

Reimagining Veteran Healthcare

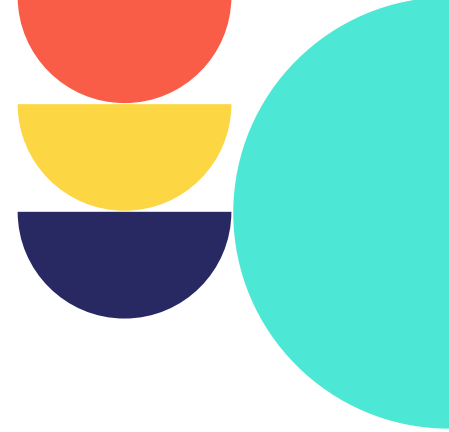
# In-Flight Insights Report

August 2021



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# In-Flight Insights Overview

The In-flight Insights reports highlight emergent themes from field research and track the development of insights throughout the field research phase. This report includes responses and themes gleaned from interviews with 45 total respondents.

## **PURPOSE OF THIS REPORT**

This report provides a sample of participant responses to interview questions about how Veterans define health, quality of life, their goals, and the impact of COVID-19 on their lives. In addition, new emerging themes identified across the interviews are also included.

## **BACKGROUND**

RVH plans to conduct ethnographic interviews with a diverse group of at **least 50 Veterans**, virtually and in-person, to help identify several transformational opportunity areas to explore further in Phase 2 of the project.

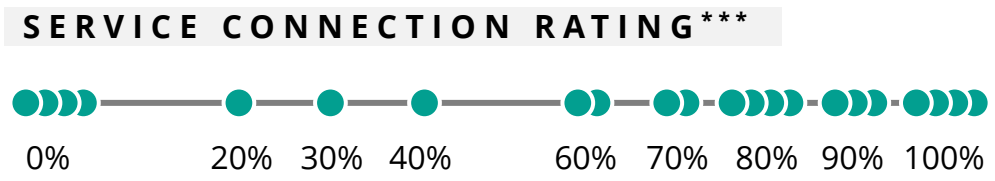
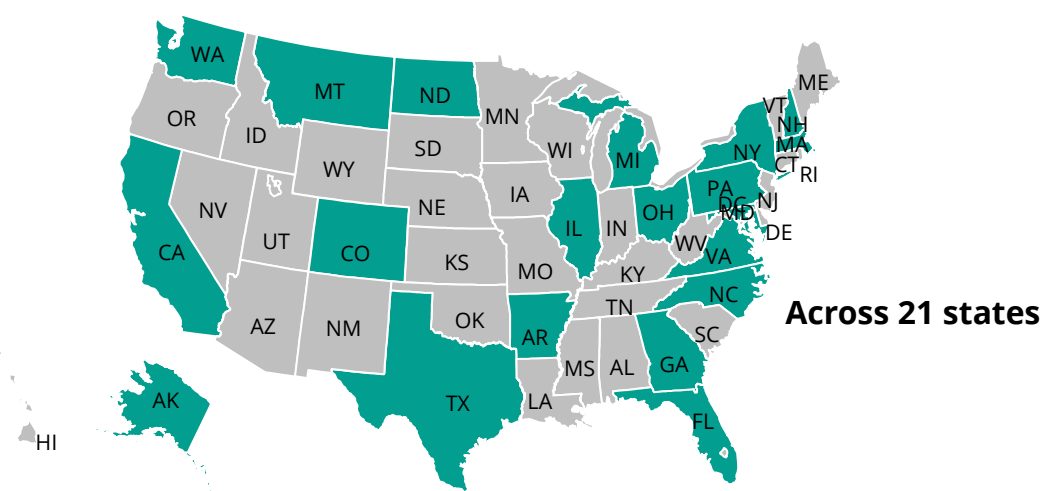
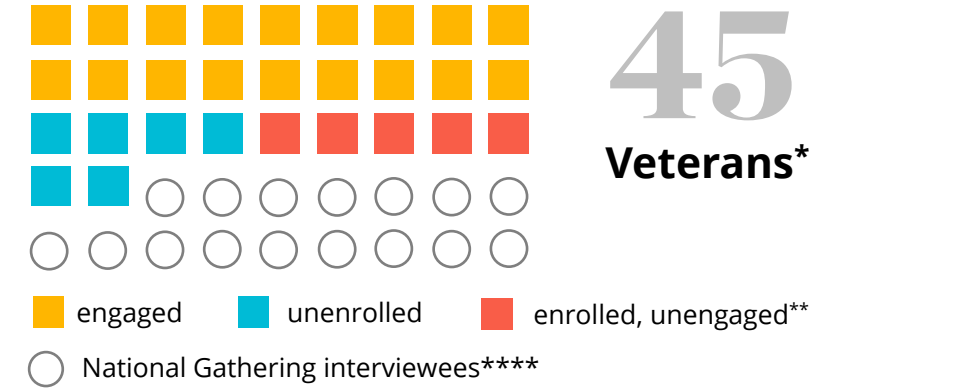
To determine which Veteran groups to engage, RVH conducted a **current state assessment of VA health care** with an eye to global healthcare trends and adjacent industries. For greater detail and takeaways, please refer to the Current State Assessment document.

## **OBJECTIVES**

- Uncover **pain points, bright spots**, and/or **validate our assumptions** about the current state of Veteran healthcare
- Understand the **post-pandemic priorities and behaviors** of different populations of Veterans to aid in the development of solutions
- Inform several **transformational opportunity areas** in which to focus solution design during Phase 2

# Interviews by the Numbers

Ninety-minute interviews were conducted with Veterans to understand their experiences accessing and navigating VA and the healthcare system at large. Below is a demographic overview of the first 45 interviewees. Reaching underrepresented interviewees, particularly unengaged Veterans, will require deliberate effort throughout the remainder of the interview process.



## RACE AND ETHNICITY

- 21** Veterans Identifying as **White**
- 4** Veterans Identifying as **Black**
- 1** Veterans Identifying as **Hispanic**
- 15** Veterans Identifying as **American Indian/Alaskan Native**
- 1** Veterans Identifying as **Asian**
- 1** Veterans Identifying as **Multiracial**

## SEXUAL ORIENTATION \*

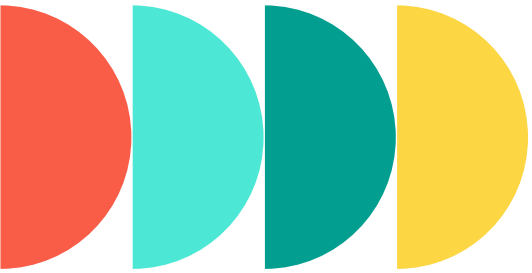
**8** **LGBTQIA+** Identifying Veterans

## AGE

- 25** Veterans **Aged 30-49**
- 10** Veterans **Aged 50-69**
- 7** Veterans **Aged 70+**

\*Limited information exists for 3 Veterans, as they had not completed the post-interview questionnaire at the time of reporting. \*\*Enrolled, unengaged Veterans are enrolled in VHA but reported they have not accessed care within in the last 2 years. \*\*\*5 Veterans did not know their service connection rating; an additional 2 Veterans did not share their rating. \*\*\*\*Demographic information not collected.

# When Asked...



In each interview, Veterans answer a series of questions about their health, their goals, and the effect of COVID on their lives.

Rather than overarching themes, **this section includes a disparate sampling of Veteran responses to these questions to demonstrate the wide range of their experiences and preferences**, as well as to draw attention to apparent similarities throughout.

# How to Read this Section

Each slide in the following section describes an interview prompt to which Veterans responded in ethnographic interviews. Sample verbatim responses accompany each overview summary of Veterans' responses to each prompt.

## When Asked...

Specific prompts asked of Veterans throughout each ethnographic interview. These topics provide context for Veterans' healthcare experiences and Veterans' motivations, identities, capabilities, and constraints.

