

VETERANS' NEEDS

in Northeastern Minnesota



On behalf of the United Way of Northeastern Minnesota, Wilder Research conducted an assessment to determine the greatest needs for veterans and their families in the service territories of Upper Saint Louis County and parts of Itasca County. This information will be used by UWNEMN to work with veterans and their families, community members and partners, and other stakeholders to address local and emerging issues. UWNEMN is especially interested in data that will inform areas of focus for programming, support strategies for implementation, and help to expand services by leveraging funding. This report focuses on the following questions:

- What are strengths and challenges experienced by veterans and their family members during civilian life?
- How do veterans experience services?
- Why don't veterans use services?
- How may the United Way of Northeastern Minnesota collaborate with veterans' communities to provide support for veterans and their families?

Recommendations are provided to United Way of Northeastern Minnesota at the end of the report.

Methodology

This veteran needs assessment used three primary methods to gather information from 126 respondents – including 88 veterans, 34 veterans' family members, and 10 service providers between March and November 2014:

- First, Wilder Research completed a total of seventeen phone interviews with veterans (n=11) and their families (n=6). Five of the 11 veterans interviewed have been deployed to Iraq and Afghanistan. The information gleaned from interviews with veterans' family members (including spouses, siblings, and parents) frequently revealed additional nuance and depth. In other words, veterans' family members provided longer and more detailed responses than veterans, whose responses were shorter and with less detail.
- Second, phone interviews with area service providers were completed with 10 key informants. This included two Veteran Service Officers, one Minnesota Department of Veteran Affairs employee, and seven service providers that represented different mental health and healthcare programs in the United Way of Northeastern Minnesota service territory. Four of the service providers interviewed are veterans or family members of veterans.
- Third, this assessment used an opt-in web survey that was available to any interested veteran and their family members who live in the United Way of Northeastern Minnesota service territories. Respondents were recruited through local media, the United Way of Northeastern Minnesota website, and via outreach to local veterans' events in the area. A total of 99 people participated in the survey – including 71 veterans and 28 veterans' family members.

Veterans' characteristics*

*Responses may calculate to 100%+ because veterans selected multiple response options

1. VETERANS' CHARACTERISTICS

	Web survey
Gender (N=63)	
Female	5%
Male	95%
Age (N=64)	
18-29	17%
30-39	27%
40-49	17%
50-59	20%
60-69	14%
70+	5%
Educational attainment (N=64)	
High school or GED	22%
Some college	55%
College degree	16%
Post-graduate or professional degree	8%
Marital status (N=64)	
Married	61%
Living with a partner	5%
Separated	6%
Divorced	13%
Widowed	2%
Single, never married	14%
Household size (N=59)	
1 person	12%
2 people	44%
3 people	12%
4-5 people	27%
6+ people	5%

1. VETERANS' CHARACTERISTICS (continued)

	Web survey
Household income (N=57)	
Less than \$20,000	12%
\$20,000 to \$29,999	7%
\$30,000 to \$39,999	11%
\$40,000 to 49,999	7%
\$50,000 to 59,999	9%
\$60,000 to 69,999	18%
\$70,000 to 79,999	12%
\$80,000 to 89,999	12%
\$90,000 to 99,999	5%
\$100,000 to \$124,999	5%
\$125,000+	2%
U.S. Armed Forces branch* (N=71)	
Air Force	13%
Army	70%
Marine Corps	6%
Navy	20%
Coast Guard	0%
Other	7%
Active duty status (N=70)	
Active duty – Current	9%
Active duty – Past	86%
Never been on active duty	6%
Period on active duty* (N=67)	
September 2001 or later	39%
August 1990 to August 2001 (Gulf War era)	20%
May 1975 to July 1990	20%
August 1964 to April 1975 (Vietnam War era)	17%
February 1955 to July 1964	2%
July 1950 to January 1955 (Korean War era)	1%
January 1947 to June 1950	0%
December 1941 to December 1946 (World War II)	0%
November 1941 or earlier	1%
Combat or war zone service (N=70)	61%
Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) deployment (N=70)	46%

