the transition from the military to the community also requires a shift in one's identity from soldier to civilian veteran, and for many this shift is disorienting and leads to challenges reconciling the past identity with the present. In many ways remaining active in the veteran community and working with other veterans allows the veteran to reconcile the soldier identity with the civilian veteran and build a community based on this

shared experience. A VA employee and male veteran drew the similarities between his military career and career at the VA:

So, there's not really too much difference for me I mean other than I don't put on a uniform and if I didn't want to shave today, I don't have to, you know, other than that like the people that I serve are veterans, so at one time military folks right, and then a lot of the staff are veterans. So, for me it just feels like duty station. It feels like I'm still a sergeant, taking care of troops and it's a great thing and I think a lot of people feel that, you know, whether you're going to smoke shacks, you know, the smoking areas and, you know, the same thing happens in the military. There's smoking and joking, you know, now they're just smoking and joking over here [...] You may have come to the VA with no friends and isolation and now, you've made some buddies, you know what I mean. So it's something you're not going to get in the community, you know.

The act of working in veteran services aided the larger veteran community and the veteran employee. For peer support specialists their struggles with employment, substance abuse, homelessness, and their status as a veteran were all job qualifications. In contrast to the many veterans who found that civilian employers did not value their military experience or could not translate it into civilian terms, veterans working in veteran services were able to easily reconcile their military experience with their current employment. This helped to provide continuity and a sense of purpose. Often those who worked in veterans' services had found the jobs by chance or through a veteran friend. Those I spoke with rarely went directly from the military to a veteran service position; often they struggled to find employment before finding their current position. Those who were in positions that valued their veteran status expressed extremely high levels of

job satisfaction. One peer support specialist and Army veteran expressed his desire to continue work with veterans:

At the moment, nothing would make me happier than to continue working with the veterans and I've been doing it now for three or four years. It's who I identify with, it's who I'm happy around, and it gives me the overall good sensation that, you know, I'm doing something well for the area. I think I'm a great asset in that sense, and so I will most likely continue pursuing career in this field.

A female Army veteran who worked in a veteran service office expressed a similar love for her job:

I love it. I like to think I'm kind of good at it and it's a good way, it's therapeutic for me because I interact with people during the day, but they are vets. [...] So, there are not -- they're insiders kind of to me. It's not being in a room full of outsiders, right. I have a connection, but I kind of just stumbled upon the job and really lucked out to get it.

Overall, both the female and male veterans who were working within the community found that the work provided a sense of purpose and also connection. The challenge is that several of the women veterans expressed frustration that often the organizations were male dominated. For example, at the VA there were no female peer-support specialists. One female veteran noted this as a problem.

I think the problem that I'm having right now, is that all of our peer supports are male. That's a problem. I have only seen, I don't know if it was on Facebook or in our [VA] Bulletin, they had all the pictures and there were like 3 or 4 of them, and I'm like what's wrong with this picture. You know you're trying to get women to come, but yet you don't have female representatives. We don't always want to be in a group of guys, I've been

there, I've done that. I had to transition through all that, I don't want, you know what I mean, I don't always want to do that. So that was, hopefully that will change, hopefully they'll hire a female.

Conversations with VA peer support specialists indicated that the VA is aware of this problem and that funding is a major challenge in hiring new peer support specialists and thus adding women peer support specialists.

While women recognized that male veterans could be supportive it was clear that many of the women would prefer to have the option to seek support in a female environment. Some women were also vocal that they did not want to create separate systems for women. For example, one female veteran stated that she preferred to see male therapists at the VA. Another stated that she preferred not to create a separate student center for women veterans.

I don't know if they actually did this, they were talking about having like a woman's only section in there [the student veteran center] which I didn't feel was helpful because I felt like the male veterans were still supportive and I feel like they still look at me like, oh you're a veteran then you're one of us.

Gender was not the only divide that veterans cited as a potential barrier to building a connection. Some veterans found that differences across eras, or across branches and occupations mattered and stayed away from veterans center or veteran service organization either because they felt that their experience was unique either in that it was relatively mild or they came from combat roles and felt that others would not share their experience. Thus, while some veterans believed that the shared experience of serving in the military overcame divisions on the basis of branch, gender, or role, many held the belief that these distinctions mattered and thus narrowed the potential definition of peer and from whom they could seek mutual support. Those who held

on to these distinctions often also expressed higher levels of isolation and were frequently younger and more recently separated from the military, thus it may be that attitudes towards distinctions on the basis of role or branch may change over time. For the majority of men and women finding a community of veterans provided relief to the isolation they had experienced. Providers, both veterans and non-veterans, also recognized the ability of peers to reach out to veterans and engage on a level that a non-veteran clinician could not.

Veteran service organizations and veteran spaces

Between the formal peer support offered by the VA and DVS and the informal support of friends and family members, several veterans cited membership in a veteran service organization as a meaningful community. The veteran service organizations frequently had physical buildings that also served as a potential site for building community. In the interviews and survey I asked whether veterans had joined a veteran service organization and many had done so, but were not actively engaged. Others were not interested in joining because they perceived the organizations as serving older veterans. Those who were active in their local veteran service organization were often also working in veteran services. The most popular organizations were the Veteran of Foreign Wars (VFW) and American Legion. Several veterans belonged to more than one organization. Surprisingly, very few veterans in my interviews or my survey had joined the organization Iraq and Afghanistan Veterans of America (IAVA), which presents itself as the veteran service organization and advocate for the current generation of veterans. IAVA sponsors VetTogethers, but the general sentiment was that these events often took place in the Eastern part of the state, only three of the 33 survey respondents were members of IAVA, six were members of the VFW, six were members of the American Legion, and five were members of the Disabled American Veterans (DAV). Overall only 14 of the 33 survey respondents were members of any

veteran service organization. The survey asked anyone who had joined a veteran service organization, why they decided to join. The majority of the responses explicitly mentioned the desire to be with other veterans and enjoy mutual support, they ranged from “Cheap beer and sane people” to “community” to “emotional support” to “relatability.” One male Army veteran explained that he joined the local VFW to recreate that sense of belonging he missed from the military:

And, that’s why I got involved with the VFW. It’s not the same as being in the military, but the camaraderie and being with fellow veterans and doing the same mission, you know, again it’s -- everything is to support our fellow comrades and their families, so I think that keeps me going, you know.

Those who were not members often expressed an intention to join, but either found the cost of joining too high either in terms of time or money. Frequently, veterans also responded that they did not know how to join. Others were explicitly not interested. One veteran wrote in the survey “Get on with your life.” Another expressed a concern that he would not fit in “I feel like I am too young...I feel like many members of those organizations are much older than me and would of had much different experiences from their service.” Overall the most commonly cited reason was that the veteran was too busy with school or family.

In many of the towns where I interviewed veterans, there are local VFW and American Legion Posts. In many cases, but not all, the posts own a building that contains a bar and event space. Many of the veterans I spoke to lived in Amherst, where they were students at UMass. Overwhelmingly, the students were not involved in the local VFW or American Legion. When asked about the organizations many found that rather than feeling welcome in these spaces they felt out of place and uncomfortable. In a state where smoking in bars is banned, the VFWs and

American Legions continue to be popular with smokers, veteran and non-veteran, as they are exempt from the restriction. One UMass Army veteran observed about the American Legion:

Yeah, you go down like a Thursday or Friday night and there's like 15 people in it and they are all like either super old, there to smoke or they are super young there to smoke, there's no veterans there. Then you look around you're like that's not a veteran. And you even ask them and you know they're amazed when there's a veteran in there.

One student veteran stated that he went to the VFW to smoke, but for the majority of veterans it was cited as a reason they did not participate in the VFW or Legion. One student veteran and long-distance runner avoided the VFW and American Legion:

I'm too health conscious to go into that, yeah. I've gone there once and I don't like being around the smell of smoke.

A female Navy veteran had a family connection to the local VFW but was also turned away by the smoky atmosphere:

I went to the VFW, but they allow people to smoke, because it's still a private establishment. So I would go play pool. My dad was a WWII vet so he built the VFW. So I went back there and saw some of the people that he knew, that I knew as a kid, but they smoke, it's an old building, everything's enclosed, but I couldn't take the smoke.

Not every town had a VFW with a bar, and when I spoke with the leadership of one VFW post that did not have a bar; he believed that the lack of a dedicated space was enabling the organization to change in positive ways and to serve younger veterans and their families:

We, the younger generation, want to change that image of the organization. We don't want it to be the smoke filled bar where you go into war stories, that's not what the VFW, but we do so much more than that.[...] We have no physical building and that's a positive

for us[...] The town provides us meeting space so we meet here in the town hall. All the moneys that are raised and donated through charities and donations and events, specifically come right back to us to do those events we talked about for family or children. And, it actually helps us and it helps a lot of the posts that don't have facilities because now they are not worrying over expenses — who's going to pay their electric bill, who's going to plough or the trash removal and the bartending? We don't have none of those worries, everything we do is -- gives specifically to better the organization and the membership.

The VA and veteran centers on campus were also seen as veteran spaces, and for some they provided a space where veterans could come together and build community or seek help. Several veterans I spoke with expressed a desire to create a new space that was for veterans but did not necessarily involve counseling or connecting to services.

There are some VFWs and Legions that really go above and beyond to make that a warm and welcoming place and not all about the bar and everything. It is outreach and what not, but I'm still looking for that one place where there is no bar. It's just come hang out, get a cup of coffee, relax, let's talk if you want to talk. There is no counseling, none of that. You don't have an appointment, you can just go. I think that would be -- that's what I was looking for when I first came over because I didn't want to be pressured to go for counseling. I didn't want to be pressured to go and the VA is like well, if you miss your appointment you're going to get in trouble.

For veterans seeking community the spaces available to gather with other veterans are often limited and among younger veterans many expressed a desire for an alternative to their parents' VFW and Legion posts that emphasized drinking. Furthermore they longed for a space that was

not centered around the delivery of health care services or administrative services on campus. In the Pioneer Valley the IAVA VetTogether model, where veterans come together for a single event that is publicized to members through email and social media, have not taken hold in the area. Many young veterans were not aware of IAVA or were not interested in joining because they felt that there were no events in the area. There seemed to be a need in the community for more community building events that were not tied to the older model of getting together at a bar, but many would be organizers of these events also expressed frustration in reaching younger veterans in the area and a lack of engagement. It is a chicken and egg problem, the organizations help build community, but the lack of community prevents the veteran service organizations from effectively conducting outreach or bringing in new members. The declining veteran population may make it necessary to create veteran community spaces and organizations that serve multiple towns in order to have a critical mass of younger veterans to support such a community space.