## When Asked...

### How do you define good health and quality of life?

Veterans think more broadly about "health" than what can be attributed to conventional medical maintenance. Veterans align health and quality of life in that they aspire to be able to wake up each day and spend their time with the people and in the manner they so choose. Their perception of VA's ability to provide for this can affect their decisions to engage with VA healthcare.

#### ...Veterans Answered:

- “ Most often it's defined as the absence of illness, but I think that true health and wellness is the **ability to achieve your goals and what you want in life without restriction by disability or illness.** ”
- “ [I define it as] having the **ability to accomplish all the things that I want to do in my life [...] without any hinderance from medical or monetary or any of those things that naturally get in the way.** [It includes] the amount of time I can spend with my family. Ease of access to things that I want in life. The quality of things I am consuming in life. It's the total of all those things. ”
- “ Optimal quality of life is to **wake up and not have to take anything to function.** ”

For many Veterans, good health and quality of life intersect by **allowing Veterans to accomplish their life goals** without impediments. Often, these impediments can be removed **as a direct result of successful VA care.**

- “ I think good health is a **very balanced lifestyle, physically and mentally, and preventative medicine** in general. ”
- “ [Quality of life requires] holistic balance. **Internally, spiritually, mentally, physically, financially.** ”

Veterans view good health and quality of life as a **balance of medical and non-medical factors.** For engaged Veterans, this view **can color their experience with VA and affect their satisfaction with VA care.** For unengaged Veterans, this can be the reason they opt out of VA care.

*Veterans want to be able to meet their goals and introduce stability throughout their lives.*  
**How do Veterans' goals affect their relationship with VA?**

## ...Veterans Answered:

Corresponding quotes from various Veteran ethnographic interviews.

## Summary

Overarching themes and/or components evident in Veterans' responses to the prompt.

## Implications for RVH

Factors and questions for further exploration in research.

# When Asked...

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*Veterans want to be able to meet their goals and introduce stability throughout their lives.*

**How do Veterans’ goals affect their relationship with VA?**

# When Asked... What are your goals?

Veterans cited their physical and mental health, their professional and environmental stability, and protecting families and communities as their top goals. Many engaged Veterans expressed interest in improving the lives of other Veterans both informally and through Veteran-serving organizations. For engaged Veterans, partnership with VA can be a means of reaching some of these goals.

## ...Veterans Answered:

“ Working towards setting enough aside to retire. **[Enjoying] the next phase of my life.** Mentoring my son in his last two years in college, [I] want him to be safe and healthy. ”

“ As far as personal goals, keep **advancing my career**, and then off-duty or off-career, **focus on some of the charity work I do with [various Veterans Service Organizations].** ”

“ My long-time goal is to **work with military families.** I've been on both sides [of service delivery and that of a military family]. My degree will help me fill in the gaps. ”

Many Veterans identified **supporting family and advancing their career** as their main goals in life. Many **engaged Veterans included assisting other Veterans** as a life goal as well.

“ I'll be 48 next month and I'm not trying to do anything special; **I just want to get to 50 without ending up in a wheelchair.** ”

“ To get healthier, lose a bit of weight; [I've] been heavysset all my life. [I'm] working very hard with a counselor on building self-confidence. **[I'm] working on inner and outer self.** ”

“ [I'm] working on a balancing act if that makes sense. **The [multiple sclerosis] ramped up about a year and a half ago; it really slowed me down [...].** It's still an adjustment all the time. **[My goal is] just learning to adjust, I guess.** ”

Other Veterans described **goals directly tied to maintaining, or working toward, good health.** For engaged Veterans, VA is often a partner in this effort.

*Veterans want to be able to provide for themselves and their families, and some want to help other Veterans.*  
**How can VA help Veterans further meet these goals? How might that encourage unengaged Veterans to enroll with VA?**



## When Asked...

# How has COVID affected your life?

COVID's impact on Veterans' lives ranges from profound to having no impact at all. COVID's impact on Veterans' healthcare experiences has been similarly mixed: Veterans cite newfound ease or difficulty of access to care through telemedicine and other changes to their healthcare delivery as particularly consequential to their physical and emotional wellbeing.

### ...Veterans Answered:

“ It seems like a million federal and corporate **employees are using the COVID excuse to not work**. Their attitude is 'I'm getting paid, so drop dead.' ”

“ I work from home all the time. For me it's **a little scary because I have lung conditions. I had a terrible experience of getting in touch with doctors**. I have 100% service connection [and it still] took me a year to get into the fucking dentist. ”

“ I prefer [telemedicine, although] I know other people don't. [...] **The virtual [care] has definitely helped me when it comes to therapy and psychiatry.** ”

“ I lost several people to COVID so **it's probably one of the top five worst years I've had.** ”

Disruption caused by COVID, **particularly in the way they receive VA care**, had a significant psychological effect on Veterans. **Grief and loss suffered throughout the pandemic added to existing Veteran trauma.**

“ **Believe it or not, it was good in my house.** We were in this routine, wake up go to school go to work, eat, then go to sleep. **It let us get to know each other.** My kids are really cool; I finally got to know them. [It] gave me time to think [about] what can I do to do better. ”

“ I use all the precautions I need, but I don't socialize, I like being at home, I don't miss the trip from home to work [...]. **It just hasn't impacted me much. [...] Unlike other people, I can still be employed.** ”

Some Veterans, however, **faced little to no negative - and perhaps even experienced positive - impact** to their lives from COVID. For these Veterans, unique factors **blunted the effects of the pandemic often felt by others.**

*The broad range of impacts COVID has had on Veterans will continue to affect their lives, their expectations, and their needs.*  
**How can VA adapt to changing Veteran needs to spur engagement among both enrolled and unenrolled populations?**

# Emerging Themes Overview

Several themes emerged across ethnographic interviews. These themes present nuanced ideas that require further detail to fully articulate, and they will continue to be prioritized and explored throughout the research process.

## 1. Fixed Pie Mindset

Some Veterans feel VA is not meant for them, but rather for Veterans with more extensive ailments. This feeling, combined with the perception some Veterans have of fixed, scarce resources at VA, can cause Veterans to forgo VA care.

## 2. Facility Heterogeneity

Veterans make comparisons between VA facilities, noting the relative strengths and shortcomings of the VA locations at which they receive services. These comparisons elicit feelings of frustration and anger as positive experiences at some facilities are not replicated at others at which they have received services.

## 3. Perceived Challenge Answering Veteran Concerns

Veterans' perceptions of VA's lack of change – year after year – in response to Veteran complaints, can cause Veterans to feel unheard or ignored. These feelings develop regardless of the validity of these perceptions.

## 4. Reliance on Human Guides to Navigate the System

Veterans able to navigate VA care frequently attribute their success to the assistance of a non-VA individual who helped them navigate the system. This person-to-person – and often Veteran-to-Veteran – guidance is both offered and sought by Veterans.

## 5. Lack of Doctor-Patient Connection

Veterans expressed frustration with the impersonal, or insubstantial, relationships they form with providers at VA, particularly as a result of provider turnover and impersonal standard processes.



# Emerging Themes

## “Fixed Pie” Mindset

Some Veterans feel VA is not meant for them, but rather for Veterans with more extensive ailments. This feeling, combined with the perception some Veterans have of fixed, scarce resources at VA, can cause Veterans to forgo VA care.

### Evidence of Service Scarcity

Anecdotal evidence of **difficulty getting seen, limited appointment availability, and overburdened facilities** convinces some Veterans that seeking services at VA ought to be reserved for Veterans that need it most. This can lead **to disdain for Veterans they view as overusing, or improperly using, VA services.**

### Taking Matters Into Their Own Hands

These Veterans attempt to lighten VA's load by seeking care elsewhere, even if it means **abandoning earned VA eligibility, or forgo seeking healthcare entirely.**

### Questions for Further Exploration

- What other factors contribute to the “Fixed Pie” mindset?
- How can a corrected understanding of VA service allocation prompt engagement for both enrolled and unenrolled Veterans?
- How can VA provide adequate assurance to Veterans of its ample availability of services?