Veterans' family members' characteristics*

*Responses may calculate to 100%+ because veterans selected multiple response options

2. VETERANS' FAMILY MEMBER'S CHARACTERISTICS

	Web survey
Relationship to veteran (N=28)	
Parent	25%
Child	21%
Spouse	46%
Sibling	4%
Friend	4%
Gender (N=19)	
Female	90%
Male	11%
Age (N=18)	
18-29	0%
30-39	17%
40-49	11%
50-59	44%
60-69	17%
70+	6%
Educational attainment (N=19)	
High school or GED	16%
Some college	37%
College degree	32%
Post-graduate or professional degree	16%
Marital status (N=19)	
Married	95%
Living with a partner	0%
Separated	0%
Divorced	5%
Widowed	0%
Single, never married	0%

2. VETERANS' FAMILY MEMBER'S CHARACTERISTICS (continued)

	Web survey
Household size (N=19)	
1 person	5%
2 people	53%
3 people	11%
4-5 people	16%
6+ people	11%
Household income (N=19)	
Less than \$20,000	0%
\$20,000 to \$29,999	10%
\$30,000 to \$39,999	5%
\$40,000 to 49,999	5%
\$50,000 to 59,999	11%
\$60,000 to 69,999	11%
\$70,000 to 79,999	5%
\$80,000 to 89,999	26%
\$90,000 to 99,999	5%
\$100,000 to \$124,999	5%
\$125,000+	5%
U.S. Armed Forces branch* (N=28)	
Air Force	11%
Army	59%
Marine Corps	15%
Navy	11%
Coast Guard	4%
Other	11%
Active duty status (N=27)	
Active duty – Current	15%
Active duty – Past	85%
Never been on active duty	0%

2. VETERANS' FAMILY MEMBER'S CHARACTERISTICS (continued)

	Web survey
Period on active duty* (N=26)	
September 2001 or later	39%
August 1990 to August 2001 (Gulf War era)	12%
May 1975 to July 1990	12%
August 1964 to April 1975 (Vietnam War era)	27%
February 1955 to July 1964	4%
July 1950 to January 1955 (Korean War era)	4%
January 1947 to June 1950	0%
December 1941 to December 1946 (World War II)	15%
November 1941 or earlier	0%
Combat or war zone service (N=24)	83%
Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) deployment (N=24)	46%

Findings



What are strengths and challenges experienced by veterans and their family members during adjustment back into civilian life?

Veterans and their family members experience both strengths and challenges during a veterans' adjustment back into civilian life. Those who shared a positive experience indicated **strong family, social, and community support**:

Veteran (Iraq): "It was pretty easy actually for me, and I kind of credit that towards my really good family base here at home. I'm really close to my family, I was really close to my grandpa and he was in the army. He just got out before Vietnam hit, so he got lucky. I had a good base, a really good family life at home, so it was not really hard at all." (Phone interview)

Mother of veteran (Afghanistan): "He has a real strong faith, he's very active at church, and I think that helps. My brother-in-law is a minister too. I know he sat down with him several times, and had some hearts to hearts with him, I think that helped. As far as the family, we just respected boundaries, if he wanted to talk about things, that was fine, but we didn't pry or push. We didn't let him isolate himself either. He's got a large network of friends from high school." (Phone interview)

Further insight into strengths and challenges can be gleaned through web survey results (illustrated in Figure 3 and Figure 4). Through close-ended questions, veterans were asked about their experiences within the past 30 days of civilian life – the items covered physical and mental health, relationships, jobs, and overall measures of well-being.

