



Policing Veterans: An Analysis of Veterans Affairs Police Department "Incidents"

UCLA Veterans Legal Clinic



NATIONAL
ASSOCIATION OF
MINORITY VETERANS
OF AMERICA
(NAMVETS)

November 2021

Authors:

Jess Johnson ('23) and Charlie Pollard-Durodola ('22) are law students at UCLA School of Law representing NAMVETS as part of the Fall 2021 Veterans Justice Clinic. Their work is supervised by *Sunita Patel*, an Assistant Professor of Law at the UCLA School of Law where she serves as the Faculty Director of the UCLA Veterans Legal Clinic.

- The National Association of Minority Veterans (NAMVETS) is a not-for-profit veterans service organization that serves America's 5.5 million veterans of color, in communities across the United States. Since 1969, NAMVETS of America members have advocated for veterans, ensuring they have full access to information and resources they need to not only improve the quality of their lives but also improve the conditions of the communities in which they live. More information about the National Association of Minority Veterans is available on its website: <https://www.namvetsamerica.org/>.
- The UCLA School of Law's Veterans Legal Clinic has a dual teaching and legal services mission. Law students assist veterans in Los Angeles while developing lawyering skills under the supervision of the clinic's faculty. The clinic is housed at the U.S. Department of Veterans Affairs West Los Angeles campus. The clinic primarily represents former service members who are chronically homeless and those who are disabled and returning from incarceration. More information about the clinic is available on the clinic's website: <https://law.ucla.edu/academics/experiential-education/clinics/veterans-legal-clinic/>.

Acknowledgements:

We thank Benjamin Nyblade, PhD, Director of the Empirical Research Group at UCLA School of Law, for his assistance with this report's data analysis and methodology. We further acknowledge Courtney Bachman, Staff Attorney at the UCLA Veterans Legal Clinic, and Jeanne Nishimoto, Associate Director of the UCLA Veterans Legal Clinic for their invaluable contributions to our research and analysis. We appreciate the discussions and thoughtful suggestions from our colleagues in the Veterans Justice Clinic seminar.

We especially thank Horace Walker Jr., National Director of the National Claims Center for NAMVETS, for his vision, insightful comments, and guidance. We acknowledge the former service members, families, and communities affected by the structures of policing and health inequality, and the healthcare providers who aim to improve the lives of their veteran patients.

This report is designed by Emily Ballas (emilyballas.com).

The presentation, findings, and recommendations of this report are the work of the authors and the UCLA Veterans Legal Clinic. They do not represent official positions of the UCLA School of Law or the university.

Key Findings:

1. Across all four locations analyzed in this report, the VAPD most recorded interactions about patient wellbeing, attempts to control VA facilities and spaces, along with a large percentage of incidents that have inadequate information. **In Tampa, Los Angeles, and Queens, New York, these incident types account for over 70 percent of all documented incidents.** In Columbus, these incident types account for more than 50 percent of all documented incidents.
2. The VAPD features heavily in patients' healthcare experiences. Twenty-two percent of VAPD incidents involve patient wellbeing, which includes incidents concerning behavioral health, welfare checks, and assisting staff. Welfare checks and behavioral health responses make up 26% and 30% of patient wellbeing related incidents in Tampa and Los Angeles respectively (Figure 2), and 22% and 46% in Columbus and Queens. **In Tampa, 51% of incidents in our Wellbeing category were "staff assists."**
3. The VAPD heavily polices the physical spaces inside and surrounding healthcare facilities. In Los Angeles and Columbus, 20% and 18%, respectively, of the total incidents involve spatial control (Figures 1.1;1.4). The VAPD documents **a large number of incidents characteristic of disorderly conduct across all four VA healthcare facilities.** In Tampa, these incidents comprise 71% of all incidents involving spatial control (Figure 3). Disorderly conduct and related incidents comprise between 35% and 62% of spatial control incidents in the other three locations.
4. Inadequately documented incidents range from 13% to 27% of all incidents in the four locations. **Inadequately documented incidents comprise the largest category in Los Angeles, representing more than one-fourth of all recorded incidents.** The frequently used incident descriptor "Information Report Only" contains no further details about the reason for police interactions with staff, visitors, or patients. These incidents comprise 76% of inadequately documented incidents in Queens, 52% in Tampa, 38% in Columbus, and 20% in Los Angeles.
5. Incidents involving bodily harm account for only 2% to 6% of total incidents at each location.

Recommendations:

- **Remove** VAPD from behavioral health and welfare checks. Reduce the reliance on police and hire alternative staff. Localities should explore alternatives to police for crisis response.
- **Train and hire** healthcare professionals and social workers to respond to the unique needs of former service members in distress or crisis. This recognizes that patients come to VA hospitals with disproportionate diagnoses of mental health or substance use disorders because of their military service.
- **Investigate** whether the VAPD disproportionately polices patients or visitors of color or houseless veterans for incidents involving loitering, trespass, and disorderly conduct.
- **Require** VAPD officers to complete comprehensive cultural competency training on a regular basis.
- **Research** the impact of VAPD on patients' access to healthcare and healthcare experiences (e.g., increased stress, re-traumatizing).
- **Facilitate** more accurate data collection and incident records.

Introduction:

The Veterans Affairs Police Department (VAPD) is one of the ten largest federal administrative law enforcement agencies in the country.¹ Yet the public knows little about the significant role these officers play in patients' healthcare.

The Veterans Health Administration (VHA) is "America's largest integrated health care system," which provides medical care to 9 million veterans each year.²

The U.S. Department of Veterans Affairs' (VA) goal is to provide veterans with "highly reliable and integrated care and support...that emphasizes their well-being and independence."³ As an organization that exclusively provides support to veterans, the VA aims to address the unique needs of veterans of the U.S. military.