“I feel as if I don’t deserve those benefits because I was only in the military for 3 years.”  
–*White female heterosexual Veteran*

“I have access to this other health system, so a part of me would say if I add my family to the already, you know, burdened VA system, I’m just adding to their burden...why not let the guys who, you know, aren’t retired that don’t have Tricare take advantage of that if [they] need it.”  
–*White male heterosexual Veteran*

“There's plenty of people out there that are in line, but not necessarily should be, in my opinion, because there's stuff that's either genetic, or it's stuff that [they] had beforehand, or 'it just didn't show up 'til later' type of deal that the VA will still rate and give you treatment for, which is one of the harder things for me to swallow because it just clogs up the system. That's why [Veterans in need of care] have such a struggle.”  
–*White male heterosexual Veteran*

# Emerging Themes

## Facility Heterogeneity

Veterans make comparisons between VA facilities, noting the relative strengths and shortcomings of the VA locations at which they receive services. These comparisons elicit feelings of frustration and anger as positive experiences at some facilities are not replicated at others at which they have received services.

### Low Expectations

Uncertainty regarding the quality of services at varying VA facilities can cause Veterans to **develop low standard expectations for VA facilities** across the board. This can **taint Veteran perceptions of the entire VA.**

### Experience by Comparison

Rather than appreciating VA facilities at which they had positive experiences, Veterans treated at multiple facilities **grow frustrated with VA facilities at which they had negative experiences.** As a result, **positive experiences have less of a positive impact on Veteran perceptions of VA.**

### Questions for Further Exploration

- How does experience variation impact potential or current engagement with VA?
- Are negative experiences enough to drive away Veterans who have historically had positive experiences with VA? Is there is a distinct breaking point?
- How are unenrolled Veterans affected by the feelings of engaged yet frustrated Veterans?

"I think Seattle VA is mediocre at best. At least they have enough providers for women. Richmond? It's bad."

*-White non-binary LGBTQIA+-identifying Veteran*

I went to a lot of trouble and switched from the Brooklyn VA to the Manhattan VA. The Manhattan VA is the best hospital on the face of the Earth. After I switched, they went after this like gangbusters. [They] scheduled me for a bone exam... none of which was done in Brooklyn."

*-White male LGBTQIA+-identifying Veteran*

"I know the potential of VA healthcare because I've seen it in Charlotte. Going to the VA in Manhattan, the lady who sits there - I haven't seen many Veterans work there - they don't want to be bothered. [Their] look says it all: 'Another person I've got to talk to...'"

*-Black male LGTBQIA+-identifying Veteran*

# Emerging Themes

## Perceived Challenge Answering Veteran Concerns

Veterans' perceptions of VA's lack of change – year after year – in response to Veteran complaints, can cause Veterans to feel unheard or ignored. These feelings develop regardless of the validity of these perceptions.

### Engagement with VA

Difficulty reaching VA personnel to have questions answered can make **Veterans feel like VA doesn't want to engage with them.** This can embitter Veterans towards VA, ultimately driving them away.

### Responsiveness of VA

Persistent difficulties in receiving care, benefits, or adequate treatment from VA can lead some **Veterans to feel like VA does not listen to them or does not care.** This can cause Veterans to stop trying to improve VA.

### Questions for Further Exploration

- What allows satisfied Veterans to feel heard by VA? How can VA expand these practices?
- How can VA identify drivers of positive Veteran experiences at VA and promote their development across all its facilities?
- How can VA more successfully communicate effective investments originating from Veteran feedback?
- How can Veterans become more involved in VA's improvement processes?

"If the VA just wanted to tackle all the issues the VA wants to fix, it would be fixed, but it's not. [...] Why is nothing ever fixed? I've seen it with the military – if they want something done, they can do it in a week."

–Black male LGBTQIA+-identifying Veteran

"I was homeless, and I told the [VA] counselor that we were living in the car, and she called DCF on me, not trying to help me find a place. I felt like I couldn't be honest anymore. I can't tell them that I'm suicidal, then they would try to take my kids."

–Native American female heterosexual Veteran

"Many veterans have problems that could be best treated by a chiropractor. A decade or more ago, the VA issued a directive that said every facility should have a chiropractor. Even the Manhattan VA, which is the best in the world [...] I've heard [the director] doesn't like chiropractic care, so there's no chiropractor in the Manhattan VA. [...] Instead of doing what's best for Veterans, she does whatever on her own winds."

–White male LGBTQIA+-identifying Veteran

# Emerging Themes

## Reliance on Human Guides to Navigate the System

Veterans able to navigate VA care frequently attribute their success to the assistance of a non-VA individual who helped them navigate the system. This person-to-person – and often Veteran-to-Veteran – guidance is both offered and sought by Veterans.

### Veteran-to-Veteran Guidance

**Veterans who have successfully navigated VA healthcare** and benefits shared that they often feel an obligation to **help other Veterans** navigate the system. This can lead to informal and formal networks of VA guides directing more and more Veterans away from established channels and processes.

### Lack of Navigational Support

For Veterans who lack this degree of support, they can feel as if they have **nowhere to go to have their questions answered**. This can be disorienting and **can prohibit Veterans**, particularly older and less tech-savvy Veterans, **from receiving care**.

### Questions for Further Exploration

- To what degree does difficulty navigating VA services disincentivize unenrolled Veterans from claiming eligibility?
- For Veterans who rely on Veterans, or other people, for assistance accessing services, how are they initially connected to these guides?
- How do Veterans think VA could better structure its navigation to eliminate the need for outside assistance?

“The thing is, anybody going through the VA after you get out of the military – you can’t do that by yourself, and none of those people that help you do it are really affiliated with the VA. They just know the avenues you need to take.”

–White male heterosexual Veteran

“[I’d like] to have someone in a position who is a community member to explain what the VA is doing. Like, for example, they have a new women-specific wing in the Billings VA. There is no one that explains our benefits to us.”

–Native American female heterosexual Veteran

“[When] I first got out, I thought “I don’t need anybody” ..., I was self-medicating myself. Thankfully, the Vietnam Veteran had that same issue when he got out and he didn’t have the same support that we have now. He didn’t have that help and if he’d had the support with the VA maybe he would have had a different life.”

–White male heterosexual Veteran

# Emerging Themes

## Lack of Doctor-Patient Connection

Veterans expressed frustration with the impersonal, or insubstantial, relationships they form with providers at VA, particularly as a result of provider turnover and impersonal standard processes.

### Low Retention of VA employees

Incessant turnover among personnel at VA can make it difficult for Veterans to form a **consistent, comfortable relationship with their VA providers**. When providers do stay at VA, Veterans report their ability to develop meaningful relationships with VA doctors and clinicians.

### Absence of Personal Interactions

**Impersonal standard processes**, including significant data capture in the place of organic, doctor-patient conversation, can cause Veterans to feel like they are **"on a conveyor belt"** and inhibit the development of trust between Veterans and their providers.

### Questions for Further Exploration

- To what degree does the perception of poor patient-provider relationships disincentivize unenrolled Veterans from engaging with VA?
- What elements of VA care delivery do Veterans find helpful in establishing a positive relationship with their VA providers? How can these elements be expanded and standardized across VA facilities?
- What elements of VA care do Veterans find to be impersonal? How can a human element be introduced to assuage these feelings?

"When the provider faces a screen the whole time, entering information and never looks at you, it's almost like they're a machine operator in a factory...and so you don't actually build a relationship with them, you're just, you know, the next unit that passes by."

*-White male LGBTQIA+-identifying Veteran*

"Ideal health care is a consistent team of providers, sometimes you go to a team and it's a different person every time. You may not see the same person; it doesn't feel good to relive a history."

*-Native American male heterosexual Veteran*

"There really isn't a connection with the actual doctor. It's [mostly interacting with] all the people who support the doctor, and it's just kind of like [getting] on a conveyor belt. There's really no customer service."

*-White male heterosexual Veteran*

# Interviewee Snapshots



To illustrate the breadth and depth of information gathered in each of the ethnographic interviews, two interviewee profiles are attached.