Informal veteran community and help seeking

For many veterans leaving the military is like leaving family and the experience of isolation is disorienting and one of the more difficult aspects of reintegration. Hinojosa and Hinojosa (2011) argue that military friendship can provide an important source of support during reintegration. Through a qualitative study that drew on interviews with Iraq and Afghanistan veterans they suggest that rather than viewing military friendships as an impediment to reconnecting with family and civilian friends, military relationships should be viewed as a resource that can assist in veterans because military friendships can affirm that any difficulties the veteran is experiencing are “normal.” Many of the veterans I spoke with only became connected with the VA through the encouragement of other veterans. At the same time, like any

community, the veteran community could also have negative effects. For many, the military culture that emphasizes toughness and self-sufficiency and stigmatizes mental health issues also prevented or delayed veterans from seeking care. In addition, negative experiences with the VA spread throughout networks of friends or among generations of families and discouraged individuals from seeking assistance.

A major challenge during the transition from the military to the community was active resistance to engaging with the VA or a lack of awareness of the benefits to which the majority of veterans I interviewed were entitled. For example, veterans returning from Iraq and Afghanistan are entitled to 5 years of VA health care, regardless of whether or not they have a service-connected disability. Many veterans I interviewed were aware of this benefit, but had not registered with the VA either because they did not believe they needed the care, or they did not want to be connected to the VA. Others had waited for several months or even years to make the connection to the VA. Both women and men were reluctant to make the connection. This was often due to the stigma related to help seeking, especially for mental health conditions.

The story of a female Army veteran who served in Iraq and Afghanistan shows both the positive role of the informal veteran community in connecting her to the VA, but also the stigma associated with mental health that prevented her from seeking mental health services initially:

When I first came home my best friend's dad [...] was a JAG [Justice Advocates' General] officer in the Marines. So, as soon as I got home he literally dragged me to the VA. I wouldn't have gone. I would never have enrolled in the VA. I never looked for any services. He called my mom, said "I'm going to pick Jesse up, just want to let you know where she is going." He picked me up, brought me under the VA got me all enrolled, made me setup doctor's appointments and made me follow-through to go, because I

would not have. And he knew very well what road I would've gotten in had I not. So, I was very lucky to be forced into those services. Had I come home on my own and not had that type of connection, I never would have known to go the VA and I really would've needed to because for a few years I had to do physical therapy with the VA for my foot.[...] I didn't really know too well what the mental health services was all about, I avoided it because I didn't want to be that person, but specifically coming home a women in the military, who comes home and needs to seek mental health — it's like you're not mentally tough enough to go. So, I avoided that.

This same veteran now works in veterans' services and assists veterans with accessing benefits. She sees the pattern continue where young veterans are unaware of services and so eager to return to family and friends that they are not receptive to transition assistance information from the Department of Defense:

I have people come a year or two years later or stumble in and say "Am I eligible for anything." They don't know that they have a \$1000 dollars just sitting there waiting for them [Massachusetts Welcome Home Bonus]. I wish that there was more information or a better way to reach people, but from coming home the first time and coming home the second time, we just came home. They dropped us off. You go to your family. There was not a seminar. There was not like a roundtable type of deal where you go and get information from each place and you had a form -- you had to have them check the blocks and initial. So, the second time they call it the Yellow Ribbon event. We were far more educated about things. However, you're still catching us when we haven't been home to our families yet and the only thing keeping me from getting home is getting

through this. So, we would just go through and check the blocks and we'd say are you feeling okay today, even if you were limping, you'd be like, "I'm perfect."

The story of an older veteran or a peer alerting a veteran to services was common. A young Air Force Veteran told of learning about VA benefits through his roommate:

Veteran: I actually didn't know I was -- I should have been getting a disability for the last like 4-5 years, but --

Interviewer: Oh, wow. Okay

Veteran: Yeah. I didn't know and then like my buddy is like, 'What are you doing? Like get your act together.' And he sent me over to the advocate's office and then like, yeah, we can help you out and give you everything we can help with. They are, navigating their system is impossible [...]

Interviewer : And so, you mentioned the VA and how you are now starting to take advantage of that but you haven't in the past.

Veteran: I didn't know I could. My roommate, he was just like, "Hey, like what are you doing not going to VA, like for everything?" and I'm like, "I don't know. I didn't know I could." He is like, "Yeah, go to the VA."

A male Army infantry veteran, who is now working as a veteran service officer, told the story of waiting to seek help and the importance of the veteran community in accessing services.

Yes, when I got out, yes, I wanted to stay away from -- someone says, no, you need to go see the VA, you know, based on what you're telling me, you have some issues, you know, you have some care that you need to get taken care off. So, I waited almost a year after I got home before I tried to apply for any benefits, you know, compensation stuff.

Yeah, again, you know, when we get out, we just want to run, we want to get away from that whole -- that whole life, but we may run too fast and miss, you know, the opportunities in between the services that are there, you know, to get -- they are available, just the -- so again, it's talking through veterans in the community says, "Hey, you should go, you know, you should go to the VA" or "You should apply for benefits" or, "You know, have you got any check for, you know, apply for disability or pension" or, you know, stuff like that.

A male student and Army Infantry veteran, who had been out of the Army for less than a year, expressed a common theme in not feeling comfortable seeking help.

Well, again this might just be me, but I don't like asking for help. And I feel like with all the stuff that's out there I don't want to go playing the poor, disparaged vet card and they'll help me out and everything. So, I, you know even if there was some out there I would be less inclined to take it anyway.

This shows the double-edge of the veterans' community and military culture. While veterans' community can be essential in getting a friend to seek services, the stigma associated with seeking help, especially for mental health services, was clearly a factor in delaying or avoiding treatment. Furthermore, a story of a negative experience with the VA could spread and prevent others from seeking help.

The other aspect that of the community that came up was the perception that seeking care at the VA for what a veteran perceived as a minor condition or issue could worsen the delays experienced by veterans seeking urgent care or care for severe medical conditions. Concern for fellow veterans who were more deserving because of the severity of their needs prevented well

veterans from enrolling with the VA. One retired Navy Officer expressed both the negative perceptions of the VA and the belief that his enrollment in the VA could disadvantage others.

I'd say the biggest reason is the -- one, I have medical coverage already through my wife and her program. The second is we -- dealing with the VA is generally a nightmare.

Anytime, I had to do it or my friends had to do it and I would just -- I'd be much happier if I never had to call them so -- I never went through the process of sending in my packet.

Also, for me -- I mean, I'm not trying to be like super noble or anything. I don't have anything, any injuries or any claims on medical and I really don't want to slow up the process for someone who's like missing a leg or something. Whether my submission of a packet would or not -- it's just a perception I have. It could be completely made up in my head, but I don't want to even have any impact.

The fact is that not enrolling with the VA during the first few years home can have consequences if service-connected health issues arise in the future. While in the short-term this young man is unlikely to benefit from connecting with the VA, the experiences of prior generations have illustrated that often the effects of war can be dormant.

Veteran community and the civilian/military divide

The other side of the veteran community is that it often perpetuates the civilian - military divide. The segregation of veterans from civilians through separate civic organizations, separate health care systems, separate financial institutions, separate clubs and housing on college campuses, reinforces and helps to build the community that offers support for veterans, but it can also inhibit the potential of veterans to fully reintegrate into civilian communities and perpetuate civilians inability to comprehend, or even attempt to empathize with veterans. Phil Klay, the award winning author and a Marine veteran wrote in the *New York Times* of the damage that is

caused when civilians and veterans fail to engage in a dialog about the experience of war in an era of all-volunteer forces:

You don't honor someone by telling them, "I can never imagine what you've been through." Instead, listen to their story and try to imagine being in it, no matter how hard or uncomfortable that feels. If the past 10 years have taught us anything, it's that in the age of an all-volunteer military, it is far too easy for Americans to send soldiers on deployment after deployment without making a serious effort to imagine what that means. We can do better.

In order to have these difficult conversations civilians and veterans need to be engaged with one another in a meaningful way and this only possible through creating communities where veterans feel welcome. Currently, many of the settings where veterans feel welcome are veteran centric. As I argue in the previous chapter, our homelessness policy has created a separate veteran system that welcomes single adult veterans and has provided a refuge for veterans in crisis. The dilemma is that the very nature of the program that makes veterans feel supported is simultaneously preventing veterans from engaging with civilians. Furthermore, as Castro, Kintzle, and Hassan (2015) point out there is an abundance of services for veterans in crisis, and thus veterans who are not in crisis or do not see themselves as needing intensive services stay away from veteran organizations. This can also create a separation of veterans who could serve as role-models from those in need of extra support. The peer-support model that is now being embraced is a positive move towards addressing this challenge but more could be done to provide veteran services in a setting that is integrated.

The separation of veterans from civilians in systems from health care to homelessness services have become entrenched and undoing this segregation is unlikely. Furthermore,

dismantling veteran-specific services could make them less responsive to veterans' unique needs. The question is how to create potential avenues for engagement across systems. This could entail doing more to make civilian environments more veteran-friendly and attempting to breakdown some of features of the veteran system that separate veterans from civilians. The movement within the VA towards SSVF and HUD-VASH and away from long-term institutional homelessness care, currently embodied in the GPD model, is an example of this. On college campuses, finding ways to connect veteran students to other non-traditional students, who like veterans are older and more likely to have families, could allow veterans to build community with non-veteran students on campus who share the challenges of being older than their classmates. This could even mean connecting veteran students with graduate students, who while in different stages of their college careers, are more likely to be at similar stages in their life with regard to having families or work experience outside of academia.

Summary

Many of the veterans I interviewed were active in giving back to their community displaying the civic mindedness that Mettler and others have attributed to the generation of WWII veterans (Mettler, 2005; Putnam, 2000). Mettler argues that the greatest generation's civic engagement was an outcome of their direct experience with the GI Bill and the increasing involvement of the government in their lives. In addition to a commitment to public service, the veterans I interviewed were strongly motivated to serve due to economic struggles. The military was viewed as a means to escape economic hardship, a means to gain some direction, or a means to help pay for school. The expectation was that through service the young man or woman would derive some economic benefit. For the majority of veterans, he or she had volunteered for military service with the expectation of a future benefit in terms of employment opportunities or

educational benefits. Many were disappointed by the lack of employment opportunities, found that after the military they had no desire to work in the fields they had envisioned, or in rare cases were so injured that they could no longer pursue employment or education. Where WWII veterans were not made promises prior to volunteering or being drafted, today's generation of veterans has had heightened expectations and many have been let down. Thus, their experience with government has been vastly different, and has likely affected the current generation of veterans' eagerness to join veteran service organizations or to engage with the civilian community through community service.

