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THE INTRODUCTION OF VETERAN SERVICE ORGANIZATIONS TO THE STATE OF
MONTANA'S DEPARTMENT OF CORRECTIONS

By

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Professional Paper

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THE INTRODUCTION OF VETERAN SERVICE ORGANIZATIONS TO THE STATE OF
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ABSTRACT

Veteran Service Organizations (VSO) exist throughout the United States and serve veterans, service members, dependents, and survivors. Some VSOs provide programming for veterans in their communities, such as job fairs, organizing fundraising events, raising awareness around the issues affecting veterans, assisting in the application process, and assisting in rehabilitation efforts. The American Legion specifically was chartered by Congress in 1919 as a 'patriotic veterans organization'. Since its conception, the Legion stands at nearly 2 million in membership, scattered throughout 13,000 posts worldwide. Most recent studies from the Justice of Bureau Statistics indicate that 8% of all incarcerated inmates are United States veterans. Many programs have been attempted to reduce recidivism among the general inmate population; fewer are initiated, specifically for justice-involved veterans. Veteran Health Affairs offers a program titled the Health Care for Reentry Veterans, many justice-involved veterans are ineligible to receive care. The project's overall goal is to outline how a partnership between the American Legion, the Veteran Health Affairs (VHA), and the State of Montana's Departments of Corrections (DOC) may reduce justice-involved veteran recidivism and improve correctional experiences in Montana's State Prison.

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Dedication:

To All Who Have Served: Past, Present, and Future. Thank you.

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CHAPTER 1: INTRODUCTION

When leaving military service, a transitioning veteran will typically classify their experience as a cultural shock. As a result, veterans have been evidenced to display a higher likelihood of criminogenic behaviors (Morgan, Logan, and Cullen 2018; Traynham et al 2019; Blonigen et al 2016). The Justice of Bureau Statistics (2017) noted that approximately 8.4% of the incarcerated population are veterans of the Armed Forces. Currently, Montana does not utilize any Veteran Service Organizations (VSOs) in the correctional setting. This project aims to assess the feasibility of the introduction of VSOs into the state of Montana's correctional system.

Research has shown that nearly all justice-involved veterans report histories of prior physical and/or psychological trauma (Noon and Mumola 2007; Tsai and Goggins 2017; Rogers, Kelliher-Rabon, Hagan, Hirsch, and Joiner 2017). Justice-involved veterans (JIVs) have distinctive mental and physical health issues that are directly related to military service. Of note, post-9/11 veterans have a 43% chance of having a service-connected disability and a 39% chance of having that disability rating range over 70% (on a scale of 0-100) (Vespa 2020). A service-connected disability is a functional-physical and/or mental limitation that is directly linked with prior military service. They are determined by a group of veteran health professionals who gather evidence, review it, and determine if the limitation is service related.

JIVs within Montana face significant barriers. The most prominent mental health issues reported are stigma-related, substance use/abuse disorder (SUDs), post-traumatic stress disorder (PTSD), major depressive disorder (MDD), social phobia, and anorexia nervosa (Coleman, Stevelink, Hatch, Denny, and Greenberg 2017; Tsai and Goggins 2017; Finlay, Owens, Taylor, Nash, Capdararest-Arest, Rosenthal, Blue-Howells, Clark, and Timko 2019). The state of

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Montana offers two different tracts for those facing SUDs: residential treatment facilities and recovery homes (Ries, Fiellin, Miller and Saitz 2014). Residential treatment facilities provide clinical treatment while recovery homes focus on a structured, safe, drug-free environment. To date, 13 of the 51 counties have residential treatment facilities (DPHHS 2022). The majority of these options have less than twenty beds. Butte's Montana Chemical Dependency Center (MCDC) is the most viable option for JIVs to receive SUDs support. MCDC is the closest facility to the male State prison located in Deer Lodge and offers one of the most comprehensive treatment options for SUDs. The prominent issue is that MCDC has a limit of 16 male/female beds. A common factor among the identified treatment facilities is the application process. Veteran service officers can assist with the process and further the JIV's rehabilitation. For JIVs exiting Montana's correctional system, increased access to the VHA and SUDs treatment are important steps that may affect recidivism rates and improve the correctional experience (Finlay et al 2017).

Veteran service organizations (VSOs) provide programming for veterans in their communities, such as job fairs, organizing fundraising events, raising awareness around the issues affecting veterans, assisting in the benefits application process, and assisting in rehabilitation efforts. These services are completely free to veterans. By entrusting justice-involved veterans to VSOs, organizations can enhance belongingness and shared identity while offering them valuable resources JIVs may not have previously known about. Therefore, this is of interest to policymakers and has the potential to reduce the stigma associated with being a veteran.

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CHAPTER 2: REVIEW OF LITERATURE

Who are the United States veterans? Throughout history, they were the Green Mountain Boys; Buffalo Soldiers; Tuskegee Airmen; Rangers; Green Berets; they were/are men and women who served the country at home and abroad (Vespa 2020). Since 1972, this population has voluntarily raised their right hand to swear to defend the Constitution of the United States against all enemies, both foreign and domestic. Since the inception of the American Revolution Continental Army, more than 41 million have served the nation during times of conflict. Today, there is an estimated population of 18 million veterans.

Veterans have distinctive health issues that are directly related to military service. They are more likely to suffer from trauma-related injuries, substance abuse, and mental health disorders, when compared to the general population (Smith and Gala 2014; May et al 2017). According to Vespa, (2020) one-quarter of this population has a service-connected disability or a functional/physical limitation that is directly linked to prior military service. Veterans of different service periods tend to vary in their demographics and social characteristics, as an indirect result, these characteristics may be associated with their risk of contracting a disability. Post-9/11 veterans have different demographics and social characteristics than veterans of a previous engagement. Today, about 1 in 8 adult men and 1 in 100 adult women will serve in the Armed Forces (Vespa 2020).

