



ARTS, HEALTH, AND WELL-BEING

ACROSS THE MILITARY CONTINUUM:

White Paper 2.0—
2020 AND BEYOND



NATIONAL INITIATIVE
FOR ARTS & HEALTH
ACROSS THE MILITARY

NATIONAL INITIATIVE FOR ARTS & HEALTH ACROSS THE MILITARY



ABOUT the National Initiative for Arts & Health Across the Military

The National Initiative for Arts & Health Across the Military (National Initiative) seeks to advance the policy, practice, and quality of arts and creativity as tools for health and well-being in the military. These efforts are focused on increasing the visibility and understanding of, and support for, arts and health programming among medical professionals on behalf of military service members, Veterans, and their families. In addition, the National Initiative seeks to increase the awareness of the arts as tools for health and well-being among all military service members, Veterans, their families, and caregivers. To these ends, the National Initiative has engaged key leadership from a variety of military and civilian fields—including health, education, arts, and humanities—to foster collaborative discussions and generate action toward

an environment that builds on the history of arts integration in the military and medical fields to increase its availability and lead to its success. Founded by the same organizations responsible for the coordination of the first National Summit—Arts in Healing for Wounded Warriors, hosted by the Walter Reed National Military Medical Center in 2011—the National Initiative is currently managed by Americans for the Arts.

To learn more, please email info-niahm@artsusa.org or Senior Director of Arts Policy and the National Initiative for Arts & Health Across the Military, Marete Wester, at mwester@artsusa.org.

ArtsAcrossTheMilitary.org

ABOUT Americans for the Arts

Founded in 1960, Americans for the Arts is the nation's leading nonprofit organization for advancing the arts and arts education. With offices in Washington, D.C., and New York City, the organization is dedicated to representing and serving local communities and to creating opportunities for every American to participate in and appreciate all forms of the arts. Each year, Americans for the Arts provides a rich array of programs that meet the needs of more than 150,000 members and stakeholders.

AmericansForTheArts.org

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Cover: Dancing Well: The Soldier Project provides community dance to Veterans and families affected by PTSD and Traumatic Brain Injuries (TBI).

Photo courtesy Dancing Well: The Soldier Project.

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The Military Artistic Healing class for active duty, wounded, and retired service personnel, as well as their families at the Bemis School of Art at the Colorado Springs Fine Arts Center at Colorado College.

Photo courtesy Colorado Springs Fine Arts Center.





A MESSAGE FROM BRIGADIER GENERAL NOLEN V. BIVENS



**BRIGADIER GENERAL
NOLEN V. BIVENS**

U.S. Army (Ret.)

“The United States government should start thinking of the arts as a tool, if not exactly a weapon, in the nation’s military campaigns and diplomatic initiatives....”



Ani Art Academies Veteran Artists
Workshop in Red Bank, NJ.

Photo courtesy Ani Art Academies.



AMERICAN GI (2014)

Original collage by Susan Saloom was inspired by the artist's 2014-15 AmeriCorps Vista service position with the National Initiative for Arts & Health Across the Military at Americans for the Arts and her childhood as a military brat.

Photo courtesy Susan Saloom.

THE ENEMY IS INSIDE THE WIRE

That quote from my 2010 congressional testimony, referenced in an article in the *Los Angeles Times*, bears witness to my experience that the arts are a valuable vehicle for advancing diplomatic and military relationships abroad. During the ensuing decade—amid the persistent hardship, mounting suicides, and other significant symptoms of stress communities are increasingly facing—I've seen the additional need for and value of the arts in supporting health and healing on the home front, particularly in reinforcing the resilience goals and objectives of U.S. military forces.

While efforts by the arts to help communities deal with the increasing trauma persist, local communities still need a consistent methodology by which to build upon current arts, health, and well-being efforts; engage with the military community; and collaborate with other arts and health stakeholders to deliver relevant arts activities for advancing health and wellness and building resilience within community.

Trauma in the Community

The increasing level of individual and collective trauma in today's communities is best seen through the lens of four influences that converged upon our communities during the last two decades.

1. The terrorist attack on September 11, 2001, upon three American communities—Arlington, VA; New York City; and Stonycreek Township, PA—which reverberated across the country and the world.
2. The twin conflicts of Iraqi Freedom and the Global War on Terrorism, in which military service members valiantly fought and steadfastly continue to wage on our behalf.
3. The contemporaneous and growing acts of domestic terror (e.g., those at Emmanuel Baptist Church) and the mass shooting of concertgoers in Las Vegas, NV.
4. The COVID-19 pandemic and extemporaneous movement against institutional racism spurred by the deaths of George Floyd and others around the country.

Each of these occurrences is a troubling source of acute trauma for individuals. The repeated and prolonged exposure to highly traumatic events (e.g., those the second and third incidences mentioned produce) has given individuals and communities an unmatched level of chronic trauma in our lifetimes to tackle. And the fourth, COVID-19, reveals how complex trauma is derived from multiple stressful events—simultaneous and ongoing outbreaks of infection in communities throughout the country, disproportionate impact on some groups, and governmental failures in responding. Whether the trauma is acute, chronic, or complex, these occurrences have delivered intertwined traumatic symptoms all must cope with.

The first three events triggered significant physical, psychological, and emotional effects for service members while simultaneously raising the specter of collective fear that terrorism (international and domestic) inspires. The depth of fear and uncertainty the 9/11 attacks generated far exceeded that which happened during the attack on Pearl Harbor. During Pearl Harbor, the enemy came and went. The 9/11 attackers came invisibly and left in their wake both individual and public trepidation about whether the enemy still walked among us.

The nearly two decades of elongated military conflict resurrected for some memories of the Vietnam War era and resurfaced community anxieties that the part of the community fighting wars on behalf of our country does not reflect the population as a whole.

As for domestic terror, nothing brings this dilemma into sharper focus and imperative for community action than the harrowing events that occurred at Sandy Hook Elementary School, the Boston Marathon, and the deaths (captured on video) of African Americans dying at the hands of other citizens and police. Communities must wrestle with balancing citizen anxiety about Second Amendment rights with a parent's fear for the safety of their child at school.

The COVID-19 pandemic instantaneously left everyone with anxiety about physical health. It also resulted in psychosomatic worry by those whose health is disproportionately affected by it. Even further, the health disparities the virus has revealed resurfaced fears and collective trauma about institutional racism dating back to the nation's founding. Strategically, for the first time in recent history, COVID-19 has brought to the community the uneasiness of seeing how precariously interlocked public health and national security actually are.

Symptoms of trauma from COVID-19 apply equally to the military. As the recent Blue Star Families COVID-19 Military Support Initiative Pain Points Poll tells us, the military family challenges include financial security, health and wellness, caregiving, childcare, K-12 education, and military readiness—nothing too dissimilar from what they already experienced during the nation's longest conflict in Afghanistan. In particular, military respondents said the

outbreak will likely make it difficult for many military family members suffering from mental health and behavioral health conditions to maintain continuity of care.

These scenes reflect the complex connections between the symptoms of trauma and portray a volatile, uncertain, complex, and ambiguous environment similar to that of modern combat. The common enemy confronted by communities today is **trauma**. It is clearly “inside the wire” (community) causing damaging health and well-being effects.

Healing happens in the community

When contemplating community, it is all too familiar to attempt to designate a status for everyone within the given community. It's a valiant effort, and altogether a fragile endeavor. A community is only representative of its members, and the realities of each member and their circumstances are vastly different. Art allows for individuation of experience; it takes the challenge of one and brings that individual's value back to the whole, positively empowering the entire community. Art doesn't hover at the surface in generalizations; it sustains, dictates, and illuminates what is already there. With this priceless insight, art instigates change and restoration—similar to the active and intelligent role the mycelium plays deep within the root system of trees. Underneath the earth's surface, the mycelium upholds and transmits key information to the roots of the tree next to it, creating a symbiotic environment. Art also can create a semblance of harmony within varying communities facing vast challenges through the understanding



of the experiences of its members and sharing pathways to healing that happens in community.

Notwithstanding the trauma communities are experiencing, we are at an extraordinary moment in time for change to occur. The nature of civilian and military relationships—better now than in recent history—presents artists and performers, artists in healthcare, creative arts therapists, and arts and arts service organizations the chance to make great progress in support of the U.S. military. This can be achieved by focusing support for the military's emphasis on resilience training, which is designed to give service members the ability to withstand, recover, and grow in the face of stressors and changing demands, and to adapt well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Military service members are a proud bunch, seeking no pity. The arts are a great vehicle for enabling the resilience of service members to fight and win personal post-conflict battles and gain what I have termed **post-traumatic strength** on their own terms. There have been a number of

efforts aimed at building healing arts and military resilience networks and initiatives through public, private, and military and civilian partnerships. One example of this has been the efforts of the National Initiative for Arts & Health Across the Military, which is the first attempt of its kind to bring together a cohort of national, state, and local partners to forge new relationships and explore ways to engage the arts, military, and other community stakeholders in building arts and healing networks.

Even amid the COVID-19 pandemic, the arts community has spontaneously shifted to offering services and performances online, including dance classes and performances, live stream music events, and virtual art gallery and museum tours by the likes of both large and small organizations (e.g., the Blue Star Museums, the Metropolitan Museum of Art, Museum of Modern Art, Hirschhorn, and others). And, in clinics and the community, creative arts therapies have been extended to frontline workers at hospitals and other community members.

An Arts-in-Health & Military Ecosystem

While artists and performers, artists in healthcare, creative arts therapists, and arts and arts service organizations are taking tremendous steps to—bring the value of the arts in health and healing against persistent community trauma, communities still do not have an organic methodology to understand, collaborate, and leverage existing arts-in-health-and-healing efforts in a manner that consistently delivers the value of the arts to address all forms of trauma at the individual and collective community levels.

Communities that are successful in using the arts against effects of trauma believe that capacity building for artists and arts organizations to support military resiliency goals leads to better community health outcomes. Together they are creating what I have termed as **Arts and Military Community (ArtsMilCOM) ecosystems**. An ArtsMilCOM ecosystem is both a pathway and technology to organize, launch, and sustain an innovative art-in-health-and-healing process and culture, with tools and metrics necessary to help the arts serve military service members and the community at large.

The ArtsMilCOM solution leverages the military's innovative plans and actions to build greater resilience within military forces and envisions an arts and military ecosystem within communities. This ecosystem includes:

- Five million Americans who are a part of today's military family (of whom 80% live in our local communities and two million are children).
- An \$878 billion industry with 5.1 million jobs employing individuals who represent the arts (state and local arts agencies, community arts programs, arts service organizations, and individual artists), who together comprise 4.5% of the U.S. gross domestic product (Bureau of Economic Analysis, 2020).
- Veteran service organizations and networks and military family support networks.
- Local, state, and federal government departments and agencies.
- Businesses and philanthropy.
- Civic and nonprofit organizations, including health and social services.
- Educational institutions.

This organic approach further activates far-reaching community collaboration for common health and wellness outcomes with arts as force multipliers. The winning communities are building culturally sensitive and nonstigmatized environments where the 50% of military members who do not seek institutional psychological care can build resilience and post-traumatic strength.

The need for a greater contribution by the arts towards advancing health and wellness and building resiliency against the pervasive presence of trauma within the military community is due to the convergence of four influences upon our communities over the last two decades: international and domestic terrorism, the conflicts in Iraq and Afghanistan, COVID-19, and institutional systemic racism. Together, these jointly reinforce the collective trauma on both military and civilian populations.

Even though these consequences impact military and civilian populations alike, the degree of mutual respect between the military and society is at a high-water mark. This presents a unique moment where communities working together and marshalling all of their resources can create an ArtsMilCOM ecosystem that nourishes and sustains all, and where the arts are the tools available to help address some of our biggest challenges.

Today, from national to local levels, artistic expression is being utilized as a tool to heal, build, and sustain resiliency for the benefit of both civilian and military populations. Healing happens in community.





A MESSAGE FROM MARETE WESTER



MARETE WESTER

Senior Director of Arts Policy and the National Initiative for Arts & Health Across the Military, Americans for the Arts

"...many of these often severely injured service members discover that taking part in the arts—whether music, painting, writing, or another form of expression—helped them cope with anxiety, depression, and other symptoms that come with their conditions."

The 82nd Airborne Division All-American Band Rock ensemble at Fort Bragg 'Telling the Army Story' through song.

Photo courtesy Arts Council of Fayetteville/Cumberland County.

GULF WAR VETERAN

Photography/Computer Graphics
Artwork by Veteran and artist
Ron Whitehead.

Photo courtesy Ron Whitehead.



In January of 2011, Americans for the Arts accepted an invitation to be part of an ongoing conversation happening at Walter Reed National Military Medical Center (Walter Reed Bethesda), discussing whether the arts and creative arts therapies might play a role in mitigating the greatest challenges the military was facing at that time—aiding in the recovery and reintegration of severely injured service members returning from combat. I was both pleased and honored to be assigned as my organization's liaison to this important dialogue, coming as it did, when all across America we were witnessing the impacts of 10 years into the conflicts begun in the wake of 9/11.

There was an urgency to this discussion then. We were seeing in real time the return of the injured as well as those who gave the ultimate sacrifice. More than two million members of the armed forces had already served in Iraq, Afghanistan, and other areas around the world. One in three veterans of the operations in Iraq and Afghanistan was struggling with either traumatic brain injury or post-traumatic stress. But at Walter Reed Bethesda, there was talk of hope: they were seeing many of these often severely injured service members discover that taking part in the arts—whether music, painting, writing, or another form of expression—helped them cope with

anxiety, depression, and other symptoms that come with their conditions.

To say this conversation was unprecedented might be an understatement: for the first time, civilian arts leaders had been invited to a discussion by the head of the country's premier military medical center to not only talk about how the arts could help injured service members returning from the current theaters of war, but rather, to develop a strategy that led to action. The people involved represented a wide range of military and civilian leaders, national groups as well as program providers, including the Society for Arts in Healthcare, VSA—The John F. Kennedy Center for the Performing Arts, Americans for the Arts, the Smith Center for Healing and the Arts, Creative Healing Connections, along with Walter Reed Bethesda staff.

Personally, I remember listening to Commander Moira McGuire, the leading champion on our planning team from Walter Reed Bethesda frame it this way (and I'm paraphrasing): "In the worst case scenario, our patients may be here with us for 18 months. If they are responding to music, if they are improving through art therapy—what happens to that when they go home?" It was then I realized that we all had a significant role to play—and we needed to play it well.