The legacy of WWII benefits and the GI Bill have shaped the current environment for today's veterans. Today's veterans are largely living within a system designed to meet the needs of their grand-fathers and great-grand-fathers. The challenge is that the system must simultaneously continue to serve veterans from across the generations. One place where the younger generation of veterans is the primary consumer is in higher education. On university and college campuses veterans are predominantly younger, current-era veterans. So this may be the place to start to consider how we can reach younger veterans and provide a space to build community among veterans and *also* across the military and civilian divide.

For veterans not engaged with higher education the dilemma is that existing veteran service organization posts vary greatly from town to town and the number of veterans in each town may no longer be great enough to support the organization, thus they seek to support themselves economically through bar revenue and providing the rare smoker-friendly environment. Untangling the place from the community appears to be successful in some towns, but efforts to create communities organized through social media have not taken root in Western Massachusetts. It appears that there is definitely a need to create a formal gathering place for the

areas younger veterans, defining the nature of that space, and whether it is virtual or real, should be determined by the veterans themselves.

Chapter 8. Towards a community-based approach for veteran readjustment

The separation of veteran services, especially healthcare, from the general population and has also created a research community that is focused exclusively on veterans health and rehabilitation. This research has benefitted the medical community, but much of the research on veterans fails to consider the broader context. There is a need for a research approach that considers veterans experiences both within and outside of the VA. Furthermore, we must consider the implications of the separation of VA eligible veterans from the general population. I argue that making sense of veterans experiences returning home requires that we consider the individual's unique experience and characteristics, and the community and institutions to which he or she returns. If we focus solely on the individual we fail to consider public policy and cultural factors that affect the return home.

In this chapter, I put forward three main arguments. First, that we need to incorporate a community lens when considering the veterans experience. Veterans leaving the military are separating not only from a job, but also from a total institution that provided nearly all of their social, emotional, and practical needs. The loss of community is extremely difficult for some and re-establishing or establishing a community outside of the military is essential. Second, I argue that the historical exclusion and limits on the number of women in the military has meant that the services provided by the VA for both health and housing needs of veterans have struggled to meet the needs of women, thus forcing VHA-eligible women to seek care outside of the system. While in many instances healthcare and housing assistance for the general population is available, and in the case of healthcare covered by VA insurance, we need to also consider the

message that it sends both to female and male veterans when women are forced to seek care outside of the system at higher rates than their male peers. I argue that keeping systems segregated by veteran status, also, segregates women and family from single-men and that this erases women's claims on the symbolic capital that male veterans enjoy. Finally, I argue for a focus on dialog between civilians and veterans as the share of the population that has served in the military continues to decline and the disparity in income and education levels of the communities that send many and few young men and women to war continues to grow. Related to this is a need to ensure that the communities to which veterans return have the resources to support them and a veteran's access to resources is not solely a function of where he or she lives.

Argument for a community lens

I make an argument here for a new framework for understanding veteran reintegration that incorporates a community lens for understanding the veterans' experiences. We must appreciate that veterans when they leave the military are leaving a "total institution" that not only provided employment, housing, and other basic needs, but also a sense of community (Goffman, 1961). This means that those concerned with veterans readjustment should consider not only the veteran's individual characteristics, but also the institution that the veteran is leaving, and community they are entering. We have programs to help veterans with employment, and housing in crisis situations, but I argue that if we also focus on rebuilding the sense of community and social capital of veterans it can have a positive influence on mental health and overall wellbeing (Helliwell & Putnam, 2004; Kawachi & Berkman, 2001). When the veteran returns home we need to consider the community he or she returns to because it will influence the availability of services and the likelihood that a veteran will be among others who understand the experience of serving in the military and separating from the military.

Reintegration requires that the veteran create a new identity separate from his or her identity as a soldier and build a new community away from the total institution of the military (Smith & True, 2014). These processes are inherently difficult, but often under appreciated by both the veteran and those around him or her. VA researchers focus on the individuals' health outcomes and disability status, but have generally ignored the loss of military community as a potential factor during the transition from the military to the community. If we add the loss of community to the challenges affecting returning veterans, it requires that we consider how we can assist veterans in addressing this loss. Clearly, many will be able to reintegrate into their family lives and home communities with a brief period of readjustment that is resolved without formal intervention. Predicting who will readjust with limited difficulty is not clear cut, but there is evidence that social support can ease the transition. Welsh, Olson, Perkins, Travis, and Ormsby (2015) found that among active duty Air Force personnel higher levels of social support post-deployment were associated with lower levels of depressive symptoms and higher levels of satisfaction and mission readiness. Other studies have shown that higher levels of social support are associated with lower rates of PTSD (Ozer, Best, Lipsey, & Weiss, 2003). Determining formal interventions to increase social support for veterans should be among the priorities for policy makers concerned with easing the transition from the military to the community.

An awareness of the isolation that veterans experience and the positive role of social support must also consider how federal and local policies either reduce or exacerbate the isolation experienced by many returning veterans. Creating separate systems of benefits for separate populations has defined American social policy since its inception. Veterans were among the first to benefit from the creation of a federal social safety net for veterans in 1776, and veterans in Massachusetts were the first to benefit from local support for disabled veterans in

1636 (Kinder, 2015). Today, the military stands as one of the last institutions where young men and women from limited backgrounds and no college education can find meaningful employment and benefits that provide access to health care, education, and housing. For veterans the military and the VA are the institutions where interaction with the federal government is most direct. Mettler (2005) argues that the experience of serving in the military and receiving government support through the GI Bill created a virtuous circle where those who met their civic obligation through military service were the beneficiaries of generous government support. These government programs reduced inequality in the United States and allowed veterans to outperform their parents in terms of educational attainment and socio-economic standing. In turn, these benefits encouraged the greatest generation or civic generation to further engage in civil society and support their communities.

Today, the share of the population enlisting in the military has dwindled and the economic diversity of those serving has also diminished. Civic obligation and a sense of service go hand-in-hand with an economic motivation to join the military. In this era of an all-volunteer force, we no longer expect all young men to serve. The professionalization of the military affects the men and women who serve, and the community as a whole. The movement towards an all-volunteer force and the concentration of the effect of war on a few may have the effect of decreasing civic engagement with military policy. The shrinking veteran population does not coincide with decreased U.S. engagement abroad, in fact the war in Afghanistan is the longest conflict in American history and as of this writing the US continues to send troops to Afghanistan. The public has continued to support veterans benefits, even as those available to civilians in the private workforce have declined substantially or become increasingly expensive. In a 2015 *New York Times* Op-Ed Ken Harbaugh, a Navy veteran, warned that the increased

growth in disability payments could lead to an erosion of public support for veterans, writing “we must guard against the day when the benefits veterans have rightfully earned become a source of resentment to those they have faithfully served.” A greater concern is that fewer citizens are taking on more of the burden. An additional concern is whether this will lead to less public engagement and less discussion of American militarism. Also, if we disconnect the expectation of public service from increased benefits do we risk creating an economic exchange and removing the civic nature of their service?

Women veterans and “super-citizenship”

Through multiple means American institutions signal to veterans that they are what Lutz (2001) refers to as “super-citizens.” This can be seen through private actions, such as the abundance of veteran orientated non-profits, the practice of letting military members board airplanes first, veteran parking spaces, or providing discounts to military service members and veterans. Military personnel and veterans are constantly receiving signals that they are in a different class of citizens from civilians and, by extension, deserving of government assistance. Simultaneously, the narrative about veterans in the media is also one of dependence and disability with the media focused on issues such as veteran homelessness, suicide, post-traumatic stress, and the difficulty that many veterans experience after returning home (Kleykamp & Hipes, 2015). The common element in both of these narratives is that they drive a wedge between civilians and veterans. Civilians may respond to these narratives by feeling ill at ease engaging with veterans either because they feel excluded from membership in the elite class of military citizenship or because they are concerned that a veteran is unstable as a result of his or her service.

Women veterans are in a unique situation because their veteran status is frequently not recognized and they are assumed to be civilians, even in settings such as the VA or veteran service organizations. In contrast, in VA settings male veterans are assumed to be combat heroes and the narrative of deservingness based on the sacrifices and injuries incurred during military service is drawn upon by veterans, the VA, and veteran service organizations to justify the deservingness of veterans for an array of social programs (Feinstein, 2015). For women veterans, even when their service is recognized, women are forced to navigate a difficult set of messages about their service. Unlike their male counterparts, women are assumed to have been outside of combat areas and thus to have been in lesser roles. Coming home, it may be difficult to have one's health issues and deservingness of assistance validated if it is assumed that one was never in danger. The reality is that women have been working in combat areas throughout the operations in Iraq and Afghanistan and thus are coming home with combat injuries and related mental health issues. Furthermore, women are more likely to experience military sexual trauma (MST) than their male peers and MST is often associated with PTSD (Street et al., 2013).

Perhaps more meaningful than the messages from the media and private organizations are the messages sent through formal government policies that create separate systems for veterans. As Mettler (1998) argues, the New Deal created a two-tiered and gendered system of benefits, with men, primarily white men, as the beneficiaries of federal-level benefits including unemployment insurance and social-security and women and children subject to state-level variations in benefits. The systems for federal and state-level benefits for veterans have historically been designed to meet the needs of male-veterans, despite women's ongoing and growing presence in the military. The majority of women who have served in Iraq and Afghanistan have been exposed to combat situations, but when they return home must struggle to

be recognized by civilians and their peers as veterans. The struggle to have their service recognized matters on multiple levels. First and foremost, as first-class citizenship is embodied in the recognition of military service, the failure of women to be recognized as veterans is also a failure to recognize that they are deserving of the benefits and respect reflexively assumed for their male peers (Pateman, 1988). Women's exclusion from formal combat roles has contributed to the constant effort necessary for female veterans of Iraq and Afghanistan to prove themselves as veterans who have been in combat situations. This is problematic because the social safety net for veterans is tied to narratives of veterans deservingness based on their status as combat heroes (Feinstein, 2015). Unlike Social Security of Unemployment Insurance these benefits are not funded through veterans financial contributions to the system, furthermore, the benefits are not means-tested, for example, unlike Supplemental Security Income, veteran disability payments remain consistent regardless of a veterans earned income. In contrast, the benefits available to women and children at the state-level are means-tested and are based on women's position as parents and the state's role in protecting the innocent children. Thus, the richest benefits in terms of both the economic value and the signaling of deservingness are those for veterans.