According to the Bureau of Justice Statistics, an estimated 107,400 JIVs serve their correctional sentences in state or federal prisons (Maruschak, Bronson, and Alper 2021). A justice-involved veteran has many needs that closely reflect the broader incarcerated population (Stacer and Solinas-Saunders 2015; Timko et al 2014; Tsai and Goggins 2017). However, when compared to non-veteran prisoners, incarcerated veterans tend to be older, serve longer

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sentences, have a higher likelihood of violent criminal histories, and be more likely to have a mental disorder (Timko et al 2014). Noon and Mumola (2007) and Tsai and Goggins (2017) indicate that nearly all justice-involved veterans report histories of prior physical and/or psychological trauma. Notably, Hartwell and colleagues (2014) found that 93% of justice-involved veterans reported a history of traumatic exposure.

Traynham and colleagues (2019) look at past psychological research to better understand the relationship between PTSD and criminal behavior. The study's primary objective was to determine the role of psychopathy and suicidal ideation as mediating factors between PTSD and criminal behavior (Traynham et al, 2019). The finding (2019) suggests partial mediation; which implies that PTSD symptoms have an indirect effect on the incarceration status of an individual and an indirect effect on suicidal ideation. Traynham et al.'s (2019) findings suggest various ways that clinical psychologists, licensed clinical social workers (LCSW), counselors, psychiatrists, policymakers, etc; can identify and treat how veterans with suicide ideation are treated.

Traynham et al (2019) used a correlational quantitative methods approach and sampled 310 incarcerated and 310 non-incarcerated male US Army soldiers. Building off a government statistic from the U.S. Disciplinary Barracks (USDB), they synthesized the current literature that suggests how service members and veterans often exhibit increased tendencies for aggressive and violent, criminal behavior (Traynham et al 2019). The results from this study suggest that severe PTSD may be a preceptor to suicidal ideation. More specifically, those service members or veterans with greater PTSD symptoms were more likely to behave more aggressively and violently. In addition, the authors (2019) suggest that those with greater PTSD symptoms were more likely to report suicidal ideation. This underlying symptom of suicidal ideation is very

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prominent in the literature review; however, the research is lacking from an interdisciplinary view. To fully understand the complexity of veteran suicide, it is imperative to view the phenomena under an interdisciplinary lens.

.... reconsider the macro-micro dilemma theoretically and methodologically.... we need to take seriously research findings on suicide from other disciplines...we need to move forward by demonstrating and evaluating the utility of what we consider the robust conclusions of sociological research in pragmatic, real-world efforts to reduce suicide (Wray, Colen, and Pescosolido 2011: 518)

Purcell and colleagues (2016) conducted a qualitative psychological study on 26 combat veterans and analyzed the psychosocial and interpersonal consequences of killing in wartime. The authors' research highlights the moral injury that many veterans experience, especially in their perceived sense of self, spirituality, and relationships with others. A moral injury/conflict is when an individual acts upon or witnesses an event that goes against their values and moral beliefs. Most of the participants of the study were veterans (18) of the Vietnam war, while the rest served in Iraq (8). The importance of this study highlights the various psychological and socioeconomic issues that veterans go through with their reintegration into society ranging back from the Vietnam war to the Global War on Terrorism. In general, this study highlights the glaring fact that killing in war significantly contributes to a higher likelihood of developing PTSD, MDD, suicidality, and various other psychological and behavioral problems.

Recidivism

While the current analysis aims to introduce VSOs into the Montana correctional system, it is hoped that a future outcome of this is reduced recidivism rates for JIVs. Recidivism is the subsequent offending following release from the criminal justice system. It has been estimated that 68% of the currently incarcerated population will recidivate within two-to-three years of

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their release (Blonigen et al 2016; Yukhnenko, Sridhar and Fazel 2020). The U.S. has the highest incarceration rate in the world; in 2019, approximately 2.1 million individuals were incarcerated (Gramlich 2021). According to Garland (2012), one of the major goals being addressed by today's correctional system is to reduce recidivism. The most successful model for decreasing recidivism is rehabilitation (Garland 2012). Empirical research on recidivism risk among veteran inmates is limited (Blonigen et al 2016). Veterans and non-veterans have a high chance of recidivism and there is no discernable difference between the two populations (Tsai and Goggin 2017; Logan et al 2021; Morgan, Logan, and Cullen 2019; Blonigen et al 2016; Maruschak and Bronson 2021).

Many programs have been attempted to reduce recidivism among the general inmate population; fewer are initiated specifically for justice-involved veterans. The Veterans Health Administration (VHA) Health Care for Reentry Veterans (HCRV) program links veterans exiting the correctional system with physical/mental healthcare and substance use disorder treatment. Finlay and colleagues (2017) findings show that the HCRV is successful in bridging 56% of justice-involved veterans with face-to-face VHA, but more research efforts are needed to understand the treatment needs of the rest of the veteran population. Since military veterans have a higher prevalence rate of mental health and substance use disorder than the general population, the HCRV is considered to be successful (Finlay et al 2017; Tsai and Goggin 2017; Logan et al 2021; Blonigen et al 2016; Maruschak and Bronson 2021). Connecting justice-involved veterans with the HCRV is laborious and more work is needed to understand the barriers present in entering the VHA.

Logan, McNeeley, and Morgan (2021) examined the “veteran effect” in prison research. They found that JIV experiences an “intense reluctance” to seek mental health services. These

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findings are consistent with Goode and Swift's (2019) findings that military service members and veterans can often experience mental health problems. However, it is important to note that not all JIVs are experiencing immediate mental and/or physical health concerns. Presumably, all JIVs would benefit from this connection, but not all are unwell. An aversion to treatment may be exacerbated by the military culture, which places a high-value stoicism, increased pain tolerance, and emotional suppression (Logan et al 2021; Hajjar 2014; Lunasco, Goodwin, Ozanian, & Loflin 2010; Pietrzak, Johnson, Goldsetein, Malley & Southwick 2009; Sayers, Farrow, Ross & Oslin 2009; Vogt 2011). But more than likely the 44% the HCRV is not connecting may have a fear of how their peers see themselves (Kulesza et al 2015; Coleman et al 2017; Goode & Swift 2019). The work of Goode and Swift (2019) confirms this statement by finding that the veteran population views those experiencing mental health issues through a more stigmatizing lens.