Fast forward to October 14, 2011, when the fruits of our discussions and our collective vision was realized with the staging of the first National Summit: Arts and Healing for Wounded Warriors, on the campus of Walter Reed Bethesda. The National Summit, hosted by Rear Admiral Alton Stocks, then the director of Walter Reed National Military Medical Center brought together 250 military and civilian leaders for the purpose of demonstrating how the arts and humanities can be used as an effective means to support the healing process of military personnel, their families, and caregivers by:

- Reducing the experience of pain, the impact of PTSD, and other trauma-related injuries.
- Strengthening the relationship between service members and their family/caregivers.
- Providing alternative methods for service members to tell their stories and safely confront some of the challenging experiences of their service.
- Assisting the rehabilitation process of the Wounded Warrior and reintegration into society.

It was an ambitious agenda. Walter Reed Bethesda had filled the audience with 60% representatives from other

military hospitals and branches of the Departments of Defense, Health, and Veterans Affairs, to hear stories from program providers, and importantly, from Veterans themselves, on how these programs were impacting lives.

Those of us on the arts side held our breath throughout the event. It was an extraordinary line up of speakers. We had great content. We had no idea if it would work.

We should have been prepared to exhale, since what we heard throughout the presentations made crystal clear the profound connection between the arts and the military. We heard how, for generations, the arts have been used to inspire courage in the face of battle, soothe the fear and uncertainty that comes with defeat, and celebrate the good and noble in our great country. Artists, musicians, writers, dancers, and actors have not only aided the military as outside partners and contractors but have served and continue to serve in the military itself. The military and arts connection is so ubiquitous that it's often taken for granted.

That the arts were already in the fabric of the military was the theme that launched this first Summit, the rest of the conversation would be about weaving the threads of the experience and expertise of the military and civilian leaders into a plan of action, and in answering the question: Can the arts be deployed in helping meet the military challenges of today?

Throughout the day, participants were presented with myriad ways in which the arts were helping to heal, through first-person stories from Veterans, healthcare professionals, family members, and through performances by Veteran artists. At the conclusion, the consensus of the military and civilian

leaders was a resounding yes—the arts can be a powerful tool to help returning service men and women confront and transcend some of the major challenges they face. They also acknowledged the real work we had before us.

- The challenges we faced were more complex and difficult than any one federal agency, branch of the military, or civilian organization can address on their own.
- To make an impact, the arts and creative arts therapies must be made more readily accessible and available to those who are in most need of them.
- Finding solutions requires action and partnerships across military, government, and nonprofit and for-profit sectors—and most of what was needed to exert change would have to be built anew.

We left this first summit energized and with a clear mission before us. What we did not have yet was a mechanism to network and build the relationships and strong public/private partnerships we needed to increase opportunities and access to the arts and creative arts therapies for all military service members, Veterans, their families, and caregivers.

That became the ongoing mission of our National Initiative for Arts & Health Across the Military. The progress we have made, and the work that is still before us, is the subject of this White Paper.

As you read through this report, which chronicles the journey of dialogue and actions, I invite you to consider what new actions are needed—and how you may play a role. Since 2011, key federal agencies—including the Department of Defense, Department of Veterans Affairs, National Endowment for the Arts, and National Endowment for the Humanities—have stepped

up to collaborate on the arts and military connection. Moreover, their commitment has been taken to new levels by a growing network of state and local arts agencies, nonprofit arts and cultural groups, veterans service organizations, and a legion of empowered Veteran/artist/advocates with boots on the ground. The work being done today demonstrates the positive impacts the arts are having in helping military service members heal and thrive. Through their artmaking, more veteran voices are coming forward to educate the civilian population on the deep trauma and legacy of war, and by their example, the triumph of the human spirit. The new voices entering this dialogue are shaping our understanding of what still needs to be accomplished, painting a hopeful picture of what the future can be if we work together.

Throughout history, in war as well as in peace, the arts and humanities have played an active, meaningful role in the lives of our military and veteran communities. Today we are facing a historic moment where the longest running wars in U.S. history, a worldwide pandemic, and society's struggle in confronting systemic racism and inequality are converging and challenging the very underpinnings of democracy.

Is there a role for the arts to play in combatting this decade's challenges? As before, the answer must be a resounding yes.





INTRODUCTION

Within a month of the terrorist attacks on September 11, 2001, the United States initiated Operation Enduring Freedom (OEF) in Afghanistan. This action was followed two years later when, under the larger umbrella of the Global War on Terror, the United States launched Operation Iraqi Freedom (OIF). By June 2010, the conflict in Afghanistan had surpassed Vietnam as the nation's longest running war. The last of the U.S. troops left Iraq in December 2011, establishing the conflict in Iraq as the fifth longest in duration in U.S. history.



Fallujah, the first opera about the Iraq War, is a co-production between New York City Opera and Long Beach Opera in collaboration with explore.org.

Photo courtesy Lincoln Center.

The major conflicts of the 21st century stand alone in more ways than their duration. During these conflicts, the United States' all-volunteer force has endured historically unprecedented conditions, including extended and multiple deployments, exposure to nontraditional combat (e.g., use of improvised explosive devices), and shortened time at home between deployments. While medical advances of the 21st century helped prevent more combat-related deaths than any of the other previous conflicts in our country's history, these service members returned from combat often with significant and multiple physical and psychological traumas. The life-altering challenges faced by service members injured in the conflicts in Afghanistan and Iraq upon their return home required, in many ways, more than medicine to solve.

Walter Reed National Military Medical Center (Walter Reed Bethesda), in Bethesda, MD, is the largest military medical center in the United States and historically has served as the first

destination in the continental United States for caring for the wounded, ill, and injured from global conflicts. In 2010, Walter Reed Bethesda began a dialogue about how the use of the arts and creative arts therapies could provide additional solutions to the challenges these service members were facing in recovery and reentering their communities. In 2011 and in collaboration with a group of national arts and health agencies and leaders, Walter Reed Bethesda hosted the landmark **National Summit: Arts in Healing for Wounded Warriors**. The summit gathered all branches of service and veteran service organizations, as well as national civilian arts and health agencies, to discuss how engagement with the arts and creative arts therapies could help heal our wounded warriors and address the key health issues the military was now confronting.

The success of the 2011 summit led the collaborating military and civilian agencies to launch the **National Initiative for Arts & Health in the Military** (National

Initiative) in 2012 to bring together agencies and individuals working across both the military continuum and the arts to "advance the arts in health, healing, and healthcare for military service members, Veterans, their families, and caregivers." Now coordinated by Americans for the Arts with a growing network of public and private agencies and organizations at the national, state, and local levels, the National Initiative continues to encourage collaborations and partnership endeavors that ensure that the necessary policies and practices are in place to make the arts as tools for health available to all active duty military, Veterans, their family members, and caregivers in the communities where they reside.

A critical step towards forging a national strategy for collective action was the release in 2013 of the National Initiative's first white paper, *Arts, Health, and Well-Being Across the Military Continuum—White Paper and Framing a National Plan for Action*. The paper consolidated the findings from the 2012



ARTS, HEALTH, AND WELL-BEING ACROSS THE MILITARY CONTINUUM—WHITE PAPER AND FRAMING A NATIONAL PLAN FOR ACTION.

The 2013 *Arts, Health and Well-Being Across the Military Continuum* seminal report was critical to advancing the growth of the National Initiative for Arts & Health Across the Military.

Photo courtesy Americans for the Arts.

THE WALL OF OATH

Bronzecast right hands of Veterans from every North Carolina county and all branches of service on 'The Wall of Oath' in the North Carolina Veterans Park in Fayetteville.

Photo courtesy Arts Council of Fayetteville/Cumberland County (NC).



Arts and Health in the Military National Roundtable, conveyed in the report *The Arts: A Promising Solution to Meeting the Challenges of Today's Military—A Summary Report and Blueprint for Action* and also summarized the discussions from the 2013 **National Summit: Arts, Health and Well-Being Across the Military Continuum**. The white paper provided an overview of the state of the field of arts and health at the time, as well as recommendations for action and collaboration in the areas of practice, research, and policy that arose as part of the ongoing dialogue.

Since the publishing of the 2013 white paper, enormous strides in all key areas of the National Initiative have been made. Major national partnerships and collaborations involving military, veteran, and civilian organizations have developed, including new federal initiatives and programs at the National Endowment for the Arts and National Endowment for the Humanities, as well as new public-private sector partnerships and increased resources and program activity at the state and local levels.

This report, *Arts, Health, and Well-Being Across the Military Continuum White Paper 2.0—2020 and Beyond*, provides readers with an assessment of where we stand now and also articulates a preliminary action plan for moving forward on a new set of priorities. **White Paper 2.0** is focused on expanding upon

the themes that surfaced in the 2016 Roundtable and 2017 Summit—that is, deepening public-private partnerships, improving services for female service members and Veterans, and strengthening community-focused local activity that is inclusive of the needs of all military-connected populations—regardless of race, religion, or gender identity—through broad access to the arts and creative arts therapies as lifelong health and well-being practices.

In March 2020, the COVID-19 pandemic hit. Americans for the Arts was nearing the original publication date for *White Paper 2.0*, which was to coincide with a national summit at Walter Reed Bethesda. Due to the pandemic, both the Summit and publication were postponed. Americans for the Arts and Walter Reed Bethesda decided to postpone the in-person event and instead host a virtual summit event

in September 2020, **The Impact of COVID-19 on the Arts and Military-Connected Communities** (see Addendum A).

The rising yet parallel crises of a worldwide pandemic and the systemic racial inequities in the United States have impacted both military-connected communities and society at large.

The recommendations put forth initially in 2016 are now, as then, a mere starting point for ongoing conversation, intentional work, and a renewed commitment to the health and well-being of military service members, Veterans, their families, and caregivers.





CHAPTER 1

THE EVOLVING MILITARY THEATER



A NEW KIND OF WARFARE

The large waves of troops engaged at the onset of Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) returned home from deployment facing historically unprecedented and significant challenges to reconnecting with their families and transitioning to civilian life.

Service members, including reservists and members of the National Guard, who were deployed to the combat theaters encountered new kinds of warfare and conditions characterized by different weapons and unconventional tactics.

They were called upon for multiple and extended-length deployments, often returning home substantially altered by experiences not widely shared with others in their community. By 2012, nearly 50,000 injured service members returned from combat in Afghanistan and Iraq at the height of the conflicts (Fischer, 2012). And while 60% of returning service members were

Healing Wars by Liz Lerman presented at the 2017 R&R Festival: From Recovery to Regeneration—a National Festival of Performing Arts created by, for, about, and with Veterans.

Photo courtesy Americans for the Arts.



LOVE ARMOR

The Humvee M1026 decked with the Love Armor was driven onto the 6,000 square foot Munoz/Waxman gallery at the Center for Contemporary Arts in Santa Fe by the New Mexico Army National Guard in 2008.

Photo by Wendy McEahern, courtesy The Love Armor Project.

exposed to casualties, the vast majority of those involved in these conflicts are returning home, with more than 90% recovering from their injuries (Pew Research Center, 2011a).

While the risk of service members' death on the 21st century battlefield has been drastically reduced, those who are injured often return facing complex health challenges—including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), multiple losses of limbs, and other injuries requiring long-term care and management (Eastridge et al., 2012). Veterans have reported difficulty returning to civilian life, especially those in the post-9/11 era of service (Morin, 2011). In addition, the social isolation of military service members, Veterans, and their families has increased as voluntary service within the military has declined. At the onset of the 21st century, the likelihood of U.S. citizens knowing someone who is serving or had served has generally decreased.

Those Who Bear the Burden

Most, if not all, of these issues still remain today. While fewer troops remain in Afghanistan and Iraq and fewer have been either killed or injured in the

current combat zones as compared with those at the height of the conflicts, the burden endured by these troops and their families is still not widely shared nor understood by the whole of society. There continues to be a very small population of U.S. citizens who serve in the military. Only 7% of U.S. adults are Veterans, a decline from 18% in 1980, in part a result of the reduction of active duty forces to only 1.3 million today (1% of adults) (Parker et al., 2017). This lack of direct connection to military service and military culture in general has left many communities ill-equipped for addressing the challenges these returning service members and their families face when they arrive home.

Moreover, a substantial percentage of OEF and OIF service members comes from the unprecedented deployment of reservists and National Guard forces from across the country, who return home not to military bases but to their civilian communities. While Defense Health Agency (DHA) and Veterans Health Administration (VHA) medical facilities specialize in the treatment of combat- and conflict-related injuries, often civilian hospitals and healthcare systems do not. This is especially acute in rural communities and exacerbated by a lack of access to healthcare in general, as well as access to professionals who are equipped to deal with the

physical, psychosocial, and emotional issues of those who have served in combat zones. This places the onus on family members to provide care to their loved ones. These military caregivers, estimated at close to 5.5 million, play a crucial role in the recovery, rehabilitation, and resilience of those in their care; however, their own needs often take a back seat to those for whom they are caring (Ramchand et al., 2014a).

The characteristics of military-connected caregivers vary greatly for those who served before and those who served after 9/11. Post-9/11 caregivers tend to be younger (ages 18–30), are often Veterans themselves, are otherwise employed, and often are caring for a younger individual with substance or mental health conditions. This has significant implications for programming and service providers: in the cases where programs and support for military caregivers exist, most of the programming is not available to younger caregivers or the post-9/11 group. Caregiving is also hard and demanding work and often impacts overall personal well-being due to loss of income, emotional and physical exhaustion, and other significant impacts (Tanielian et al., 2013)

Shifting Demographics Among Veterans

The shifting demographic makeup of the veteran population also contributes to access to healthcare.

Notably, more women now are engaged in military service, having reached 15% of active duty forces (Thomas et al., 2015). While today only 9% of Veterans are women, that number is expected to increase to 18% by 2045.

The veteran population is getting younger and more racially and ethnically diverse (Bialik, 2017). Since 2001, 2.77 million service members have served on 5.4 million deployments, with multiple deployments not uncommon (Wenger et al., 2018). Though deployments and their impacts vary by service branch

and by individual, research has shown a strong link between deployment and the complex physical and mental health challenges that Veterans face.

A POPULATION AT RISK

Post-9/11 Veterans experience an increased rate of mental health disorders, substance use disorders, PTSD, and TBI. Suicide rates among these Veterans are higher, with younger Veterans ages 18–44 at increased risk. Despite our many medical advances, suicide rates among our active duty and our Veterans continue to rise. The highest number of suicides among active-duty personnel was recorded in 2018, with 321 active-duty members taking their lives, including 57 Marines, 68 sailors, 58 airmen, and 138 soldiers. The deaths equaled the last highest number recorded in 2012, since the military began tracking in 2001 (Kime, 2019). Though clearly medical advancements and improvements in

safety gear have helped save lives, there has been an increase in serious injuries, including amputation and other loss of physical capability (Olenick, et al., 2015).

Providing healing and comfort to military service members, Veterans, and their families is not new to creative arts therapists, artists, and the nonprofit arts groups who historically have conducted arts programming and services to these populations. However, with the massive numbers of combat-related wounded, ill, and injured service members returning home in 2010, there was a growing recognition of a new need and mandate to examine how the arts and creative arts therapies—through concerted effort and collaboration—could become more of an integral part of the treatment and care of these populations.



