U.S. Army Veteran’s Perspective of Veterans’ Affairs

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19 May 2024

Veterans face unique challenges in every phase of their transition out of the military. Initiating and maintaining engagement in the healthcare setting with the veteran population remains a steep climb. From accessing primary care, managing health risks and chronic comorbidities, to retaining engagement in mental health care, America’s veterans continue their fight well into their civilian life. One specific veteran has experienced his share of these challenges and retains a unique perspective on where the Veterans’ Affairs serves its veterans well and where it stands for improvement.

Tom Bohne is a 14-year Army Veteran with a background in intelligence. He enlisted in 1999, completed his contract in 2010, halfway through a 20-year career. He served as an Intelligence Analyst while deploying to both Iraq and Kosovo for 6 and 12 months, respectively. After his contractual obligation, Bohne went on to a career managing counter IED technology. He spends his days today assembling trainer teams, partnering with the US government arming soldiers on the frontline with the latest counter IED training and equipment.

Bohne does not utilize Veterans’ Affairs for healthcare stating it is “wildly inconvenient to force veterans out of their areas to get care.” He does believe the VA has a place in caring for veterans, however. He states, “The VA has utility for TBI, mental health perspective that general medicine does not really have.” Bohne believes the VA is effective at treating specific conditions, such as PTSD, TBI and other mental health issues, unique to the veteran population. Veterans’ Affairs fails, in Bohne’s opinion, when the administration attempts to broaden their scope too far, spreading resources and funding thin, and sacrificing quality of care. Bohne’s veteran peers who do speak highly of the VA do so because their care is free, not necessarily decent quality. Bohne’s perspective aligns with many veterans his age, according to a satisfaction survey of the Veteran Health Administration in 2021 by a third-party survey agency. The survey identified veterans 45 years and younger were more satisfied with VA facilities than non-VA facilities, (Wang et al., 2021).

Veterans across the board also scored the lowest satisfaction scores in their ability to obtain referrals or specialty care from the VA, (Wang et al., 2021). Bohne speaks to this point, suggesting changes in the Veteran Health Administration at a structural level. Instead of providing direct care to veterans, Bohne proposes the VA operate primarily as a referral system. Bohne believes the privatization of veteran healthcare will better ensure timely appointments, local to the veteran. This approach would attract competent contracted providers, and a wider range of services available to veterans with money saved from overhead costs of operation and redistributed into the private sector. According to Bohne, the VA would operate more as an insurance company than a healthcare system.

Bohne’s ideas for restructuring the Veteran Health Administration do not stop with privatization of healthcare. He is a proponent of research and initiatives the VA takes in manners of mental health, combat related trauma, traumatic brain injury and innovative treatments for Post-Traumatic Stress Disorder. One of these initiatives includes the Patient Aligned Care Team (PACT) program. The program focuses on pairing veterans seeking care with specialists and providers who are also veterans. The aim is to create an environment where the veteran feels understood and heard as they build trust with a peer and healthcare provider who understands the constraints of military life, (Ranney, R. M., et al., 2024). The American Psychological Association reviewed the veteran population utilizing one of the VA’s mental health programs and suggested the VA conduct further research effort into the psychological recovery of veterans, as a method of preventing recovery related suicidal behavior, (Chalker, S.A., et al., 2024).

Bohne speaks on the stigma of reaching out for mental health care and how the VA can assist in efforts to support the veteran and their families in this capacity. He mentions the popularity of VFWs in past decades and notes most of their clientele are Korean, Pacific, or even World War II veterans, with dwindling numbers as the group ages. Studies have already shown this age group is significantly more satisfied with their VA care than the younger generations, (Wang et al., 2021). Bohne hypothesizes their popularity was based on the highly stigmatized environment in America after returning home to talk about internal psychological wounds sustained in the war. He states times are changing and the research supports his claim significant efforts are being made to prioritize reducing stigma in finding care for veterans, especially mental health, (Chalker, S.A., et al., 2024). Bohne does more than just give criticism of what the VA needs to improve upon for its veterans and families. He further suggests the repurposing of the VFWs into resource centers, to reach the stigmatized population at the local level, making care more accessible and socially acceptable.

Congruent with his critical view of the Veterans’ Health Administration, Tom Bohne states the best program he has utilized has been the Post 9-11 GI Bill. He earned two associate’s, a bachelor’s, and master’s degrees, completely funded by the Bill. He states, “There’s not a better benefit I know of.” When exiting the military, the Army requires soldiers to attend training on how to access school benefits, such as the Post-911 GI Bill, and how to identify Yellow Ribbon schools, which will cover the gaps in educational cost, if any, (US ARMY Transition Program, 2024). Bohne closes his thoughts generalizing his view concisely: if the government can decentralize veteran healthcare and utilize local resources and providers, the quality of care of our veterans will increase exponentially.

During our interview, Tom Bohne maintained a consistent affect, albeit contemptuous of the topic of Veterans’ Affairs. He even asked if I was sure I wanted his opinion on the subject, because it would not be praiseworthy. I told him I wanted his true, unadulterated opinion on the matter, and it was imperative to my studies to hear the truth of his experiences. Bohne was armed and ready with responses to how to improve the VA and exactly what he found broken within it. Tom is one of the top industry leaders in intelligence and spends his days working closely with the Department of Defense, to include veterans at every phase of transition and retirement. His perspective was poignant and informative as I simply allowed him to speak his views, without needing much prompting for more information. He seemed eager to share his thoughts and opinions and did not hold back when speaking about the importance of addressing the stigma involved in seeking mental health care. It is clear from this interview that Bohne has spent a significant amount of time studying, experiencing and problem-solving veteran issues.

Reflecting upon this interview, while I found Tom’s ideas to be incredibly insightful and innovative, I could not help but wonder what ideas other veterans had for improving the system. Surely, Tom Bohne cannot be the only veteran who has reworked the system in his mind to create one that better serves him and his peers. While advocacy protocols are in place within the local and federal government, I do not feel the everyday veteran has a voice in how their healthcare runs, whether it be from lack of knowledge, time, or ability to gain an audience with their lawmakers.

With my interest of study in veteran mental health care, I would like to dive deeper into what grassroots programs can sprout at the local level, by veterans for veterans. The research clearly shows that veterans are more likely to respond positively to their own peers, rather than a civilian. I am interested to see how veterans with ability to help their fellows in obtaining support and resources can connect at the community level.

Works Cited

Chalker, S. A., Pozun, C. T., & Ehret, B. C. (2024/03//). Functional impairment, internalized stigma, and well-being: Considerations for recovery-oriented suicide prevention for U.S. veterans with serious mental illness. Practice Innovations, 9(1), 65-76. https://doi.org/10.1037/pri0000213

Ranney, R. M., Goldberg, R., Maguen, S., & Blonigen, D. (2024). Peer specialist-led interventions in primary care at the Veterans Health Administration: An integrative review. Psychological Services, https://doi.org/10.1037/ser0000858

United States Army Transition Assistance Program. (2024). *Transition Assistance Program (TAP)*. Tap online. https://www.armytap.army.mil/content/Transition%20Assistance%20Program%20(TAP)

Wang, Z. J., Dhanireddy, P., Prince, C., Larsen, M., Schimpf, M., & Pearman, G. (2021, September 24). *2021 survey of veteran enrollees’ health and use of ...* Veterans’ Affairs. https://www.va.gov/VHASTRATEGY/SOE2021/2021\_Enrollee\_Data\_Findings\_Report-508\_Compliant.pdf