“Veterans held negative personal attitudes when a veteran was depicted as having a mental health issue. . . .The lack of stigma toward help-seeking may indicate that veterans and military service members prefer that their comrades seek help when mental health concerns are present” (Goode & Swift 2019:341).

All-veteran prison units or veteran service units (VSU) are being specifically created throughout the United States corrections systems. VSUs seek to embody the military culture of discipline, pride, and respect. They give JIV's the opportunity to belong to a group and thwart perceived burdensomeness. For instance, current VSUs in Indiana, Idaho, and Oregon authorize justice-involved inmates to wear a different uniform for official functions (e.g. color guard, guidons, raising/lowering the US Flag). Tsai and Goggins (2017) were the first to record the characteristics, needs, and experiences of justice-involved veterans. The prevalent mental health issues reported by veterans were substance use disorder, PTSD, MDD, social phobia, and anorexia nervosa (Van Orden, Witte, Cukrowicz, Braithwaite, Selby and Joiner 2010; Tsai and

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Goggin 2017). Furthermore, they found that 61% of justice-involved veterans reported a better experience at VSU. This suggests that there is great potential for VSU to address the unique needs of justice-involved veterans.

Stigma

When considering stigma, we have to ask the question of why is studying and understanding stigmatization important? Erving Goffman (1963) says this:

The stigmatization of those with a bad moral record clearly can function as a means of formal social control; the stigmatization of those in certain racial, religious, and ethnic groups has apparently function as a means of removing these minorities from various avenues of competition; and the devaluation of those with bodily disfigurements can perhaps be interpreted as contributing to a needed narrowing of courtship decisions (Goffman 1963:139).

People who are being stigmatized are being discriminated against, as evident by “feeling less than normal” (Goffman 1963:105). Since the population can be split into two different factions, ‘stigmatized’ and the ‘nonstigmatized’, it is imperative to fully study and understand the various implications of being the ‘stigmatized’, especially in the veteran community.

As a society, there is a generally accepted consensus of the implications that stigmatization has upon individuals. In general, stigma refers to a mark of disgrace or reproach.

The original definition from the Greeks:

Bodily signs designed to expose something unusual and bad about the moral status of the signifier. . . a blemished person, ritually polluted to be avoided, especially in public places (Goffman 1963:1).

According to Goffman, this definition is not fully representative of society. For Goffman, the definition of stigma would translate more towards an identity that has gone wrong or something that has spoiled that person's identity (Goffman 1963). As evident by the Greek definition, stigma has existed throughout all of human history. How society views stigmatized persons have

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become more complex and more focused on character deficits. To put stigma into perspective, a stigma exists as a relationship between the attribute and the audience. This suggests that something that has been stigmatized in one location may not be stigmatizing in another.

There are three main types of stigma: abominations of the body, character deficits, and tribal stigma (Goffman 1963:4). A more modern view would be a stigma of physical deformity, the stigma of character traits, and tribal stigmatization. A veteran is subjected to all three types of stigma. The veteran status alone implies that the individual has been subjected to the military culture, a force that can alter your character. If the individual has a physical/character defect, it immediately implies that they are 'spoiled' and are thus members of the 'outgroup'. A physical deformity is when a person is stigmatized for appearing 'unusual looking' or different. An applicable example for a veteran could include that person missing appendages, scars, functional limitations, limping, etc. A character deficit is when individuals are stigmatized for having blemished character traits; for example, being a convict, having a mental illness, substance abuse, and even being a veteran. The final type of stigma is tribal stigma; which is a stigma that has been passed down and spread to immediate family members, i.e. race, religion, national origins, or certain other characteristics that have been derived from your genealogy.

Psychologists Corrigan, Durss, and Perlick (2014) have a more modern definition of stigma:

“a set of negative beliefs that people hold towards others based on a certain set of characteristics or behaviors” (Goode & Swift 2019:335).

Under this definition, there are several variations of stigma, but the most prominent in the academic literature are public stigma, perceived-public stigma, and self-stigma (Coleman et al 2017; Goode & Swift 2019; Ammerman et al 2022). Public stigma is defined as negative

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attitudes held toward a person belonging to the 'outgroup,' possesses unwanted characteristics, or engages in undesirable behaviors; i.e. a veteran. Perceived-public stigma is how the veteran perceives the stigma attached to their veteran status. Lastly, self-stigma involves the internalization of stigma due to belonging to an 'outgroup' (Kulesza, Pedersen, Corrigan, and Marshall 2015; Coleman et al 2017; Goode & Swift 2019; Ammerman et al 2022). When comparing the psychological conceptualization of stigma to Goffman's we can see some similarities. A physical deformity is most common to public stigma; perceived-public stigma is comparable to tribal stigma, and self-stigma is internalized as character trait.

Moral Career of the Stigmatized Person.

In addition to the various types of stigma, there are four different patterns of stigmatization: inborn stigma, safe bubble stigma, acquired stigma in mid/late-life by illness/injury and there's the stigma of being raised in total isolation and then entering the rest of the world later on in life (Goffman 1963) These patterns are the moral career of the stigmatized person, more on this subject later. Inborn stigma refers to birth defects, being an orphan, or being adopted. They are born into stigma and learn that they don't quite fit. Safe bubble stigma refers to when a person does not perceive their stigma until they enter social circumstances and make the realization that they are not 'normal'. Acquiring stigma in mid-late life by illness or injury is exactly as it suggests. A non-stigmatized person was altered due to an injury/illness and as a result, is forced to learn what it is to be stigmatized. The final pattern of stigma is much rarer and is often preceded by extremist ideology.

The moral career is a sequence of events that have to do with how we as individuals change our identity (Goffman 1963). As evident by the four patterns of stigmatization, stigma can be acquired at different times during life. This suggests that there are two different phases of

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learning your stigma: i.e. what we think of as normal and where you stand in terms of normalcy. In general, stigmatized people learn what their lot in life is likely to be like primarily by hanging around others with the same sort of stigma, this is called group affiliation.

Discredited vs Discreditable.