VA healthcare facilities offer veterans a variety of essential services, including mental health services, rehabilitation, substance use programs, and treatment for PTSD.⁴ In particular, disabled veterans rely heavily on VA healthcare.⁵

Black veterans with a service-connected disability use the VA healthcare facilities at a higher rate than any other race.⁶

Black, Latinx, Pacific Islander, and Native Hawaiian veterans are more likely to rely on VA benefits than are their white counterparts.⁷

Veterans facing mental health concerns face a high risk of homelessness,⁸ and Congress and President Joe Biden's administration has pledged to address housing insecurity for veterans.⁹ Because of how structural racism, homelessness, and disability compound in the lives of former service

Former service members, their family members, and veterans' advocates understand that VA police officers can create barriers to healthcare for veterans, including stable housing and essential preventative care during the COVID-19 pandemic.

members, the VA has the potential to be a sanctuary for veterans who are in vulnerable positions due to social identity and economic circumstances. The National Association of Minority Veterans (NAMVETS) and UCLA Veterans Legal Clinic issues this second report in a series documenting the VAPD's practices. As a non-profit focused on serving minority veterans, the National Association of Minority Veterans (NAMVETS) is dedicated to ensuring that all veterans receive equal access to VA healthcare and benefits. The UCLA Veterans Legal Clinic provides legal services and advocates on behalf of particularly vulnerable former service members in Los Angeles.¹⁰ The report responds to concerns that police within VA care centers may lead to racial profiling and violence against Black or unhoused veterans. The anecdotal experiences of NAMVETS members corroborate media accounts of broad use of police discretion within VA facilities.¹¹ Former service members, their family members, and veterans' advocates report that VA police officers can create barriers to healthcare for veterans, including stable housing and essential preventative care during the COVID-19 pandemic.

This report reviews VAPD incident data. First, our findings show that the VAPD are highly involved in patients' healthcare. Based on the VHA's own data, VAPD officers seldomly respond to reports of interpersonal bodily harm. Instead, they address incidents that concern the wellbeing of

patients seeking care. Instead of a healthcare professional, police are often dispatched to make welfare checks, and respond to other behavioral health or substance use situations. For instance, in some locations, the VAPD dedicates resources to punitively restrict drug and alcohol use or possession, even though many veterans struggle with substance use and are seeking care for that drug use.¹² But rather than receiving care, veterans seeking substance use help may instead be met with policing.

Second, this report emphasizes that the VAPD heavily police the physical spaces and surrounding areas of the VA's healthcare facilities. VAPD often reports incidents of "loud, boisterous and unusual noise," or "conduct that prevent[s] the normal operations of a . . . facility" (incidents coded as subtypes of "disorderly conduct").¹³ These categories of incidents disproportionately affect veterans with a mental health diagnosis as well as veterans of color, especially Black veterans, who are more likely to be perceived as disruptive. In addition, the high number of incidents categorized as trespass and loitering particularly impact houseless patients.

In addition to reporting the VAPD's involvement in the health concerns of patients and their regulation over VA property, this report highlights that the VAPD improperly or incompletely files incident reports at an alarming rate. This common practice allows the VAPD to skirt accountability through poor record keeping. It also obscures the extent of their role and conduct within the VA's healthcare delivery system.

Methodology:

The VHA produced the data relied upon in this report pursuant to negotiations from a Freedom of Information Act (FOIA) request between the federal government and UCLA Veterans Legal Clinic on behalf of NAMVETS. The findings in this report are based on 26 months of policing "incident" data from VA healthcare facilities. "Incidents" occur when the VAPD engages in a variety of police activities. Incidents include an officers' direct observations of patient, visitor, or staff behavior. They also include calls to respond to situations at the VA healthcare facilities or property and officers' activity in the community beyond VA property, sometimes in conjunction with other law enforcement entities.

VHA produced excel spreadsheets for facilities located in:

- **Los Angeles, California,**
- **Columbus, Ohio,**
- **Tampa, Florida; and**
- **Queens, New York**

that listed police interactions at the relevant VA healthcare facilities from May 1, 2019, to June 27, 2021.¹⁴ Every data entry includes an incident report number, the date the incident occurred, and incident type. Unfortunately, VA record keeping and data entry practices make it difficult to ascertain the precise number of individual encounters with police or the result of each incident.

The data produced for Tampa¹⁵ and Los Angeles¹⁶ includes VA healthcare systems with more than one facility; the Queens¹⁷ (St. Albans VA Medical Center) and Columbus¹⁸ (Chalmers P. Wiley Ambulatory Care Center) data represent individual hospitals. Thus, the government's data from Tampa and Los Angeles included thousands of documented incidents, while Columbus and Queens each reported under 500 documented incidents.

The four cities represented in the data are each within one of the top ten states in which veterans are predicted to live by 2030.¹⁹

The government produced a list of 454 "Key Incident Types," that police use for recoding their interactions with veterans.²⁰ To begin our analysis, we reduced these 454 types into 18 categories. To do so, we examined the language of the Key Incident Type listed and, when applicable, the text of the respective legal reference. When the incident type included federal criminal statutes, federal regulatory crimes or Uniform Crime Reporting codes, we examined the natural language of the statute, regulation, or code. We then weighed two factors while grouping incident types into broader categories. The first factor grouped incident types based on behavior. For example, trespass incident types²¹ and "unauthorized loitering—sleeping or assembly on property" belong to the same category because they concern similar behavior (unlawfully remaining on property). The second factor grouped incident types based on policing goals.²² For example, disorderly conduct and traffic violation incident types are grouped together within the same category because these incidents describe common ways police regulate the hospital space itself and its surrounding areas.

Using this method, we created 18 categories, and 68 subcategories. After creating the categories and subcategories, we calculated the number of incidents within each category and subcategory for each of the four

locations. This report focuses primarily on three large categories:

- **Wellbeing;**
- **Spatial Control; and**
- **Inadequately Documented.**

and the subcategories within them. These categories are among the top four categories across locations. First, "Wellbeing"²³ incidents are those that relate to the mental, physical, and emotional health of patients. Second, "Spatial Control" incidents include incidents relate to policing the VA's physical facilities and property, including streets and parking lots surrounding VA hospitals.²⁴

The third category reflects gaps in the data. "Inadequately Documented" incidents include incident types that the authors cannot accurately categorize based on the incident data.

This occurs in two situations. First, some incident types adopt language from a broad federal law or the entire criminal code without further information.²⁵ Thus those incidents in the "Inadequately Documented" category could potentially fit into multiple descriptive categories if they had been documented with greater specificity. With more complete data entry,²⁶ the number of incidents reported in the substantive categories would be higher. Finally, even though the VHA has created a list of "Key Incident Types," each VA facility may define those incident types differently. No further definitions appear to exist at the individual locations or among central VHA headquarters. Therefore, different healthcare facilities may be using different incident types to document the same type of interaction.

3

This report primarily focuses on three of the top four categories across locations:

- **Wellbeing**
- **Spatial Control**
- **Inadequately Documented**

Results & Analysis:

Across all four locations analyzed in this report, Wellbeing, Spatial Control, and Inadequately Documented are among the top four incident types. In Tampa, Los Angeles, and Queens these three categories account for over 70 percent of all incidents documented. In Columbus, these three categories account for more than 50 percent of incidents documented. (Figures 1.1-1.4.)