Key informants describe this experience below:

Veteran (served 2001 or later): Emotional bonding levels [are challenging]. They want to know exactly what happened, what I did, but I get frustrated telling the story over and over again and I still don't feel what I did was of any help to our nation or our causes. (Web survey)

Veteran and service provider: "It's not specific to veterans but it's more profound with veterans – this idea about a hierarchy system. So we're trying to separate how the system appears to work... with this idea when you're in a home, you're sharing space with people who have equal rights and needs. With a system that says I'm in charge, it works in the military but not in the home. And especially when hierarchy is based on gender, we talk about the impact it has on women and children, sons and daughters, how they will grow up to envision their role." (Phone interview)

Spouse of veteran (Iraq): "One of the challenges for him was just getting used to having a wife and kid, and I think it was just recently that we surpassed the 50% mark of actually being together in the same town for the duration of our relationship. That sounds funny to a lot of people. We've been together eight years and we're just surpassing that 50% mark. That in itself – the logistic of being apart a lot – from communicating about finances or about childcare or any of that stuff... just the day to day logistics is a mess." (Phone interview)

Moreover, at least half of veterans who are not working (and not looking for work) indicate disability as their main reason for not currently working. Other employment challenges that emerged from key informant interviews include finding a steady job, finding a well-paying job, and needing more education to get either a steady or well-paying job:

Veteran (Iraq): “I got side jobs here and there... minor jobs, but nothing steady. No steady work. It’s not a lack of trying because I have been pushing [my] resume. I’ve been out there, I’ve been looking, it’s just nobody is hiring at the moment.” (Phone interview)

Veteran (Gulf War era): “There were no jobs. I thought I would get into the mines when I got back but they weren’t hiring if you didn’t have at least a 2 year college degree and the military didn’t count for squat.” (Phone interview)

Mother of veteran (Iraq and Afghanistan): “When they’re overseas, they make pretty decent money and then to come back and come in at a little bit above minimum wage job... unless you can get into one of the mines and get a higher paying job, there’s not a whole lot in this area with decent wages. It’s not like living down in Minneapolis with more variety of jobs. Our economy is geared toward mining and the different industries that can support it, and so there [are] not a lot of higher paying jobs out there for young men.” (Phone interview)

3. PAST 30 DAYS OF VETERANS’ LIFE

	Very or somewhat difficult		
	Veteran (N=66 to 68)	Family member (N=16 to 21)	% difference
Confide or share personal thoughts and feelings	40%	65%	25%
Take part in community events or celebrations	31%	47%	16%
Feel like you belong in “civilian” society	27%	21%	6%
Keep up friendships with people who have <u>no</u> military experience	25%	40%	15%
Enjoy or make good use of free time	24%	38%	14%
Take care of your health	23%	43%	20%
Get along with spouse or partner	22%	43%	21%
Get along with relatives	16%	33%	17%
Find or keep a job	13%	50%	37%
Keep up friendships with people who <u>have</u> military experience	12%	40%	28%
Get along with children living at home	7%	29%	22%

Veterans go on to describe **culture shock between military and civilian life** as a contextual challenge:

Veteran (Kuwait): “It was extremely difficult and it still is. For five years of my life, that was what I was trained to do. Support the country, if that meant giving up your life for it, that is was what you did. That was just how we were trained. I don’t know how to describe it. A big culture shock.” (Phone interview)

Veteran (Korea): “It was hard to reintegrate because in the strict military, they tell you when you get up, when you go to bed, everything was more towards survival than talking to and trying to get along with a group of people, like in civilian life. In the military, you’re always taking orders or giving orders. There’s always somebody telling you to do something. In civilian life, you’re on your own. You feel lost, you have no direction. When you’re in hostile areas, you’re always protecting yourself or your military partner. In civilian life you’re there and only there yourself. When somebody come up and say hi, you ask them why? Why are you talking to me? It’s hard to tell this to someone who’s not a vet. It’s hard to explain. You have to be there.” (Phone interview)



How do veterans experience services?

The primary way veterans experience services from the care system is most often through the health care system, especially for primary health care. Most veterans have health insurance through a current or former employer or union (36%), through the Veterans’ Affairs (28%), or through TRICARE or other military health care (17%). Family members report similar sources for health insurance, with the exception of Medicare being reported more frequently (26%). Very few veterans who participated in the study used any services for PTSD treatment, chemical dependency, or suicide prevention. Details are available below in Figure 6 and Figure 7.