What will individuals do to hide their stigma? What will individuals do in an attempt to remain 'normal'? What will an individual do to ensure that their stigma is not perceivable? Why do veterans underutilize mental health services (Kulesza et al 2015)? According to Goffman (1963), all of human society is capable of possessing something that may spoil our identity; all of society has something to hide. He coins this term a discreditable. Discredited individuals are persons who have already spoiled their identity; their stigma has already been revealed. Consider the below quote:

For years the scar, harelip or misshapen nose has been looked on as a handicap, and its importance in the social and emotional adjustment is unconsciously all embracing. . . . When one removes this factor by surgical repair, the patient is cast adrift from the more or less acceptable emotional protection it has offered and soon he finds, to his surprise and discomfort, that life is not all smooth sailing even for those with unblemished, "ordinary" faces. (Goffman 1963:10).

We can speculate that the person who has their stigma 'surgically repaired' was discredited. The exampled person first perceived stigma through being discredited and then faced being discreditable, even though the stigma is repaired. This suggests that self-stigma is comparable to being discreditable and public stigma is comparable to being discredited (Goffman 1963; Goode and Swift 2019).

Research has indicated that a higher perception of public stigma prevents veterans from pursuing mental healthcare (Kulesza et al 2015; Coleman et al 2017; Goode & Swift 2019; Ammerman et al 2022). Interestingly, the veteran community typically holds the traditional

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civilian experiencing a mental health episode with a negative attitude; but does not hold those attitudes for other veterans. In fact, Coleman and colleagues (2017) found that:

“individuals who had experienced and overcome a mental health difficulty was helpful. The value of encouragement and support to seek treatment from peers within the unit and family members highlights the importance of social support in help seeking” (Coleman et al 2017:1887).

The quote suggests that veteran organizations will bring back a sense of self and belongingness to JIVs; while also challenging stigma barriers present in the State of Montana's Department of Corrections.

Mixed Contact and Ego Identity

Mixed contact with respect to stigma is contact between a stigmatized person and a normal one. Consider this quote from Goffman:

Given what the stigmatized individual may well face upon entering a mixed social situation, he may anticipatorily respond by defensive cowering. This may be illustrated from an early study of some German unemployed during the Depression, the words being those of a 43-year-old mason: “How hard and humiliating it is to bear the name of an unemployed man. When I go out, I cast down my eyes because I feel myself wholly inferior. When I go along the street, it seems to me that I can't be compared with an average citizen, that everybody is pointing at me with his finger. I instinctively avoid meeting anyone. Former acquaintances and friends of better times are no longer so cordial. They greet me indifferently when we meet. They no longer offer me a cigarette and their eyes seem to say, “You are not worth it, you don't work”” (Goffman 1963:17).

When a stigmatized person is around a non-stigmatized person, they apply standards to themselves; as such a veteran with a facial scar may feel less than normal. They are not being perceived the same, so, therefore, they are stigmatized. Within the various VSO, there are standards to meet for membership. For example, to be eligible for Veterans of Foreign War; combat under a deployed status is required. This can discriminate against the support element of the military. Thus, the different organizations and various requirements can place the aspiring members in the out-group. In addition, if they are entering the out-group they'll tend to face

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discrimination from the other members and even begin to discriminate against themselves. In an attempt to regain a sense of belongingness and self, veterans allow themselves to be placed in the out-group. This is due to another Goffman theory of dramaturgy- which very briefly is the differentiation between setting and personal front (Goffman 2002). Whenever a stigmatized person is in a social setting, they may feel pressure to perform and show that they are normal. However, they may also resist that pressure and withdrawal from society. Even within some VSOs; the combat Veteran has to meet a requirement to be eligible for membership. This results in stigmatized personnel actively avoiding social outings with the normal population. Instead, they associate themselves with their kind (i.e. physical deformity, character defect, or tribal stigma). Due to stigma, there is also the 'wise' normal population that does not have a stigma but due to some personal experience, they are wise to the experience of the stigmatized. For example, a law enforcement official may be associated with criminals, but they do not share the same stigma as the alleged criminals.

Total Institutionalism

The concept, of total institution, delineates the collection of organizations that reside and composes modern society, e.g. prisons, psychiatric hospitals, and even the military service. A total institution is defined by Goffman as:

As a place of residence and work where a large number of like-situated individuals cut off from the wider society for an appreciable period of time together lead an enclosed formally administered round of life (Goffman 1961:11).

The central feature of a total institution is represented as a breakdown of barriers that normally separate various groups of social life. For example, when an individual enters the military culture, they are entering a total institution, because they are in a location that is cut off from the

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rest of modern society. The concept of total institution is then separated into four distinct categories:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same things together. Third, all phases of the day's activities are tightly scheduled with one activity leading at the prearranged time into the next, the whole sequence of events being imposed from above by a system of explicit, formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution (Goffman 1961:17).

These features are compatible with the previously identified institutions (correctional system, psychiatric hospitals, and those in the military service) in modern society. Goffman's results (1961) suggested that many of the patients feel that the hospitalization experience is society abandoning them. This results in the patients learning to re-orient themselves to the institutional environment, to formulate a new sense of self; eventually, they accept the hospital view of themselves (Goffman 1961). Consider what Berger and Luckmann write:

Since institutions exist as external reality, the individual cannot understand them by introspection. He must "go out" and learn, about them, just as he must to learn about nature (Berger and Luckmann 2002:238).

For a veteran to adjust their behavior/attitude, they are forced to learn the 'norm' of that location in which they find themselves; for example, a service member first entering basic combat training forces the individual to adopt the norms and traditions of the organization.

Once the recruit has reported for duty at their basic combat training instillation, they fully embody the total institution model. They are in a location where all aspects of life are conducted in the same place and under the same authority. Daily activity is carried out with a group mentality. All members are treated the same and are required to produce the same warfighting product that has become expected. The day is tightly scheduled, ensuring that everyone follows

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the order of the day. All of which were designed to fulfill the purpose of militaristic deterrence (Goffman 1961). From the moment the recruit walks on base they are subjected to Goffman's concept of the total institution. When a service member's contract ends, they have to decide whether to stay in the military service or get out and reintegrate back into general society.