Figure 1.1 – Los Angeles Category Breakdowns

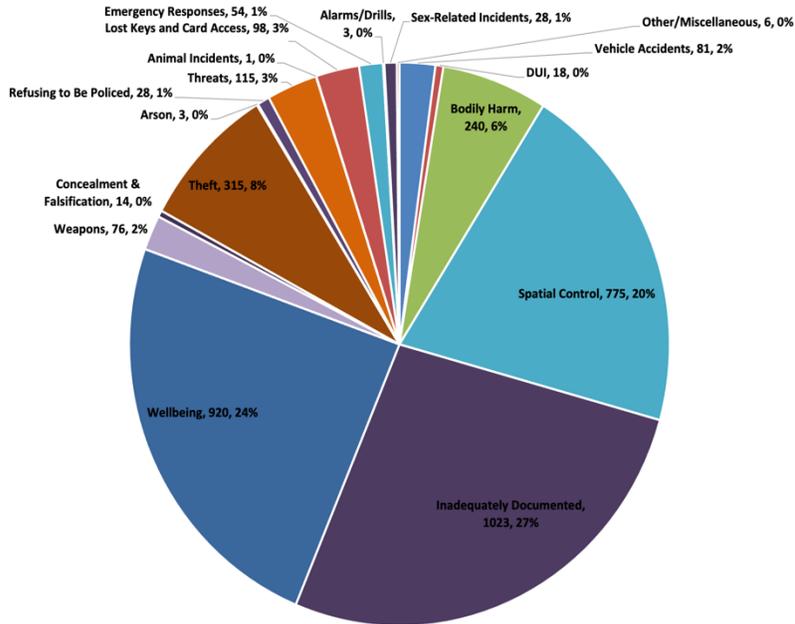


Figure 1.2 – Tampa Category Breakdowns

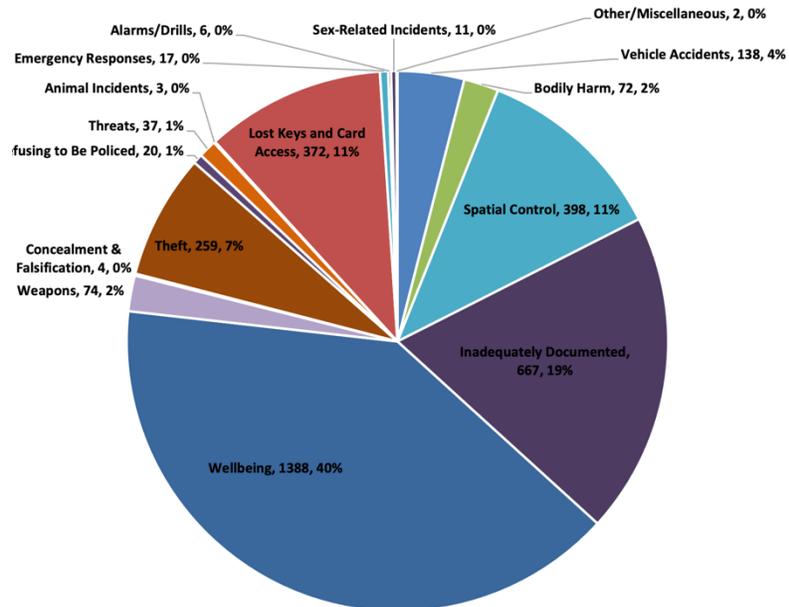


Figure 1.3 – Queens Category Breakdowns

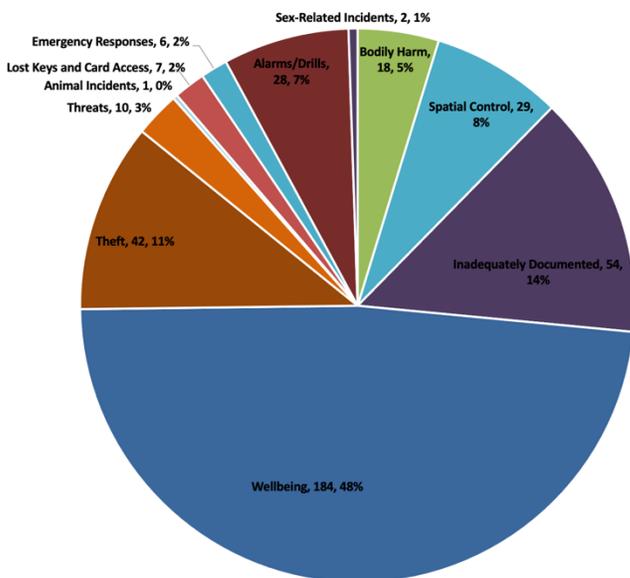
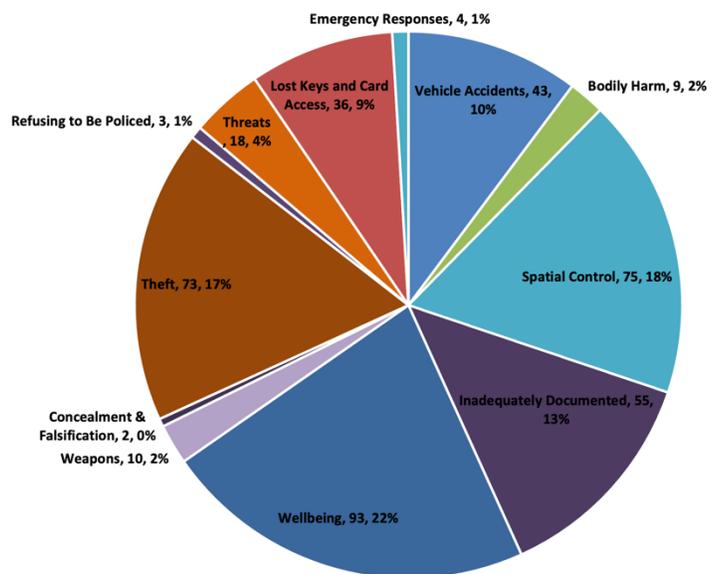


Figure 1.4 – Columbus Category Breakdowns



Wellbeing:

Wellbeing is the largest category in all locations other than Los Angeles, where Wellbeing is the second largest. Out of all documented incidents, Wellbeing represents 40% of incidents in Tampa, 48% in Queens, 24% in Los Angeles and 22% in Columbus. From the largest data sets in Tampa and Los Angeles, the incident types/subcategories Welfare Checks and Behavioral Health Responses together make up 30% and 26% of Wellbeing related incidents in Los Angeles and Tampa respectively (Figure 2). Thus, the data suggests the VA gives the VAPD significant responsibility over responding to veterans' health concerns with health personnel.