THE TELLING PROJECT

Since 2008, hundreds of Veterans and military family members have told their stories to members of their local communities through The Telling Project.

Photo courtesy The Telling Project.



CHAPTER 2

THE ARTS RESPOND



ENGAGING THE MILITARY AND CIVILIAN COMMUNITIES IN DIALOGUE

Following the establishment of the **National Initiative for Arts & Health in the Military** (National Initiative, see Appendix A), leaders from the military, arts, and health arenas met in 2012 at the first **National Arts and Health Across the Military Continuum Roundtable**, convened by Americans for the Arts and the Society for the Arts in Healthcare and hosted by VSA at the John F. Kennedy Center for the Performing Arts. The resulting *Blueprint for Action* outlined three major focus areas for the next five-year agenda—practice, research, and policy—and recommended actions to increase awareness and knowledge of the arts as a potential tool for healing, wellness, and improved quality of life for populations along the military continuum of pre-deployment, deployment, re-entry, and reintegration.



Military families uniting through dance.

Photo courtesy Dancing Well: The Soldier Project.



Photo courtesy Ron Whitehead.

Promoting Arts & Health Across the Military Continuum

The National Initiative for Arts & Health in the Military was launched in 2012. Led by Americans for the Arts through sustained formal and informal partnerships and collaborations, the name was changed in 2018 to the **National Initiative for Arts & Health Across the Military**, embracing the growing need to fully address the health and well-being needs of military service members, Veterans, and their families across the continuum of pre-deployment, deployment, re-entry, and reintegration. Towards this end, the National Initiative focuses on three goals:

1. Advance the policy, practice, and quality of arts and creativity as tools for health in the military.
2. Raise visibility, understanding, and support of arts and health in the military.
3. Make the arts as tools for health available to all military service members, Veterans, their families, and caregivers.

To engage a broader constituency in dialogue around these three focus areas, a second **National Summit—Arts, Health, & Well-Being Across the Military Continuum**—was held in 2013 at Walter Reed National Military Medical Center (Walter Reed Bethesda). The results of this summit formed the basis for the National Initiative's first white paper, *Arts, Health, and Well-Being Across the Military Continuum: White Paper and Framing a National Plan for Action*, which articulated a plan to drive the initiative through the next several years and provided a series of 17 recommendations across the three key focus areas.

Other mileposts emerged. A bipartisan congressional briefing was held in 2013 to introduce members of Congress to the findings in the white paper. More voices were brought into the National Initiative to help shape and refine its direction, and additional summits were held to highlight progress and raise attention specifically in the areas of research and practice.

The third National Summit, **Advancing Research in the Arts for Health and Well-Being Across the Military Continuum**, was held in 2015.

Coordinated by Americans for the Arts and hosted by the National Center for Complementary and Integrative Health and National Institutes of Health (NIH) in collaboration with the National Endowment for the Arts (NEA), the 2015 summit focused on the state of research in the arts and creative arts therapies.

In 2016, the second **National Roundtable for Arts, Health, & Well-Being Across the Military Continuum** was held at Joint Base Myer-Henderson Hall in Fort Myer, VA. It convened representatives from the Department of Defense (DoD), U.S. Department of Veterans Affairs (VA), new thought

leaders, and leaders from public-private partnerships that had developed since the initial 2012 roundtable to consider how the National Initiative can continue to evolve and address the most pressing health needs of our military and Veteran populations through the integration of the arts—especially those populations whose needs have not always been at the forefront, including women, LGBTQIA, and BIPOC Veterans. The participants discussed the progress made towards achieving the vision first articulated in 2012 and later expanded in 2013, thus laying the groundwork for a set of critical steps to advance the National Initiative's goals and mission over the next several years.

Next Steps

- Include new voices that recognize the varied experiences within the military population, especially women, BIPOC, and LGBTQIA service members and Veterans.
- Increase engagement of community-focused, local activity in support of the use of the arts to facilitate engagement.
- Increase public-private partnerships.

While noting the measurable progress the National Initiative has made in its three focal areas of practice, research, and policy, roundtable members encouraged the next phase of growth and development to emphasize serving the needs of our military-connected populations as a whole and recognized that the impacts of TBI and PTSD last a lifetime.

These recommendations were the framework of the 2017 **National Summit: Reintegration and Resilience—Exploring the Role of the Arts in Recovery, Transition, & Transformation Across the Military Continuum**, held at



SPEED KILLED MY COUSIN

Speed Killed My Cousin, by playwright Linda Parris-Bailey, tells the story of an African American female combat soldier and her struggle with post-traumatic stress disorder upon her return home from Iraq.

Photo by Stacey Anisa, courtesy The Carpetbag Theatre, Inc., and Art2Action, Inc.

the University of South Florida in Tampa and cohosted by Americans for the Arts in partnership with the University of South Florida's Office of Military Partnerships and Art2Action. The summit received support from the Doris Duke Charitable Foundation and the Loreen Arbus Foundation, with additional partners, including The Carpetbag Theatre and New England Foundation for the Arts.

The 2017 summit emphasized practices in the arts and creative arts therapies and provided further opportunity to expand the conversation to nearly 300 additional leaders and practitioners from throughout the country. Panels and performances helped shed light on the key themes and topic areas, while discussions and reflections throughout the event provided opportunities for participants to share and give feedback on recommendations for the National Initiative to move forward. The summit also featured a series of both hands-on and interactive sessions, where experienced artists and creative arts therapists shared best practices of what is working in facilitating healing through arts across the military spectrum.

Discussion among the attendees—practitioners; artists; and leaders from the private sector, arts and culture field, the Department of Defense (DoD), and VA—focused on the ways that the arts can help with the successful transition from military service to civilian life, with an emphasis on the crucial role of the community and its practitioners. The event made certain to tell the Veterans' stories and give agency to those often misunderstood or ignored.

The 2017 National Summit was also the first to feature and coincide with a festival of performing arts thanks to the partnership with Art2Action, the Tampa-based nonprofit local arts organization. The **R&R Arts Festival: From Recovery to Regeneration** featured original performance works by, for, about, and with Veterans, and was organized and curated by Art2Action. Among the artists and groups featured were The Carpetbag Theatre, Liz Lerman, The War & Treaty, Exit12 Dance Company, Makoto Hirano, and the Combat Hippies. In this way, the summit was able to truly engage participants in the experience of how the arts are used to heal and restore, as well as be regenerative in its ability to give voice to experiences that otherwise remain silent.

ACHIEVING RESULTS: KEY BENCHMARKS AND SUCCESSES FROM 2011–2019

The initial 2012 National Leadership Roundtable and the 2013 National Summit considered how the arts could be deployed across the military continuum. The white paper that resulted from these dialogues recommended strategies that could be implemented, with the goal of integrating the arts into the health and well-being among all members of military-connected populations. Since 2012, there have been several key developments: an increased interest in integrative health that includes discussion of the role of the arts and creative arts therapies; an increased conversation across multiple sectors about the value and means of integrating and increasing access to the arts; and perhaps most importantly, an increased demand for creative arts therapies and other therapeutic arts practices by patients and families.

Achievements in Practice

The 2013 white paper’s executive summary outlined 17 recommendations across the areas of practice, research, and policy, which were further elaborated upon in the full report. The achievements discussed here offer a sample of the recommendations that have achieved notable progress.

Key recommendations in the area of practice addressed the need to raise visibility and awareness of existing arts and health programs that were already present in military treatment facilities or as part of communities across the nation. Members of the military community were not broadly and readily accessing existing programs due to lack of awareness or limited availability. In addition, healthcare professionals themselves were not always aware of how the arts and creative arts therapies provided a value-added approach to treating physical and psychological injuries, and how they could be included in an interdisciplinary treatment approach.

Efforts to improve and support the area of practice have included the development of training programs, networking strategies, and major demonstration projects. Websites and online social networking vehicles have helped to build knowledge about the field of arts and health, as well as provide a means by which practitioners can share ideas and raise visibility for their programs and services.

EXHIBIT A: Practice Recommendations and Sample Results

RECOMMENDATIONS	SAMPLE RESULTS
<p>Develop training programs for artists and performers, artists in healthcare, arts coordinators, and healthcare providers.</p>	<p>Pilot project with catalytic funding from Johnson & Johnson and coordinated by Americans for the Arts in partnership with the NCCA, OPCC&CT, and VHA Office of Recreation Therapy</p> <ul style="list-style-type: none"> ● (Phase 1) VA Arts in Healing ● (Phase 2) Expanding the Arts and Humanities Through Community Partnerships
<p>Incorporate family-centered arts programming at all stages of military service and beyond.</p>	<ul style="list-style-type: none"> ● Family programming practitioner workshops at the 2016 National Summit ● Proliferation of local programs addressing family needs during pre-deployment and active duty, re-entry, and reintegration for Veterans, VHA health systems, local community support systems, late-life and palliative veteran care, and families and caregivers
<p>Engage artists and performers, artists in healthcare, arts organizations, and creative arts therapists at the grassroots level.</p>	<ul style="list-style-type: none"> ● Creative Forces: NEA Military Healing Arts Network Community Connections Projects increased number of arts and military grant programs through state arts agencies. ● National Initiative Facebook group ● Americans for the Arts’ Arts and Military Connection e-newsletter, dedicated Blog Salons, and articles featured in Americans for the Arts’ member e-newsletter, Monthly Wire.
<p>Establish an online presence to promote information sharing, collaboration, and samplings of interactive arts experiences.</p>	<ul style="list-style-type: none"> ● ArtsAcrossTheMilitary.org (Americans for the Arts/National Initiative for Arts & Health Across the Military) ● Creative Forces: NEA Military Healing Arts Network National Resource Center

SNAPSHOT: NATIONAL PROJECTS ADDRESSING PRACTICE

Creative Forces®: NEA Military Healing Arts Network. *Creative Forces* is a national initiative led by the National Endowment for the Arts (NEA) in partnership with the DoD, VA, and state and local arts agencies. Begun in 2012 as a partnership between the National Intrepid Center of Excellence (NICoE) at Walter Reed Bethesda and the NEA, the program integrates creative arts therapies into the clinical treatment of service members and Veterans with traumatic brain injury (TBI) and associated health conditions, e.g., post-traumatic stress disorder (PTSD). Thanks to an increase in federal appropriations from Congress in 2016, the program has undergone a rapid expansion to include 11 additional DoD and Veterans Health Administration (VHA) clinical sites, four VHA telehealth sites, support for clinical research and community engagement, and the launch of the online National Resource Center (NRC) in July 2020. The NRC is a searchable resource to present Creative Forces' impacts and learnings, as well as to help build capacity to support and sustain programs in clinical creative arts therapies and community arts engagements created for military-connected populations.

The Creative Forces model supports the integration of creative arts therapists (CATs) into a holistic, patient-centered clinical care model. Creative Forces CATs and clinical partners also participate in research regarding the impact of these modalities on patient outcomes. To date, 19 clinical research manuscripts documenting their findings have been published. (See Appendix D: List of Sources for full listing.)

Creative Forces held local community summits in 2017 and 2018 at each site to bring clinical and community partners together to discuss strategies for extending community arts engagement opportunities to patients and their families. In 2019, in response to needs that emerged during the summits, Creative Forces launched Community Connections Projects (CCPs) in eight states and nine localities. The CCPs were unique to their communities and offered a diverse array of arts experiences, as well as operational and programmatic strategies. The project findings will be shared with the field on the Creative Forces NRC.

Americans for the Arts, in a cooperative agreement with the NEA, served as the administrator of the expansion phase of Creative Forces. In July 2020, the NEA awarded a new cooperative agreement to the Henry M. Jackson Foundation for the Advancement of Military Medicine (HJM) to help lead and sustain the Creative Forces clinical efforts. In October 2020, the NEA continued its expansion of the components of the Creative Forces project by awarding a third cooperative agreement to the Mid-America Arts Alliance (M-AAA) to design and implement a new national subgranting program to support community arts groups serving military-connected populations. Building off of the learnings and success of the previous pilot community engagement efforts, the M-AAA subgranting program is anticipated to launch late in 2021.

VA Arts in Healing Pilot Project.

The *VA Arts in Healing* pilot project was launched in 2014 in direct response to the recommendation in the 2013 National Initiative white paper to establish training programs to increase knowledge of the benefits and implications of arts integration



VA and Its Well-Being Programs

DISCOVERING ART AND HEALING AT VA

In March 2015, the OPCC&CT and the VHA Recreation Therapy Service—in cooperation with Americans for the Arts, the National Center for Creative Aging, and Johnson & Johnson—hosted a symposium on arts and healing. Staff gathered with Veterans to share the positive effects of complementary approaches as a part of veteran care. The video *Discovering Art and Healing at VA* (VHA, 2015) shares these stories and explores the impact art therapy has had on their lives, as well as how VA is working with Veterans, the community, and providers to implement complementary approaches to care for Veterans.

VA WHOLE HEALTH

Whole Health is VA's cutting-edge approach to care that supports the health and well-being of Veterans.

NATIONAL INITIATIVE PARTNERS AND COLLABORATORS

Americans for the Arts has a number of *partnerships* with VA.



VA Arts and Humanities in Whole Health Workshop.

Photo courtesy Americans for the Arts.

VA Arts in Health: Expanding Arts and Humanities Through Community Partnerships

FY16 (PILOT)

James J. Peters VA Medical Center, Bronx Campus
 Northport VA Medical Center, Northport, NY
 VA Hudson Valley Health Care System, Montrose Campus
 VA NJ Health Care System, Lyons Campus
 VA NY Harbor Health Care System
 —Manhattan Campus
 —Brooklyn Campus
 —Bronx Campus
 —St. Albans Community Living Center Campus

FY17

Fayetteville, AR
 Long Beach, CA
 Los Angeles, CA
 San Diego, CA
 Augusta, GA
 Salisbury, NC
 Fargo, ND
 Las Vegas, NV
 Reno, NV
 East Liverpool, OH
 Altoona, PA
 Coatesville, PA
 Wilkes-Barre, PA
 Hot Springs, SD
 Central Texas, TX
 Dallas, TX

FY18

Fresno, CA
 Washington, DC
 Tampa, FL
 North Chicago, IL
 Bedford, MA
 Perry Point, MD
 Asheville, NC
 Durham, NC
 Columbus, OH
 Lebanon, PA
 Pittsburgh, PA
 San Antonio, TX
 Madison, WI
 Martinsburg, WV

FY19

Grand Junction, CO
 Bay Pines, FL
 West Palm Beach, FL
 North Florida/South Georgia
 Danville, IL
 Central Western MA
 Baltimore, MD
 Detroit, MI
 St. Louis, MO
 Manchester, NH
 Bronx, NY
 Salt Lake City, UT
 Tomah, WI

to improve quality of life and health outcomes for military and veteran populations. In 2016, with catalytic funding from Johnson & Johnson, Americans for the Arts partnered with the National Center for Creative Aging (NCCA)—along with the Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) and Office of Recreation Therapy in the Veterans Health Administration (VHA)—to convene eight local teams from VA Veterans Integrated Services Networks' three (VISN) sites in New York and New Jersey to help design and test the initial training and technical assistance model and learn how the arts and humanities support Whole Health program initiatives at the VA. Following completion of the pilot, the OPCCT&CT made the program eligible to all VHA medical sites across the country through an annual competitive application process.