4. VETERAN HEALTH INSURANCE PROVIDER

	Veterans (N=64)	Family members (N=19)
Insurance through a current or former employer or union	36%	58%
Veterans’ Affairs	28%	11%
TRICARE, TRICARE for Life, or other military health care	17%	16%
Medicare, for people 65 and older, or people with certain disabilities	5%	26%
Insurance purchased directly from an insurance company	4%	11%
No health insurance	4%	11%
Medicaid or Medical Assistance	2%	0%
Indian Health Service	0%	0%
MN Sure	0%	0%
Other	3%	0%

5. VETERANS' USE OF SERVICES

	Web survey (N=67)
PTSD treatment	7%
Chemical dependency	3%
Suicide prevention	1%

A couple veterans and a veterans' family member mention good experiences with the system of care. Awareness and understanding of veterans' needs is seen as especially helpful:

Veteran (Kuwait): *"The main reason is that they understand the military side of things, they get the fact that we're discharged and we have problems, and they understand the military problems... the [military specific care facility] has a better understanding of what [we] have been through."* (Phone interview)

Spouse of Veteran (Kuwait): *"They [service provider] have military awareness. People make a lot of assumptions about military service. Civilians do without actually knowing."* (Phone interview)

However, the majority of veterans continue to mention concerns about the system and process of care as barriers to their experience with services. These problems manifest most frequently as **long wait times related to inadequate supply of service providers**, a theme mentioned by veterans, family members, and service providers alike:

Veteran (Kuwait and Iraq): *"The gentleman here [a service provider]... he's very good. The problem is that he's just so overworked. It's just pretty much him."* (Phone interview)

Spouse of veteran (Kuwait): *"It is an absolutely insane process... they do not have enough mental health providers to treat the population. There is like one provider per 3,500 people up here. There is a 4 to 8 months wait in order to get mental health services, unless you check yourself in to a partial hospitalization program or you end up going to the psyche ward at the hospital. The only mental health provider in Rapids just closed. The areas here like Hibbing and Virginia... they can't handle the load that they already have, so they try to refer people to Duluth. It's just really bad. Mental health, chemical dependency, and that kind of stuff, you're looking at months and months and months and months out."* (Phone interview)

Child of veteran (Vietnam) and service provider: *"Wait time could be a challenge because I need more therapists. We do good work. We're really busy. We have a lot of referrals. I know a lot of providers would like to have therapists to be able to see the client within 7 to 10 days of the phone call, but that's not really very realistic at this point. It's more like 2-3 weeks out."* (Phone interview)

Veterans' experiences with trying to access services often include **travel outside of the service territory due to long wait times and lack of providers**. At the end of the process, some still do not receive the services they sought in the first place:

Veteran (Kuwait): “I was told after many hours of counseling and lots of travel to and from, and told I need a means test so I can get VA benefits. And I don’t have it until I do this test to see if I really needed it. After the many hours of counseling, they were like, ‘We’ve decided you don’t have it. It’s depression and anxiety, so seek your local professional and talk to your family doctor about having this fixed.’ (Phone interview)

Veteran (Vietnam) and service provider: “It was quite lengthy and quite a complicated process to get a rating for PTSD. Three letters from people who knew me from before and after I came out of the service. Had to go to Minneapolis and have an in-depth interview to explain my three worst experiences in Vietnam to a professional interviewer who was not a VA employee. He was contracted out to the VA he’s not actually a VA employee, except by contract.” (Phone interview)

Subsequently, issues with **bureaucracy, impersonal communication tools, and poor technology services** further complicate the process for veterans seeking services:

Veteran (Kuwait): “So trying to get an appointment and trying to talk to them is extremely hard... you sit on hold for two hours and then you talk to somebody and they don’t know what you’re talking about and then you get transferred, and you get transferred, and then by that time you gotta go back to work, it’s already been three hours and you’ve gotten nowhere.” (Phone interview)