Each snapshot includes a brief description of both interviewees, as well as information about their lived experiences, their perceptions of VA, and their healthcare journeys.



# Interviewee Snapshot: Enrolled & Engaged

Joel\* is enrolled and engaged with VA and is a Veteran of the Navy and the Army Reserve. Although he is severely disabled as a result of his service, Joel has had trouble receiving care and proving himself deserving of VA disability benefits.

## JOEL AT A GLANCE

- Aged 70+
- Male
- Urban
- White
- LGBTQIA+ Identifying
- Engaged in VA healthcare

## JOEL'S STORY

Joel, a 74-year-old son of Holocaust refugees, is a native of Queens, NY, and a Veteran of the Navy and the Army Reserve. As a first-generation American, Joel volunteered for military service at the height of the Vietnam War in response to the flag burning protests he witnessed around him at the time.

Although Joel suffers from significant physical disabilities, he volunteers his time to various LGBTQIA+ Veterans' advocacy groups. Through these organizations, Joel helps other LGBTQIA+ Veterans, particularly trans Veterans, receive the services and benefits they are due from VA.

A self-described "grumpy old cynic," Joel sees VA as captive to politics and handicapped by the politicians and administrators at its helm.

\*Name has been changed

“ [You can] look at the surface [of VA] and say, 'There's this entire structure, everyone is being protected,' when in fact, that whole beautiful system is just words on paper. You've got some of the best hospitals on earth, with some of the best doctors, and then you've got hospitals run by administrators who let their own prejudices get in the way. ”

## JOEL'S HEALTHCARE EXPERIENCE

Although he never served in combat, Joel's exposure to toxic chemicals at port and his training with a helicopter squad have left him with lifelong medical conditions, including bladder cancer, aneurysms, severe mobility issues, and COPD.

Joel has received most of his care through VA, though his experience has not been seamless. From rude administrative staff to gatekeeping nurses and skeptical doctors, Joel feels that his care has been inhibited at every turn by the very people meant to administer assistance. Worst of all, he feels that there's no one at VA from whom he can ask for help.

His experience with VA is impacted by applying for VA benefits, during which he has been repeatedly asked to provide information to prove he is indeed disabled through service and therefore qualified for disability coverage through VA. At this point, Joel believes VA is just buying time until he dies so that they won't have to help him.

# Interviewee Snapshot: Unenrolled

Elijah\* is an unenrolled Veteran of the Army. In order to avoid separate healthcare for him and his family, Elijah is currently unenrolled in VA care. Although he is unhappy with his current care through Tricare Select, he and his family have no plans to switch.

## ELIJAH AT A GLANCE

- Aged 30-49
- Male
- Rural
- White
- Enlisted
- Unenrolled in VA healthcare

## ELIJAH'S STORY

After joining the army in 1997, Elijah retired this past April. He now spends his time catching up with his wife, children, and extended family. In his spare time, he assists his cousin with cabinetry while he considers going back to school for AutoCAD work – he loves designing.

Elijah strongly believes in not settling when problems arise, particularly when it comes to his healthcare. He notes that if his healthcare provider would give him a printout of instructions for his healthcare maintenance, he would be more proactive in taking care of his health issues.

“ *Why can't I go to the doctor across the street? [...] The in-house doctors that [VA] wants us to go to are all located at a military base, and I don't live near one, nor do I want anything to do with a military base anymore.* ”

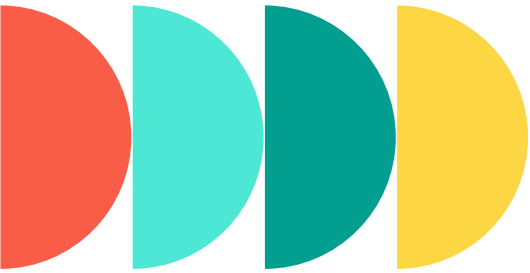
## ELIJAH'S HEALTHCARE EXPERIENCE

During his last assignment before retirement, during which he was teaching ROTC, he had private medical coverage at a major private specialty clinic. Elijah raves about his experience there: it was personable, his provider was informed, and it had an intuitive website with responsive sizing and an app he could use on-the-go.

At present, Elijah receives care through Tricare Select so that his wife and family can be on the same policy. Were Elijah to use VA care, he would have to manage a plan separately from his family. Even with only one policy to manage, Elijah must still jump through hoops when dealing with his healthcare, a process he finds frustrating. To him, Elijah's medical care still feels – unsatisfactorily – like the care he received while in the military. While he believes VA should stop focusing on the “*military aspect*” of Veteran healthcare and instead shift their service to be in parallel with civilian medical providers, he is not considering other healthcare options, regardless of his unhappiness with Tricare Select.

\*Name has been changed

# Next Steps



- 1** Continue to explore Veteran healthcare needs and perspectives through ongoing ethnographic interviews with Veterans conducted virtually and in-person. Identify gaps in research and adjust to capture underrepresented respondents, particularly unengaged Veterans.
- 2** Apply insights from ethnographic interviews, along with findings from the Current State Assessment, to the creation of Design Artifacts 1 and 2.
- 3** Conduct Ambition Workshop 2 to begin to identify and co-create transformational opportunity areas for Phase 2.

Reimagining Veteran Healthcare

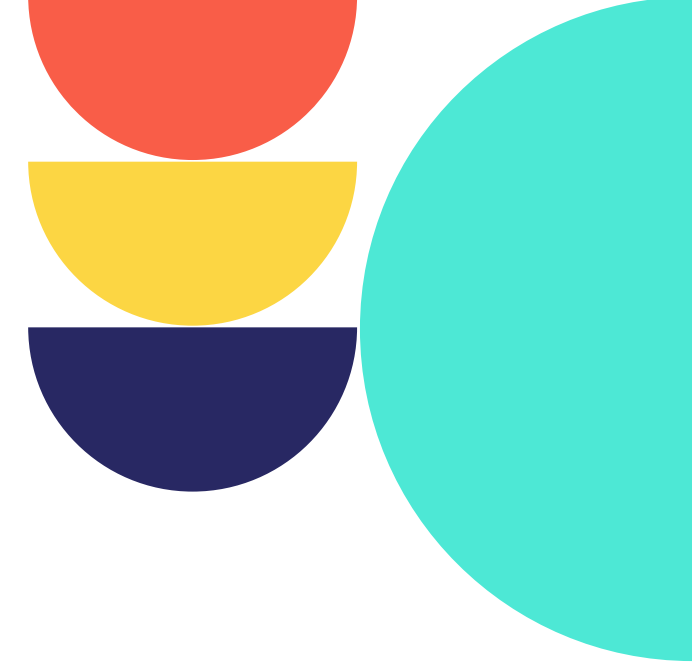
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# In-Flight Insights Overview

The In-flight Insights reports highlight emergent themes from field research and track the development of insights throughout the field research phase. This report includes themes from interviews with Veterans and site visits in three metropolitan areas.

## **PURPOSE OF THIS REPORT**

This report offers insights gleaned from VA and Veteran-serving organization facility site visits and ethnographic interviews with Veterans from three field research locations – Los Angeles, Houston, and Richmond – as well as from virtual interviews across the country.

## **BACKGROUND**

RVH plans to conduct in-person and virtual ethnographic interviews with a diverse group of at **least 50 Veterans** to help identify transformational opportunity areas to explore further in Phase 2 of the project.