Following the success of the pilot, Americans for the Arts entered into a second, and this time multiyear, Memorandum of Agreement in March 2016 with VA to conduct the second phase of the VA Arts in Healing program, **Expanding the Arts and Humanities Through Community Partnerships**. The program to date has provided training for healthcare professionals in 51 local VHA healthcare facilities and was once again renewed in 2019 with a three-year agreement. (In 2020, the program was put on hold due to COVID-related closures and travel restrictions implemented by the VA. Discussions are underway for a virtual training adaptation for 2021). Recognizing that creative arts therapy programs are already being implemented in many VHA facilities, the trainings and related technical support focused on helping healthcare teams connect their arts-based programs and

activities to achieving the VA's patient-centered care goals and objectives. The partners provided facilities with tools to conduct a self-assessment for the arts, held site visits to develop action plans, contributed arts-based responses to the VA evaluation tool kit, and developed content for a program guide for engaging community partners. Program participants applied these tools to create strategies and an action plan to develop new programs and to evaluate and expand existing ones. With a new appropriation from Congress in FY2020, these groups received implementation funds from OPCC&CT to support community arts partnerships and other elements of their action plans.

Achievements in Research

The 2013 National Initiative white paper's initial research recommendations focused on strengthening the body of knowledge by looking beyond traditional focus areas of arts and health research and incorporating new thinking and connections to current healthcare research in the military and in issues impacting the military. Several research convenings have identified key initiatives relevant to the broad research agenda, notably the clinical research agenda supported by the NEA's Creative Forces effort. In all cases, these convenings bring together researchers

working in the realm of the arts and creative arts therapies with experts in military, veteran, and civilian health and focus on combat-related physical and psychological health-related injuries. These ongoing cross-sector dialogues are contributing to a deeper understanding of the ways in which the arts and creative arts therapies impact the healing paradigm.

SNAPSHOT: NATIONAL PROJECTS ADDRESSING RESEARCH

National Initiative for Arts & Health in the Military. In 2015, Americans for the Arts partnered with the National Center for Complementary and Integrative Health (NCCIH), a division of the NIH, with support from the NEA, to host the third **National Summit: Advancing Research in the Arts for Health and Well-Being Across the Military Continuum**. The summit examined critical research needs impacting service members, Veterans, and their families. The symposia presented examples of NIH- and DOD-funded research that use arts-based interventions for military populations or that feature integrative approaches to research among military populations. Videos, materials, and summaries of the sessions can be found online at ArtsAcrossTheMilitary.org.

NEA: Creative Forces Clinical Research. In September 2017, Creative Forces partnered with the National Academy of Sciences (NAS), with administrative support from Americans for the Arts, to hold the first **Creative Forces Clinical Research Summit** in Washington, D.C., with the goal of better understanding the biological, psychological, behavioral, and economic impacts of creative arts therapies in integrative care settings for patients with TBI and PTSD. The event gathered

EXHIBIT B: Research Recommendations and Sample Results

RECOMMENDATIONS	SAMPLE RESULTS
Support a broad research agenda.	Strategies employed in the Creative Forces clinical research model include informed selection of rigorous research designs, support for multisite studies, funding of research opportunities at Creative Forces sites, and collaboration with other health and rehabilitation disciplines and partners.
Seek research opportunities to link to others beyond the fields of arts, health, and the military.	2015 National Summit: Advancing Research in the Arts for Health and Well-Being Across the Military Continuum
Engage artists and performers, artists in healthcare, arts organizations, and creative arts therapists at the grassroots level.	Creative Forces National Resource Center

experts to discuss clinical approaches to creative arts therapies and begin to identify a clinical research agenda for Creative Forces for the next five years. In advance of the summit, two reports were developed that reflect the current state of clinical research focused on the use of creative arts therapies in addressing health needs of military populations: *Mapping a Clinical Research Agenda for Creative Forces: Recommendations Based on a Research Synthesis and Gap-Analysis* (Bachter et al., 2017), and *Creative Forces Research Inventory* (Creative Forces, 2017).

VA: Arts and Humanities Evidence Map. 2018, the VA Evidence Synthesis Program (ESP) accepted a request from OPCC&CT for the development of an evidence map of arts and humanities programs for health-related indications. An evidence map is a visual overview of a broad research field that describes the volume, nature, and characteristics of research—a dashboard of what clinical questions have or have not been addressed in evidence-based reviews. It provides quick access to relevant guidance and identifies gaps that are important for the VHA.

While OPCC&CT is ultimately interested in evidence on all types of arts and humanities programs, projects are initially being undertaken first for music and art programs, as these currently have the most available evidence.

In December 2019, investigators with the VA ESP released *Art Therapy: A Map of the Evidence* (U.S. Department of Veteran Affairs, 2019b), which provides a visual overview of the distribution of evidence on art therapy to help inform policy and future directions within the VA healthcare system. To prepare the report, investigators conducted broad searches from database inception to May 2018 using terms related to art therapy

in two databases: PubMed and APA PsycInfo. They conducted two searches specifically for randomized controlled trials (RCTs) and systematic reviews, as well as a more general search that did not specify a study design. From the 1,330 references identified by searches, 94 were used in the evidence map: 19 systematic reviews, 31 RCTs, and 44 impact evaluations that were not RCTs.

Many of the systematic reviews included in the evidence map focused on a specific health condition but looked broadly across art therapy modalities, with 16 of 19 reviews falling into a combination of creative arts therapies (e.g., art therapy, dance/movement therapy, drama therapy, music therapy, poetry therapy, and psychodrama therapy). In addition, the evidence within reviews was often described as having low methodological quality, lacking details about the therapy itself, as well as about the evaluation methods and measures. Despite these issues, preliminary positive effects were described in a majority of the systematic reviews for a range of health conditions.

While the VA ESP mapping effort is an important first step in creating a policy framework for a full integration of the arts and humanities into VA Whole Health efforts, it also raised questions and revealed significant obstacles to conducting an evidence synthesis focused on the arts and humanities. The challenges identified by the investigators in the initial investigation—lack of consistency and clarity of definitions used in the research studies examined, and the limited number of systemic reviews and RCTs in the arts and creative arts therapies in general—are persistent impediments to offering a full picture of the impacts of these interventions on patient outcomes. However, the ongoing efforts to push more and better

quantitative and qualitative research—including those taking place through the VA, NEA, and NIH—serve to provide us with a better understanding of where these gaps are and point us towards the next steps that need to be taken.

Achievements in Policy

For the goals of the National Initiative to be successful, military and veteran agency policies must reflect the value of creative arts therapies and arts programming to the experience of health, healing, and well-being. In addition, arts policies at key agencies must also recognize and integrate the unique experiences and needs of military and veteran populations for programs to have impact. These policies must not only formally recognize the value of the arts in helping to prepare and sustain the physical, emotional, and overall health of the military population, they also must be adequately resourced to best leverage effective programs.

INCREASED SUPPORT FOR FEDERAL CULTURAL AGENCIES

National Endowment for the Arts
In 2016, Congress approved a budget increase for the NEA specifically for the expansion of the Creative Forces initiative. Despite the fact that each year beginning in 2017, the Trump Administration proposed eliminating the cultural agencies in its annual budget proposal to Congress, Congress has instead acted on a bipartisan basis to increase their budgets. Creative Forces has seen its FY2017 budget of more than \$4 million increase to nearly \$7 million in FY2020–21, with funding enabling the expansion of clinical sites and community engagement activities.

National Endowment for the

Humanities. In April 2014, the National Endowment for the Humanities (NEH) launched an agencywide initiative—**Standing Together: The Humanities and the Experience of War**—to encourage humanities programs to focus on the history, experience, or meaning of war and military service. The Standing Together initiative recognizes the importance of the humanities in helping U.S. citizens to understand the experiences of service members as they return to civilian life. Funds have supported projects that explore war and its aftermath through advanced research in the humanities, as well as public programs that promote discussion and understanding of the experiences of, and that have clear potential to involve, Veterans and their families. NEH’s 56 state and territorial humanities councils have received grants to develop programs that reflect the interests of local communities, and to create a national network dedicated to engaging diverse communities, groups, civilians, service members, and Veterans in dialogues that further mutual understanding and respond to the varied needs of Veterans who have sacrificed to serve the nation.

2020: DOD AND MILITARY CONSTRUCTION/ VETERANS AFFAIRS CONGRESSIONAL APPROPRIATIONS

Among the most significant developments taking place in 2019 was Congress’ inclusion of the arts and creative arts therapies in the FY2020 DoD and Military Construction, Veterans Affairs, and Related Agencies appropriation bills.

In the DoD bill, Congress encouraged the Assistant Secretary of Defense for Health

EXHIBIT C: Policy Recommendations and Sample Results

RECOMMENDATIONS	SAMPLE RESULTS
<p>Promote the inclusion of the arts and creative arts therapies in national health and military strategic agency and department plans and interagency initiatives.</p>	<ul style="list-style-type: none"> ● The Interagency Task Force on the Arts and Human Development includes VA, OPCC&CT, and DHA representatives.
<p>Promote increased interagency and private sector support and expedite funding for research.</p>	<ul style="list-style-type: none"> ● Creative Forces Clinical Research: A Strategic Framework and Five-Year Agenda (2018–2022) ● VA ESP mapping of creative arts therapies.
<p>Increase policies that provide for the support of creative arts therapists within the DoD and VHA.</p>	<ul style="list-style-type: none"> ● Expansion of Creative Forces creative arts therapists (CATs) into DoD and VHA sites ● Conversion of Creative Forces-funded CATs into General Schedule-supported positions ● VA Rural Veterans Telerehabilitation Initiative supports one GS CAT position matching one Creative Forces CAT in three RVTRI telehealth locations.
<p>Encourage increased public and private sector funding for program development, implementation, and evaluation, and bringing successful programs to scale.</p>	<ul style="list-style-type: none"> ● Expansion of Creative Forces creative arts therapists (CATs) into DoD and VHA sites ● Conversion of Creative Forces-funded CATs into General Schedule-supported positions ● VA Rural Veterans Telerehabilitation Initiative supports one GS CAT position matching one Creative Forces CAT in three RVTRI telehealth locations.

Affairs (ASDHA) to continue creative arts therapies programs at NICoE and the **Intrepid Spirits Centers**, as well as to continue its collaboration with the Creative Forces initiative. It also instructed ASDHA to report on current funding, available options, and associated funding requirements for expanding creative arts therapies in the DoD and Intrepid Spirit networks and provided \$5 million to VA to expand the use of creative arts therapies and partnerships with healing arts providers throughout the Veterans Healthcare Networks.

SNAPSHOT: NATIONAL PROJECTS ADDRESSING POLICY

George W. Bush Institute Military Service Initiative. In 2017, the George W. Bush Institute Military Service Initiative (Bush Institute) created the Stand-To Veteran Leadership Program, which brought together public and private sector representatives to address the full range of issues affecting transitioning Veterans. The Military Service Initiative’s framework for successful transition includes health and well-being as key elements for achieving its vision: for every Veteran and their family to thrive. The National Initiative participated in the pivotal 2017 **Stand-To: A National Veterans Convening** as part of its own effort to connect to the broader efforts around veteran health and well-being. Perhaps the largest and most penetrating contribution to the cause of arts and health in the military from the Bush Institute comes directly from the former president himself: the 66 full-color portraits and a four-panel mural based on photographs of 98 physically or mentally wounded Veterans of the conflicts in Afghanistan and Iraq as painted by President Bush and compiled in *Portraits of Courage: A*

Commander in Chief’s Tribute to America’s Warriors, published in 2017. A deeply personal treatise, the book includes a collection of paintings and stories that commemorate some of the Veterans President Bush has met since leaving office in 2009.

The State Military and Veterans Arts Initiative. In July 2017, the National Lieutenant Governors Association (NLGA) and Americans for the Arts created the State Military and Veterans Arts Initiative. Sixteen NLGA members signed on as founders of this unprecedented partnership, which seeks to increase visibility, understanding, and support for the care of persons across the military continuum and the role the arts can play in their health and wellness. In 2019, Americans for the Arts received an NEH Chairman’s Grant to fund work to initiate state-level policy development activities in three pilot states: Delaware, Louisiana, and South Dakota. The grant supports three pilot knowledge exchanges—co-organized by Americans for the Arts, NLGA, and the lieutenant governors of each state—that will result in the development of state-specific action plans to address the needs of each state’s military-connected populations utilizing cultural assets. The exchanges in Delaware and Louisiana have taken place, each engaging audiences of approximately 150 state-based practitioners from the academic, policy, military, medical, veteran, and cultural communities. After an initial delay due to the COVID-19 pandemic, the exchange in South Dakota took place virtually in November 2020.

U.S. Conference of Mayors.

Beginning in 2013, the U.S. Conference of Mayors has adopted a number of resolutions in support of health and well-being of the military-connected population, which have been reaffirmed annually in the seven years since. In

2017, the U.S. Conference of Mayors adopted an additional resolution, **Support for the Creative Forces: NEA Military Health Arts Network**, acknowledging the importance of the National Endowment for the Arts efforts. In 2019, the U.S. Conference of Mayors adopted the resolution **Funding Arts, Health, and Well-Being Across the Military Continuum**, which urged Congress to support funding for creative arts in healthcare research within the federal agencies, including the NIH, Administration on Aging, and the U.S. Department of Education.

USCM ARTS AND MILITARY RESOLUTIONS

- 2013 **Arts & Health in the Military**
- 2014 **Arts, Health, and Well-Being Across the Military Continuum**
- 2016 **Funding Arts and Healing Therapy Across the Military Continuum**
- 2017 **Support for the Creative Forces: NEA Military Healing Arts Network**
- 2018 **Funding Arts, Health, and Well-Being Across the Military Continuum**
- 2019 **Funding Arts, Health, and Well-Being Across the Military Continuum**





CHAPTER 3

CHARTING THE FUTURE COURSE



Context for Moving Forward

While great strides have been made in identifying and addressing ways that the arts and creative arts therapies can address health issues across the military continuum, the landscape has dramatically changed within the military and veteran communities in the several years since the start of the conflicts in Afghanistan and Iraq. Among them has been the consistent changing demographics of veteran populations and service members, and a support system that has been slow to recognize their unique needs. More recently, even as instances of combat-related injuries have drastically reduced as a result of the wind down of the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) conflicts, the military community has not been immune to the impacts of COVID-19, nor the consequences of the country as a whole awakening to the reality of social unrest and systemic racial injustice.