Veteran (Gulf War era): “It would be nice if you had someone to talk to instead of talking on the TV. You miss something [with telephone services] when you don’t shake someone’s hand or look them in the eye. You can’t show them a picture over the table and say, ‘Here’s a photograph.’ So, I’d say, when you are going primarily for human contact because you live in the woods and you don’t have anyone to talk to, I’d say it’s yeah, it’s missing something.” (Phone interview)

Veteran (Iraq and Afghanistan): “It took me so long I had to wait six months to get it, so it took me quite a while to get [it]. I think that no one was really willing to help other than referring to websites. And it was a lot of the website that I was having questions about. Everyone’s answer was go to Military One Source or go to VA.com.” (Phone interview)



Why don’t veterans use services?

Throughout the study, veterans mention problems with the overarching system of care as a barrier to service and a contextual challenge to life as a veteran in general. Veterans’ family members also emphasize that veterans who do not use services are concerned about **social stigma and confidentiality**. Family members say veterans are especially concerned about health (especially mental or behavioral health concerns) being documented permanently on their military records:

Veteran (Vietnam): Being a disabled Vietnam vet and having been connected with the VA [Veterans’ Affairs] for most of my adult life, I know the ins and outs pretty well... the thing with the VA, if a guy has never gotten service, the red tape is more and more difficult. It helps to have them know somebody who knows how to help.” (Phone interview)

Spouse of veteran (Iraq and Afghanistan): “Even if my husband thought he had a touch of that [PTSD], he wouldn’t go for it or go through with it because he doesn’t want it on his record. Let’s say he went in for depression because he is military... there is military record. He knows that they would automatically put that on his record... so he avoids it. So, isn’t that interesting that you have this problem? This is just sort of a national thing where they talk about the soldiers that need care. What can we do? They need mental health care. Well, a lot of them don’t want to because they know what it will look like on their record. So, they don’t. So he’s never utilized any care.” (Phone interview)

Child of veteran (Vietnam) and service provider: “There is such a stigma around mental health and seeking out help for mental health and emotional problems for veterans. They are trained to be strong, they are trained to shut off that emotional part of them, so that’s a barrier in and of itself. The education needs to be much better around that, more support for them on the discharge part, so that they have the resources and know where to go in the community.” (Phone interview)

Through close-ended questions on the web survey, veterans most frequently indicated they did not need services, did not want assistance, or were not aware of benefits available to them. Veterans were least likely to indicate they needed suicide prevention care. Please see Figure 5 on the following page.

6. WHY VETERANS DON’T USE SERVICES

	PTSD treatment (N=62)	Chemical dependency (N=65)	Suicide prevention (N=64)
Did not need any care	38%	55%	64%
Did not need or want assistance	13%	17%	13%
Not aware of benefits	11%	9%	3%
Too much trouble or red tape	8%	3%	3%
Do not know how to apply for benefits	6%	2%	2%
Social stigma	5%	3%	4%
Not entitled or eligible for benefits	4%	0%	3%
Never considered getting any care	4%	2%	1%
Services in Upper Saint Louis County not as good	1%	1%	0%
Does not address needs specific to veterans	0%	0%	1%

Respondents who are both veterans as well as services providers indicate that some veterans are not aware of services because there is a **lack of outreach in the community** and because **outreach is a challenge in Upper Saint Louis County**:

Veteran and service provider: *“Each of the college campuses has my information and they provide prospective students and current students with my info. And the county VSO have them [my information] as well. As far as outside, if they haven’t thought of or connect[ed] with the schools, but are just interested – that’s where the disconnect is. Not catching the standard Joe living in Hibbing, Minnesota without word of mouth. Or if they don’t stop into the schools and things like that. And that’s part of me getting on the school website as well, but not everyone uses a computer... part of it is just the sheer size of Saint Louis County. There are veterans all over the place. Trying to put services where everyone can be reached... that’s difficult.” (Phone interview)*