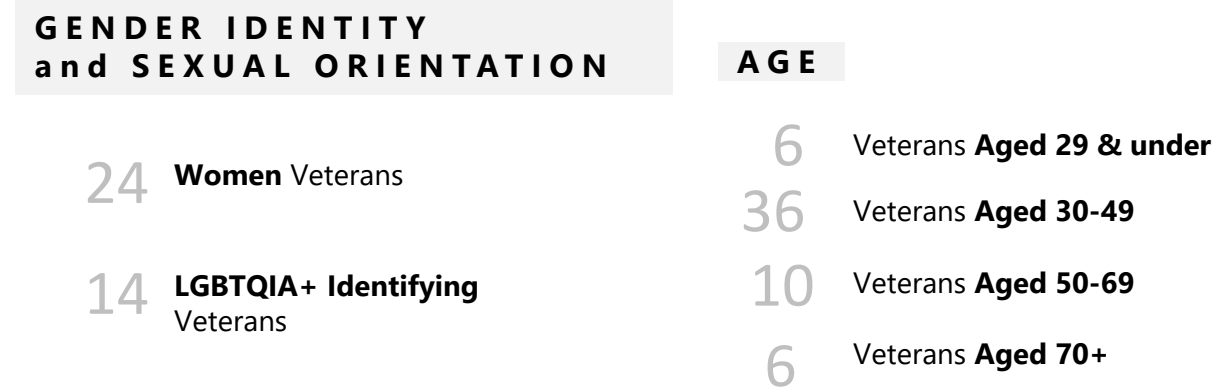
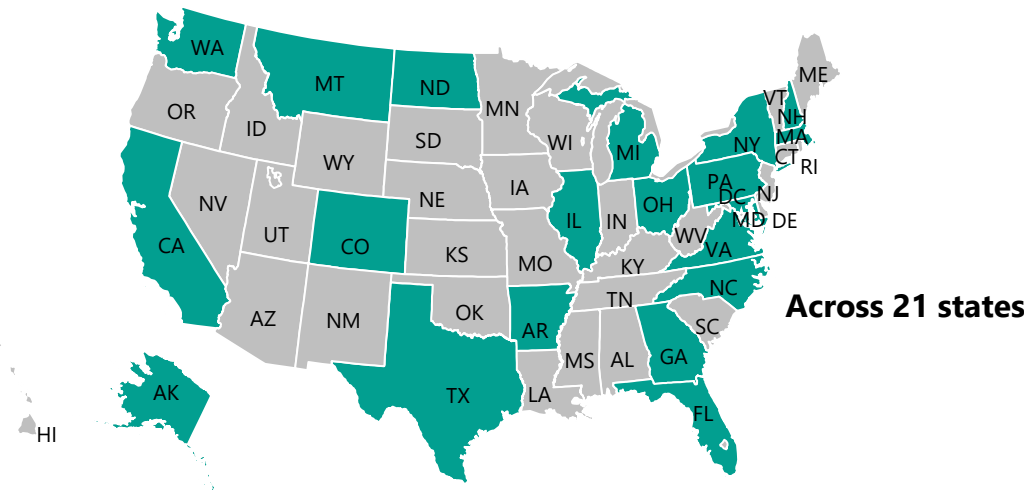
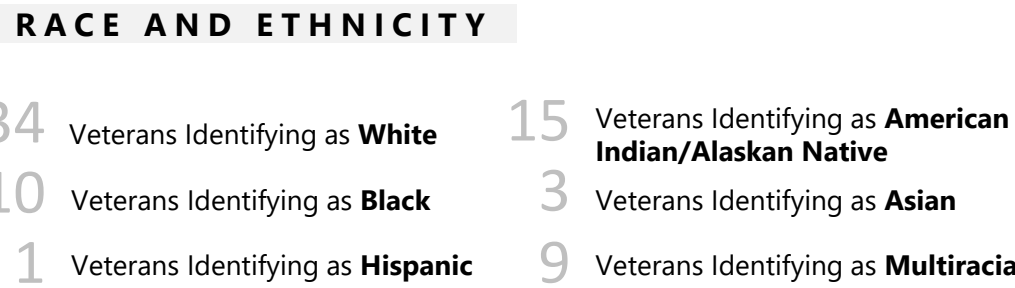
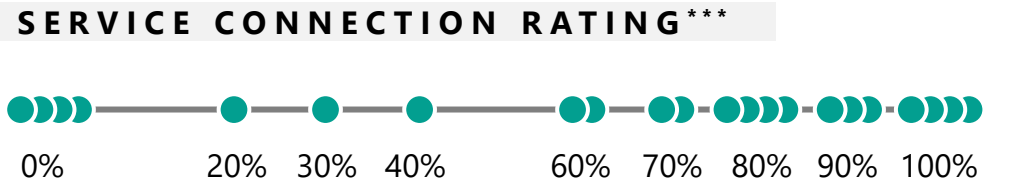
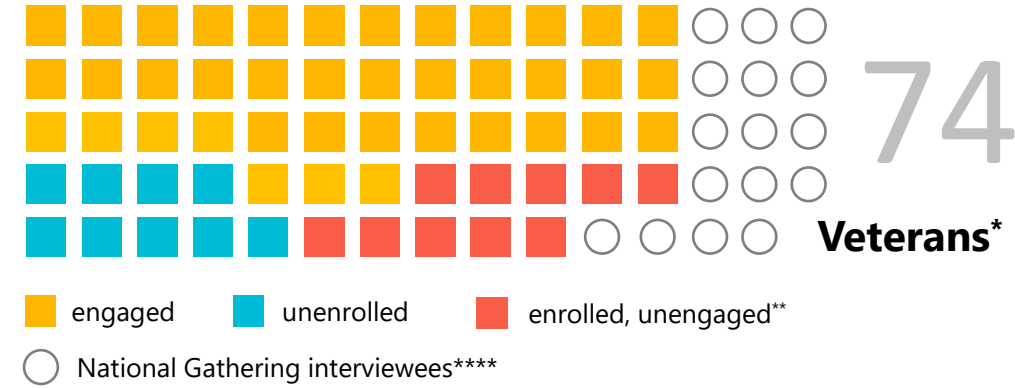
To determine which Veteran groups to engage, RVH conducted a **current state assessment of VA health care** with an eye to global healthcare trends and adjacent industries. For greater detail and takeaways, please refer to the Current State Assessment document.

## **OBJECTIVES**

- Uncover **pain points, bright spots,** and/or **validate our assumptions** about the current state of Veteran healthcare
- Understand the **post-pandemic priorities and behaviors** of different populations of Veterans to aid in the development of solutions
- Inform several **transformational opportunity areas** in which to focus solution design during Phase 2

# Interviews by the Numbers

Sixty- to ninety-minute interviews were conducted with Veterans to understand their experiences accessing and navigating VA healthcare and discuss their health care experiences at large. An overview of these Veterans' demographic information is below.



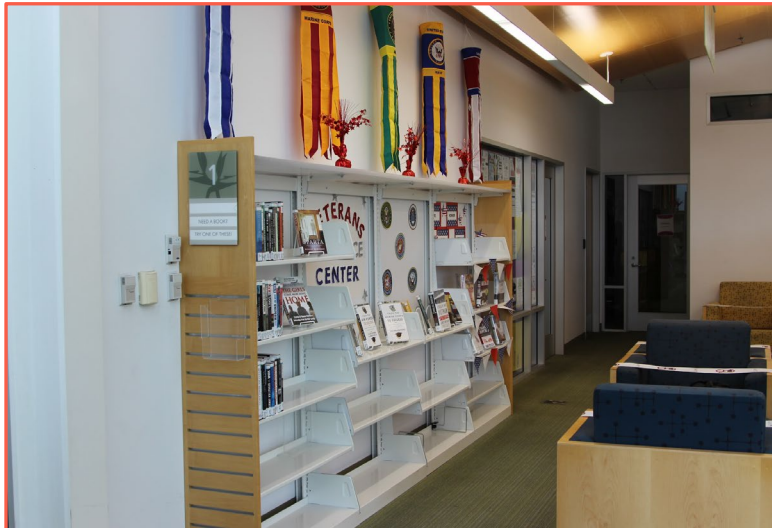
\*Limited information exists for some Veterans, as demographic information was limited to what was shared in the interview. \*\*Enrolled, unengaged Veterans are enrolled in VHA but reported they have not accessed care within in the last 2 years. \*\*\*Data are limited by Veterans who did not know or did not share their rating. \*\*\*\*Enrollment information not available.

# In-Person Field Research Overview

The RVH team traveled to Los Angeles, Houston, and Richmond to interview Veterans and local Veteran-serving organizations, conduct site visits of VA facilities, and to explore Veterans' experiences accessing VA care firsthand.