Combat Hippies promoting post-traumatic growth through music and theater performance.

Photo courtesy Combat Hippies.

GREATER UNDERSTANDING OF TBI AND PTS

There have been significant strides in the research of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) in direct response to the needs of service members and Veterans, particularly the polytraumatic injuries sustained by men and women engaged in OEF and OIF. Due to the continuous engagement in conflict since 2001, there have been nearly 380,000 TBI diagnoses (Defense and Veterans Brain Injury Center, 2016). Of the nearly one million people screened at Veterans Health Administration (VHA) facilities annually, about 20% present with a history of head trauma, many of whom are still symptomatic. In addition, injury patterns have changed several times over the last decade or more as combat tactics have changed during these conflicts (O'Malley et al., 2017).

Recognition of these changing medical needs has resulted in increased research and understanding of the effects of TBI and PTSD—not just the physical impact to the body, but the emotional and other invisible wounds that impact mental and behavioral health and social well-being.

This has had significant implications on the implementation of creative arts therapies and community arts programming, which are uniquely positioned to have a positive impact on these invisible wounds, though

in different ways. A growing body of evidence is demonstrating how arts interventions can affect key health-related issues. Patients with TBI often experience a significant social function loss, which has a secondary impact of isolation because the patient feels uncomfortable or is unable to interact with people. Brain scan research has shown that creative activities activate areas of the brain that are not activated through other rehabilitation activities, thereby increasing the rate of recovery (Shi et al., 2017). In addition, art can infuse the often repetitive nature of rehabilitation treatment with something fun that not only has the clinical benefit of pushing through plateaus, but also increases motivation for patients seeking something new (O'Malley et al., 2017).

GENDER DIFFERENCES IN THE MILITARY EXPERIENCE

A significant gap exists in the recognition and development of programs or environments that address female service members and Veterans. The bulk of the narrative around the military continuum, especially Veterans from OEF and OIF, has focused on stereotypical heterosexual white male combat veterans with PTSD related to TBI or other warfare injuries. However, in reality, female Veterans are more likely to present with complex health issues and report increased rates of PTSD, depression, and suicidal thoughts. They also are more likely to encounter discrimination and a lack of belonging during their service and are at higher risk of encountering military sexual trauma (Thomas et al., 2015).



VETART

VETART workshop participant poses with her wax likeness before hot pour bronze casting. Held in collaboration with Veterans Museum San Diego, the process honors the long western history of documenting warriors through bronze portraiture.

Photo courtesy VETART.

In addition, many women anecdotally report a sense of feeling ignored, invisible, lost, and forgotten (Maples, 2017). This extends to formal structures where female Veterans find a lack of support for leadership and mentorship opportunities or career placement after their return to civilian life (Thomas et al., 2016). They are marginalized—for being women, and if applicable, as noncombat Veterans—and often hesitate to talk about their experience for fear of taking away from the combat Veteran's experience, as if women who were noncombat Veterans are less worthy of attention because they "lost less" (Ingelse et al., 2016). In addition, when returning home, female Veterans with children often are pulled immediately into returning to their roles as mothers without the luxury of addressing their own needs for healing, leading to their children inheriting a transference of trauma and a need for a different healing process that is family-focused (McGuire, 2017).

GREATER OPPORTUNITIES FOR LOCAL COMMUNITIES TO PLAY A ROLE

The intense needs of military-connected populations resulting from the prolonged conflicts, as well as the sheer numbers of post 9/11 Veterans requiring services, have made it clear that traditional military and veteran health systems alone cannot meet the demand. To do so, communities must be a central part of promoting and sustaining health and well-being for service members and Veterans.

Recognizing this need for Veterans, the Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) developed the U.S. Department of Veteran Affairs (VA) **Components of Proactive Health and Well-Being** framework in order to place the ownership of Veterans' health in the hands of Veterans themselves. Community resources and

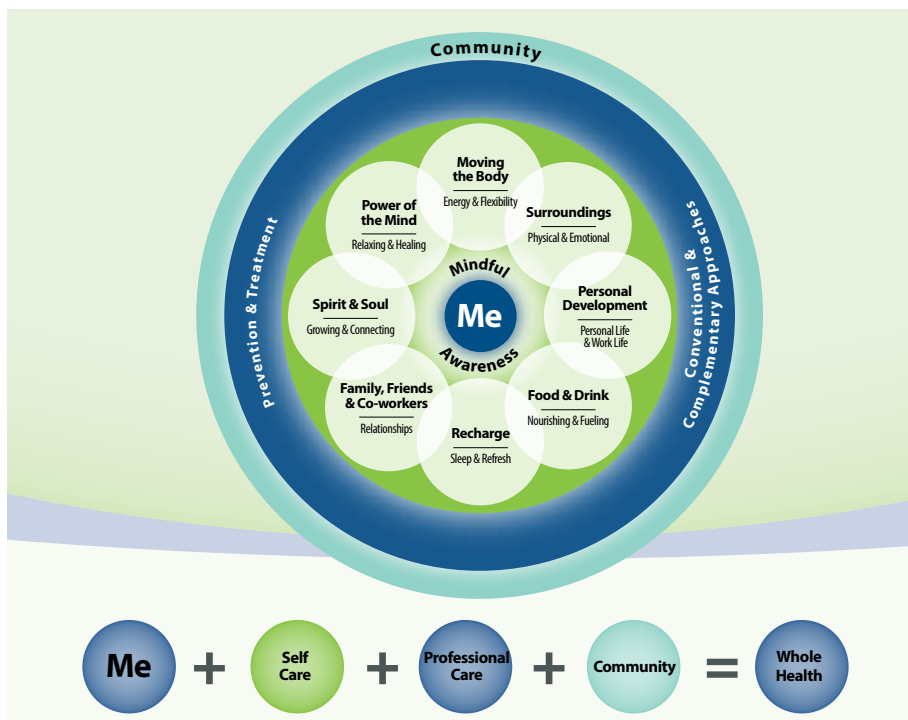
programs were included as a crucial component of this framework.

Despite this recognition that communities can and should fill the gap, reintegration poses challenges for both communities and service members. From a healthcare perspective, it can be difficult to find or gain access to knowledgeable healthcare providers who can provide services appropriate for those who have served, a fact that is intensified by the feeling among many Veterans that civilians "don't understand the military concept." Reintegration into family life itself is extremely difficult, stemming largely from the stress of potential redeployment combined with a sense of not feeling a part of their families and communities or being misunderstood by them (Demers, 2011).

In addition, we see differences in health conditions and related behaviors between urban and rural Veterans. Those in rural areas not only face increased prevalence of PTSD when compared to urban Veterans, but they also are less likely to seek therapy for mental health issues (Duke et al., 2011).

"In summary, the sociocultural context of suicide provides a complex entwining of factors associated with, but not directly predictive of, suicide. Therefore, meaningful improvement of suicide prevention efforts is possible only through a systematic and unified public health approach addressing international, national, and community-level issues and resources paired with individualized support, care, and personal responsibility."

– 2019 National Veteran Suicide Prevention Annual Report



VA CIRCLE OF HEALTH

Department of Veterans Affairs Veterans Health Administration's 'Proactive Components of Health and Well-Being' aka The Circle of Health.

These demographic differences require that programming and approaches be flexible in order to address the varying needs of different communities.

For many working on mental health issues with service members and Veterans, there is growing concern about social isolation, particularly for patients with TBI who have social function loss. In the *2019 National Veteran Suicide Prevention Annual Report* (VHA, 2019a), social isolation is among the major risk factors for suicide. The report also suggests that Veterans who died by suicide were more likely to have had sleep disorder, TBI, or a pain diagnosis, in addition to mental health diagnoses and prior suicide attempts.

Finally, there is an incredible burden on caregivers, who are often young women raising young families, or caring for their injured partners and/or aging parents who have their own health needs and concerns. Communities must be equipped to support these individuals who provide critical care to Veterans and service members.

Despite these challenges, communities are also places in which local problem-solving can often prove most effective and provide opportunities to test arts-based solutions.

Traditional and long-standing veterans service organizations are increasingly seeking new ways to attract and retain this new generation of Veterans. As an example, the Veterans of Foreign Wars Post 1 in Denver founded the Veteran's Arts Council (VAC), in part to address dwindling membership as well as to respond to the interests of Veterans in their community. The highly successful VAC is open to all wartime Veterans and showcases and provides mentorship

to Veteran artists working in any medium. As part of its commitment to community outreach and cooperation, VAC works with select civilian artists on education and other initiatives.

Local arts agencies are among the growing number of supportive service organizations that are encouraging the development of relationships and partnerships between military and veteran communities, local artists and performers, artists in healthcare, and arts organizations.

In its 2018 Local Arts Census, Americans for the Arts asked more than 4,500 respondents a series of questions about how and whether they are currently responding to their local military and veteran population's needs through the arts. Of those who responded, 26% answered that they were using the arts to help returning military personnel reintegrate into family and community life and engage with military and veteran constituencies through arts programming provided by their own organization, partners, or grantees.

Key Findings

- 29% of local arts agency arts-and-military programs are done in partnership with other arts organizations, 25% with local military support groups, and 22% with VHA facilities for military engagement programs.
- 66% of programs engage older veterans, 58% engage military family members, and 50% engage active duty service members.
- 54% have encountered challenges when trying to develop or fund arts programming for military constituencies. Opportunity areas, which necessitate increased funding, focus on improved communication with service members, Veterans, and their families.

SETTING THE STAGE FOR A NEW FRAMEWORK FOR ACTION: 2020 AND BEYOND

2016 National Roundtable for Arts, Health, and Well-Being Across the Military Continuum

The discussion during the second **National Roundtable for Arts, Health, and Well-Being Across the Military Continuum**, held in 2016, centered on the emerging themes impacting the environment for arts and health in the military, including the evolving and fuller understanding of the medical and psychosocial conditions in post-9/11 troops and Veterans, recognition of the gendered experience in the military, and the increased need for local communities to be fully prepared for and engaged with public-private partnerships to sustain this work.

Those impacts do not solely exist in the OIF and OEF veteran populations either: we know now that TBI and PTSD have been ever-present throughout generations, though the specific circumstances and cause of these wounds may differ depending upon the theater of war. That the demographics of the military and veteran communities are changing is undisputed. As the population of service members deployed abroad continues to shrink, the continuing medical needs of the veteran population will be borne increasingly by the VA. Given the lack of confidence that their health and

well-being are being understood and adequately met by the traditional military and veteran systems, vulnerable and underserved Veterans—among them women, BIPOC, and LGBTQIA persons—will increasingly look to the community where they live for support.

The 2017 National Summit: Reintegration and Resilience

The 2017 **National Summit: Reintegration and Resilience—The Role of the Arts in Recovery, Transition, & Transformation across the Military Continuum** built on the 2016 Roundtable framework to provoke dialogue among the participants on how the National Initiative can continue to progress.

While much progress has been made in the key focus areas of practice, research, and policy since the launch of the National Initiative, it nevertheless remains that many of the original recommendations from the 2013 *Arts, Health, and Well-Being*

Across the Military Continuum: White Paper and Framing a National Plan for Action continue to be relevant. The recommendations below reflect the discussions begun at the 2016 Roundtable and continued at the 2017 National Summit. These additions build upon the successes of the National Initiative to date but allow for the consideration of an expanded framework for a new blueprint for action as the National Initiative continues to grow to meet new challenges. With new challenges confronting both the military and civilian communities in 2020 brought on by the pandemic, we have an opportunity—and indeed an obligation—to revisit these recommendations with new eyes to consider how to expand on the success of the near decade-long effort.

PRACTICE

Recognizing the distinct worlds in which military, arts, and healthcare professionals reside, the initial recommendations in the area of practice articulated the need for training to ensure better understanding

of the value that the arts can provide to quality of life within the military medical continuum. Early training programs (e.g., the VA Arts in Healing pilot project) focused on increasing the skills and knowledge of healthcare practitioners within the VA and have shown great promise in training as a means for integrating and expanding the arts within this formal setting. In this next stage, training programs are still needed to ensure a broader understanding of the use of the arts and creative arts therapies in addressing the pressing health needs of military service members and Veterans both in and outside of the clinical setting. In addition, effective programs should be expanded, and new programs developed in a way that honors the uniqueness of female, BIPOC, and LGBTQIA service members and Veterans, as well as allows for diversity of experience and inclusion of all perspectives.

- **Develop additional training programs for the full spectrum of arts program providers—including artists, arts groups, and nonprofit service organizations—to**



ARMED SERVICES ARTS PARTNERSHIP

Veterans perform during The Armed Services Arts Partnership (ASAP) 2017 Operation Improv Grad Show at Unified Scene Theater, Washington, D.C.

Photo by Dani Aron-Schiavone, courtesy ASAP.

help them better understand and plan programs for female, BIPOC, and LGBTQIA service members, Veterans, and their families.

Artists and arts practitioners—and those who employ them—must understand the unique environment and issues confronting female, BIPOC, and LGBTQIA service members and Veterans. This understanding is necessary to ensure the safety and success of integrating the arts into healthcare environments and other community-based arts, health, and well-being programs.

- **Support continued efforts to connect and train arts program providers in military and veteran cultural competencies.** Building a better understanding of military and veteran cultures is key to the success of any program serving military-connected populations. A number of support services have developed to address this need, including the long-standing efforts of veteran service organizations (e.g., [PsychArmor](#)) that target military culture as a whole, as well as more recent efforts (e.g., Modern Military Association of America's [Rainbow Shield](#) program, which offers an online LGBTQIA cultural competency training and curriculum). The VA Office of Mental Health Services has created an online community toolkit, [Understanding Military Culture](#), focused on providing insight into military culture for community partners.

A similar inventory of arts programs and interventions that have worked in various settings might prove effective in a military setting. These cross-sector

examples will help expand uptake of arts and health programs within a military setting while also providing validity for arts and health in a wider context.

RESEARCH

Although research in creative arts therapies and arts interventions are receiving renewed attention by federal agencies—including the National Institutes of Health (NIH) and the National Endowment for the Arts (NEA)—many of the initial research recommendations should continue, with a need for broadly defined research that looks at the impact of arts and health across the military continuum and moves beyond specific research on combat-related injuries. New areas for research should also be considered to most effectively recognize the better understanding of medical conditions impacting both combat and noncombat Veterans deployed into war zones.

To better address the changing demographics within the military population, research must recognize the unique experiences and circumstances encountered by female, BIPOC, and LGBTQIA service members and Veterans. Related policies should address these unique situations and allow for differences based on the experience of different genders. Research must continue to look at best practices from a wide range of disciplines and from fields outside or arts and health. Potential research and investigations should include building a better understanding of the impacts of arts interventions on the military continuum—pre-deployment and active duty; re-entry and reintegration; Veterans, Veterans Health Administration (VHA) health

systems, and local community systems; late-in-life and palliative veteran care; and families and caregivers.