The example of emergency housing for those who are homeless or at-risk of homelessness, illustrates the concrete ways in which veterans status has afforded preferential and more robust systems of care for veterans, but has been slow to include women and families. Because the grant and per diem program is predominantly designed to serve single adult men, women and families are frequently forced to rely on emergency housing services that are designed for the general population. While the actual services delivered through the veteran and mainstream emergency housing systems are similar in many areas, including Western Massachusetts, the narratives about the deservingness of the clients in the two is different. The

veterans homeless shelter emphasizes veterans' service and highlights that the veteran is deserving of assistance based primarily on the sacrifices for their country or conditions stemming from service. In contrast, homeless shelters serving the general population are seen as a service that is highly stigmatized and emphasizes the need of the individual. While both systems may have dormitory style housing and be housed in aging buildings, few question the deservingness of homeless veterans, where as homeless members of the general population are often viewed as the victims of their own personal failures rather than victims of a system that has failed them. The effect of pushing veteran women and families into the general system of care is that they are then stripped of their veteran status in the eyes of the system and by extension their deservingness of respect and assistance on the basis of their service. In a recent study of nearly 300 male homeless individuals Parker, Reitzes, and Ruel (2016) found that by reducing the centrality of the stigmatized homeless identity, increased self-efficacy. While they did not single out veterans, it is possible that by emphasizing the veteran identity and reducing the centrality of the homeless identity, shelters that emphasize the veteran identity have positive effects on self-efficacy and self-esteem. Excluding women and families from accessing these identities formally through veteran-specific housing thus could have unanticipated affects. A recent report found that women are among those least likely to be identified as veterans within the mainstream shelter system, even though veteran status is among characteristics for which all individuals and families in HUD funded shelters should be screened (Treglia, 2016). This failure of the system to identify women veterans may be due in-part to perceptions of case-workers who fail to ask women about veteran status or due to women veterans' failure to self-report veteran status. The outcome is that homeless women veterans are thus less likely than their male peers to receive the full array of services to which they are entitled.

While women have been instrumental in signaling the ideals of the west abroad (Mesok, 2015), when they return home their utility at home is diminished and instead their presence as veterans becomes problematic in that the benefits systems and even the physical spaces, where health care and housing are delivered, must be transformed to address their unique needs. Furthermore, women veterans have also demanded that military sexual assaults are recognized and addressed. Women veterans thus destabilize the system by forcing it to recognize that even though the military uses women abroad to signal the ideal of western gender equality, their presence at home as veterans highlights how far the reality is from that ideal.

The segregation of veterans' services from broader services also means that women are often forced to go outside of the VA for health care and for appropriate housing services. For example, while the VA has made a major effort to integrate primary care for women into the VA, many basic women's health care services are only available outside of the VA system, especially maternal health care (Mattocks et al., 2014; Yano, Haskell, & Hayes, 2014). Similarly, in the veteran homelessness system, women who experience homelessness, especially those with children, are often forced out of the veteran-specific emergency shelter system for lack of suitable shelter options (U.S. Government Accountability Office, 2011). The care that women receive in the community may be equivalent, but it reinforces the male-only environment within veteran services. Furthermore, the exclusion of women from these setting reinforces the bias that women are not equal to their male counterparts.

Through interviews with women who have served since 9/11 it is clear that the larger veteran community has embraced many, but at the same time, they still face hurdles that their male counterparts do not. For example, women veterans in this study tell stories of being assumed not to be a veteran even while on inpatient care at the VA, or when buying a drink at

the VFW, or attending a Veteran's Day event. The male veterans I spoke with had not encountered the need to prove their veterans status in such situations. Rather some male veterans expressed feeling that they were treated with more deference than their military experience warranted.

Embracing Mettler's (1998) argument that the tiered system of benefits is also gendered, then when federal veterans benefits fail to meet the needs of female veterans, women are forced into the state systems that support low-income women and their children. Thus, depending on where the female veteran is situated, the safety net for her and her family depends on where she lives in a way that it does not for the single-adult male veteran. For example, this case-study is unique in that Massachusetts has a right to shelter and those families in Massachusetts who are experiencing homelessness have access to emergency shelter through the Massachusetts Department of Temporary Assistance. While it is not without faults, the housing options available to homeless families in Massachusetts are superior to most in the United States. Women outside of localities with robust homeless systems for all residents, are thus likely to have varied experiences. Future research should consider the experience of homeless women veterans and their families in such areas.

The elevated status that veterans enjoy should not be reserved for those who fit the mold of the prototypical veteran. Providing care outside of the veteran system should be done when needed, but it almost must be acknowledged that the social safety net for veterans and the general population carry with them very different messages about the recipient. We have so stigmatized welfare recipients that when we force veterans into the mainstream systems for low-income men and women, many refuse the services. In fact, even veteran systems are often shunned by veterans who have learned to value self-reliance and toughness. Changing

perceptions of women veterans and recognizing that they are no longer relegated to administrative and nursing roles can not be accomplished through policy or planning. But planners and policy makers can ensure that programs are inclusive and spaces are welcoming to women and men, families and single adults.

Inequality and military service

Kriner and Shen (2010) use empirical data to support what many have argued since the civil war, that those who often bear the greatest cost of war come from communities with few resources. They examine the distribution of war-time casualties since WWII, where there were no disparities, and find a casualty gap starting with the Korean war and increasing through the Iraq war. They find that those who die are more likely to come from communities with lower-levels of education and income. The explanation of the increased casualty gap lies in part on the increased reliance on volunteers. As the share of the Army that is volunteers has increased overtime, so has the disparity in the communities from which fallen soldiers hail. They argue that this disparity is driven not only by selection into the military but also by occupational assignments, with individuals with lower education levels and income levels being more likely to volunteer to serve and more likely to be assigned to occupations with greater exposure to combat. Given that the reinstatement of the draft is unlikely and the fact that occupational roles are assigned based on rational reasons, it is unlikely to see a reversal in the trends that Kriner and Shen document. They argue instead for a public discussion of the casualty gap, which goes against the American ideal of shared sacrifice. Survey data they collect finds that awareness of the casualty gap reduces the public's support for war.

The awareness that the communities from which veterans come are in general lower income and have lower education levels suggest that these communities will also feel the strain when

veterans return. In my study the men and women who experienced the most difficult transitions often were unable to rely on their families or the broader community for support. Studies of veteran homelessness have found that those who experienced homelessness were frequently from families touched by abuse or addiction, and with very limited resources (Balshem et al., 2011; T. Byrne et al., 2013; Tsai & Rosenheck, 2015; Washington et al., 2010). While Kriner and Shen (2010) focus on casualties and call for a new focus on the wounded, I argue that the gap in the communities is relevant for all veterans. As we move towards a military where the burden of service is concentrated on communities and families that are relatively disadvantaged we need to consider what this means when veterans return home.

While policies that define benefits and eligibility are often determined at the federal- or the state-level, services are delivered locally, thus the community where a veteran lives after service could be a service-rich environment, such as the Pioneer Valley, or an area without veteran-focused non-profits or a mainstream supports. Furthermore, as the role of the National Guard and Reserve in conflicts abroad has grown, more men and women will be returning to communities, like the Pioneer Valley, far from major military bases. Veteran experiences vary depending on the community they are located within and also based on the intersection of their identity with that community. I have focused on drawing out the unique experiences of women, but a veteran's gender is just one key identity in determining the degree to which they are welcomed within the veteran community and the degree to which the services they need are available within the VA system.

Summary

At Home Depot I recently encountered, for the first time, veteran parking. Pregnant and with a toddler in tow I pulled in to the spot nearest the door then had to pullout and find another

space. It made me think about how a veteran would perceive this gesture and the signal it sends to others who have made the same mistake as I did. Putting veterans in a separate class in these mundane settings, from parking to boarding a plane, is a fairly recent phenomenon. The growth of these gestures has occurred while the share of the population that serves has shrunk. In 1958 nearly all of the men who were shopping at the Home Depot would qualify for the veteran parking spot, and, therefore, there were no veteran parking spots. Today, I argue that rather than single out the veteran for such gestures, it would be more meaningful to engage in a civilian-military dialog about how we can honor those who serve and assist in the difficult transition from war to home. Parking spots and early boarding are ways of signaling that we as a society believe veterans are deserving of a special status, but this does little to ease the isolation that veterans experience when they return home.

As planners and public policy makers we need to consider whether there are ways to both provide veteran specific services and ensure that veterans are encouraged to build relationships within the civilian community. As Smith and True (2014) argue, veterans feelings of isolation, and even post traumatic stress, are normal responses to being a member of total institution, such as the military, and exposure to war. Rather than pathologizing veterans, civilians should seek to empathize and understand the veteran experience. This is only possible though if meaningful interactions between veterans and civilians occur. The avenues for such connections are limited in this era where we self-select into narrower and narrower bands of interest groups.

The segregation of veterans from the larger community is exacerbated by the policies that we have created to assist veterans with reintegration. In 1944 it would be difficult to imagine that this segregation of services would have the effect of isolating veterans because the majority of males were veterans. Today we need to consider the impact of these existing policies on the

wellbeing of veterans and civic life in the United States. I argue that the segregation is problematic, not because civilians will come to resent veterans higher level of government support, but because civilians and veterans will become more alienated from one another, thus leading veterans to continue to feel isolated and civilians to continue to disengage with the implications of their government's military involvement abroad and at home. The paradox of the combat veteran is that he or she is proud of her service and efforts to protect civilians from threats abroad, despite their feelings of superiority over civilians (Castro et al., 2015). The civilian paradox is that they simultaneously hold the veteran in high regard and valorize their service, while simultaneously holding negative stereotypes about veterans and perceiving veterans as likely to suffer from mental health, substance abuse, and violent behavior issues (A. MacLean & Kleykamp, 2014). Overcoming these paradoxes requires increased connections among groups. In the past this might have come through family relationships, relationships at civic organizations or through faith communities. Today, with decreased civic engagement, the places of potential community building have shifted. The concentration of veterans on college campuses makes college campuses a natural place to build connections. Currently campuses have worked on building community among student veterans, this is essential to build mutual support, but it seems that there are also opportunities for veterans organizations to turn outwards and for civilian organizations to embrace veterans. This could involve more military cultural awareness trainings on campus or creating mentoring relationships among veterans and students who are civilians. There will always be a need to create safe spaces for mutual support, but it seems equally important to help create bridges among civilians and veterans.