## 1. Los Angeles, CA

In Los Angeles, the RVH team conducted interviews with 3 Veterans and visited a VA campus, a Veterans' resource center, a non-profit, and Veterans Row (a tent city outside the West LA VA). Recurring themes included the VA's ability to understand Veterans' experiences and the value of Veteran communities and spaces.



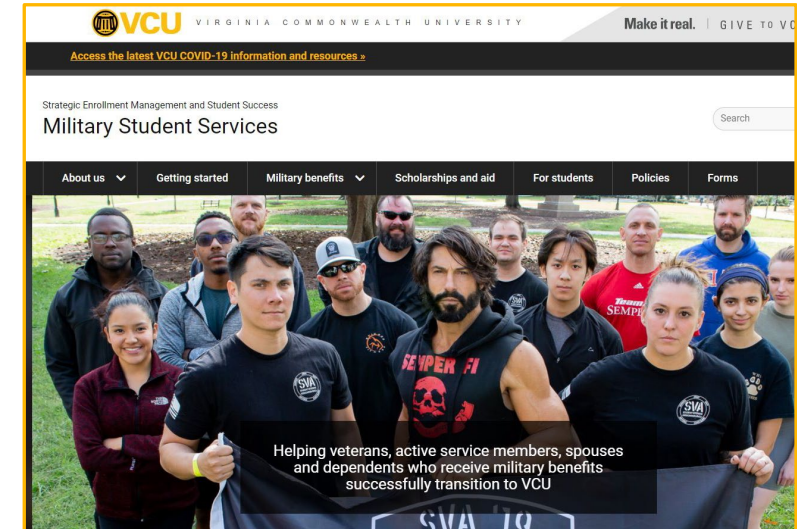
## 2. Houston, TX

In Houston, the RVH team conducted interviews with 6 Veterans and visited a VA Medical Center and the Harris County VSO. Houston Veterans noted a need to be seen as individuals, a desire for representative clinicians, and a fear of long wait times.



## 3. Richmond, VA

In Richmond, the RVH team conducted individual interviews with 2\* Veterans and visited the VCU Military Student Services Office and a VA Medical Center. Through these conversations, Veterans spoke to external partnerships, getting VA care while stationed abroad, and physical impediments to care at VAs.



\*An additional two Veterans were interviewed in a follow-up visit to Richmond.



# How to Read this Document

Each slide outlines insights from each site location – Los Angeles, Houston, and Richmond – and from additional virtual ethnographic interviews conducted with Veterans from across the country.

## Insights by Location

Common themes identified throughout ethnographic interviews, site visits, and other field research in each research location

## Insight Themes

Insights categorized by Veteran care preferences, Veteran responses to COVID, and site-specific takeaways

## Los Angeles, CA

In Los Angeles, the RVH team conducted interviews with 3 Veterans and visited a VA campus, a Veterans' resource center, a non-profit, and Veterans Row (a tent city outside the West L.A. VA). Recurring themes included the VA's ability to understand Veterans' experiences and the value of Veteran communities and spaces.

### Care Preferences

#### Control Over Records and Privacy:

One interviewee described delaying much-needed mental healthcare out of the fear that his record would later come back to haunt him. Another was traumatized when VHA lost his record and he had to recount his history for a second time.

#### Understanding Veteran and Unique Identities:

- Several Veterans talked about positive experiences with providers who had either served or had a family member who served, saying that they felt understood. Veterans identifying with marginalized communities were frustrated to not be able to find providers who understood their identities.

I was like 'I want [a provider who is] LGBT-friendly, [who] has it in their CV;' let me know that they are an ally. I'm not talking to some straight dude or a straight woman."  
-White LGBTQIA+-identifying female Veteran

"[My social worker] talked to me about her son's experience and really used that to connect with me because her son was a Veteran, too. That helped me open up enough to work with her."  
-White heterosexual male Veteran

### COVID Impacts

#### Exacerbating Mental Health Issues:

- For LA Veterans, COVID exacerbated existing mental health issues such as feelings of loneliness, isolation, depression, and an eating disorder. One compared COVID isolation to a period of deployment, explaining he realized that he "just needed to get through it." Another began using ketamine recreationally, finding that it helped him to cope with his depression.

#### Coping Through New Habits:

- To adjust to and distract from social isolation, Veterans described "adaptive strategies" such as taking up boxing, starting firearms classes, and forming a "COVID bubble" that meets every week.

"Over a year after getting out, there was a sense of massive loneliness. There was something missing...[COVID] definitely expedited the process."  
-Multiracial heterosexual male Veteran

### Other Key Takeaways

#### Veteran Contact Outside of VA Spaces:

- Being able to engage with other Veterans – either online or in-person – is an important component of self-care for some, although it is not always easy to locate and access these communities.
- Veterans especially noted a lack of social groups that felt geared towards a younger crowd. Some were aware of the VFW and American Legion but felt neither of them catered to their social interests or their generation of Veterans.
- Our research team experienced the immense difficulty of identifying and accessing non-VA spaces for Veterans in LA.

"Online I've tried starting a couple of Veteran video game groups. It's very alleviating. We all understand the struggles, even if it's a non-combat MOS.\* Missing family, missing births, romantic issues."  
-Multiracial heterosexual male Veteran

\*United States military occupation code signifying a specific job or role within the military.

## Insight in Detail

Specific insights from each site location

## Quotes

Verbatim quotes from Veterans, caregivers, and other Veteran healthcare stakeholders via ethnographic research

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## Care Preferences

### Feeling Like a Data Point:

- Veterans expressed frustration with the VA's impersonal, "cookie cutter" approach to health care – something they also experienced with MHS – though they don't necessarily expect a completely personalized experience. For some, expectations set by perceived lower-quality care received in the military (e.g., "just giving out ibuprofen for everything, even a broken leg") extend to the VA, regardless of the VA care provided to them.
- While most interviewees agreed that "the system seems overwhelmed," they expressed a desire for more consistent, personalized attention rather than feeling like a just another data point. This feeling is driven by exorbitant call wait times and incessant provider turnover, leaving Veterans feeling like VHA lacks a consistent human touch.

"I think [the VA doctor] did what he could do. [...] When you have so many people, there's no way you can provide [...] personal attention – it becomes a number at that point, and you just try to lump them into groups and treat them the best you can."

–Black heterosexual male Veteran

## COVID Impacts

### Varied Impact by Care Needs and Geography:

- For some, particularly urban Veterans, COVID had a significant negative impact on their ability and comfort with receiving care. Some rural Veterans shared that they appreciated the shift towards virtual PCM appointments as it reduced travel burdens and allowed them to be "left alone."
- Some Veterans, however, expressed a preference for in-person appointments – particularly for mental health care as they felt seeing a therapist over video presented a barrier to connecting.

"[COVID] didn't really [impact my healthcare] because of technology. A lot of my stuff is more counseling – when you're on the computer, it's just sitting here and talking."

–Black heterosexual male Veteran

"I tend to feel that video calls produce a little bit of a barrier. It worked out fine and the therapy was helpful, but in-person was a little more comfortable."

–White heterosexual female Veteran

## Other Key Takeaways

### Veterans Fear Getting Sicker Waiting for Care:

- Several Veterans noted gaps in care either in their transition from the military or while waiting for VA appointments, referrals, or prescriptions. These gaps often led to a decline in their health. One Veteran dealing with a unique form of breast cancer had been waiting for two months for paperwork to go through to another hospital system and was "scared for her life." Another couldn't believe he had to wait months – with no word from VA – to receive a simple allergy medication.

### Quality Care, Comfort Through Representation:

- Veterans of color expressed a desire for more providers who reflect their demographics. Some recounted negative experiences with current and historical stereotypes, leading to a perception that VA providers do not treat Veterans from all racial groups equally. Others felt a diversity of clinical staff would go far to foster feelings of inclusion, comfort and comradery at VA.

"I'm not saying I need a Black doctor, but just that it would be nice to at least see a Black doctor when I walk into the VA."