- **Conduct a broad research agenda that considers the differences and similarities found in gendered experience of military service.** This gendered approach to research would recognize that the experiences of men and women can differ greatly at every point of the continuum.
- **Conduct a broad research agenda that recognizes institutional biases where they occur and strives to identify and support the needs of female, BIPOC, and LGBTQIA service members, Veterans, and their families.** While great strides have been made in better understanding the impact of the arts and creative arts therapies in the treatment of combat-related conditions (e.g., TBI and associated psychological health conditions), additional research should consider the unique impacts of racial, cultural, and gender identity in clinical and community settings.
- **Consider a broad research agenda that moves beyond structured, institutionalized settings and examines the advancement of health and well-being for military-connected populations through the arts taking place in the community.** Additional research and evaluation could be conducted to assess the effectiveness of, and changes needed to implement, programs outside of the more structured, institutionalized settings.

ROCK FOR VETS

Veteran performers from the Rock for Vets program delight a packed house in Long Beach, CA.

*Photo courtesy The Rock Club
Music is the Remedy.*



POLICY

The past 10 years have seen unprecedented policy successes at all levels of government, from the expansion of grant programs supporting services to military and veteran populations—effectively increasing much needed access to the arts and humanities across the country—to targeted projects. As an example, Creative Forces: NEA Military Health Arts Network—through its research into the role of the creative arts therapies in the interdisciplinary treatment of combat-related injuries, including TBI and PTSD—has provided a growing body of evidence demonstrating their effectiveness. The success of these efforts has recently provided Congress with the confidence to consistently achieve bipartisan support for increasing

appropriations to the federal cultural agencies for the past four years, despite the Trump Administration's constant effort to eliminate them. As part of its 2020 appropriations, Congress invested in a historic appropriation of \$5 million to the VA for the expansion of the arts and creative arts therapies in Whole Health, while at the same time directing the Defense Health Agency (DHA) to issue a report detailing how a program like Creative Forces might be expanded across more military treatment facilities

Much of this policy work needs to continue before we justifiably can claim a full integration of the arts and creative arts therapies into a federal whole-of-government approach. Among the policy recommendations from the 2013 National Initiative white paper, there continues to be the

need for the field of arts and health to delineate a continuum of services across the military. The use of creative arts therapies, therapeutic arts, and arts for educational and expressive purposes needs to be considered for military-connected populations across the continuum. Examples for such a continuum exist in other disciplines, including arts education, which can help to articulate this array of benefits for arts and health for military-connected populations.

By articulating the differences along this spectrum— from arts experiences that help to boost mood and quality of life to those where the arts are fully integrated into patient therapies and tied to particular clinical outcomes— practitioners can help identify their own program goals and outcomes and better



COMBAT ARTS SD

Artists and Veterans gather at the Adams Avenue Car Wash in San Diego for the unveiling of "Thank You For Your Service" a public artwork addressing the challenges a combat vet with PTSD and a service dog face when they go out in public.

Photo courtesy Combat Arts San Diego.

articulate their benefits to stakeholders. Building a shared understanding of the value of arts interventions along this continuum is also an essential component of recognizing that the full spectrum of arts providers—including creative arts therapists, artists in healthcare, and artists and performers—are professionals with distinct yet complementary roles and practices.

- **Increase public sector investments—at the federal, state, and local levels—that establish grant programs to fund community arts programs for military-connected populations.** Congress should provide additional support for federal cultural agencies to expand funding opportunities for state arts and humanities agencies and other nonprofit organizations providing cultural programs and services to local military and veteran populations. In addition to supporting and expanding Creative Forces, the NEA should develop and direct federal resources to the establishment of a national grants program for arts organizations providing community-based arts programs. Similarly, state and local elected officials should provide

resources to state and local arts agencies to support arts and humanities programs specifically targeted to the needs of their military and veteran populations.

- **Increase creative arts therapists employed at DoD and VHA medical facilities and support for community-based arts partnerships.** Work with Congress to provide additional support to the DHA and VA to increase the number of creative arts therapists employed to serve military service members and Veterans in clinical settings, as well as provide support for community-based arts partnerships.
- **Private sector arts funders and those supporting military and Veteran issues should collaborate to support best practices in program development, implementation, evaluation, and bringing successful programs to scale.** Too often, funding for exemplary arts and culture programs serving military and veteran populations fall through the guideline cracks of private philanthropy, including that of corporate, foundation, and



individual donors. A coordinated effort among philanthropy-based service organizations to educate arts funders, funders for military and veteran issues, and donors on the effectiveness of arts-based interventions on the health and well-being of military-connected populations is needed to match the increased support occurring in the public sector.



NATIONAL INITIATIVE
FOR ARTS & HEALTH
ACROSS THE MILITARY

CONCLUSION



In the years since its founding, the National Initiative for Arts & Health Across the Military (National Initiative) has made much progress towards achieving many of its goals. The initial dialogue has continued with four additional national summits (one virtual) and two top-leadership roundtables. Collectively, these events have brought together more than 2,000 military and civilian voices, sharing their challenges and providing guidance on what strategies and resources are needed to fully realize the potential for the arts to improve the health, well-being, and quality of life for military and veteran populations.

Of the 17 recommendations from the National Initiative's first white paper—*Arts, Health, and Well-Being Across the Military Continuum: White Paper and Framing a National Plan for Action*—many have come to fruition. The 2015 *National Summit: Advancing Research in the Arts for Health and Well-Being Across the Military Continuum* launched a strong research agenda effort broadly, bringing together researchers and practitioners from beyond the arts, health, and military studies to create deeper dialogue and understanding of the needs and capabilities for integration of the arts into the healing paradigm. These efforts

The Peace Paper Veterans Workshop in Tallahassee, FL, provides Veterans with a process to share their stories.

Photo courtesy Peace Paper Project.



HOT SHOP HEROES

Hot Shop Heroes™ Program is a collaboration with the Warrior Transition Unit at Joint Base Lewis-McChord, the American Lake Veterans Administration, and Museum of Glass.

Photo courtesy Hot Shop Heroes.

have increased the body of knowledge and strengthened the effectiveness of the efforts in the practice of arts and health, as well as provided evidence to support policy changes. A central online presence for the National Initiative, [ArtsAcrossTheMilitary.org](https://www.ArtsAcrossTheMilitary.org) has been created to promote information sharing, collaboration, and samplings of interactive arts experiences, along with a directory that provides opportunities for connection and collaboration among promising and established programs. These programs have effectively engaged practitioners at the grassroots level and created a deeper dialogue regarding the needs of the community. Key programs have been developed to inform the expansion of the practice of arts and health, including forming cornerstone training programs that address expanding knowledge of healthcare providers, thus raising awareness among artists to the needs of those within the military continuum so that they can create programs that are effective.

The field of arts and health as a whole has seen a significant expansion in the use of arts to increase health, well-being,

and quality of life outcomes among the military and veteran populations in both clinical settings and in the community. Because research efforts have illuminated the significant impacts that the arts can have on these outcomes, federal cultural agencies have launched national initiatives and programs (e.g., Creative Forces: NEA Military Health Arts Network). State arts agencies have followed suit by establishing funding programs and task forces that support greater collaborations between the arts and military and veteran agencies, as well as provide direct arts programs and services for military and veteran populations.

As the National Initiative looks toward the next 10 years, it will continue to work towards progress on the three focus areas it has had since its inception—practice, research, and policy—for clearly there is much more work to be done. However, new goals and strategies are needed to help build upon the changing context and knowledge gained over the past decade, as well as to address the implications of the larger and immediate societal challenges ahead.

While the arts field as a whole has demonstrated progress along most of the goals in the initial set of recommendations set forward in the National Initiative's first white paper, other goals continue as ongoing efforts, particularly around the need for a continued focus on research to document successful outcomes and the funding needed to amplify and scale existing programs to meet increased demand.

Our practitioners—artists, creative arts therapists, and healthcare providers—must build upon what they have learned in working with military-connected populations to increase efforts to better understand and address the needs of female, BIPOC, and LGBTQIA service members and Veterans.

The policy inroads achieved with the 2020 Department of Defense (DoD) and Department of Veterans Affairs (VA) appropriations are a first step to

a fully articulated national policy and multiagency implementation strategy that both acknowledges the value of the arts and creative arts therapies to the health and well-being of our troops, military families, and Veterans, and provides the necessary resources to sustain them.

The mandate exists to continue to identify and amplify sustainable strategies that allow for integration and coordination of top-down and grassroots initiatives that bring together military and civilian communities in collective action.

Communications and advocacy must be a sustained and coordinated effort—one that not only tells the stories of the effectiveness of the arts in addressing the health needs throughout the military continuum, but does so in a unified effort that ensures all voices are represented and respected and resources are equitably applied.

The new cultural and societal contexts that have emerged as a result of COVID-19—and will continue to evolve post-pandemic—have left room to build upon the National Initiative’s foundational efforts to date, as well as to consider opportunities to expand and for old methods and ways of doing things to be reexamined.

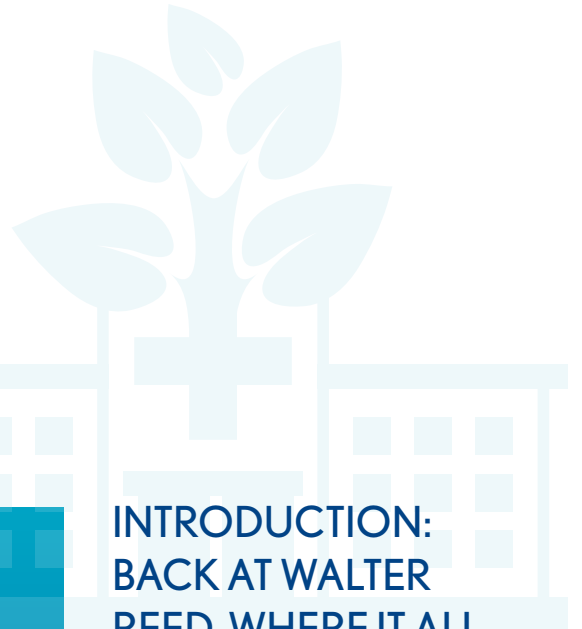
Much of the success of the National Initiative has been in effecting change and integration within large organizations (e.g., DoD and VA). These programs have deeply impacted patients who have participated, and there has been growth in access to, and demand for, these programs from patients, as well as increased connection

to community-based organizations providing these services in partnership with these agencies.

There remains a gap, however, in translating the successes found in these larger institutions to the local communities where Veterans return after service; the military/civilian divide persists. Communities have traditionally been places of healing, and it is imperative that we continue to see communities as connected, healing environments for our Veterans. The growth of more community arts programs and services across the country, spurred in part by new funding programs from state and local arts agencies, have created opportunities. To support scaling the impact of creative arts therapies and healing arts programs, local community frameworks must be developed that will leverage the groundswell of community interest on behalf of artists and arts groups in serving military-connected populations. To develop a new community-focused framework, strategies must be developed to deal with existing challenges facing military and veteran populations in their local communities.

The environment of today, compounded by the twin threats of COVID-19 and racial unrest, demands ways of looking at the arts’ role in mitigating and transcending trauma—both at an individual and community scale, as well as collectively across agencies, service organizations, etc. To make significant systemic change, new strategies should leverage public and private funding streams and expertise to most effectively use resources and align around common goals in order to fully realize the potential of the arts to transform the lives of the military service members, Veterans, and their families and caregivers.





ADDENDUM

The Impact of COVID-19 on the Arts and Military-Connected Communities—A Report from the 2020 Virtual Summit



INTRODUCTION: BACK AT WALTER REED, WHERE IT ALL BEGAN...

PURPOSE: “Together we will explore arts and creative arts therapies efforts and engagements focused on meeting the challenges around COVID-19, for military-connected populations and healthcare providers on the front lines. Interactive panels and discussion sessions will focus on how COVID-19 has impacted military and veteran communities, including vulnerable communities, as well as how individuals and organizations are leading the efforts to serve them through the arts.”

—Excerpted from the summit invitation from Col. Andrew M. Barr, U.S. Army Medical Corps, and Director, Walter Reed National Military Medical Center

The day began with an invocation: to breathe; to be present; to journey together; and to learn, grow, and share. The invocation, made in the West African musical tradition, was offered by Master Sgt. Fred Johnson (U.S. Marine Corps, Ret.), who is artist-in-residence at the Straz Center for the Performing Arts in Tampa, FL. Intersecting identities would become a key theme throughout the sessions, which took place over three days on the Adobe Connect platform and broadcast from Walter Reed National Military Medical Center (Walter Reed Bethesda). Walter Reed Bethesda was the site of the first National Summit for Arts & Health Across the Military in 2011, and in his welcome, Barr noted the role of that first summit in establishing Walter Reed Bethesda's "meaningful partnership with Americans for the Arts, which continues to this day."

This return to Walter Reed Bethesda, though virtual, to discuss the power of deploying the arts to enhance health and well-being had additional significance as participants confronted the compounding wounds of COVID-19 and racism—wounds both visible and invisible, personal and societal. Barr unequivocally spoke to the value of the arts for healing across the military spectrum as he concluded that "the arts continue to demonstrate how flexible, appropriate, and invaluable they are for every situation—for every patient, family member, and healthcare worker."

Core themes of the introductory remarks from Barr, Robert L. Lynch (president and CEO, Americans for the Arts), and Francis Collins, MD, PhD (director, National Institutes of Health)—echoed by Capt. Moira McGuire (U.S. Public Health Service, Defense Health Agency; division chief, Integrative Health and Wellness; and chief, Arts and Health Program, Walter Reed Bethesda), Marete Wester (senior director, arts policy and the National

Initiative for Arts & Health Across the Military, Americans for the Arts), and Brig. Gen. Nolen Bivens (U.S. Army, Ret.)—centered on social connection and disconnection, traumas both seen and unseen, and the parallels and shifts from 2011 to now.

Over the years and intervening summits, two things have become very clear: the military is deeply invested in reintegration; and that healing takes place as part of a community, a larger support network.

Arguing that the arts are more important than ever in confronting the compounding challenges for military-connected populations, the summit demonstrated that the arts—like military populations—are forever changed by the pandemic, but also are always evolving, flexible, and resilient, and that working together to achieve access has benefits both seen and unseen.

SUMMARY OF SESSIONS: ARTS AND COVID-19 IN CLINICAL AND COMMUNITY SETTINGS

CLINICAL SIDE: "The arts and humanities will play a vital role in reminding us of our humanity and helping us get through this crisis."