The majority of qualitative studies looking at the military and recent veterans in America are focused on the lives of veterans and civilians living near major military installations (Finley,

2011; Lutz, 2001; MacLeish, 2013) – areas where the military culture pervades the community because the economic wellbeing of the community is directly related to the military. While the military supports communities indirectly through its investment in research and its tremendous purchasing power, even in communities where military bases are not dominant, few may be aware of the connection. For example, in Western Massachusetts the military plays a role in the economy by funding research at the educational institutions, but few would think of the Pioneer Valley as a military community. This case study has shown however that Western Massachusetts is home to a sizable veteran community and I argue that it is driven in part by the generous benefits available to veterans through the commonwealth. There are incentives not just for veterans to locate in Western Massachusetts, but also for veteran focused non-profits, whose clients can benefit from the generous benefits.

As veterans become a smaller share of the population the question for the individual separating from the military is whether returning to a non-military community exacerbates the transition to civilian life? If more veterans choose to spend their post-service careers and lives living near bases because it is more comfortable and less isolating, this will further have the effect of solidifying the military civilian divide. Many veterans are separated from the military both in the sense that they no longer work in the military and in the sense that they leave communities dominated by military culture and values and relocate to areas where their new communities are less aware of the norms and experiences that the military veterans share. Future research should consider whether these community cultures in fact matter. Whether veterans experiences are independent of the areas where they transition. I argue strongly that it matters today more than ever, as most communities are less likely to contain a substantial number of veterans than they did decades ago. This may demand that services from organizations like the

VA take into consideration the community characteristics when designing services for returning veterans.

Chapter 9. Conclusion

Military service today is changing: combat roles are opening for women and bans on lesbian, gay, and transgender individuals serving openly are being lifted. In many ways, the military that the individuals in this study served in is already a thing of the past; at the same time, the experience of returning home from military service and war has changed little since the days of Homer. The path from the military to home is marked with struggle, regardless of the specifics of the individual experience. The veterans in this study highlight that this is a path that is often traveled alone and needlessly complicated by the very institutions and organizations designed to aid the veteran.

In our nation's efforts to assist veterans with the transition home and to ensure that veterans do not want for housing or other basic necessities, we have created a web of services that are governed by complex and hard-to-change institutions. Returning veterans are expected to navigate the maze of benefits, largely on their own. At once the programs require a great deal of individual effort and at the same time reinforce the isolation and segregation of veterans from the broader community. In the most extreme example, are the institutional shelters funded by the GPD program, where veterans return to an institutional setting that provides a sense of belonging through shared veteran status and a sense of purpose through work assignments and participation in patriotic and military events. While meeting the need for emergency housing for homeless veterans the current GPD program fails to prepare veterans to return to a community setting and at worst creates a sense of dependency, where veterans are reliant on the program for income, housing, and community. We can do better than this. If we end veteran homelessness by moving veterans from the streets into these institutional shelters, we may have met objective metrics, but

have still failed to provide veterans with a permanent home. The VA is attempting to shift funding away from long-term, institutional shelter, but the real need for emergency housing and the lack of affordable housing and rental supports for low-income veterans means that these programs are likely to persist for years to come unless resources are shifted away from this institutional model of care to more community-based solutions. Since 1944, the federal government has supported veteran housing through the VA home loan program, it may be able to support veterans with housing cost burdens by increasing the supply of affordable housing through new programs where affordable housing developers can set aside a certain number of units for veterans in exchange for additional government support.

For veterans with intense needs, supportive housing is the answer. Today, much of the supportive housing resources are used to support veterans who are not served by the Grant and Per Diem program and time-limited SSVF, namely, women and families with children without adequate income to pay market rents, but not necessarily in need of intensive case management. This points toward the need to create an additional option for veterans, namely rental housing support that is not tied to intensive case management. Currently, the GI Bill is often used not only to obtain an education, but also as a means to access federal support for housing and living expenses. These unintended uses of federal programs point towards the need for affordable housing options and employment for veterans in the community.

On college campuses the options for veteran housing are poorly suited to the preferences of student veterans. Colleges are one place where veterans are easily identified because they must self identify in order to receive their GI Bill benefits, including tuition and a basic housing allowance. We should use this opportunity to ensure that veterans in college classes are housed year round. The VA now screens all veterans in their health care programs for risk of

homelessness, similarly certifying officials should screen incoming and continuing students for risk of homelessness. The fact that several college students I interviewed reported living out of their vehicles points towards the precarious nature of housing, even for those who are enrolled in college. College campuses provide a unique opportunity to conduct outreach to veterans as they are required to identify as veterans in order to receive the GI Bill. Of the survey respondents, 29 of the 33 veterans in the sample had used the GI Bill at some point. It was the most popular government benefit by far. Thus, it provides the opportunity to reach the most veterans of Iraq and Afghanistan.

Original contributions

The design of this dissertation started with an assumption that my fieldwork would prove to be false; namely, that veterans were well networked with other veterans. What I found is that veterans living in the Pioneer Valley, who have served after September 11, 2001, are largely disconnected from other veterans in the area. While prior studies have well documented the initial isolation that veterans experience upon returning home, they have ignored the role of public policy in contributing to the experience of isolation and the ways in which isolation can prevent veterans from engaging with the programs designed to assist veterans. Isolation is not a new phenomenon, but it is largely ignored as something that policy makers or planners can do anything about. Failing to consider the impact and causes of isolation, apart from its role as a coping mechanism for those with PTSD and other mental and physical health conditions, prevents policy makers from considering the effects of segregating veterans services from mainstream services and also from considering the role of community in helping veterans to reintegrate. The focus on the individual, separate from his or her community, blinds us to

interventions that might be effective at not only relieving isolation, but also at connecting veterans to services.

The isolation I observed in both the survey data and interviews with veterans in the area confirmed that for many it is a coping mechanism, but, the prevalence of the isolation among veterans who reported never having deployed or never having been in combat situations points towards a more complex explanation that needs to consider the role of community, or lack thereof, in the transition. Interview data found that veterans, male and female, across branches, across ages and occupations, reported missing the military and in particular, veterans reported missing the camaraderie and community that the military provided. In addition, many reported missing the structure and financial security of the military.

The isolation experienced by veterans cannot be explained alone as a coping mechanism, rather we need to consider the role of public policy in increasing or reinforcing the isolation that is natural response to leaving a total institution, such as the military. Here I build on sociological work by Smith and True (2014) who focus on the challenge of reconciling the soldier identity with the civilian veteran identity. I build on this by arguing that we also reinforce this isolation by segregating veterans services. Furthermore, the all-volunteer nature of the armed services has contributed to the changing demographics, in which fewer men and women are serving in the military and experiencing more intense service through more frequent and longer deployments. In addition, the adoption of an all-volunteer force has coincided with the concentration of military service in communities with lower levels of education and income (Kriner & Shen, 2010). The overall effect is that military and civilians are interacting with each other less. Thus, even though support for veterans and the military is high across the population, the share of the population with first-hand experience with the challenges of serving and returning home is

shrinking. The lack of understanding across military and civilians is certainly a factor in the tendency of veterans to isolate themselves from the civilians.

In the dominant psychological and medical literature on veteran readjustment the loss of community is largely absent. Isolation is understood as a response to trauma rather than as a loss of community. In this case the means of addressing the isolation is in healing the individual trauma rather than on rebuilding a sense of community. The policy solutions are medical and mental health interventions to heal the individual, rather than interventions to regrow the community – the problem is with the veteran rather than the community to which he or she is returning. This lends itself to more discrete solutions, that are more easily targeted and evaluated, but they may fail to engage with one of the root causes of the problem, the loss of community. We need to start asking more of the community that readily sends young men and women to war, offers symbolic support, but does not carry any of the real costs of war. It is easy to understand how young veterans can resent the “cupcake lives” of their civilian peers when they return to college campuses. Self-segregation and policy-driven segregation reinforce each other further widening the gap between civilians and military veterans. Policy makers may be able to do little about the self-segregation, but ignoring the experience of isolation, especially from other veterans, is problematic for several reasons.

First, it is through relationships with other veterans that many become aware of both federal and state benefits that can assist with the transition home. Veterans were frequently unaware of the benefits to which they were entitled and reported being unreceptive to official interventions, such as the Department of Defense’s Transition Assistance Program, intended to increase awareness of benefits. In many instances, it was only through connections with other

veterans, both from prior-eras and the current-era, that veterans in this study became aware of services and benefits.

On college campuses, isolation from veteran and civilian students is concerning because it is through connections with others that students build the social capital necessary for finding help on a problem set or employment after college. While many veterans viewed college as a means to a degree certifying their knowledge of a topic, few looked at school as an opportunity to build social networks that would lead to fulfilling careers. Connections with other students, veteran and civilian, are potentially valuable not just because they provide social interaction, but they may also lead to employment after school (Marsden & Gorman, 2001). My findings strongly suggest a mechanism that may help explain the relatively high rates of unemployment among current-era veterans (Kleykamp, 2013), namely that their social networks are more limited than their peers. More research is needed to determine whether this is the case, but it seems likely that veterans' limited social networks with both other veterans and civilians could adversely affect their job search.

Finally, social isolation is associated with a host of negative outcomes. [Insert citations]

The isolation of veterans goes hand-in-hand with the current veneration of veterans within American culture. While veterans are simultaneously put in a position of privilege in American society, they are also viewed by civilians as potential sources of violence and instability (A. MacLean & Kleykamp, 2014). These opposing views of veterans create a difficult space for veterans and civilians to traverse. Veterans in the study reported feeling that they were often assumed to be unstable, or that civilians, particularly on college campuses would ask inappropriate questions about the nature of their service. There were limited situations in which civilians and veterans came together on campus outside of the classroom. Furthermore, many

veterans worked in veteran services or reported socializing primarily with other veterans. These patterns of developing connections with other veterans are extremely valuable in reconciling the soldier identity with the new veteran identity, but again are problematic in that there were relatively few bridges between the civilian and veteran communities, thus limiting the social capital of veterans and also contributing to the widening gap between civilians and veterans. Finally, while isolation is frequently both a coping mechanism for mental health disorders, including PTSD, there is also evidence that social support helps to reduce the symptoms of PTSD (Mankowski et al., 2015; Pietrzak et al., 2010). Thus regardless of whether it is the cause or the expression of mental health disorders, isolation should be a cause for concern.