Consider the quote from Schuets (1945):

. . . if not the content, of the attitude of the homecomer even if he does not find that substantial changes have occurred in the life of the home group or in its relations to him. Even then, the home to which he returns is by no means the home he left or the home which he recalled and longed for during his absence. And, for the same reason, the homecomer is not the same man who left. He is neither the same for himself nor for those who await his return (Schuetz 1945:374-375).

When that service member decides to end their time in service, they may face stigmatization due to physical injury, mental/behavior problems, and tribal stigma (Goffman1963:4). Whether it's stigma for being a veteran or having a mental/physical disability, these various stigmas and strains may become detrimental to that veteran. As indicative from the Schuetz (1945) quote a veteran returning home may not be the same person that once left. That person has become molded to fill a certain capacity within the armed forces. They were trained to place loyalty, duty, respect, selfless service, honor, integrity, and personal courage above all else. All of which is done in a total institution that keeps those members separated from the rest of society.

History of the American Legion

During WWI, a group of 20 officers serving in the American Expeditionary Forces (AEF) were asked how to improve troop morale. Then, Lieutenant Colonel (LTC) Theodore Roosevelt proposed an organization to represent veteran interests. In March 1919, the small AEF group gathered in the Paris Caucus and formed the American Legion (AL 2022). The group formed a temporary committee, hand-picking several hundred officers; that had gained the confidence and

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respect of their peers, to lead the new organization. The committee then adopted a temporary constitution, which has only been altered once, and the name The American Legion (AL 2022). In three short months, Congress recognized and granted The American Legion a national charter. The American Legion was founded on four pillars of advocacy: Americanism, Children and Youth, National Security, and Veteran Affairs and Rehabilitation (AL 2022).

Each pillar encompasses a variety of programs that benefits veterans, service members, veteran families, and the 'youth of America'. Pillar one: 'Veterans Affairs & Rehabilitation focuses on the health of the veteran, ensuring they receive appropriate compensation for their service. Pillar two: 'National Security' encompasses the support of all troops. Pillar three: 'Americanism' is at the forefront of community patriotism (AL 2022). The final pillar: Children and Youth focuses on the 'children that were left behind. This is a call back to the creation of the Legion. At the time of conception, Legionnaires recognized the military child is often left without their father (AL 2022). The child became an 'orphan of war' and Legionnaires knew that their ability to succeed was hindered (AL 2022). To combat the loss of life Legionnaires, continue to raise and volunteer in-numerable hours to help children achieve their goals.

Since its inception in 1919, membership with the Legion has raised to nearly 2 million and has spread over 13,000 posts worldwide (AL 2022). The Legion has grown to be one of the most influential non-profits in US history, winning benefits for veterans and producing many community-based programs. Some of the more noteworthy changes include the lobbying to create the US Veteran Bureau (forerunner of Veterans Affairs), organizing Boy Scouts of America, creation of the official 'Flag Code', the American Legion Baseball program, and most importantly the GI Bill of Rights (AL 2022). These are merely a few of the many accomplishments the Legion has chartered.

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Psychological Aspect

Major Depressive Disorder

Major depressive disorder is a psychiatric disorder where the person has a depressed mood, loss of interest in activities, weight loss or gain, insomnia or hypersomnia, fatigue, feelings of worthlessness or guilt, difficulties concentrating, and suicidality. If experienced severely enough, an individual may meet diagnosis criteria with one of these symptoms. Major depressive disorder is common among the general population, averaging more than three million cases per year (ADA 2015).

For a transitioning veteran, leaving a total institution imposes cultural shock. Culture shock may be significantly more arduous to navigate due to the lack of a veteran social circle. Before a veteran leaves the armed forces, they believe they are part of a larger social group and rely upon each other to help the uncomfortable situation. The Army calls this, having your 'battle buddy' or a person who accompanies you everywhere. Since the military culture is so permeating you grow very close to those within your squad, platoon, company, battalion, brigade, and even regiment. There are loyalty and competitiveness factors between different sections, which foster incredibly strong bonds. It is important to note that PTSD and MDD are typically comorbid and very few that have PTSD would appear as non-depressed (Logan et al 2021).

Posttraumatic Stress Disorder

PTSD is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event. Previously, it has been called 'shell-shocked' or 'combat fatigue' (APA 2015). PTSD is a response to pressure or threat; a traumatic stressor that enacts a person's reaction.

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Service members are at a higher risk for developing PTSD due to traumatic exposures during warfare and high-danger training activities. It is important to note that not all those who have experienced a traumatic event will develop PTSD, the most common outcome is that people develop depression but are eventually okay. Training in the armed forces simulates the stress of combat. This is to ensure that service members are proficient warfighters. An example that is extremely prevalent in military service is sexual harassment/assault. Sexual harassment and assault are major prevalent factors that contribute to PTSD. Less than 1% of sexual harassment/assault cases are tried through the Uniformed Code of Military Justice; most cases are handled at the lowest military level, meaning that most sexual harassment/assault are never going through the judicial process (DOD 2020). The point being is that not all PTSD comes from war or combat (APA 2015).

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CHAPTER 3: METHODOLOGY

Bringing the American Legion into Prison

The overall goal of this project is to examine the feasibility of operating a VSO within the correctional setting in Montana. Multiple states have already implemented some sort-of VSO or prison special units within their areas of operation (Stacer and Solinas-Saunders 2020). These programs typically employ a collaborative model of supervision and mentorship utilizing personnel with military backgrounds. Research indicated that these programs are especially relevant to the prevention of suicidality (Wortzel et al 2009; Stacer and Solinas-Saunders 2020). Currently, there are multiple Montana VSO offices in Belgrade, Billings, Butte, Great Falls, Havre, Helena, Kalispell, Miles City, and Missoula. Veteran service officers assist in writing and submitting benefits claims to the VHA. Veterans service organizations that have designated officers are the Veterans of Foreign War, Amvets, Vietnam Veterans of America, Disabled American Veterans, Paralyzed Veterans of America, and the American Legion. Services provided are free and continue through the duration of the VHA benefit process. Entrusting these officers will help in the needless delays that missing paperwork or improperly filled claims cause.