–Black LGBTQIA+ identifying female Veteran

# Richmond, VA

In Richmond, the RVH team conducted individual interviews with 2 Veterans and visited the Virginia Commonwealth University Military Student Services Department and Hunter Holmes McGuire Medical Center.\* Through these conversations, Veterans spoke to external partnerships, getting VA care abroad, and physical impediments to care at an overburdened VA.

## Care Preferences

### Holistic Care through Private Partnerships:

- The Director of VCU's Military Student Services office (also a Veteran and VMI graduate) cited several smaller, local organizations that have helped local Veterans maintain their mental health, including art therapy through music, painting, and blacksmithing. Another organization provides therapy dogs trained by Veterans, for Veterans.

"These guys don't always respond to normal treatment; we have to find other ways they respond to and connect them."

—VCU Military Student Services Director

"A Veteran does not just need healthcare. It's [what] I call "holistic care:" care [in which] you actually care about the whole person."

—Mixed race heterosexual Veteran

## COVID Impacts

### Seeking Care While Stuck Abroad:

- As both Veterans were out of the country when COVID hit, they spoke to being stuck overseas indefinitely, particularly the difficulty they experienced in accessing medical examinations through VA abroad. To complete a VA disability-rating assessment exam in Germany, one Veteran had to contact VA every 3-4 weeks to be sure that his exams would actually occur and that his information and disability rating would be accurately recorded.

"Because I was in Germany during COVID, the VA contracts out to a company to do your medical exams. A 30-year-old doctor came from Italy. I then didn't hear anything, and this was around the time that Germany was getting pretty bad and locking down. From mid-December to about April, I'm sitting there waiting for a hearing exam."

—White heterosexual male Veteran

## Other Key Takeaways

### Signs of Inaccessibility:

- A site visit to Richmond VA revealed a long line of cars in the drop off area; the visitor/staff parking area is a 10-minute walk to the facility and shuttles appear to be infrequent (although shuttle stops were present and shuttle service was advertised).
- A former VA employee and current VA user shared that people show up as much as an hour early for their appointments only to turn around and leave because there is nowhere for a car to pull in and no penalty for abandoning an appointment. Valet parking is often backed up, with cars lined up all the way to the State Route 10 off-campus.

"[Veterans] protest [by parking cars] on the grass and up on the sidewalk [outside the VA]. They just had to do that because they get mad."

—Mixed race heterosexual female Veteran

# Virtual Interviews

Beyond visits to Los Angeles, Houston, and Richmond, the RVH team continued to engage Veterans and caregivers virtually. Without physical restrictions, these interviews include testimony from Veterans across the country and reflect geographically-agnostic takeaways.

## Care Preferences

### Getting Specialty Care One Way or Another:

- Veterans report significant wait times for VA to approve specialty care, leading them to pay out of pocket to receive care from private providers even if they believe the care should be covered by VA.
- After trying in vain to seek specialty care through VA, one Veteran only succeeded in receiving ophthalmological care after revealing that his condition was rendering him suicidal. Even so, he eventually received care through a private provider using his private insurance.
- Another Veteran spoke to what he believed to be a mismatch between what VA offers and what it should offer, saying he thinks his "Veterans' card should get [him] everything [his] Blue Cross Blue Shield card gets [him]."

"I tried to schedule the appointment here [at VA], they said: 'We don't deal with special issues with the eyes.' [I became] suicidal because of what was happening with my eye – I called the community hotline and that's when they acted to help me."

–White LGBTQIA+-identifying male Veteran

## COVID Impacts

### Relationships Impacted by Ample Time Together:

- As the activities Veterans do outside of the home – including volunteering at VA facilities or socializing with friends – have ceased, relationships inside the home have been affected. For some, this means an improved relationship with their families, while for others, this has created strain, with one Veteran explaining that he separated from his husband.
- Caregiver and Veteran relationships have similarly been challenged by prolonged periods of close contact with limited options to terminate the relationship during COVID. One Caregiver Mentor noted that COVID precautions – including isolation and masking – may have exacerbated symptoms of PTSD, making caregiving difficult for spouses who are already "pretty nervous about how this person is stomping around the house and checking the perimeter all the time".

"[COVID has] trapped everybody in caregiving relationships that were difficult already. It's exacerbated those situations."

–White heterosexual male Caregiver Mentor

## Other Key Takeaways

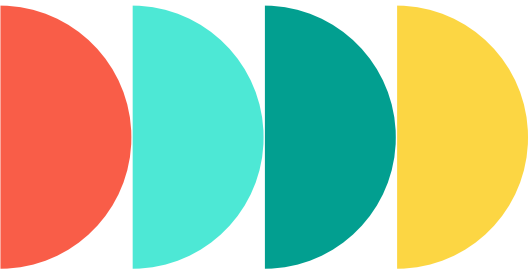
### Veteran-spaces Inspire and Hurt:

- Veterans report being moved by other, often more disabled, Veterans in a variety of ways. While one Veteran noted that this inspired him to deal with his service-connected physical disabilities, another suggested that this caused him to forgo care so that those who needed it more could receive care instead.
- For other Veterans, being in Veteran spaces can remind them of their service experience and trigger the effects of trauma. As these Veterans often prefer to leave their service in the past, engaging with VA for their medical care can be an uncomfortable experience.

"[I got] to see what amputees of all kinds deal with and at that point I said to myself 'why don't you just shut up and move on,' because there's so much that other people deal with, and the levels of bravery and courage are [impressive]. The VA provides a lot of service and caring and a lot of everything, and that's my experience."

–White heterosexual male Veteran

# Interviewee Snapshots



To illustrate the depth of information gathered in each of the ethnographic interviews, a sampling of interviewee profiles from Los Angeles and Houston are attached.

This section includes a brief description of both interviewees, as well as information about their lived experiences, their perceptions of VA, and their healthcare journeys.

# Interviewee Snapshot: Los Angeles

Jason\*, a young Army Veteran, is enrolled in VHA but reluctant to seek out care due to concerns around the privacy of his medical records and a sense that he is better off managing his own physical and mental healthcare.

## JASON AT A GLANCE

- Aged under 30
- Black/African American and White
- Male
- Straight
- Urban
- Enrolled in VA healthcare

## JASON'S STORY

Jason grew up in Los Angeles without much of a support system and enlisted at 18 hoping the Army would "be all [his] life's answers". During his four years in the Army, he found structure and support, but also had difficult experiences which led him to separate in 2019.

Since getting out, he has experienced "massive loneliness" and feelings of isolation which have been exacerbated by Covid-19. After struggling with a sense that there was "something missing" in his new civilian life and losing his job due to declining mental health, he decided to start the process of re-enlistment.

Jason prefers to spend time with other Veterans as he feels they understand him best and seeks out Veteran communities. He is "very independent" and takes pride in being able to do everything himself – "sometimes to [his] detriment".

*\*Name has been changed*

“ I'm afraid of them going back, being able to have access to [my mental healthcare] records. I don't want them to see me as broken. I just want to be me. These are my attributes. I don't want them to have access to the issues I have every now and then. ”

## JASON'S HEALTHCARE EXPERIENCE

When Jason left the Army, he had no desire to use the VA as he felt he "didn't need any healthcare". His TAP manager told him to enroll anyway so that when he had to use it, he would know what to do.

The VA took care of his bills when he got into a bad biking accident. Even though he had "fantastic" experiences receiving follow-up care and medication from them, he is reluctant to seek out further care.

As Jason's main goal in life right now is re-enlisting, he is afraid of the military accessing any information in his medical files that will jeopardize his chances of getting back in. He recognizes that he would benefit from psychiatric care but prefers to handle it himself – both because he does not want to compromise his records and because he doesn't trust the care he would receive. He's heard VHA is prone to "throwing pills" at problems, and he is more interested in alternative approaches like ketamine.

# Interviewee Snapshot: Houston

Karry\* is an enrolled Veteran of the Coast Guard. After she separated from the military, all the emotions that Karry felt she needed to suppress during her service came to the surface at once.