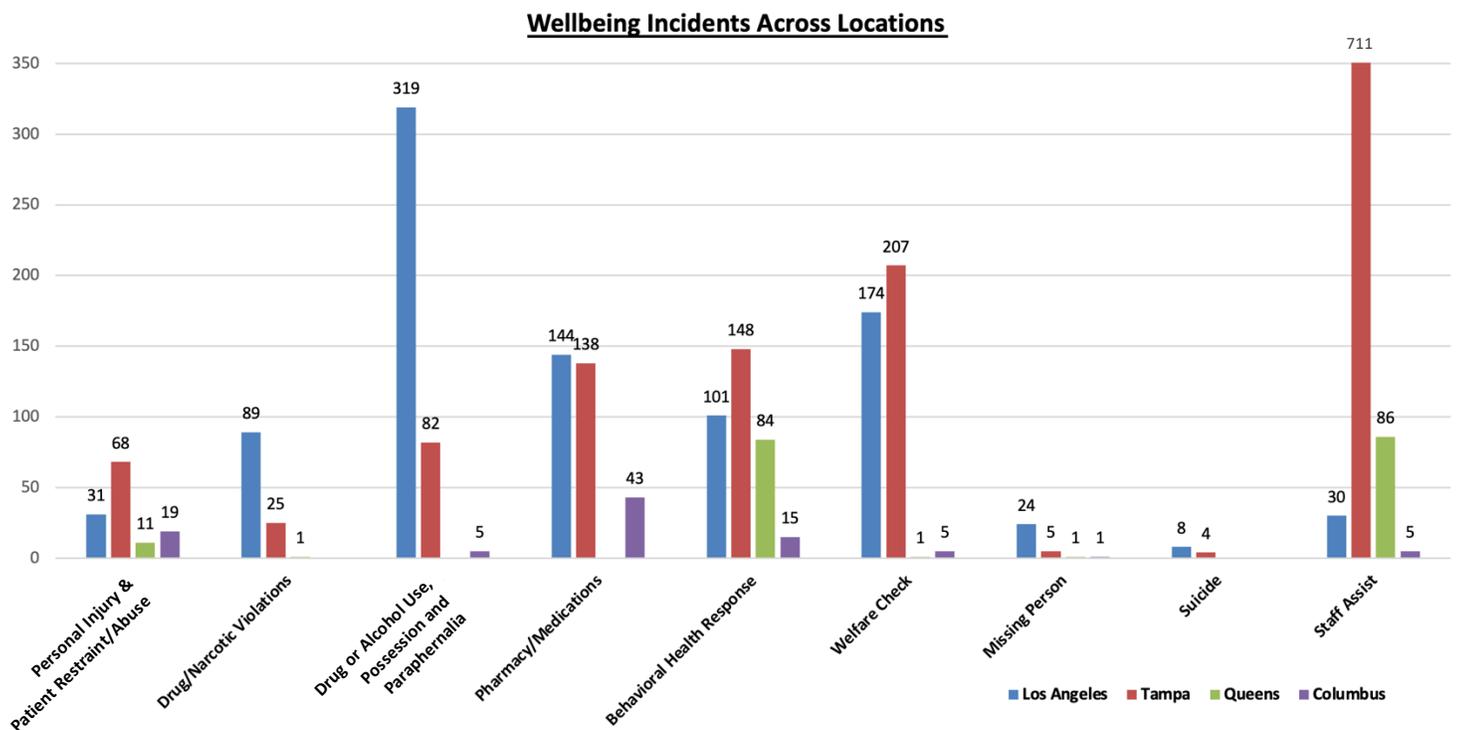
As Figure 2 shows, across the board, the VA utilizes the VAPD to address to patients' behavioral health. In Queens, Behavioral Health Response and Staff Assist²⁷ incidents are the most numerous subcategory incident types within the Wellbeing category, accounting for almost half of all incidents. In Tampa, within the Wellbeing category, Staff Assist is the largest incident type/subcategory (Figure 2), totaling 711 incidents, representing 21% of all incidents.

Substance use or drug possession may also be met with a police response, even though the VA recognizes substance

use as a mental health condition that may stem from a patient's military service.²⁸ The VA itself highlights the relationship between substance use and Post-Traumatic Stress Disorder (PTSD) diagnoses, noting how veterans with active PTSD symptoms use substances to cope or self-medicate.²⁹ While the VA highlights substance use treatment³⁰ its policing data suggests that veteran patients attempting to obtain such treatment may find themselves policed at VA hospitals. In Los Angeles, we categorized 319 (35%) Wellbeing incidents in the Drug and Alcohol Use, Possession, and Paraphernalia subcategory (Figure 2).³¹ In Tampa, setting aside the large number of "staff assist" incidents, we categorized 82 or 12% of Wellbeing incidents as in the Drug and Alcohol Use, Possession, and Paraphernalia subcategory (Figure 2). The Los Angeles VAPD also recorded 89 incidents ambiguously titled "drug and narcotic violations" (Figure 2).³²

In some locations, the VAPD engages in many pharmacy-related incidents. The Los Angeles and Tampa facilities reported 144 and 138 incidents, respectively, that we categorized as Pharmacy/Medication (Figure 2). In both locations, most of these incidents (126 in Los Angeles and 78 in Tampa) were documented as "prescription take back." In Columbus, the subcategory Pharmacy/Medications accounts for the highest number of Wellbeing incident documentations, and 43 of those were "prescription take backs."

Figure 2



Spatial Control:

The VHA data suggests that one of the VAPD's primary roles is maintaining strict control of healthcare spaces.

89%

In Columbus, the subcategories Disorderly Conduct Plus and Vandalism account for 89% of Spatial Control incidents (Figure 3).