—**Lisa Lockerd Maragakis, MD, MPH, Senior Director of Infection Prevention, Johns Hopkins University**

At Johns Hopkins University (JHU), frontline medical professionals were on

an incident command structure for the first three months of COVID-19. These were especially stressful days, with long hours of work. Each day, there was an intentional pause for stress reduction of people on the front lines, and many artists participated in those sessions. In her keynote address at the summit, Maragakis shared that it still "brings tears to my eyes to remember how meaningful that was. We really benefited from the arts, even when virtual."

While caring for caregivers has been an important part of the conversation since the inception of the National Initiative, the current urgency of COVID-19 and the enormous challenges facing frontline healthcare workers has brought this into starker relief. In the Q&A following the keynote presentation, Bivens described men and women "at the tip of the spear" in military parlance, noting how COVID-19 has shown that frontline medical workers are now also at that point of trauma. The presentations that followed continued to draw upon the critical effects of COVID-19 on staff, patients, and healthcare workers, specifically speaking to the clinical response from a variety of perspectives.

Creative arts therapists from Walter Reed Bethesda and the surrounding area discussed the framework for their COVID-era virtual arts programming, called Project OASIS, which they created in a matter of days specifically to serve healthcare workers. In a Project OASIS activity using collective poetry, Liz Freeman, MA, BC-DMT (dance and movement therapist, Henry M. Jackson Foundation for the Advancement of Military Medicine (HJF) in support of Creative Forces: NEA Military Healing Arts Network, National Intrepid Center of Excellence, Walter Reed Bethesda), noted that "everyone's writing seems to flow from one to the next. It's a testament to our ability to really be able to connect

ARTS AND THE MILITARY

The Army Ground Forces Band on parade in Fayetteville, NC.

Photo courtesy Arts Council of Fayetteville/Cumberland County (NC).



through these platforms, although different and strange, once we get the hang of it.” The need to focus on the vehicle nearly as much as the actual art is an added challenge, but it also opens the door to exploring new ways to engage with others through new platforms. In the case of caregivers, the arts opportunities offered through Project OASIS provided skill-building and an open forum for evaluation and feedback from providers, many of whom were also learning to navigate new platforms with patients. For example, in another Project OASIS activity called human musical jukebox, the presenters quickly learned that duet collaboration is especially challenging over virtual platforms, and after many tries, settled instead on a call-and-response format.

In some cases, presenters noted an improvement of regular practice as a result of the limitations of the virtual space. Heather Spooner, MA, ATR-BC (assistant scholar in arts in medicine, University of Florida Center for Arts in Medicine, Rural Veterans Telerehabilitation Initiative, Malcom Randall Department of Veterans Affairs Medical Center), shared a specific case in which her patient was unable to communicate verbally but had made the effort to connect. Her typical process of nonverbal communication through

art could not work in the virtual format, so a new adaptation—in which she drew something, and the patient drew the same thing while adding on, and so on back and forth (much like the call and response discussed)—transformed the way she plans to facilitate the activity even in an in-person environment. In the clinical context, the arts provided both a needed break from the major stressors of COVID-19 and also a way to experiment, explore, and gain new skills for a shifting virtual landscape—all through creativity.

Adaptation is powerful and can offer important lessons even when it is not necessarily an improvement. Kristin Ramsey, MA, ATR-BC (Hematology/Oncology, Walter Reed Bethesda), shared that one of the key aspects of the clinical art program in the Walter Reed Bethesda pediatric hematology/oncology ward pre-COVID-19 had been a big table set in the very center of the room as a way to build community and connectivity between families. Especially for this vulnerable population, COVID-19 removed that option. As children so often do, the young patients looked at the situation and asked, “How can we still connect?”. They took tables from the nurses and sat outside each bay with art supplies. At more than six feet apart with masks on, and using the same art supplies, the kids created surprise

pictures for each other—deftly displaying the ways in which artmaking, even in the new reality, can combat feelings of isolation and inspire innovation in how we work and connect with one another.

COMMUNITY: “We’re still here for you; the music will keep going.”

—Col. James Keene, Commander, The United States Army Field Band

Keene opened the day by discussing the United States Army Field Band’s main work: connecting with and building trusting relationships between military and civilian communities. To build trust, he noted that it is of particular importance to meet people where they are and ask, “What does our audience want to hear?”. This is where the Field Band started in the transition to virtual programming, providing education and popular music to continue to drive participation and relationship-building. Beyond their own day jobs playing music, Keene and other band members shared the critical importance of those relationships in the making of *The Falling and the Rising* opera. The Field Band partnered with civilian opera companies nationwide in developing a piece that traces the journey of a soldier.

Part of the power of community programming is that it strengthens the intangibles that connect and bind us and helps build morale and resilience through the music and art we share.

The next session provided a view on programming from the community arts response to COVID-19, and its role in supporting social connectivity for military populations. Practitioners and arts providers discussed the importance of being flexible, adaptable, and vulnerable in the shift to a new paradigm of virtual arts engagement.

Ron Heneghan (director of education, Chesapeake Shakespeare Company) brought up programming in the context of education: even when most of Chesapeake Shakespeare Company (CSC) was forced to shut down due to COVID-19, focusing on education and classes made sense. While productions are currently sidelined, people still have a real interest in delving into text that takes them outside of themselves—

something that is not only possible, but sometimes even more powerful, using virtual technologies both synchronously and asynchronously. Niyati S. Dhokai, PhD (research assistant professor, College of Visual and Performing Arts, and program director, Veterans and the Arts Initiative, Hylton Performing Arts Center, George Mason University), agreed. As she discussed the ukulele workshop program offered through the Hylton Center, she noted that it was particularly focused on presenting programming using intergenerationally friendly technology. “We were implementing quickly and always knew it wasn’t perfect, and we were working through it.” Sgt. Román Baca (U.S. Marine Corps, Ret., and artistic director, Exit12 Dance Company) described a scenario many arts organizations are facing: he had to throw everything online and then admit what wasn’t working so that he could prioritize what was. Fortunately, there were many things that did work, and this process of remaining open to the possibilities was key for all of the presenters.

“There is more we can do in this space even when we can’t perform

live,” said Heneghan, “particularly as it relates to the excellence of military-connected artists.” The veteran ensemble of CSC might be the first group of individuals who were able to perform in this COVID-19 environment, as they are a tight group of nine who have consistently rehearsed virtually since the shutdown in spite of the challenges. Several other presenters also highlighted the military community’s commitment to connecting with the arts as a powerful entry point to offering more opportunities through creative expression for reintegration and deeper social connections.

Anna Pasquale (Creative Forces Open Studio artist-in-residence, Jacksonville-Onslow Council for the Arts) drove home this point as she discussed how the council knew it needed to offer a virtual option for its Creative Forces Open Studio program, but that COVID-19 had pushed forward the timeline for such a virtual space for connection. While acknowledging the core differences between in-person and virtual engagement, she noted that one is not necessarily better than the



GIANT STEPS

Art-making workshop at the VA Connecticut Healthcare System.

Photo by Laura Spinelli.

other: they are adaptations that may work more or less effectively depending upon the person. The council's virtual open studio sessions provide both arts demonstration and an opportunity to be together and talk, providing a creative opening to share a space with others.

The importance of combating social isolation took on an even greater meaning at this summit than ever before, with the compounding effects of the pandemic adding to the dislocation that can be felt by service members during reintegration, as well as by frontline healthcare workers. Susan Magsamen, MAS (executive director, International Arts + Mind Lab, JHU), shared that the most distributed article through the Arts + Mind Lab during COVID-19 was [PTSD and the Arts: A Path to Healing Our Healers](#), which provided more ways of thinking about using the arts every day and the myriad populations they serve. Treatment of mental health through use of the arts also took center stage. Jeremy Nobel, MD, MPH (president and founder, Foundation for Art & Healing), also placed mental health and the arts centrally, bringing to bear the critical health implications of isolation and the important ways in which the arts can connect us and effectively combat those deleterious effects. In the final presentation of the day, Randy Cohen (vice-president of research, Americans for the Arts) and Jill Sonke, PhD (director, Center for the Arts in Medicine, University of Florida College of the Arts, and assistant director, UF Health Shands Arts in Medicine), discussed how a major international survey is looking at the effects of the arts across populations during COVID-19. They discussed in detail how critical the arts are to our mental health, especially as the realities of adaptation shift and change over time

CRITICAL THEMES OF THE CLINICAL AND COMMUNITY SESSIONS

1. **Caring for caregivers and healthcare workers.**
2. **Collaboration and partnerships.**
3. **Commitment and trust building.**
4. **Flexibility, vulnerability, and adaptability (and a willingness to be imperfect in service of trying new things).**
5. **Social connection and the combating of social isolation.**

What Comes Next?

Nearly all of the presenters, from both clinical and community settings, shared some variation on the theme of virtual hybrids. While we will eventually return to some in-person work, the continuation and development of the virtual opportunities built during this time are here to stay. Several presenters discussed the ways in which virtual options help bridge distances and make it easier for people to fit these important arts opportunities into their schedules. Even now, hybrids can strengthen our ability to connect. On the clinical side, a chalking day outside the hospital, led by Mallory Van Fossen, MA, ATR-BC, LCPAT, LPC (clinical coordinator, Arts in Health, Walter Reed Bethesda), mingled the very physical—and contrastingly impermanent—medium of chalk with online Facebook participation, which offered positivity, posterity, and a variety of ways to engage. Out in the community, Baca highlighted a collaboration between Exit12 Dance Company and Sky Hill Farms that created a socially distanced

opportunity for artists and Veterans to be together in person that was also shared virtually, filling a need to create something together while also allowing members who were not able to be physically present to be a part of the process. Pasquale noted that it is not either-or and never will be again: “Both virtual and real-life matter and can create community.”

For all summit participants, it wasn't *if*, but *how* to shift to a virtual environment. There was not a moment's hesitation when COVID-19 hit: there would be no interruption in service, just alterations, additions, and alternatives. Building trust with the military-connected populations they serve was of utmost importance in the real-life versions of the programs run by the presenters from community arts organizations, which bolstered their ability to move online. It also meant that on both the clinical and community sides, practitioners and arts providers felt a responsibility to deliver the arts that had become such an important part of so many of their participants' lives. Being prepared for the shifts to come took on greater meaning as the summit approached its third day.

Of course, we may not be able to see what is ahead, but the ability to move quickly and to adapt—and to have the partnerships and collaborations in place to allow for it—makes all the difference in maintaining trust and moving ahead to help connect people through the arts.

THE MANDATE MOVING FORWARD: EXPLORING THE 2021 NATIONAL SUMMIT DISCUSSION THEMES

Racism, within and outside of the military, is not new, but the conversation is now so clearly urgent. Bivens provided a history, both personal and national, of racism in the military, sharing a construct of the four windows through which he is seen: Black Man, Black Officer, Officer, Man. The trajectory to simply *Man* happened over time in the military, one person at a time. The challenge of how to then help bring that home ushered the summit into a reflective afternoon of exploration and deep discussion.

Attendees first delved into their own feelings around racism through the **I, Too: Healing Engagements on Racism** experiential program developed as a collaborative effort between arts-in-health programs and pastoral care services at Walter Reed Bethesda and facilitated by Van Fossen and Sarah Moore, MA, R-DMT (dance and movement therapist, George Washington University Hospital, and National Intrepid Center of Excellence, Walter Reed Bethesda). The experiential program—based on Langston Hughes’ poem, “I, Too”—was conceived as a continuation of conversations that arose from town halls convened by Barr at Walter Reed Bethesda around the topics of racism and social injustice. The goal was to facilitate deeper understanding of experiences by providing spaces for reflection and expression, specifically through a combination of labyrinth walking and visual artmaking. While the original program took place in person, with strict social distancing and sanitation practices for art supplies,

summit attendees who participated online were able to experience a virtual labyrinth walk-through video (a finger labyrinth was another option discussed, but not presented) and artmaking at home, with the option to share the final products via an emailed photo. The special considerations needed to adapt the experience to the virtual space suggest how such learnings may factor into future summits and experiential programs, virtual or in-person.

The summit ended with a powerful discussion on racism in community and clinical settings, as well as the importance of intersectionality, including gender identity. This conversation also highlighted the ways in which the arts can provide important pathways to understand one another and to create trusting, compassionate relationships. For several of the discussants, most of their healing came from arts outside the medical environment. Building bridges from military to civilian communities and from healthcare settings to arts opportunities are as important as the many partnerships and collaborations described in sessions throughout the summit.

KEY TAKEAWAYS

- **Healing happens as a community.**
- **Conversation and dialogue are key to building trust.**
- **Being present with people allows us to hear them and connect as humans first.**

RECOMMENDATIONS AND NEXT STEPS

Johnson closed the summit with a reflection through song, mirroring and driving forward the music he shared at the beginning. At its core, his music spoke of our collective humanity—the cumulative power of people coming together to imagine a different world.

At the 2016 National Arts & Health Across the Military Roundtable, participants committed to continue this conversation. They also recognized that some of the most exciting and successful activities that were happening were very local, in the community, and so facilitating long-term partnerships had to be part of moving forward. If there was one refrain that reverberated throughout the summit, it was collaboration, partnerships, the need to come together to create change. On the final day, McGuire reminded participants that the importance of “staying in touch with our creative selves is that it’s a space of humility and a space of generosity; we can make things better from a place of authenticity.” She called the summit participants to action: What would you reimagine in this space?

The last word belonged to Maj. April Harris, MS (U.S. Army, Ret.), an artist who participated in the final discussion:

“Failure is not an option on any mission. This is just another mission, and we will not fail. Brothers and sisters deserve an opportunity to heal, and let’s start working.”



APPENDICES



APPENDIX A

National Initiative for Arts & Health Across the Military

The National Initiative for Arts & Health Across the Military (National Initiative) seeks to advance the policy, practice, and quality of arts and creativity as tools for health and well-being in the military. These efforts are focused on increasing the visibility and understanding of, and support for, arts and health programming among medical professionals on behalf of military service members, Veterans, and their families. In addition, the National Initiative seeks to increase the awareness of the arts as tools for health and well-being among all military service members, Veterans, their families, and caregivers. To these ends, the National Initiative has engaged key leadership from a variety of military and civilian fields—including health, education, arts, and humanities—to foster collaborative discussions and generate action

toward an environment that builds on the history of arts integration in the military and medical fields to increase its availability and lead to its success.

Founded by the same organizations responsible for the coordination of the first National Summit—Arts in Healing for Wounded Warriors, hosted by the Walter Reed National Military Medical Center (Walter Reed Bethesda) in 2011, the National Initiative is currently managed by Americans for the Arts.