Veteran and service provider: *“You have to go out to some for services. They don’t come out looking for you. I’ve only seen one real seminar or workshop on Agent Orange and that was about a year ago. That was in Itasca County, Grand Rapids. I attended that. But other than that, unless you make the initial effort to go see them, nobody really comes in contact you.” (Phone interview)*

Those that use non-veteran specific services mention they use these services for basic needs like food assistance or housing. When it comes to mental or behavioral health, however, veterans’ family members indicate there are **not enough veteran-specific services offered by veterans who know how to communicate with other veterans**:

Spouse of veteran (Kuwait): *“Really, at the bottom line, finding resources that are available to help... because there isn’t really anything up here. We’re classed in the same grouping as those who are chronically poor or in poverty. So we’re competing for the same sort of dollars. Our situation now is based on what he went through. If we wouldn’t have went through that, we wouldn’t be in this position. This isn’t poverty as a choice, as lack of education, or lack of whatever varied circumstances there might be. He is a result of being in the military, so if he goes and tries to talk to someone at, like, Salvation Army or one of these Lutheran churches, they have no idea. They can’t relate to him. They can’t relate to us. They can’t connect because they don’t understand.” (Phone interview)*

Sibling of veteran (Vietnam): *“As a Marine Corps veteran, he said that they were always taught Marines show no weakness. And to admit you were homeless, to admit you needed help was showing weakness. So he absolutely refused to let anybody help him. He lived on the streets for a while. He was homeless. I’ve said this many times to people that I have met... I’ve said, ‘You need to know that you have to reach out to these guys because they don’t reach out for themselves. They totally believe that, as my brother did, he served his country and he shouldn’t ask for anything back, and he certainly would not ask to show any weakness.’ And that directly affects their health because in his mind, if your body is unhealthy and need something, you did something wrong and that is a sign of weakness. To get him to agree to see a doctor to get medical help was extremely hard.” (Phone interview)*

Spouse of veteran (Kuwait): *“There’s also a huge lack of civilians providers being trained for work with the military... soldiers are used to tough love. They’re used to being told what to do. These civilian doctors... they’re not tough enough. At least they’re not tough enough on my husband. They need to tell him what he needs to do to get better. They need to be straight forward. They need to be bossy if that helps. Soldiers are used to being ordered around all day, so if their providers give them a bunch of wishy-washy sugar coated suggestions, it does not work well. They’re soldiers. They’re veterans. They don’t necessarily hear it.” (Phone interview)*



How may the United Way of Northeastern Minnesota collaborate with veterans' communities to provide support for veterans and their families?

Through close-ended questions on the web survey, veterans most frequently indicate they need a lot of or some help with mental health concerns and PTSD (32%), health care in general (32%), as well as with family stability and relationships (31%). For PTSD treatment, some veterans said their PTSD is untreated or unrecognized by the current system of care. Veterans also said they need help with basic needs like employment, housing, and health care. These needs are tied to spousal disability issues, problems finding work outside of the mines, and overall affordability of care. Please see Figure 8 and Figure 9.

7. INTEREST IN SUPPORT

	Need a lot or some help		%
	Veteran	Family member	difference
Mental health concerns and PTSD (N=64)	32%	62%	30%
Health care in general (N= 66)	32%	36%	4%
Family stability and relationships (N=65)	31%	41%	10%
Social connections and social life (N=66)	22%	45%	23%
Other needs or concerns (N=60)	21%	38%	17%
Housing (N=67)	16%	23%	7%
Employment (N=67)	15%	23%	8%

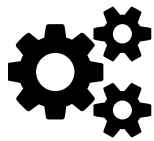
Similar to veterans, family members most frequently indicate needing a lot or some help with mental health concerns and PTSD (62%), social connections and social life (45%), as well as with family stability and relationships (41%).

Additionally, veterans say they need help with balancing their lives, how to open up and improve communication with their loved ones, and with marital counseling in general. Veterans would also appreciate help with social connections and a social life, such as public events or gatherings that are veteran-specific, because “bonding with someone who doesn’t know what combat stress is like is difficult” and they “need positive direction to positive peers.”