In three locations, Spatial Control is one of the top three categories of incidents documented by the VAPD. One fifth of incidents in Los Angeles (20%) fall within the Spatial Control category (Figure 3). In Columbus 18% of incidents fall within the Spatial Control category; 11% of incidents in Tampa and 8% of incidents in

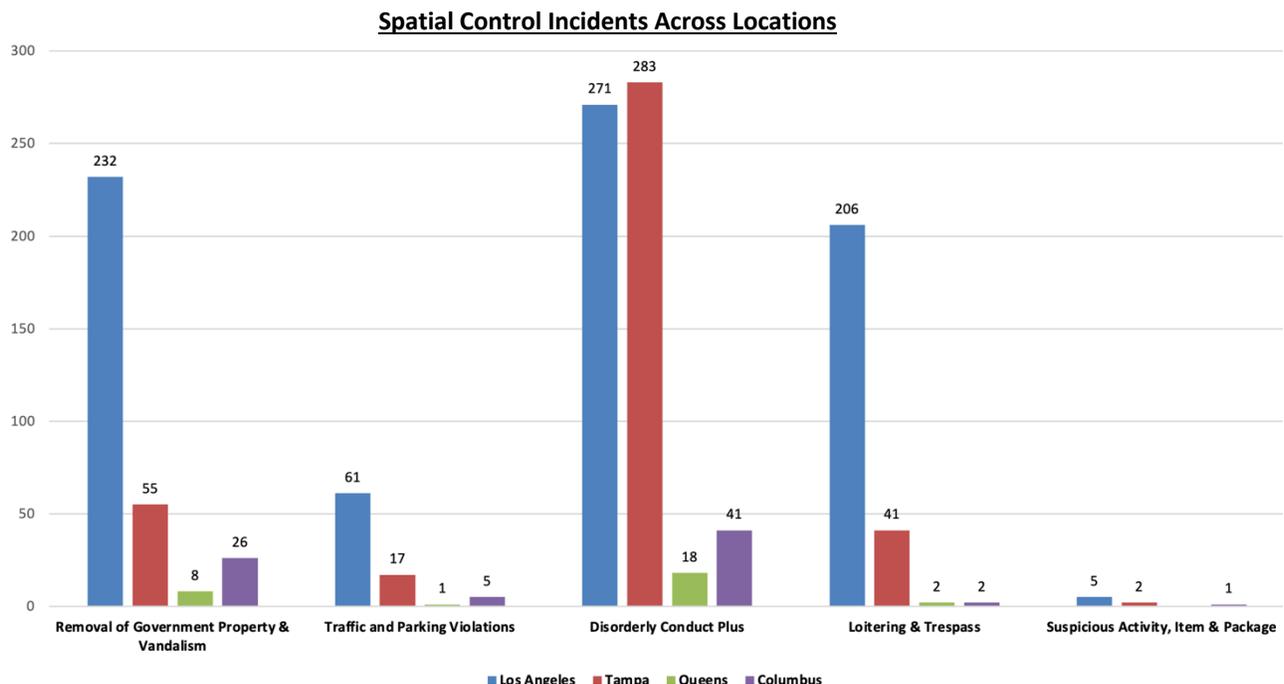
Queens fall into the Spatial Control category (Figure 3). In Columbus, the subcategories we created, Disorderly Conduct Plus and Vandalism, account for 89% of all Spatial Control incidents (Figure 3). In the Greater Los Angeles Healthcare system, the combination of the subcategories of Disorderly Conduct Plus and Loitering and Trespass accounts for 62% of Spatial Control incidents (Figure 3). In Los Angeles, 155 of Loitering and Trespass incidents (20% of the Spatial Control category) are the incident type "unauthorized sleeping or assembly on the property."

Disorderly Conduct Plus³³ as a subcategory is documented across all four campuses at varying levels with Los Angeles and Tampa having the most, 271 and 283 incidents of this type, respectively (Figure 3). These incidents require the officer to exercise discretion in determining whether behavior is "disorderly." Incident types categorized as Disorderly Conduct Plus include "creating a loud, boisterous and unusual noise," actions that "tends to impede or prevent the normal operations of the facility," and "obstructing entrances and exits." In Tampa, these three incident types account for 46% of Disorderly Conduct Plus. In Los Angeles, these three incident types comprised 22% of the Disorderly Conduct Plus subcategory, while 63% of the incidents included in Disorderly Conduct Plus cited "disorderly conduct" generally. In Queens, 17 out of the 18 incidents included in Disorderly Conduct Plus subcategory involved "failure to comply with signs posted for safety purposes." In Columbus, 41 incidents in the Spatial Control category were for incidents within the subcategory Disorderly Conduct Plus and 26 incidents were documented for Vandalism.

62%

In the Greater Los Angeles Healthcare system, the combination of the subcategories of Disorderly Conduct Plus and Loitering and Trespass account for 62% of Spatial Control incidents (Figure 3).

Figure 3



Inadequately Documented

The VAPD inadequately documents a large portion of incidents in its incident record keeping system. In Los Angeles, the “Inadequately Documented” category is the largest category (Figure 1.1). Across all four locations, this category makes up between 13% and 27% of the recorded incidents (Figures 1.1 – 1.4).

Within this category, the subcategory/incident type “Information Report Only” is recorded frequently in all four locations. This incident type contains no further information related to the information report and would require reviewing the reports individually to understand the nature of the VAPD interaction. Tampa reported 347 of these incidents (52% of Inadequately Documented); Los Angeles reported 209 (20%); Columbus reported 21 (38%); and Queens reported 41 (76%).

In the two-year period the authors analyzed, 143 and 102 Joint Law Enforcement incidents were documented in Los Angeles and Tampa, respectively (Table 1). This shows that the VAPD, particularly in these areas, work alongside law enforcement agencies to respond to incidents on VA campuses and in the community.

In Los Angeles, 277 incidents broadly cited to the Assimilated Crimes Act (Table 1). This reflects 27% of the Inadequately Documented category in Los Angeles. In addition, some VAPD data entries lacked any information

143 & 102

The VAPD, particularly in Los Angeles and Tampa, are working alongside law enforcement agencies to respond to incidents on VA campuses and in the community. In just the two-year period the authors analyzed, 143 and 102 Joint Law Enforcement incidents were documented in Los Angeles and Tampa respectively (Table 1).

whatsoever. For example, Tampa VAPD reported 76 incidents whose incident type was, “No Incident Type” (Table 1). Los Angeles’ reported 182 of these incidents (Table 1). Queens and Columbus reported only 2 and 8 incidents with “No Incident Type,” respectively (Table 1).

Table 1

| Inadequately Documented Incidents | | | | |
|---|-------------|------------|-----------|-----------|
| Subcategory/Incident Type ³⁴ | Los Angeles | Tampa | Queens | Columbus |
| Assimilated Crimes Act | 277 | 4 | 2 | 6 |
| “Information Report Only” | 209 | 347 | 41 | 21 |
| “No Incident Type” | 182 | 76 | 2 | 8 |
| Joint Law Enforcement | 143 | 102 | 0 | 16 |
| Federal | 63 | 10 | 0 | 0 |
| Assessments | 47 | 15 | 0 | 0 |
| “Policy Violation” | 15 | 26 | 3 | 2 |
| “Incidents: Other Offenses” | 12 | 9 | 0 | 1 |
| All Other Incident Types Indicative of Inadequate Documentation | 75 | 78 | 6 | 1 |
| TOTAL: | 1023 | 667 | 54 | 55 |

Remaining Categories

This report focuses on the leading incident types across the four healthcare locations produced pursuant to the NAMVETS FOIA request. Combined, all other categories make up roughly 47% of incidents documented in Columbus; 30% in Queens; 29% in Tampa; and 28% in Los Angeles (Figures 1.1 – 1.4).³⁵ In Columbus, the remaining categories primarily comprise Theft (17%), Vehicle Accidents (10%), and Lost Keys and Access Cards (9%).