Invisible veterans

The historical exclusion of women from the military, and thus also from veterans benefits, has meant that veterans services prioritize male needs and, frequently, women's numbers are so small that it may be more cost-effective to send women out of the veterans system for care rather than creating gender specific care. Thus, even though women are entitled to the same services, they are frequently removed from veteran spaces, which reinforces women's second-class status within the veteran community and continues the perception by veterans and civilians that women are not veterans and erasing their claims to the symbolic capital that veterans enjoy. Women in the study reported frustration that they were frequently assumed to have served in non-combat situations: behind desks or as nurses. Furthermore, women were assumed to be the partners or family members of veterans, rather than veterans themselves, even in veteran settings. Winning the acceptance of their male peers was an ongoing effort that occurred not only during their service, but also upon returning home. Changes are occurring, for example, during the course of this research the Central Western Massachusetts

VA Medical Center opened a new women's health clinic, but more needs to be done to create gender-specific health care and housing options for women veterans so that women veterans begin to be seen and acknowledged as veterans.

Housing after service

For many veterans their first housing experience upon exiting the military was living with family, often parents, but also siblings and aunts or uncles. The absence of family support or conflict among families was often linked to spells of homelessness. For those who did not return to living with family, many reported using their GI Bill housing allowance in order to secure housing. While some reported living on campus initially, all of the students I interviewed expressed a strong preference for living off-campus and apart from younger, traditional students. For those who were currently experiencing homelessness or had histories of homelessness common themes were struggles with substance abuse, other than honorable discharges from the military, limited family support, or families without the resources necessary to support them through housing or financial assistance. Those who went from the military to private housing frequently were officers and had partners with steady, well-paying employment or had families who assisted with securing private housing. It was clear that for many there had been limited or no planning for housing after service.

The emergency housing services available in the Pioneer Valley for veterans are growing increasingly receptive to families and women veterans, but there is no veteran-specific emergency housing for veterans with families and there are an extremely limited number of female veteran shelter beds. The largest grant and per diem program is exclusively for single-adult veterans and the housing is located on the VA campus. The location and the program emphasize the veteran identity and patterns of military life that emphasize rules and structure.

The structure of the program is effective in making many veterans comfortable, but inhibits the reintegration with civilian life as it physically and socially isolates the veteran from the larger community. The VA stated policy shift away from long-term institutional housing is a positive development, but without increasing affordable housing options or supportive housing options within the community it will be difficult to make the emergency housing a last resort and as short-term as possible. Thus, changes to the GPD program should decrease institutionalization and encourage building bridges to the community.

For both veteran service providers and veterans themselves, the benefits system is often complex and redundant. Service providers in the Pioneer Valley have responded to this complexity by building networks to share information and collaborate on specific cases. Unfortunately, many veterans never become connected to the appropriate services or receive inaccurate information about their eligibility or benefits. The burden is primarily placed on the veteran and his or her family to navigate the system. Thus individuals can be easily discouraged either by a negative personal experience or hearing of a negative experience from a friend. Conversely, persistent engagement with the VA prodded by a veteran friend or a concerned loved one was often the push that veterans needed.

Peer support takes on both formal and informal forms. The peer support specialist at the VA, the state's SAVE team, and local veteran service officers are examples of formal peer support in Massachusetts. Less formal are the veteran service organizations. In Western Massachusetts these organizations vary from town to town, but many are struggling to attract younger veterans. One of the core reasons for this struggle is the fact that many are tied to physical spaces that younger veterans find unattractive due to the bar environment and the smoky atmosphere. With the declining veteran population there may be advantages in consolidating

veteran service organizations across communities and embracing a model where activities are not centered around a bar environment. The benefits of membership in a veteran service organization appear to be increased access to a network of veterans who can assist with navigating the transition back to the community. Active membership within a veteran service organization also provides veterans who are not directly employed by veteran service providers to gain a sense of purpose through service to the community. Employment in veteran services offered veterans in this study a sense of purpose and reconciled their dual military and civilian identities.

A key theme throughout the study and one that influences benefits, housing, and veteran service organization membership was an implicit hierarchy among veterans. This hierarchy was informed by distinctions among occupations, with combat roles at the top of the hierarchy. Among veterans the discussions of relative deservingness were often internalized and kept veterans from seeking out connection with other veterans either because they perceived others as unable to understand the extreme nature of their service or because they felt others would not value the nature of their service if they were in non-combat roles or never deployed to combat zones. This was particularly problematic for female veterans who, through policies that excluded women from officially serving in combat roles, were assumed to have been completely outside of combat zones. Thus, many male veterans expressed negative opinions about female veterans and veterans who they perceived as using their veteran status as a means to access benefits or services that should be reserved for “true” veterans.

Implications for policy and planning

At the macro-level the challenge for today’s veterans is not a lack of resources. As a nation we have prioritized veterans and there are ample resources both in terms of literal capital and symbolic capital to assist veterans in-need. The challenge is that these resources are often

left on the table, either because veterans in-need are unaware of the resources, or the systems in place to deliver the resources fail, or veterans refuse to seek help either out of a sense of pride or a desire not to engage with the VA, or in some instances veterans are denied benefits based on “bad paper” (i.e. other than honorable discharge status). The challenge is not that we as nation do not have the political will or the means to assist veterans in need, but that connecting with veterans can be difficult. Outreach to newly returning veterans is challenging and made more difficult by the patterns of isolation that are well documented among each generation’s veterans.

Make peer-support the norm

Peer support, whether informal or formal, appears to be among the most effective means of reaching veterans who are reluctant to engage with services. Rather than waiting for a veteran to experience a housing or mental health crisis, peer support should become the default, where returning veterans are connected to peers in the community who have gone through the experience of transitioning home and successfully navigated the benefits available. Formal peer support could become a bridge to informal support for those who are able to effectively manage the transition and for those in need of services formal peer support could help veterans connect to services.

Formal peer support is currently available to veterans who are need of emergency assistance, through the Department of Veteran Services SAVE teams or through the VA. Support groups in the community are also available to veterans who may or may not be connected to formal services. Making peer support the default for all returning veterans, rather than a service that must be triggered by the veteran seeking assistance for housing or health related reasons, would help to de-stigmatize help-seeking among veterans. It would also help to provide peer supports with a sense of purpose. I would strongly recommend that the peers be outside of the

VA system in order to reach veterans who are unwilling to engage with the VA or ineligible for VA services. In Massachusetts, this might mean that each Veteran Service Office in Massachusetts coordinate a team of peers who are available to all veterans regardless of need. Massachusetts offers all honorably discharged veterans a welcome home bonus of \$1,000 for the first overseas deployment to Iraq or Afghanistan. This bonus could be used as an incentive to bring veterans into the local veteran service offices in order to receive assistance filing for the benefit and, ideally, receiving assistance accessing additional benefits and becoming aware of other supports within the community. Increasing the availability of peer supports should be done in a manner that also increases the diversity of the peers, especially ensuring that women peer supports are available.

Increase bridges between civilian and veteran organizations

Addressing the isolation among veterans will require effort on the part of civilian organizations as well as veteran organizations. Building bridges between veterans and civilians will require that we move beyond simple gestures of patriotism and gratitude and attempt to bring greater understanding. One concrete step that civilian organizations, especially institutions for higher education, healthcare, and mainstream homelessness organizations, could take is to make available and encourage their staff to attend presentations that explain military culture and explain the root of behaviors that are rewarded in combat situations, but that are a hindrance in civilian settings.

In addition, it is essential that screening for veteran status in mainstream organizations be done in a way that veterans are more likely to self-identify. The hierarchy among veterans and the complex eligibility rules for veterans benefits mean that many veterans, especially those in

non-combat roles and women, may be less likely to identify as veterans when asked “Are you a veteran?” but will respond affirmatively when asked “Have you ever served in the military?”

Increase housing options for veterans on-campus

On college campuses veterans expressed dissatisfaction with the available on-campus housing options. They raised concerns common to any older student, including graduate students: the relatively high cost of housing, the fact that they needed year-round housing, and that they preferred to be in housing with older students. One solution to this may be to allow student veterans to create their own campus housing option that would also be open to other non-traditional students. The housing could embrace a model where students were responsible for the management of the house and non-resident students could also share in the community created by having a common living space on campus that was also associated with administration of student’s services. An additional option may be to create housing for non-traditional students, including veterans, that is open year-round, that welcomes families and singles, and that has strict policies with regards to noise and drinking. There will always be veterans who prefer to live off-campus, but increasing the options on campus, in response to veterans preferences could increase community both among student veterans and also among veterans and civilian students.

Increase homelessness services and affordable housing for veteran families

There is a need for more housing that responds to the needs of veterans to build and maintain connections to both their immediate families and also the larger community. There is a need for emergency housing options for veterans with families. Currently, the Pioneer Valley’s response to homeless veteran families has been relying on mainstream services, while working to move families into supportive housing with HUD-VASH vouchers. But many families that require emergency housing may not need intensive, and long-term case management, which

HUD-VASH provides. Supportive Services for Veterans Families is helpful in many situations, but the program is time limited. Furthermore, both HUD-VASH and SSVF require veterans to find housing within the community and the lack of affordable housing is an underlying problem. Supportive housing being developed for veterans in the Pioneer Valley largely continues to embrace the single-adult, male veteran as the typical client. Projects include primarily one-bedroom and studio apartments. Building supportive housing for veterans that welcomes families with and without children would likely benefit both the single-adult veterans and the veteran families.

Massachusetts has also taken on a new policy of prioritizing veterans for public housing state-wide. This will place eligible veterans at the top of waiting-list for limited public housing apartments and housing choice vouchers and hopefully shorten wait times for veteran families in need of affordable housing, but able to live independently. The challenge is that the supply of public housing is limited and prioritizing veterans necessarily means that other families in need of affordable housing will face longer wait times.