In regards to specific programs, veterans most frequently report they are very interested or interested in a website with information about veterans’ services, paid family retreat(s), and opportunities for young veterans to build community through social gatherings. Veterans express the least amount of interest in Eye Movement Desensitization and Reprocessing (EMDR) and equine therapy. Please see Figure 10 and Figure 11.

8. VETERANS' INTEREST IN SUPPORT

	Very interested/ interested		% difference
	Veteran	Family member	
A website with information about veterans' services (N=63)	63%	79%	16%
Paid family retreat(s) (N=62)	50%	37%	13%
Opportunities for young veterans to build community through social gatherings (N=63)	38%	48%	10%
Equine therapy (N=61)	29%	21%	8%
Eye Movement Desensitization and Reprocessing (EMDR) for Post Traumatic Stress Disorder (PTSD) therapy (N=63)	19%	36%	17%



Recommendations from veterans, family members, and service providers

When asked in the web survey to choose one or two things that would be the most helpful for the United Way to take to do to support veterans and their family members, veterans most frequently wanted the United Way to address health care needs in general as well as to address the need for more local clinics, qualified service providers, and better access to service overall. Veterans also indicated overall financial needs as well as employment needs. Please see the Appendix for a full list of recommendations from veterans and family members. The following action steps were recommended by veterans and family members during the phone interviews:

Improve coordinated care for veterans

Veteran and service provider: "The services that are provided in different service areas are all spread out. I would like to see this – your one-stop-shop type of places. Like a doctor's office or hospital. You come in, go to the front counter, say what you need, or if you have an appointment. Right there, I'm going to see the education person, now I'm going to see the health care provider, and now this. So you don't need to get turned away for certain things." (Phone interview)

Provide training for service providers to understand military-friendly service delivery (or increase the number of veteran service providers)

Veteran and service provider: "Being a veteran, I've been through vet administration and chemical dependency stuff in my past. One thing that would be important if you're going to provide services to veterans with chemical dependency... you should have the education and knowledge of their experience because otherwise guys like me aren't really going to share. We're not going to talk about some of the stuff. You need somebody that is going to relate. A vet who was in combat isn't going to start opening up to a group of young kids. That individual therapy is so important." (Phone interview)

Service provider: “If they can sponsor education programs for clinicians for veteran specific reintegration into the community and family for veterans, that would be good. And maybe assisting in marketing and training.” (Phone interview)

Provide emergency assistance fund to address basic needs

Service provider: “I don’t know if the UW has capabilities of emergency assistance grants. That’s something.” (Phone interview)

Provide vocational training to address employment needs

Veteran: “If there was something where you come back and learned a trade and somehow run that through United Way. Whether people want to become carpenters or welders or auto mechanics... it would be an easier process using the G.I. Bill. United Way can be like a buffer between the school and the Veteran. Like the UW can to the veterans and say, ‘You give us these forms and we’ll go talk to the school for you.’ Even talking to school, there’s only one person in the entire school that was doing the veterans paperwork, the G.I. Bill, and she wasn’t even in the office all the time either, I talk to her over the phone because it’s an online course, so obviously where she’s located, there’s more veterans going to her too, so her work load is probably crazy too.” (Phone interview)

Household support for veterans’ family

Veteran: “I guess I haven’t experienced anything good or bad, but maybe while I was gone my wife was alone a lot, the unit I deployed with was from the metro, so she had no other spouses or other family members who went through similar things anywhere close.” (Phone interview)

Veterans’ family member: “Probably for me as spouse and with young children probably the biggest challenge is just getting the day to day stuff done when they’re gone. That’s probably the biggest challenge. We get a lot of snow, so the shoveling things like that cleaning up the yard although I enjoy some of that, but just that days that housecleaning, for instance when my husband was deployed this last time, I had a house cleaner and she came every week, she gave me a discount it was only \$30 for my whole house!” (Phone interview)

Appendix

Web survey recommendations from veterans

Address health care issues and need for local services (9)