Incidents within the Bodily Harm category account for only between 2% and 6% of incidents.³⁶ Many of these incidents are simple assaults or batteries. The category Threats, which includes the incident types “harassment,” “terrorist threats,” “non-violent physical threat,” and “stalking” accounts for between 1% and 4% of incidents across all four locations. The Weapons category represents 2% of incidents reported in Tampa, Los Angeles, and Columbus, and 0% in Queens.

As seen in Figures 1.1 to 1.4, Theft accounts for 8%, 7%, and 11% of incidents in Los Angeles, Tampa, and Queens, respectively. In these three locations, the subcategory/ incident type “Missing Property” within the Theft category makes up between 26% and 39% of these incidents and is the highest subcategory of Theft-related incidents in Tampa. Columbus reports 17% of incidents as Theft-related (including “missing property” incidents) in roughly two years (Figure 1.4). Based on a few factors, including redacted incident reports provided by VHA, the authors suspect Columbus’ large number of theft incidents may be explained by the presence of a gift shop within its Chalmers P. Wiley Ambulatory Care Center.

Conclusion:

One of the VA’s primary goals is to ensure that “veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their wellbeing and independence through their life journey.”³⁷ The VA needs to accommodate the very specific needs of veterans to meet this goal.³⁸ In this veteran-centered approach, the VA must pay special attention to veteran’s susceptibility to homelessness, substance use, and service-related trauma.³⁹

NAMVETS and the UCLA Veterans Legal Clinic are concerned that the trends in VA policing will negatively affect the VA’s ability to meet its goals.

Our analysis of the incidents in the Wellbeing category show that the VAPD are tasked with conducting welfare checks and responding to behavioral health situations despite growing concerns that law enforcement is not the proper first responder for mental health crises.⁴⁷ In fact, outside of the VA contexts, encounters between the police and those undergoing mental health crises are often incredibly harmful or even fatal.⁴⁸ Centering a police response may directly stand in the way of the VA’s veteran-centered goals which ought to use healthcare professionals to manage mental health distress or crises response. In particular, the police are responding to a significant number of incidents that relate to patients’ mental, physical, and emotional health such that it has become commonplace for the VA to respond to wellness concerns with police intervention. To actualize veteran-centered care in VA hospitals, the agency should deemphasize the role of the VAPD.

Given the disproportionate harm policing exacts upon Black and other marginalized persons in local policing,⁴⁰ the authors are concerned that VAPD practices disproportionately harm Black and other veterans of color as well as poor veterans.

Our analysis of the Spatial Control incidents suggests the discretionary nature of many of these offenses creates an opportunity for over-policing veterans who are members of vulnerable populations, even though they often depend on the VA as their healthcare provider. Our preliminary analysis suggests the VA adopts a style of order-maintenance policing to regulate the behaviors of patients and other visitors. These practices are especially troubling in circumstances where the police response follows actions indicative of an underlying disability or health condition. Similarly, loitering, trespass, traffic, and parking violations are often criticized when used against unhoused populations.

Los Angeles, a city with a significant houseless veteran population,⁴¹ recorded a large amount of Trespass and Loitering incidents--27% of Spatial Control incidents, compared to 10% of Spatial Control in Tampa, 7% in Queens and 3% in Columbus. This is worrisome because veterans are at greater risk of houselessness than the general population.⁴² Despite a large overall decrease since 2009, the 2020 point in time homeless count showed an increase in unsheltered veterans nationally since the previous year.⁴³ In addition, Black veterans make up one-third of the unhoused veteran population but make up only 12% of the overall veteran population.⁴⁴

In the Inadequately Documented category, we find that the lack of specificity and precision in documenting incidents veils VAPD's responses. Failure to adequately document interactions contradicts the VAPD's vision as a "21st century police force focused on transparency, accountability, and efficiency."⁴⁵ VAPD transparency and accountability are

exceedingly difficult with the imprecise data entry and obscure language used to classify some of the incident types. Other oversight reports have also raised this concern.⁴⁶

This NAMVETS and UCLA Veterans Legal Clinic analysis provides a fuller picture of VAPD practices at VA healthcare facilities and their surrounding property and parking lots. It shows that the VAPD is highly involved in veteran patients' access to healthcare; is heavily policing the physical spaces of the healthcare facilities; and is inadequately documenting a large portion of incidents which they respond to at VA healthcare facilities.