Operating VSO within Montana's correctional system may prove to be a cost-effective way of reducing recidivism. VSOs will help JIV maintain a sense of purpose/self while offering them valuable resources that they may not have otherwise known about. For the JIVs that have known about the services/benefits offered to them but choose not to pursue them (for fear of being stigmatized) the simple organization of JIV may help that individual break free from those

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thoughts and pursue their benefits. Which can reduce the 'othering' effect and reduce recidivism and suicidality among the JIV population (Van Orden et al 2010).

The American Legion operates as a not-for-profit organization. Legionaries' participation in any events is completely voluntary. The indicated costs to implement this program would be minimal. The only anticipated costs are background checks and membership costs. Background checks can range between \$10-20. These costs may be alleviated by successfully implementing a VSO with Montana. The potential caveat to these costs is if the justice-involved veteran pursued membership, which has an annual cost of \$36. These costs may be reduced to \$18.50 but the District Commanders of the American Legion Montana would have to put this to a vote.

Subjects Demographics and Experiences

Subjects from these focus groups are members of Montana's Legion and Montana's State Prison-Deer Lodge leadership. The researcher utilized a focus group comprising of leadership at the Montana State Prison and American Legion by utilizing word of mouth. What started as requested individual interviews, grew in size to become focus groups. Notable previous studies have linked a reduction in recidivism and suicidality to establishing a VSO in the correctional system (Van Orden et al 2010; Finlay et al 2015; Goggin et al 2015; Tsai and Goggin 2017; Stacer and Solinas-Saunders 2020).

Data Collection

Data for this study drew from two formal focus groups and anecdotal evidence. Throughout this project, I conducted two informed focus groups with the leadership of the American Legion and Montana's DOC leadership. Once the sample was identified, the researcher scheduled an appropriate timeframe to conduct these groups as an informant, with a

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mix of deliberate naivete and pedagogical interview stance. These sessions took approximately one hour and utilize a narratological methodology. All sessions took place on Zoom, to maintain social distance guidelines consistent with the ongoing COVID-19 pandemic.

Questions being asked in the semi-structured focus groups; among filler questions, include:

Legion: "Can you tell me a little bit about yourself (Build rapport)?" "What did you do in the Military?"; "What do you hope to bring to the Veterans within the criminal justice system?"; "What is the overall goal of the Legion involvement with Deer Lodge State Prison?"; "Is it possible to adjust membership rates for JIVs?"

DOC: "What made you interested in corrections?"; "What do you hope this program will accomplish?" (Explain what current research says); "Why Veterans specific programs?"; "Would JIVs be able to afford the \$36 membership?"

Once the interviews were concluded, I transcribed and edited (for accuracy) the transcripts and then code the data. After the transcript was scripted and de-identified, the recording was destroyed. The risks and discomforts that participants may have experienced were expected to be minimal; however, the subjects are asked about their personal experiences which, may have been uncomfortable. To mitigate and minimize the risks and discomforts, the researcher emphasized that participation is strictly voluntary and may be terminated at any time.

The target group (JIVs) from this project may benefit by having the opportunity to share their experiences with other veterans in the MCE/Legion partnership and gain a sense of belongingness and thwarts perceived burdensomeness. While this does not necessarily reduce recidivism; it does have the possibility to reduce suicidality (Van Orden et al 2010; Stacer and Solinas-Saunders 2020). Preliminary anecdotal evidence from the current implemented posts suggest that operating the VSO is having a positive impact on recidivism and suicidality (AL 2013; AL 2016). Implementing a VSO with the American Legion expands service opportunities and makes connections that the offender may not have received in the first place. This gives the

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potential to reduce recidivism among justice-involved veterans in Montana's correctional system.

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CHAPTER 4: RESULTS AND DISCUSSION

The framework method is a systematic and flexible approach to analyzing qualitative data and is appropriate for use in research teams even where not all members have previous experience in conducting qualitative research. I was the only coder. Once the data was collected and transcribed utilizing *Temi*, there were approximately twenty pages of typewritten data.

My first focus group consisted of Montana's American Legion office administrator and various district commanders; all had the status of being a veteran who served honorably in the United States Armed Forces. The session took between 30-60 minutes and was done via *Zoom*. In this session, I acted as an informant interviewer; where I explained the various benefits of introducing a VSO into Montana's correctional system.

Throughout the session the major concern that the Legion had was which model to adopt, and how will this program force Deer Lodge to rewrite its policy and membership costs. The group had concerns about implementing this program 'poorly' as evident by the below quotation:

"If we implement this program incorrectly the first time around, it's going to make policymakers hesitant on bringing something else in from the outside that actually may work."

It became apparent early on that the majority of the time spent together was going to be discussing how the American Legion can adopt a model that is currently in use. The model recommended to be adopted follows Indiana Correctional Industrial facilities. Contact between Montana's American Legion and Indianans American Legion has been established and they are in the process of adopting the set model. One question that was presented is how many veterans are incarcerated at Deer Lodge prison? For this program to be charted as a Legion post, it must have ten veterans. Poising this question to my second focus group; we determined that ten would be a safe number and that there is a good amount more.

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My second focus group consisted of the leadership of Montana Correctional Enterprise (MCE) via *Zoom* which took between 30-60 minutes to complete. I once again acted as an informant interviewer, where I explained what current academic research says about these types of programs. None of these participants have the status of a veteran. Concerns about not being able to properly roll out this program were echoed; with slightly more detail. MCE previously utilized veteran programs, not VSOs, and due to funding and staffing issues, they were unable to maintain the program. Consider the following quote:

“We did have a veterans program years ago and it was very active and it was very large. There's a large portion of a population that are veterans and they take that status very seriously.”

Interestingly, a veteran's status is not something that is being looked at during in-processing. There is a box that may be checked to indicate veteran status, but it's not something that has been recorded or verified during the JIV time in incarceration.

The relevant themes that emerged from these groups were coded as loss of self, regaining a sense of belongingness, successful implementation, and membership dues. In addition to these focus groups, there is a plethora of anecdotal evidence that can be attributed to total institutionalism and stigma.