Future work

This case-study provided an opportunity to begin to theorize about the role of housing and community during the transition from the military to the community. Future studies would be well served to consider the traits of a community that are particularly helpful or harmful for veteran readjustment. Questions that this case study raises, but does not answer include: To what extent does a state's benefit environment affect the transition home; and to what extent does a community's embrace of military culture matter? While many liberal "blue" states may be less overtly pro-veteran, conversations with veterans in the Pioneer Valley have highlighted that Massachusetts' relatively generous social safety net, for both veterans and the general

population, stands in stark contrast to the environment in more politically conservative and pro-military “red” states in the south. Thus, while several complained about the “politically correct” culture of the Pioneer Valley, they were drawn to the area by the availability of supports.

Also important will be the collection of more representative data on the size and nature of veterans’ networks. My study captured the degree (number of post-9/11 veterans living in the Pioneer Valley veterans that the survey respondent knew) of 30 veterans, it would be worthwhile to gather additional network data on veterans. Future studies should consider the size of veterans’ networks, including both civilian and veteran peers, and test to what extent these veteran networks are defined by era of service or geography. My study suggests that information about services often flows through these networks and, therefore, those with larger networks should be more informed about the services available. Future research should test this hypothesis and others using a more representative sample of veterans.

A theory presented here is that forcing women veterans to seek gender-specific care, including emergency housing services, outside of the VA is problematic not because the care received is of lower quality, but because it signals to women veterans and the larger veteran and civilian community that women veterans are of a lower standing than their male counterparts. Women veterans in this study often expressed a preference for care outside of the VA and thus this raises this issue of whether these preferences are static or would shift if VA care became more responsive to their needs. Regardless, I would argue that concerns for equality demand that women face similar choices as their male counterparts and thus have the option to receive care within the VA in a manner that is responsive to their needs. Future studies should consider whether increasing choices for women veterans increases their satisfaction with services.

An additional consideration raised by this study is whether homeless veterans benefit from living in veterans only housing or whether such segregation inhibits the formation of a civilian identity and a connection to civilian employment and social networks. Future studies could compare employment, housing, and health outcomes for veterans living in project-based HUD-VASH housing programs, where veterans live together in single site, to veterans living in traditional HUD-VASH scatter-site housing, where veterans use their housing vouchers to secure housing in the community.

Today's veterans are more alone simply because they number so few. As civilians and scholars we should engage with veterans with the goal of building bridges across the cultural divide. It may be impossible to ever understand the experience of serving in the military, but that does not excuse those of us who do not volunteer from seeking to understand what it means to ask others to serve in war. Without considering the human costs of war, how can any citizen actively engage in the decision of military engagement?

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Appendix I. Key informant interview protocol

1. Study Background
 - a. Introduce self
 - b. Describe project and goals
 - c. Describe eventual project
2. Explain Consent Form and Obtain Consent
 - a. Make sure to discuss and obtain consent for audio recording.
3. Key informant roles
 - a. What is your current position?
 - b. Could you tell me about the organization you work for?
 - c. How long have you been working at this organization?
 - d. What geographic area does your organization serve?
 - e. Who is eligible to receive services from your organization?
 - f. How do people clients find out about your organization?
4. Nature of Veteran Interaction
 - a. How does your work intersect with veterans?
 - b. Do you offer any programs specifically for veterans?
 - c. In your experience, what are the greatest challenges that veterans face when returning to the community?
 - d. Do you notice any difference among male and female veterans service needs?
 - e. Do you notice any differences among veterans of different military branches?
 - f. What are the greatest assets that veterans have?
 - g. Do you think there are any characteristics of the Pioneer Valley that make unique for veterans?
5. Veteran Housing
 - a. Do you think veterans experience any unique challenges when looking for housing in the Pioneer Valley?
 - b. Do you work with homeless or at-risk veterans?
 - i. If so, could you tell me about your experiences?
6. Veteran Service Organizations
 - a. Do you work with any (other) veteran service organizations (e.g. VFW)
 - b. What is your relationship with the Veteran Service Officer?
7. Veteran Benefits
 - a. Do you help veterans access state or federal benefits?
 - b. What benefits are most commonly used?
 - c. How do veterans feel about benefits?
 - d. Do you perceive any barriers to accessing services?
 - i. What about for women veterans?
8. Relationship between housing and family
 - a. Do you work with singles and families?
 - b. Have you noted any unique challenges for veterans with families/singles?
9. Women are a growing share of the veteran population, has your organization changed in

any ways to accommodate this change?

- a. How?
- b. What were the challenges in making this change?
- c. Was it successful?
- d. What still needs to be done?

10. Do you have any recommendations for evaluations or reports that I should read?

11. Do you know anyone else I should talk?

Appendix II. Veteran interview protocol

12. Study Background
 - a. Introduce self
 - b. Describe project and goals
 - c. Describe eventual product
13. Explain Consent Form and Obtain Consent
 - a. Make sure to discuss and obtain consent for audio recording.
14. Could you tell me about your military service?
 - a. What made you choose to join the military?
 - b. What branch did you join?
 - c. What was your occupation and rank?
 - d. Where did you serve?
 - e. When did you leave military service?
15. Think back to when you first left the military, where did you live?
 - a. How long did you stay there?
 - b. Who did you live with?
 - c. Why did you move?
 - d. Were you satisfied with the quality of the housing?
16. Think back to that first year, did you stay in one place or did you move around?
 - a. Did you ever not know where you would spend the night?
 - b. Were you ever forced to move?
 - c. Did you ever have trouble paying for housing?
 - d. Have you ever been homeless?
 - e. Do you own your home?
 - f. Do you rent your home?
 - g. Have you ever been worried that you might lose your home?
17. If you moved around, could you start with the first place you lived when you left the military and tell me about each place you lived since then.
 - a. Where?
 - b. With whom?
 - c. Why did you move?
18. Are you currently working?
 - a. How long have you been at your job/looking for work?
 - b. How did you find your job?
 - c. What does your job entail?
 - d. Do you enjoy the work?
19. Do you have children?
 - a. Do they live with you?
 - b. How old are they?
 - c. Are you their primary care-giver?
 - d. Does anyone help you in caring for your children?

20. Have you ever used Veteran's benefits, such as the VA Home Loan Guaranty, health care, GI Benefits?
 - a. If **no**, why not?
 - b. If **yes**, were you satisfied with these benefits, why or why not?
21. Women are increasingly joining the military, how do you think the VA could change to meet the needs of women?
22. Do you belong to any Veteran Service Organizations (e.g. VFW, IAVA)?
23. Do you have friends who are veterans?
24. Do you have family who are also veterans?
25. Are you currently a student or have you been a student since leaving the military?
 - a. Did you use GI benefits to help pay for school? How was your experience working with the schools veteran office?
 - b. Did you join a student veteran organization? Why or why not?
 - c. Did you ever use the student veteran lounge? Tell me about your experience?
26. Have you ever contacted the local veteran service officer?
 - a. Why? Or Why not?
 - b. Tell me about your experience?
27. What has been the greatest challenge transitioning from the military?
28. What made you decide to live in the Pioneer Valley?
 - a. Do you plan to stay in the area? If not where would you like to move and why?
29. Do you identify as a veteran?
30. What are the greatest challenges that today's veterans face?
31. Do you ever look to veterans from other eras for advice?
32. What do you wish the community would provide for you that is currently lacking?
33. Did you participate in the Transition Assistance Program?
34. Do you have a disability that prevents you from working?
35. Do you go to the VA for health care?
 - a. Why or why not?
 - b. If you had a choice, would you prefer to get your health care from organizations that are designed to work with veterans and their families or civilian organizations?
36. Do you miss the military?

Appendix III. On-line survey instrument

You have been asked to participate in a research study conducted by Kerry Spitzer from the Department of Urban Studies and Planning at the Massachusetts Institute of Technology (M.I.T.). The purpose of the study is to better understand veteran readjustment, especially housing choices, in the Pioneer Valley of Massachusetts. The results of this study will be included in Kerry Spitzer's Doctoral Dissertation. You should read the information below, before deciding whether or not to participate. This survey is voluntary. You have the right not to answer any question, and to stop the survey at any time or for any reason. I expect that the survey will take about 30 minutes to complete. You will be compensated for this survey with a \$5.00 Amazon.com Gift Card. Note that to receive the gift card you will be asked to provide an email address. You may be asked to share information about this survey with other current-era veterans who live in the Pioneer Valley. If these veterans also complete the survey, you will receive an additional \$5.00 Amazon.com Gift Card for the first three additional surveys completed by someone you recruited, for up to an additional \$15 in Amazon.com gift cards. Note that recruiting additional veterans for this survey is voluntary. If you choose to recruit additional veterans, your participation will not be anonymous. All responses you provide will be kept confidential. Please contact Kerry Spitzer at kspitzer@mit.edu or (413) 519-3880 with any questions or concerns. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253-6787. In addition, this project has been approved by the Institutional Review Board of Mount Holyoke College (MHC). You may contact MHC's

Institutional Review Board at institutional-review-board@mtholyoke.edu with any questions about this study. By beginning this survey you acknowledge that you have read the information above and agree to participate in this study. You are free to withdraw your participation at any time.

Do you currently live in the area known as the Pioneer Valley, which includes Franklin, Hampshire, and Hampden County Massachusetts?

- Yes (1)
- No (2)

Have you ever served in the U.S. military, including active, reserve, or national guard?

- Yes (1)
- No (2)

Did you serve in the military for any period of time after September 11, 2001?

- Yes (1)
- No (2)

Are you currently serving on active duty in the U.S. Military?

- Yes (1)
- No (2)

In which branch(es) of the military did you serve? Please check all that apply.

- Army (1)
- Navy (2)
- Air Force (3)
- Marines (4)
- Coast Guard (5)
- Army National Guard (6)
- Army Reserves (7)
- Navy Reserves (8)
- Air Force Reserves (9)
- Marine Reserves (10)
- Coast Guard Reserves (11)
- Air National Guard (12)

Were you ever deployed?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To What was your military occupation?

How many times have you been deployed?

- 1 deployment (1)
- 2 deployments (2)
- 3 deployments (3)
- 4 deployments (4)
- 5 deployments (5)
- more than 5 deployments (6)

Did you serve in Iraq, off the coast of Iraq, or did you fly missions over Iraq at any time since

March 2003?

- Yes (1)
- No (2)

Did you serve in Afghanistan, or did you fly missions over Afghanistan at any time since

October 2001?

- Yes (1)
- No (2)

What was your military occupation?

Altogether, how long did you serve on active duty?

Years (1)

Months (2)

What was your rank at the time you were discharged, separated or retired from the military?