Endnotes

- ¹ Open the Books, The Militarization of the U.S. Executive Agencies: Non-military Purchases of Guns, Ammunition, and Military-Style Equipment FY 2015-2019, 16 (2020). See also Modernizing the VA Police Force: Ensuring Accountability: Hearing Before the Subcommittee on Oversight and Investigations Committee on Veterans' Affairs, U.S. House of Representatives (July 2021) (statement of Leigh Ann Searight, Deputy Assistant Inspector General), <https://www.va.gov/oig/pubs/statements/VAOIG-statement-20210713-Searight.pdf>. The current 2021 budget request includes an increase for police personnel, and multiple Congressional hearings over the last two years suggest Congress may appropriate enough for the VA to nearly double its police operations. Dep't Of Veterans Affairs, FY 2021 Budget Submission: Vol. 3 Benefits And Burial Programs And Departmental Administration (2020).
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- ³ U.S. Dep't of Veterans Affairs, FY 2018 - 2024 Strategic Plan (2019), <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>.
- ⁴ Veterans Health Admin., Health Topics A to Z Index, <https://www.va.gov/health/topics/index.asp>.
- ⁵ The National Center for Veterans Analysis and Statistics (NCVAS) conducted a study on veterans who have used at least one of 22 benefits or services provided by the VA during Fiscal Years 2008 through 2017. The analysis included a comparison by various characteristics to Veterans who did not use any VA benefits. Veterans who used at least one benefit or service are termed 'users' and Veterans who did not are termed 'non-users.' The overall use rate of the VHA among veterans with a service-connected disability is 69.6%. National Center for Veterans Analysis and Statistics, VA Utilization Profile FY 2017, U.S. Dep't of Veterans Affairs (2020), https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf.
- ⁶ 77.4% of Black veterans with a service-connected disability use VA healthcare as compared to the average VHA utilization rate of 69.6%. National Center for Veterans Analysis and Statistics, VA Utilization Profile FY 2017, U.S. Dep't of Veterans Affairs (2020), https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf.
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- ¹⁰ The two entities published an advisory on the U.S. Department of Veterans Affairs Police Force in May 2020. See NAMVETS-uclawvetpolicingrpt.pdf [<https://perma.cc/TE3P-EPMV>].
- ¹¹ Jasper Craven, Abusing Those Who Served, Intercept (Jul. 8, 2019), <https://theintercept.com/2019/07/08/veterans-affairs-police-va/>; Matt Agorist, Video: Cops Attack Elderly Vietnam Vet at Hospital Over Misunderstanding at Metal Detector (May 30, 2016) <https://thefreethoughtproject.com/video-cops-attack-elderly-vietnam-vet-hospital-misunderstanding-metal-detector/>; Andy Marso, Veteran Died After KC VA Police Officer Injured Him During Traffic Stop, Kansas City Star (Dec. 14, 2018, 5:02 PM, last updated Dec. 14, 2018, 8:07 PM), <https://www.kansascity.com/news/business/health-care/article223129870.html>.
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- ¹³ VA Key Incident Types, Bates No. 000768-000777.
- ¹⁴ At the time the government produced the data, this date range represents the only verifiable VA police incident data available.
- ¹⁵ The VHA produced a spreadsheet documenting police activity for Tampa's VA healthcare facilities. For facilities within the Tampa healthcare system. See VA Tampa Health Care Locations, U.S. Dep't of Veterans Affairs, <https://www.va.gov/tampa-health-care/locations/>.
- ¹⁶ The VHA produced a spreadsheet documenting police activity for Greater Los Angeles' VA healthcare facilities. For facilities within the Los Angeles healthcare system. See VA Los Angeles Health Care Locations, U.S. Dep't Of Veterans Affairs, <https://www.losangeles.va.gov/locations/index.asp>.
- ¹⁷ See St. Albans Medical Center, U.S. Dep't of Veterans Affairs, https://www.va.gov/find-locations/facility/vha_630A5.
- ¹⁸ See Chalmers P Wylie Ambulatory Care Center, U.S. Dep't of Veterans Affairs, <https://www.va.gov/directory/guide/facility.asp?id=34>.
- ¹⁹ U.S. Dep't of Veterans Affairs, FY 2018 - 2024 Strategic Plan (2019), <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>.
- ²⁰ "VA Police Officers receive official duty training regarding data entry. The menu drop-down boxes prompt Police Officers to make the appropriate selection. Provided is a PDF document titled Incident Types, Bates pages 000768-000777." Letter from Deana Marakowski, Veterans Health Admin. FOIA Officer, to Courtney Bachman, Registered Legal Services Att'y at Univ. Of Cal. L.A. Veterans Legal Clinic at 31 (Aug. 31, 2021) (on file with author).
- ²¹ The Key Incident Type document provides multiple data entry options for trespass incident types.
- ²² Here, "policing goals" does not refer to a performance standard established by police chain of command.
- ²³ Our naming convention is as follows: Capitalized Categories and Subcategories without quotation marks represent categories or subcategories that the authors have developed. These labels typically encompass multiple incident types, though sometimes the subcategory label may mirror a single incident type. For example, "Behavioral Health Response" is a subcategory label and an incident type found on the Key Incident Type and each locations' spreadsheet. The incident types within quotes refer to the VA created incident type labels and represent a single incident type that is captured within one of our subcategories. The instances where subcategory labels are the same as a single incident type are: "firearm," "possession of explosives," "possession of any variety of incapacitating liquid or gas-emitting weapons," "missing property," "staff assist," "incidents: other offenses," "information report only" and "no incident type."
- ²⁴ Spatial Control includes the subcategory Traffic and Parking Violations because of how traffic and parking offenses have been used to target the houseless persons in other police contexts. See e.g., National Law Center on Homelessness & Poverty, No Safe Place: The Criminalization of Homelessness in U.S. Cities (2019). The authors' categorization separates traffic and parking incident types from those found in the categories Vehicle Accidents and DUI to capture traffic infractions that involved drugs or alcohol separately.
- ²⁵ In some instances, a regulation or law is cited but the regulation or law encompasses numerous activity that may fall in different subcategories. For example, the incident type "1.218(b)" refers to 38 C.F.R. 1.218(b) which punishes a long list of conduct, including gambling, unlawfully consuming alcohol, or possession of a firearm. The Key Incident Type list also includes separate incident types for each of these actions, and we have included the known incident types among the appropriate categorization. Other incident types cite to the entirety of a large federal law, such as the incident type "Assimilated Crimes Act."
- ²⁶ Based on discussions pursuant to FOIA negotiations, to learn more details about each incident requires individually reviewing the original incident reports.
- ²⁷ Based on a combination of direct knowledge from health providers and the role of police in institutional contexts, the authors understand "staff assist" incident type to include police involvement in circumstances where a patient or visitor is disruptive or rude, or to support the needs of care staff when handling a patient in crisis.
- ²⁸ Mental Health, U.S. Dep't of Veterans Affairs, <https://www.mentalhealth.va.gov/>.
- ²⁹ PTSD and Substance Use in Veterans, U.S. Dep't of Veterans Affairs; https://www.ptsd.va.gov/understand/related/substance_abuse_vet.asp.
- ³⁰ Id.
- ³¹ The unusual number of incidents in the Greater Los Angeles Healthcare system data may be driven by the fact that people reside on the West LA VA campus; the authors are unable to distinguish the location for incidents due to the way VHA produced the Greater Los Angeles Healthcare system data.
- ³² Due to the ambiguous nature of the incident type "drug and narcotic violations," it is impossible to determine with certainty whether these violations are for drug use, possession, manufacture, or sale. In actuality, the number of incidents in the Drug and Alcohol Use, Possession and Paraphernalia subcategory

could be much higher if in the language of the incident type was more specific. Even if we presume all such incidents are related to sale, the change is very small in the Wellbeing category. Removing “Drug and Narcotic Violations” in Los Angeles would result in a decrease of 89 incidents in the Wellbeing category. In LA, Wellbeing would comprise 22% of all incidents, slightly lower than what we report. In Tampa, removing “Drug and Narcotic Violations” from the Wellbeing category would result in 25 fewer incidents in the Wellbeing category. In Tampa, this would reduce the Wellbeing category from 40% to 39% of the total incidents, only a 1% different.