Analysis Results

Analysis immediately began after I completed the sessions. This scheduling allowed me time, space, and perspective to critically reflect on the data being presented. I used Tracy's (2020) analysis approach: phrenetic iterative to analyze recurrent, emergent patterns and coded the relevant themes under the constant comparative method. Significant categories related to this analysis included: stigma, total institutionalism, and reconnect. This allowed flexibility with how I coded the transcription.

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Anyone who has entered a totalistic institution understands the struggles that are associated with being cut off from the rest of society. Whether this is by choice, punishment or it was deemed necessary for their safety; a total institution leaves a lasting mark on the individual's psyche. Multiple participants spoke of 'how the brotherhood is real' and that leaving the service is extremely difficult. Especially if that person does not have a support network to fall back on.

One participant said this:

"It is one of the things, I've learned over time. If you were ever part of the military, you're part of something bigger, forever. There's a gap between civilians and veterans that I just can't explain. I did 23 years and when I got out I needed that bond. A bond that was no longer there until I joined the Legion and spent time with like-minded people."

In the previous quotation, we can speculate that this person struggled after leaving the military and continued to do so until they decided to seek out 'like-minded people'. Offering an organization of JIV would allow this population to interact with each other, which has the potential to negate some after-effects of total institutionalism. When asked what MCE hopes this program will accomplish, they said this:

". . . it's another avenue to gain some more skills and when I say skills, I just mean, you know, networking with teammates that have the same whatever it may be within the military, same discipline, they may need to be reminded that I think that would be something good to make them feel good in order to kind of foster a good behavior within so I think that's a good thing."

We can speculate here that 'networking with teammates' will offer JIVs the chance to build a social circle within the correctional setting; therefore, offering the opportunity to thwart the sense of belongingness and perceived burdensomeness. Furthermore, upon correctional release, the JIVs have the opportunity to remain in the Legion. Simply transferring between posts gives them the unique advantage of always having a group of like-minded individuals. With 13,000+ posts worldwide and the Legions reputation, it is safe to assume that there will always be a place for

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veterans to gather. Thereby expanding the veteran's social circle which has the distinct possibility of reducing suicidality and recidivism (Van Orden et al 2010; Rogers et al 2017; Finlay et al 2019; Stacer and Solinas-Saunders 2020).

During both sessions, a major concern present was whether or not the JIV was going to be able to afford the membership costs of \$36.00. When asked whether or not the Legion was able to reduce fares, they responded yes, but District Commanders need to put it to a vote. Even still, the maximum they can reduce the fees to is \$18.50. However, positive contact has been made between Indiana's and Montana's Legion and they are in the process of determining how MCE's Legion post will operate. One major caveat to these issues is staffing. Currently, Montana corrections are facing a major worker shortage; from correctional officers, nurses, administrators, and even educators, the prison is significantly struggling. A recent memo released revealed that there are currently 79 open positions and most alarmingly they are operating with 30% fewer correctional officers than are required (NBC 2022). Meaning that allowing a Legion to meet, even once a month, can be extremely difficult to overcome. To combat this issue, according to House Bill 0172 of the 66th legislature for the state of Montana, which allowed for the formation of county and multicounty veteran service offices (Establish county veterans' service offices 2019), it is recommended that a veteran service officer become available to assist Deer Lodge JIV's with filling benefit claims. Furthermore, I have drafted a letter to policymakers (see **Appendices: C**) as a guide for MCE and the American Legion to bring forth to policymakers in the hope that additional funding becomes available to support veteran service officers and/or the implementation of a Legion post.

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CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

Current academic research indicates that nearly all justice-involved veterans have histories of prior physical and/or psychological trauma. These JIVs have distinct health issues that are directly related to military service. In addition, Vespa (2020) predicts that more Post 9/11 veterans will contract a service-connected disability when they leave the service. Veterans residing within Montana face even more barriers when compared to other states. Montana state is rural (West et al 2010; Ratcliff et al 2017) and has limited resources, spread over 94 million acres. When Montanan veterans experience stigma there is potential to create mental health issues. These issues can promote a sense of burdensomeness and/or a loss of belongingness. Furthermore, substance use/abuse (SUDs) is prominent in the veteran community (Coleman et al 2017; Tsai and Goggins 2017; Finlay et al 2019). Since Montana is rural and has limited access to SUDs resources, we can speculate they are more likely to experience extreme hardship. Coupled with a lack of resources and/or a social circle, we can once again speculate that veterans residing in Montana have a much higher likelihood of criminality and suicidality (Finlay et al 2019). Therefore, there's the potential to help this vulnerable population by establishing a post within corrections that will act as a conduit towards self-betterment by properly educating them on veteran-related resources (Stacer and Solinas-Saunders 2020).

Establishing a Legion post within the correctional setting is not as uncommon as one would think. In the state of Indiana, there are approximately fifteen different posts in the correctional setting. Citing a participants quote from the American Legion National Commander:

“there is a strong initiative regarding veteran suicide and the upcoming commander has also expressed the continued support of the project titled “Be the One.” Suicide prevention is big for both of these gentlemen.”

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As we can see in this quote, the Legion has a strong desire to reduce veteran suicide. Their program 'Be the One' means instead of talking about veteran suicide; be the one, to save one veteran (AL 2022). There is a strong societal narrative among the veteran community to reduce suicidality.

Beginning in the 2010s, the Indiana Correctional Industrial Facility (IDIC) implemented the first American Legion post within a correctional setting. Since then, posts have been adopted all over the country, including: Pennsylvania, Washington, Idaho, Oregon, Florida, Virginia, Indiana, Minnesota, New Hampshire, and Oklahoma. Legion leaders have been encouraged by the reports of positive change and are pushing to introduce more posts to the correctional system nationwide (AL 2013; AL 2016; AL 2022).