- Healthcare. (2)
- Getting better health care including dental and healthcare for my wife.
- Local VA Clinic.
- The Iron Range has a lot of Veterans in the region it would be nice to have local options instead of going to Duluth or another location.
- The biggest thing I hate is driving all the way down to the Twin Cities for a one hour appointment, when think it can be done in Hibbing at the VA clinic and I am told it can't.
- Programs in northern St. Louis County specifically for military families. I don't want to have to drive to Duluth to go to something.
- Easier access to get a veteran ID card [locally].
- Would be nice to be able to use some help with health care but have applied many times and always denied. I hear many complaints about how slow the system is. They won't even let me in the system, and I'm a Vietnam veteran.
- Health insurance.

Address financial needs (7)

- Financial.
- Money.
- Help with the cost of living. i.e. utilities
- Debt management.
- Expedite spousal SSI disability.
- More post deployment checks.
- Put kids through college.

Address employment issues (6)

- Help military personnel focus on what they want after the military and/or veterans assistance to get them into a good job.
- Back then, it would have helped if potential employers recognized military training resulted in civilian job skills. Not all of us were straight infantry grunts.
- Veteran job fairs.
- Availability of higher paying jobs.
- Job.
- Gainful employment for spouse.

Address mental health concerns and PTSD (6)

- Counseling.
- Therapy/counseling for me.
- Help from a counselor and medication.
- Possible counseling.
- [Help with not] getting upset really fast.

Address family stability and relationships (4)

- "Marital counseling/family counseling.
- I need counseling to work out our problems between my wife and I. Have a counselor in the upper St Louis country that would help veterans. Not in the Duluth area.
- Be able to help be cope with a family life and not be so rigid.
- Local marital events and training.
- I'd say the biggest thing is appreciation for spouses. They manage things at home and a lot of folks recognize our service. Example: Have a X% off for spouses with proof of member service instead of it always being for the veteran. It'd be the same effect for places that offer it but it'd put the spouses first on it.

Provide household care services (4)

- Handy man services.
- Fuel assistance.
- Snow removal.
- Having people come to house to make sure everything is good would have been nice.

Address housing issues (3)

- Trying to fix our underwater mortgage.
- Better apartment.
- Outreach to veterans out there that are homeless and chemically dependent.

Collaborate with existing organizations (2)

- Make sure you are coordinating with current Veteran service organizations to include: County Veteran Service offices, State Veteran Employment reps., VA Hospital/Clinics, the Minnesota Assistance Council for Veterans (MACV), Vet Center, State Veteran Higher Education Reps, VFW, American Legion, Disabled American Veterans (DAV), AMVETS, Guard Family Assistance Centers (FAC), and all of the community partnerships that have already been established with the Salvation Army, HRAs, AEOA, Kootasca, Range Mental Health, County HHS, the Department of corrections, the St Louis County Mental Health Social Worker, etc. This coordination is critical to prevent a duplication of services already provided.
- Make sure you are considering that regular outreach is occurring in northern St. Louis County by agencies like the Vet Center and the VA outpatient clinic in Hibbing. The Hibbing VA Clinic is contract so it is limited in what it is able to do. Look at the Vet Center website www.vetcenter.va.gov.

Address social connections and social life (1)

- Paid vacations for single veterans as well to build the camaraderie.

Other (3)

- Transportation.
- A vets park

Nothing/unsure/don't know (30)

- N/A (7)
- No. (7)
- None. (6)
- None at this time. (4)
- Nothing.
- Nothing now. Been out 40 years.
- Do not know.
- We don't need anything.
- Not sure.
- No, don't know where to go with this question.

Encouraging comments (8)

- They're a good source.
- Thanks for thinking of the vets.
- Thank you for taking the time to help and listen. I truly appreciate the effort. Thanks for caring about the VETERAN.
- It is nice to see somebody is trying to help us vets.
- Thank You!
- Thank you for helping us!
- Thank you guys for showing your support to the soldiers. I look forward to seeing what is available for me and my family right here in my own community.
- Be careful of being "just another organization" who says they will support Veterans - do it!

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