## KARRY AT A GLANCE

- Aged 30-49
- Female
- Rural
- White
- Veteran
- Enrolled in VA healthcare

## KARRY'S STORY

Karry joined the Coast Guard straight out of high school in 2009. After the housing market crashed in 2008, Karry felt as though she did not have many options for the future because of her financial situation. The Coast Guard Academy was an extremely attractive option because of the Veteran financial benefits. She graduated from the Coast Guard Academy in 2013 and went on to serve for 7 years. In her spare time Karry has a passion for organization and hopes to start her own professional organizing business.

Karry expressed that she needs time to process her trauma. Over time, the military impacted her mental state, personality and goals. In order to reach her personal goals Karry wants to tackle her anxiety and depression that have kept her from starting her life outside of the military.

“ *The military therapist I saw was mostly focused on the quickest solution: giving out the medication and hoping that gets me back to work. I want someone who is invested in my wellbeing long-term.* ”

## KARRY'S HEALTHCARE EXPERIENCE

After separation, Karry received a 70% disability rating. The majority of Karry's healthcare is mental health services. After separating, she reached out to her primary care manager and was referred to a VA therapist who then referred her to a civilian therapist. Karry felt the therapy she did with her civilian therapist was exceptional and very different than previous experiences. The military therapist she saw focused more on medication and never referenced the future. Previously she had talked about issues in the moment, but her civilian therapy was more goal-oriented. Karry had suffered from panic attacks and night terrors, and her new therapist figured out how to desensitize her. This experience in therapy finally broke down a barrier and she felt as though she could start living her life again.

Now Karry sees a VA therapist and has told him how well civilian care worked for her. She explained to her VA provider that she is a visual learner, and she prefers to have assignments to take home. Karry does not want her care to be anything like the therapy she received while in the military. Karry feels equipped with the tools to work with her VA therapist, but had she not had such a great experience with her civilian therapist she thinks she would have started to lose hope.

\*Name has been changed





# Next Steps

- 1** Complete the remaining scheduled interviews with unenrolled Veterans and Veteran caregivers, then synthesize additional insights from these interviews into an addendum to this report.
- 2** Apply insights from ethnographic interviews, along with findings from the Current State Assessment, to the formation of Design Artifacts 1 and 2.
- 3** Conduct Ambition Workshop 2 to begin to identify and co-create transformational opportunity areas for Phase 2.

Reimagining Veteran Healthcare

# Addendum

## Under-Engaged and Caregiver Insights

September 2021



# Under-Engaged Veteran Insights

Veterans who are unenrolled or unengaged from VA, are recently enrolled in VA healthcare, and/or who work closely with other Veterans who are unenrolled or unengaged were a major focus of the final week of fieldwork.

## Veterans limit engagement with VA to safeguard their mental and physical wellbeing.

- Some Veterans opt not to engage – or to engage as little as possible – with VA because VA spaces make them feel unsafe. Women Veterans reluctant to engage with VA particularly voiced a preference for women-only spaces. For survivors of MST, spending time at VA facilities, specifically in male-dominated spaces, can trigger trauma responses. These Veterans also described trouble engaging with VA processes, with one asking, “If I have chronic PTSD [as a result of MST], do you think I can get through this paperwork without having meltdowns? No, I cannot.”
- Other Veterans choose not to engage with VA because they worry for their physical safety. Many fear delays in service, either as a result of prior firsthand experiences or secondhand information heard on active duty. One Veteran summed up these concerns, claiming: “You’re just going to die sitting in the VA.”

“I really liked [the women's clinic]. It wasn't in the main VA [and] everyone who worked there were women. [...] I was finally able to get the services I need. I was free to be me and lay on the floor and cry with all the other women who were there.”

–Black enrolled female Veteran

## Some Veterans feel they do not need or deserve VA healthcare, despite being enrolled.

- Veterans with private or employer-provided health care access are not motivated to access their care through VA. These Veterans tend to be younger and less inclined to seek healthcare at all. For some, “as long as they don’t see anything big” amiss with their health, they “don’t need to see a doctor.”
- Some enrolled Veterans feel they do not deserve VA care due to the nature of their service, with one saying: “VA is for combat Veterans, not every Veteran.” For these Veterans, even training injuries are perceived to be less deserving of VA care than combat wounds.

“It would take me losing an arm or a leg to feel like I could go to the VA.”

–White enrolled male Veteran

## Process complexity and limited awareness remain impediments to engagement with VA.

- In applying for eligibility, Veterans report that “it’s too hard to understand what’s going on at VA.” This process opacity and complexity is both an impediment and a deterrent to engagement, as “Veterans don’t want to deal with an ounce of pain [in filling out a significant amount of paperwork in exchange for] care.” Some Veterans also feel that “nobody told [them] what stuff [they] can get” through VA.
- Veterans who do seek care are often stymied by paperwork requirements, particularly if they allow significant time to elapse between separation and VA enrollment, as paperwork errors become increasingly difficult to rectify. In seeking services for her Vietnam Veteran father, one Veteran noted that “if your paperwork is jacked up in the military, you won’t get anything.”

“Not having the information really stunted me [...] because I didn’t know what I was eligible for.”

–Black newly-enrolled male Veteran

# Caregiver Insights

In the final week of fieldwork, interviews with Veteran Caregivers and Caregiver Mentors revealed the nature of caring for a Veteran beyond VA facilities.

## Caregivers feel VA doesn't understand how difficult their roles are.

- Many Caregivers feel that VA does not recognize just how difficult it is to provide full-time care for a Veteran. Caring for a Veteran can be a "24/7 responsibility," with some Caregivers unable to leave the home for fear of leaving their Veteran alone. As result of this "all day" commitment, many Caregivers cannot earn a living or spend much, if any, time outside the home.
- The enormous burden of caring for a loved one, often indefinitely, can cause Caregivers to burn out. One Caregiver wishes she could also receive therapy at the Veteran Center at which her husband receives care and is eager for "someone to check in on me." While one Caregiver Mentor recognized Respite Care for Caregivers, he also noted that many either don't know or won't take advantage of it for fear of leaving their Veteran with someone the Caregiver cannot entirely trust with their care.

"They don't see us as people – they see us as a tool. We're a tool to help their Veterans. We're here; the VA can get away with not being responsible."  
–White female Caregiver, mother of two

## To Caregivers, it's unclear what it means to be a VA-designated Caregiver.

- From the perspective of Caregivers, the VA Caregiver designation doesn't provide much special value compared with being an unofficial Caregiver. One Caregiver reported that, while she "[doesn't] know" what the official Caregiver designation has afforded her beyond "the training, "doctors actually listen to [her] more" with it. At the same time, another Caregiver felt she had "to fight tooth and nail to be involved with care [...] ."
- While some Caregivers are aware of the VA benefits offered, those benefits are often insufficient. One Caregiver Mentor noted that while VA offers Caregivers with incontinent Veterans adult diapers, they receive "one a day, so 30 a month. [...] That's not reasonable." Other Veterans recognized the support they receive from VSOs and other organizations, such as the Elizabeth Dole Foundation, as superior to support received from VA.

"We constantly feel like we're begging for resources [from VA that] we've earned."  
–White female Caregiver, mother of two

## Veterans with Caregivers require different kinds of support compared to Veterans without.

- Caregivers often consider themselves (and their families) to be members of their Veterans' care ecosystem. For them, adequately delivering care to Veterans must also mean taking care of the Caregivers and children in the home, particularly those families dealing with mental health issues and domestic violence, and those family members "without much money on their own to leave an unsafe environment."
- At the same time, the healthcare support needs of Caregivers vary by age and type of Veteran impairment. The support needs of an older Caregiver looking after an older Veteran can differ widely from those of a younger Caregiver looking after a younger Veteran and their children. At present, Caregivers do not perceive VA's support to recognize this range of need.

"I went to VA to ask for food. They gave me a booklet with no referral and no one to talk to. They didn't give me resources while my husband was in jail." –Black female Caregiver, mother of one