What is your gender?

Male (1)

Female (2)

What was your reason for leaving the military?

- Retired (1)
- Completed Contract (2)
- Medical Discharge (3)
- Honorable Discharge (4)
- Other (5)

What year were you discharged, separated, or retired from the military?

- 2001 (1)
- 2002 (2)
- 2003 (3)
- 2004 (4)
- 2005 (5)
- 2006 (6)
- 2007 (7)
- 2008 (8)
- 2009 (9)
- 2010 (10)
- 2011 (11)
- 2012 (12)
- 2013 (13)
- 2014 (14)

What best describes your current housing situation? Please choose only one.

- Live in a home or apartment that I or my partner own or rent. (1)
- Live in a home or apartment that family (other than partner) owns or rents. (3)
- Live in a home or apartment that friend(s) owns or rents. (4)
- Live in a college dormitory, coop, fraternity, or sorority. (5)
- Live in a hotel or motel. (6)
- Live in an SRO or boarding house. (7)
- Other, please describe: (8) _____

How long have you lived in your current home?

Years (1)

Months (2)

What town do you currently live in?

Since leaving the military, how many times have you moved?

Moves (1)

In the past 2 months have you been living in stable housing that you own, rent or stay in as part of a household?

Yes (1)

No (2)

Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent or stay in as part of a household.

Yes (1)

No (2)

Assistance If you need housing assistance please, call 1-617- 210-5743 or 1-877-424-3838.

Since leaving the military, have you ever been forced to move due to an eviction?

Yes (1)

No (2)

Since leaving the military, have you been forced to move due to a foreclosure?

- Yes (1)
- No (2)

Since leaving the military, has there ever been a period of at least one week where you did not have a regular place to live?

- Yes (1)
- No (2)

Since leaving the military have you ever stayed in a homeless shelter, transitional housing (e.g. Soldier On, Veterans Inc.), or domiciliary housing (e.g. Holyoke or Chelsea Soldiers Home)?

- Yes (1)
- No (2)

Since leaving the military, have you ever lived in your car or camped outdoors because you had no other place to stay?

- Yes (1)
- No (2)

Assistance If you need housing assistance please, call 1-617-210-5743 or 1-877-424-3838.

What best describes your current employment status?

- Employed full-time, over 30 hours per week (1)
- Employed, part-time (2)
- Unemployed, looking for work (3)
- Retired (4)
- Not working due to disability (5)
- Not currently in the workforce (e.g. full-time student, stay-at-home parent) (6)

What is your highest level of education?

- Less than a High School Diploma (1)
- High School Diploma or GED (2)
- Some College (3)
- Associates Degree (4)
- Bachelors Degree (5)
- Masters (6)
- Doctorate (e.g. PhD, JD or MD) (7)

Are you currently a student?

- Yes (1)
- No (2)

Do you belong to a veteran student organization or a student organization for students interested in the military or defense industry?

- Yes (1)
- No (2)

What school do you attend?

What best describes your relationship status?

- Married (1)
- In a domestic partnership or civil union (2)
- Divorced or separated (3)
- Single (4)
- Widowed (5)
- Other (6)

Has your partner ever served in the military?

- Yes (1)
- No (2)

Do you have any children?

- Yes (1)
- No (2)

Please list the ages of all your children and indicate whether they currently live with you.

	How old are your children?	Does this child live with you?	
	Years (1)	Yes (1)	No (2)
Child 1 (1)		<input type="radio"/>	<input type="radio"/>
Child 2 (2)		<input type="radio"/>	<input type="radio"/>
Child 3 (3)		<input type="radio"/>	<input type="radio"/>
Child 4 (4)		<input type="radio"/>	<input type="radio"/>
Child 5 (5)		<input type="radio"/>	<input type="radio"/>
Child 6 (6)		<input type="radio"/>	<input type="radio"/>
Child 7 (7)		<input type="radio"/>	<input type="radio"/>
Child 8 (8)		<input type="radio"/>	<input type="radio"/>

How often do you see relatives (other than your partner or children with whom you live)?

- Never (1)
- Less than Once a Month (2)
- Once a Month (3)
- 2-3 Times a Month (4)
- Once a Week (5)
- 2-3 Times a Week (6)
- Daily (7)

The statements below ask about your overall experience returning to the community after military service . Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (3)	Neutral (4)	Agree (6)	Strongly Agree (7)
Overall, transitioning from the military to the community has been harder than I expected. (1)	<input type="radio"/>				
Civilians recognize the sacrifices I made during military service. (2)	<input type="radio"/>				
Other veterans recognize the sacrifices I made during military	<input type="radio"/>				

service. (3)					
My military service has had a positive impact on my life. (4)	<input type="radio"/>				
I enjoy spending time with other veterans. (5)	<input type="radio"/>				
The government should do more to assist veterans during the transition home. (6)	<input type="radio"/>				
Non-profits and civic organizations	<input type="radio"/>				

should do more to assist veterans during the transition home. (7)					
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Have you ever used or enrolled in the following benefit programs designed to assist veterans and their families, for yourself or your direct-family (children or partner):

	Yes (1)	No, not interested (2)	No, interested but not eligible (3)	No, unaware of program (4)
VA Health Care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Life Insurance (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Home Loans (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Education and Training (e.g. G.I. Bill) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Vocational Rehabilitation (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Disability Compensation and Pension (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assistance (7)				
VA				
Prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits (8)				
Mass. Chapter				
115 Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9)				
HUD-VA				
Supportive				
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(HUD-				
VASH) (10)				
Supportive				
Services for				
Veteran				
Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program				
(SSVF) (11)				
Other: (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In Massachusetts, every town has a Veteran Services Officer. Have you ever met with the
Veteran Services Officer for your town?

- Yes. (1)
- No, not interested. (2)
- No, unaware of Veteran Service Officer. (3)

Have you ever enrolled in the following benefit programs, either for yourself or your direct-family (children and spouse)?

	Yes (1)	No, not interested (2)	No, interested but not eligible (3)	No, unaware of program (4)
Supplemental Nutrition Assistance Program (SNAP)/Food Stamps (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MassHealth (Medicaid) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (UI) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(TANF) (6)				
Housing				
Choice				
Voucher (i.e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section 8) (7)				
Other: (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently a member of any veteran service organizations (VSO)? Please check all that apply.

- Iraq and Afghanistan Veterans of America (IAVA) (1)
- Veterans of Foreign Wars (VFW) (2)
- American Legion (3)
- Disabled American Veterans (DAV) (4)
- Military Officers of America (5)
- AMVETS (6)
- Other, please describe: (7) _____
- No. I am not currently a member of VSO. (8)

Why did you decide not to join a veterans service organization (VSO)?

Why did you decide to join a VSO?

Are you a member of any of the following types of organizations? Please check all that apply.

- Religious organization (1)
- Political club or political party committees (2)
- Professional society, trade or business association (3)
- Labor union (4)
- Public Interest or political action group (5)
- Neighborhood or homeowners associations (6)
- Local fire company or rescue squad (7)
- PTA, PTO, or school support group (8)
- Other civic or community organization (please describe): (9) _____

While you were in the military, did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or sexual remarks?

- Yes (1)
- No (2)

While you were in the military, did someone ever use force or threat of force to have sexual contact with you against your will?

- Yes (1)
- No (2)

If you need assistance please, call 1-800-273-8255 and Press 1, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

Do you have a disabling condition?

- Yes (1)
- No (2)

Answer If Do you have a disabling condition? Yes Is Selected

In your opinion is this condition service-related?

- Yes (1)
- No (2)

Do you have a service-connected disability rating?

- Yes (1)
- No (2)
- Pending or under review (3)

The following 4 questions have to do with the number of veterans you know who live in the Pioneer Valley. Because it is important that your responses are as accurate as possible, please consider getting a piece of paper and pencil to assist you in answering these questions. For 30 seconds, you will not be able to submit your answers or move on to the next screen.

Approximately, how many veterans do you personally know (you know their name and they know yours) who live in the Pioneer Valley (Hampshire, Hampden, or Franklin County Mass.)? Note: by veteran I mean anyone who has ever served in the US military.

Veterans (1)

Of all the veterans you know who live in the Pioneer Valley, approximately, how many served in the military for sometime after 9/11/2001?

Veterans (1)

Of all the post-9/11 veterans you know who live in the Pioneer Valley, how many have you seen, called, texted, e-mailed or been in contact with on social media in the past 2 weeks? Please be as precise as possible.

Veterans (1)

Of all the post-9/11 veterans, who live in the Valley, with whom you have been in touch in the past 2 weeks, how many are women and how many are men? Please be as precise as possible.

Men Veterans (1)

Women Veterans (2)

What best describes your race? Check all that apply.

- White (1)
- Black or African American (2)
- Asian (3)
- American Indian or Alaska Native (4)
- Native Hawaiian or Other Pacific Islander (5)
- Other (6) _____

Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino (1)
- No, not Hispanic or Latino (2)

What year were you born?

How did you hear about this survey?

- Friend (1)
- Partner/Spouse/Girlfriend (2)
- Family member (3)
- Work colleague (4)
- Roommate (5)
- Flyer (7)
- Other (please describe): (6) _____

Since leaving the military, what has been the biggest challenge returning to civilian life?

Q70 Please use this space to share with me any additional thoughts or comments you have on returning to the community after military service.

Thank you for taking this survey! To receive your \$5.00 Amazon.com Gift Card, please provide your email below. (Please allow up to 24hrs for processing.)

This study relies on veterans referring other veterans to take this survey. Please consider recruiting other veterans. If you would like to help share information about this survey with other post-9/11 veterans, who live in the Pioneer Valley please indicate so below. If survey respondents are still needed, I will send you an email with instructions on how to help. I will email you a \$5.00 Amazon.com Gift Card for the first three eligible veterans your recruit for up to \$15.00 in Amazon.com Gift Cards.

- Yes, please email about how to help. Please indicate email address if different than above. (1)

- No, I am not interested in recruiting other veterans. (2)

In addition to this survey, I am conducting interviews with a small number of post-9/11 veterans, who live in the Pioneer Valley. Interviews will cover topics included in this survey in more depth and interviewees will be thanked with a \$10 Amazon.com Gift Card. Note that not every one who volunteers will be interviewed. Are you interested in being interviewed?

- Yes, please email me about a in-depth interview. Please indicate email address if different than above. (1) _____
- No. I am not interested in being interviewed. (2)