The American Legion and other VSOs provide programming for JIVs in their communities and have historically done very well. Operating a post within a correctional setting allows the offender to make reparations within the community, serve their sentence, be proud of their military service, grow their social circle, and eventually leave the corrections setting with a better understanding of veteran resources (Stacer and Solinas-Saunders 2020). Implementing a post within Montana's correctional setting can enhance belongingness and shared identity, which researchers Rogers and colleagues (2017) found have the possibility to thwart suicidality rates. By entrusting JIVs to the Legion or another Veteran Service organization/officer, there lies the possibility to affect recidivism and suicidality. Hence, this program may prove to be of interest to policymakers and has the great potential to reduce the stigma associated with being a JIV, potentially affecting suicidality and recidivism rates among this population (Van Orden et al 2010; Stacer and Solinas-Saunders 2020).

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Based upon the current literature and my conducted research, I recommended to the American Legion that they adopt the model present in the state of Indiana to allow them the highest chance of successful implementation. I have provided the leadership of the American Legion with the necessary contact information and direction to start writing their policies as soon as possible. Both groups have a strong desire to implement a program of this nature, but due to staffing issues, it may not currently be feasible. To mitigate this shortcoming, I drafted a potential letter to Montana's legislature, outlining the benefits of operating a veteran service office within Deer Lodge state prison. While this does not initiate funding for veteran service organizations, it allows JIVs to receive assistance with applying for compensation and/or additional resources offered by the Department of Veteran Affairs. Under MCA 10-2-115 certain provisions allow multicounty veteran service offices; operating one between Silver Bow and Deer Lodge county has the potential to increase grant awards due to the population of JIVs, thus giving this vulnerable population the chance to receive assistance and potentially reducing their risk of recidivism once leaving the correctional setting.

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Researcher Positionality

Research positionality is integral to the process of qualitative research as it forces the researcher to recognize their strengths, shortcomings, and a multitude of others variables. Connections between my personal experience and academic setting have undoubtedly influenced my interpretation of literature. I am a veteran and utilized autoethnography when making comparisons. However, these comparisons were developed from the most generalizable military experience (i.e. Basic Combat Training). Anecdotal evidence from conversing with fellow veterans has not been included in this study; instead, I utilized evidence from the veteran organization, American Legion, to make further connections. I have never entered the state of Montana's correctional system and have no affiliation with those incarcerated. I declare that my research is not being affected by my personal views/beliefs.

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Appendices: A – Interview Guide: American Legion Leadership

“Can you tell me a little bit about yourself (Build rapport)?”

“Tell me more about that.”

“And how did you feel about that?”

“What do you mean when you say {xxx}?”

“What did you do in the Military?”

“Tell me more about that.”

“And how did you feel about that?”

“What do you mean when you say {xxx}?”

“What do you hope to bring to the veterans within the criminal justice system?”

“Tell me more about that.”

“And how did you feel about that?”

“What do you mean when you say {xxx}?”

“What is the overall goal of the Legion involvement with Deer Lodge State Prison?”

“Tell me more about that.”

“And how did you feel about that?”

“What do you mean when you say {xxx}?”

“Is it possible to adjust membership rates for JIVs?”

“Tell me more about that.”

“What do you mean when you say {xxx}?”

“Thank you for all that valuable information, is there anything else you'd like to add before we end?”

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Appendices: B – Interview Guide: State Prison Leadership

What made you interested in corrections?"

"Tell me more about that."

"And how did you feel about that?"

"What do you mean when you say {xxx}?"

"What do you hope this program will accomplish?" (Explain what current research says?);

"Tell me more about that."

"And how did you feel about that?"

"What do you mean when you say {xxx}?"

"Why veterans specific programs?"

"Tell me more about that."

"And how did you feel about that?"

"What do you mean when you say {xxx}?"

Would JIVs be able to afford the \$30 membership?"

"Tell me more about that."

"What do you mean when you say {xxx}?"

"Thank you for all that valuable information, is there anything else you'd like to add before we end?"

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Appendices: B - Draft Memorandum for Policymakers

To: Honorable Representative Wylie Galt-Speaker of the House HD 30, Republican

From:

Date:

Re: Funding additional VSO into Deer Lodge Prison. MCA 10-2-115.

Question Presented: Research from the University of Montana has recently shown that veterans residing in the Deer Lodge prison are an especially vulnerable population due to their military service. Further research conducted by the Justice of Bureau Statistics indicates that 8% of all incarcerated inmates are veterans; Montana has one of the highest concentrations of veterans per capita, amounting to over 13% of the population. As such we can ascertain that Deer Lodge State prison has a higher percentage of incarcerated veterans. Veterans Service offices have shown to be especially effective in assisting veterans attempting to navigate Veteran Affairs; there are currently offices in Belgrade, Billings, Butte, Great Falls, Havre, Helena, Kalispell, Miles City, and Missoula but none are required, nor have the funding to help this population. As such incarcerated veterans have a higher chance of recidivating once leaving the correctional setting. The question being proposed today is to amend MCA 10-2-115 to include funding for a Veteran service office operating in Deer Lodge Prison?

Argument: Negating a veteran's service to this great State and Nation does untold damage to the psyche and sociologic aspect of a veteran returning home. Many veterans struggle significantly when leaving the military service. This could be due to the totalistic nature that is the military, but one thing is for certain, Post 9/11 veterans are returning home disproportionately physically and mentally 'disabled' as compared to veterans of previous conflicts. It is now rudimentary knowledge that on average 22 veterans take their own lives each day. Notable

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studies show that up to 93% of incarcerated veterans report histories of traumatic exposure. Regardless of their crimes, veterans are still veterans, and as such are due the proper compensation and proper treatment for their injuries. Navigating Veteran Affairs has proven time and time again to be incredibly difficult. Once you leave the service, you are on your own, and for many, for the first time. This change can be too much for some and they have a higher likelihood of turning to criminality or suicidality, eventually ending up in Deer Lodge State prison. Offering these incarcerated veterans, the chance of a one-on-one with a veteran service officer may be a cost-effective option to reduce recidivism and suicidality among the incarcerated veteran population. By showing this population the various benefits and programs offered to them, they have a much higher chance of returning to the civilian sector successfully. Offering to fund this program would help offset the correctional staffing shortage, currently being faced, and allow veterans to receive the help that so many of them desperately need. Therefore, it is of great interest to policymakers to amend MCA 10-2-115 to include funding for an additional office in Deer Lodge State Prison.