ARTSACROSS THEMILITARY.ORG

To address the recommendation for a central online location for collaboration, Americans for the Arts established the website ArtsAcrossTheMilitary.org in 2013. It features research and other interactive media, including reports and stories from National Initiative summits and from partners across the country. Several resources—including the [Arts and Military Services Directory](#), [Arts & Military Connection e-newsletter](#), and the private [Facebook group](#)—connect those working to support military populations across the continuum by sharing resources,

best practices, and storytelling. This effort is compounded by the individual webpages, newsletters, and social media efforts of the local providers and service organizations participating in the National Initiative Directory.

ARTS DEPLOYED: AN ACTION GUIDE

Americans for the Arts' National Initiative for Arts & Health Across the Military and the Local Arts Advancement department have collaborated to produce [Arts Deployed: An Action Guide for Community Arts & Military Programming](#). The guide helps arts organizations and artists interested in bringing creative arts programming to military-connected populations; defines the unique roles that local arts organizations and artists can play in serving military service members, Veterans, their families, and caregivers; and provides examples of programs that can be successfully implemented on a local level.



APPENDIX B

Getting to This Point 2011-2020: Momentum for a Movement Builds

The timeline below includes a sampling of the key events, publications, programs, and agencies that have contributed to advancing the mission of the National Initiative for Arts & Health Across the Military, as well as in realizing core Research, Practice, and Policy recommendations from the 2013 *Arts, Health, and Well-Being Across the Military Continuum—White Paper and Framing a National Plan for Action*.

2011	OCTOBER 14–15. First National Summit: Arts in Healing for Wounded Warriors held at Walter Reed Bethesda.
2012	MARCH. The National Initiative for Arts & Health in the Military is launched by a coalition of public and private agencies.
	NOVEMBER 16. The National Initiative’s Arts and Health in the Military National Roundtable is hosted by VSA, the Society for Arts and Healthcare and Americans for the Arts at the John F. Kennedy Center for the Performing Arts.
	DECEMBER. Americans for the Arts publishes <i>The Arts: A Promising Solution to Meeting the Challenges of Today’s Military—A Summary Report and Blueprint for Action</i> .
2013	APRIL 10. The second National Summit: Arts, Health, and Well-Being Across the Military Continuum is held at Walter Reed Bethesda focusing on the need for collaborative action around the key Blueprint for Action recommendations.
	JUNE. United States Conference of Mayors adopts the USCM Arts & Health in the Military resolution urging Congress, the DoD, VA, HHS and the public/private sectors to adopt the recommendations included in the <i>Blueprint for Action</i> .
	OCTOBER 13. Americans for the Arts publishes <i>Arts, Health, and Well-Being Across the Military Continuum—White Paper and Framing a National Plan for Action</i> , which synthesizes the recommendations from National Initiative convenings.
	NOVEMBER 19. Americans for the Arts along with the Congressional Arts Caucus and the Congressional Military Mental Health Caucus holds bi-partisan briefing on the White Paper . More than 80 Members of Congress and staff attend.
2014	Americans for the Arts launches the National Initiative Webpage and National Online Directory .
	APRIL 2. The National Endowment for the Humanities launches the NEH Standing Together: The Humanities and the Experience of War, a new agency-wide initiative to support humanities programs that focus on military experience.
	JUNE 14. Americans for the Arts and Department of Veterans Affairs sign a Memorandum of Understanding in support of the National Veterans Creative Arts Festival, and collaboration on the National Initiative for Arts & Health in the Military.
	JUNE. USCM: Arts, Health, and Well-Being Across the Military Continuum resolution urges Congress and the public/private sectors to “adopt and work together to advance the recommendations” included in the National Initiative’s White Paper.
2015	FEBRUARY 13. Americans for the Arts signs a second Memorandum of Understanding for the National Initiative with the Veterans Health Administration (VHA) to increase “the use of the arts in VHA medical settings as part of health and healing”.
	FEBRUARY 26-27. The third National Summit: Advancing Research in the Arts for Health and Well-Being Across the Military Continuum takes place at the National Institutes of Health, sponsored by Americans for the Arts, the National Center for Complementary and Integrative Health, with additional support from the National Endowment for the Arts.
	MARCH 26-27. The VA Office of Patient-centered Care and Cultural Transformation, Americans for the Arts, and the National Center for Creative Aging launch the VA Arts, Health & Well-Being Pilot Project with funding from Johnson & Johnson.

2016	JANUARY. Increased appropriations from Congress in 2016 to the National Endowment for the Arts introduces Creative Forces: The NEA Military Healing Arts Network as the new brand to expand the DoD and VA partnership.
	SEPTEMBER. Americans for the Arts wins the cooperative agreement to administer the Creative Forces expansion.
	MARCH 25. Americans for the Arts and the Veterans Health Administration sign a new three-year Memorandum of Agreement supporting the use of the arts and humanities in Veterans medical settings.
	JUNE. USCM: Funding Arts and Healing Therapy Across the Military Continuum resolution urges Congress to support funding for the arts in military healthcare and research priorities within the Arts and Human Development Interagency Task Force.
	OCTOBER/NOVEMBER. Americans for the Arts and the Office of Patient Centered Care & Cultural Transformation conduct VA Arts in Health: Expanding the Arts and Humanities Through Community Partnerships events in Dallas and Los Angeles.
NOVEMBER 29-30. The second National Roundtable for Arts, Health, & Well-Being Across the Military Continuum takes place at Joint Base Meyer-Henderson Hall in Arlington, VA sponsored by Americans for the Arts in collaboration with the Department of Defense Office of Warrior Care Policy.	
2017	FEBRUARY 2-5. The fourth National Summit: Reintegration and Resilience—Exploring the Role of the Arts in Recovery, Transition, & Transformation Across the Military Continuum takes place on the campus of the University of South Florida.
	MAY – OCTOBER. VA Office of Patient Centered Care & Cultural Transformation and Americans for the Arts conduct site visits and community forums at 16 VA Arts in Health: Expanding the Arts and Humanities Through Community Partnerships sites.
	JUNE. USCM: Support for the Creative Forces: NEA Military Health Arts Network resolution urges Congress to support new funding to continue expansion of creative arts therapies programs at the Defense Health Administration and the integration of the arts and creative arts therapies in the VA Whole Health Initiative.
	JULY 28. The National Lieutenant Governors Association (NLGA) and Americans for the Arts sign a first-of-its-kind collaboration agreement launching The State Military and Veterans Arts Initiative .
	SEPTEMBER 18-19. The National Endowment for the Arts convenes the Creative Forces National Research Summit at the National Academies of Sciences to help inform the five-year agenda for Creative Forces clinical research.
2018	MAY. Americans for the Arts and the Office of Patient Centered Care & Cultural Transformation conduct VA Arts in Health: Expanding the Arts and Humanities Through Community Partnerships conferences in Asheville, NC and San Antonio, TX.
	JUNE. USCM: Funding Arts, Health, and Well-Being Across the Military Continuum resolution urges Congress to improve access to evidence-based complementary alternative treatments for veterans.
	JUNE. National Endowment for the Arts Office of Research & Analysis publishes <i>Creative Forces Clinical Research: A Strategic Framework and Five-year Agenda (2018-2022)</i> .
2019	APRIL 1. Americans for the Arts receives a Chairman’s Grant from the National Endowment for the Humanities to partner with Lieutenant Governors in Louisiana, Delaware and South Dakota to conduct pilot state summits under the auspices of the AFTA/NLGA State Military and Veterans Arts Initiative .
	JUNE. USCM: Funding Arts, Health, and Well-Being Across the Military Continuum resolution urges Congress to support new funding to continue expansion of creative arts therapies programs at the Defense Health Administration and the integration of the arts and creative arts therapies through the VA’s Whole Health Initiative.
	JUNE 25-27. Americans for the Arts and the Office of Patient Centered Care & Cultural Transformation host the VA Arts in Health: Expanding the Arts and Humanities Through Community Partnerships national conference in Baltimore, MD.
	OCTOBER 3. Americans for the Arts and the Veterans Health Administration sign a new three-year Memorandum of Agreement to work together to increase the arts and humanities in Veterans settings and build community partnerships.
2020	In its FY20 appropriations to the Department of Veterans Affairs , Congress approves a ground-breaking \$5 million direct appropriation to support the integration of the arts and creative arts therapies in the VA Whole Health initiative and continued partnerships with healing arts providers. Similarly, Congress encourages the Department of Defense to increase support for creative arts therapies in treating servicemembers with TBI and psychological health conditions and to continue collaborations with Creative Forces.
	SEPTEMBER 16-18. Americans for the Arts and Walter Reed Bethesda host Arts & Health Across the Military: Artfully Navigating COVID-19 to Build Connected and Inclusive Military and Veteran Healing Communities Virtual Summit . The event focuses on the arts’ response to the effects of the pandemic and social unrest on military connected populations.



APPENDIX C

2016 National Roundtable for Arts, Health, & Well-Being Across the Military Continuum

To lay the groundwork for the National Initiative for Arts & Health in the Military (National Initiative), the members of the founding Steering Committee embarked upon a strategy of using the power of convening in order to 1) encourage iterative discussion and increased involvement from the broader fields of arts, military, and health professionals and practitioners to advance the movement; and 2) regularly engage high-level policy leaders from the military, public, and private sectors to help identify and advance policies to sustain it. This strategy has resulted in national summits in 2011, 2013, 2015, and 2017, as well as the virtual summit in 2020, and two national roundtables in 2012 and 2016.

In 2012, participants of the Arts and Health in the Military National Roundtable were charged with creating the initial framework for a national action plan that would “ensure the availability of arts interventions for our service men and women and their families, and integrate the arts as part of the “Standard of Care” in military clinical (VA and military hospitals), as well as programs in community settings across the country.” Their recommendations were further fleshed out by participants in subsequent national summits. In 2016, the National Roundtable for Arts,

Health, & Well-Being Across the Military Continuum was held with high-level leaders to both benchmark achievements in the National Initiative and the recommendations documented in the first white paper, and recommend new strategies to pursue in the next phase.

Americans for the Arts and the National Initiative are grateful to the participants in the 2016 National Roundtable, who contributed their expertise and ideas to this work.

EVENT HOSTS

- National Intrepid Center of Excellence and Uniformed Services University at Walter Reed
- National Military Medical Center, Bethesda, MD
- Army Navy Country Club, Arlington, VA
- Fort Myer Officers Club, Joint Base Myer-Henderson Hall, Arlington, VA

FACILITATOR

- Brigadier General Nolen V. Bivens, U.S. Army (Ret.) Founder & President, Leader Six LLC; Senior Policy Fellow, Americans for the Arts

PARTICIPANTS

- William ‘Bro’ Adams
Chairman, National Endowment for the Humanities
- Loreen Arbus
President, The Loreen Arbus Foundation
- Ashley L. Atkins, PhD
Manager, Community Relations
Johnson & Johnson, Global Community Impact

- Lieutenant Colonel Charlie Brown.
LCPC, NCC, U.S. Air Force (Ret.)
Reconnection Workshop Facilitator,
American Red Cross
- Jason D. Butler, PhD, RDT-BCT, LCAT
President, North American Drama
Therapy Association
- General George Casey, U.S. Army (Ret)
Chairman, USO Board of Governors;
36th Chief of Staff of the U.S. Army
- David W. Chandler, PhD
Deputy Chief Consultant,
Rehabilitation and Prosthetic Services,
Department of Veterans Affairs,
Veterans Health Administration
- Gert Clark
Patron Advocate, Little Rock, AR
- Linda Condon, LMHC, TEP, President,
American Society of Group
Psychotherapy and Psychodrama
- Charlie Cook
Charitable Investments Program
Officer, Bob Woodruff Foundation
- Andrea Farbman, EdD
Executive Director, American Music
Therapy Association
- Captain Walter Greenhalgh, MD, U.S.
Navy Medical Corps (FS)
Director, National Intrepid Center of
Excellence at Walter Reed Bethesda
- Carol Harlow
Director, Washington Office,
American Legion Auxiliary National
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- Girija Kaimal, EdD, ATR-BC
Assistant Professor, PhD program,
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Therapies, Drexel University
- Ronna S. Kaplan, MA, MT-BC
Chair, National Coalition of Creative
Arts Therapies Associations

- Laura Krejci
Associate Director, Office of Patient Centered Care & Cultural Transformation, Veterans Health Administration
- Koby J. Langley, JD, MPA
Senior Vice President, Service to the Armed Forces, American Red Cross
- Robert L. Lynch
President & CEO, Americans for the Arts
- Captain Moira G. McGuire,
U.S. Public Health Service, Defense Health Agency
Assistant Chief, Integrative Health Services, Walter Reed Bethesda
- Bill O'Brien
Senior Innovation Advisor to the Chairman, National Endowment for the Arts
- Jennie Peers-Smith
Executive Director, National Center for Creative Aging
- Force Master Chief Terry Prince,
Master Chief Petty Officer, U.S. Navy,
Bureau of Medicine and Surgery
- Colonel Melanie Prince, MSN, RN, NE-BC, CCM, U.S. Air Force, NC
Special Assistant to AF/SG for Integrated Violence Response, Defense Health Headquarters
- James Rodriguez,
U.S. Marine Corps (Ret.), Deputy Assistant Secretary of Defense, Office of Warrior Care Policy, Office of the Secretary of Defense
- Kathy Roth-Douquet,
U.S. Marine Spouse (Ret.), Co-founder and CEO, Blue Star Families
- Victoria Sams
Program Officer, Division of Education Programs, National Endowment for the Humanities
- Captain Adam Saperstein, MD,
U.S. Navy, Associate Professor, Daniel K. Inouye Graduate School of Nursing, Uniformed Services, University of the Health Sciences
- David Shulkin, MD
Under-Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs
- Representative Louise K. Slaughter,
NY-25 Co-chair, Congressional Arts Caucus
- Lieutenant General Martin L. Steele, U.S. Marine Corps (Ret.)
Executive Director, Office of Military Partnerships, University of South Florida, Tampa
- Terri Tanielian, MA
Senior Behavioral Scientist, RAND Corporation
- Lieutenant Colonel Jileene M. Vivians,
U.S. Air Force (Ret.)
Chief, Warrior Care Division
- Jody Wager, MS, BC-DMT
President, American Dance Therapy Association
- Melissa Walker, MA, ATR
Director, Healing Arts Program, National Intrepid Center of Excellence; Lead Art Therapist, Creative Forces: NEA Military Healing Arts Network
- Marete Wester
Senior Director of Arts Policy, Americans for the Arts
- Barbara A. Wilson, MEd, ISD
Director, Training and Outreach, Office of Warrior Care Policy, U.S. Department of Defense
- Cynthia Woodruff, MS, CAE
Executive Director, American Art Therapy Association



VETERANS WAY

In 2016, artists created murals depicting Veterans from WWI to Iraq/Afghanistan for the Veterans Way project in Mt. Vernon, MO.

Photo courtesy Mt. Vernon Regional Arts Council.



APPENDIX D

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Singers from the choir program at American Gold Star Manor, residence for families of fallen soldiers and seniors in Long Beach, CA.

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