³³ Disorderly Conduct Plus as a subcategory includes all five disorderly conduct incident types in addition to incident types commonly considered as disorderly conduct, such as unauthorized demonstrations, commercial solicitation, and vending.

³⁴ The incident types included within the subcategories of the Inadequately Documented category are as follows: “Incidents: Other Offenses” includes “incidents: 90Z -Other Offenses.” Joint Law Enforcement includes: “joint law enforcement investigation,” “joint law enforcement investigation: warrant service/arrest,” “joint law enforcement officer assist,” and “information report: law enforcement assist.” Assessments includes “(Deleted) assessments” and “assessments.” Assimilated Crimes Act includes: “(Deleted) Assimilated Crimes Act,” “Assimilated Crimes Act,” and “Assimilated Crimes Act: 18USC 13 (Assimilated Crimes Act). Federal includes: “(Deleted) federal,” “federal,” “federal: 18 U.S.C.,” “federal: 21 U.S.C.,” “federal: CFR,” and “federal: CFR: 38 CFR 1.218(B).” “Policy Violation” includes “information report only: policy violation.” “No incident type” includes “no incident type.” “Information report only” include “information report only.” All Other Incident Types Indicative of Inadequate Documentation includes: “(deleted) issued in error,” “(deleted) incidents,” “incidents,” and “incidents: non UCR incident.”

³⁵ The remaining categories we created are as follows: Vehicle Accidents, Driving Under the Influence, Bodily Harm, Weapons, Concealment and Falsification, Theft, Arson, Refusing to Be Policed, Threats, Animal Incidents, Lost Keys and Card Access, Emergency Responses, Alarms and Drills, Sex-Related incidents and Other. The subcategory Refusing to Be Policed includes incident types in which patients directly resist VAPD policing. This category includes police use of force incident types as well as the incident type “resisting or obstructing an officer.”

³⁶ The subcategory Non-Consensual Sex Incidents likely includes incidents that overlap with the Bodily Harm category, but we have categorized Non-Consensual Sex incidents within the larger category Sex-Related Incidents. Adding incidents captured within the Non-Consensual Sex Incidents subcategory to the Bodily Harm category increases the total of incident types suggestive of physical injury by 0.4% in Los Angeles, 0.17% in Tampa, 0.26% in Queens, and 0% in Columbus.

³⁷ U.S. Dep’t of Veterans Affairs, FY 2018 - 2024 Strategic Plan (2019), <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>.

³⁸ Id.

³⁹ Mission, Vision, Core Values & Goals, U.S. Dep’t of Veterans Affairs, https://www.va.gov/about_va/mission.asp.

⁴⁰ In June 2020, a Washington Post opinion columnist summarized studies from across the country showing that Black people were more likely to be profiled by the police than their white counterparts in street and traffic encounters. Some of those studies found that police use of force was used disproportionately against Black people. A 2019 study of the Columbus, Ohio police department found that roughly half of use-of-force incidents were against Black residents, while Black people only make up 28% of the city’s population. Radley Balko, *There’s Overwhelming Evidence that the Criminal Justice System is Racist. Here’s the Proof*. WASH. POST (June 10, 2020), [https://www.washingtonpost.com/graphics/2020/opinions/systemic-racism-](https://www.washingtonpost.com/graphics/2020/opinions/systemic-racism/)

[police-evidence-criminal-justice-system/](https://www.washingtonpost.com/graphics/2020/opinions/systemic-racism-police-evidence-criminal-justice-system/). Multiple studies and legal analysis confirm similar concerns. See e.g., Chauncey Smith, Elycia Mulholland Graves, and Laura Daly, REIMAGINING TRAFFIC SAFETY & BOLD POLITICAL LEADERSHIP IN LOS ANGELES, ADVANCEMENT PROJECT CA (2021), <https://www.racecounts.org/push-la/>; see generally, *Stop the Stops: Remove LAPD Officers from Routine Traffic Stops*, PUSH LA REIMAGINE PROTECT AND SERVE, <https://pushla.org/stop-the-stops/>; Devon W. Carbado, *From Stopping Black People to Killing Black People: The Fourth Amendment Pathways to Police Violence*, 105 CALIF. L. REV. 125 (2017).

⁴¹ Sarah B. Hunter, Op-Ed: On Veterans Day, There are Still Thousands of Homeless Vets in LA We followed 26 to Find out Why, Nov. 11, 2021 (Op Ed), <https://www.latimes.com/opinion/story/2021-11-11/homeless-veterans-rand-report-va-veterans-administration-veterans-encampment>.

⁴² Homelessness, U.S. Dep’t of Veterans Affairs, <https://www.research.va.gov/topics/homelessness.cfm#research1>.

⁴³ 2020 HUD Point In Time Count represents the most reliable data available. Dep’t. Of the U.S. Hous. And Urb. Dev., The 2020 Annual Homeless Assessment (AHAR) to Congress (2020), <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>.

⁴⁴ Id.

⁴⁵ See Job Opportunity: Keep Veterans Safe as a VA Law Enforcement Officer, Vantage Point (July 6, 2021), <https://blogs.va.gov/vantage/90488/90488/>.

⁴⁶ See Dep’t. Of Veterans’ Affairs Office of Inspector General, *Inadequate Governance of the VA Police Program at Medical Facilities* (2018), <https://www.va.gov/oig/pubs/VAOIG-17-01007-01.pdf>; Oversight Hearing: Examining VA’s Police Force Before the H. Subcomm. On Oversight and Investigation, 116th Cong. (2019).

⁴⁷ BAZAELON CENTER FOR MENTAL HEALTH LAW, *Alternatives to Police Responding to People with Mental Illness* (April 2021), <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2021/04/Alt-to-the-Police-Responding-to-People-with-Mental-Illness.pdf>; Eric Westervelt, *Mental Health and Police Violence: How Crisis Intervention Teams are Failing*, NPR, Sept. 18, 2020,

<https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing>; Adams, *Black, Disabled and at Risk: The Overlooked Problem of Police Violence Against Americans with Disabilities*, TIME (June 25, 2020, 8:56 AM), <https://time.com/5857438/police-violence-black-disabled/> (“The combination of disability and skin color amounts to a double bind.”); *LAPD ‘Fully Supports’ City Council’s Vote to Move Forward with Plans to Use Unarmed Crisis Teams for Nonviolent 911 Calls*, CBSLA, Oct. 14, 2020, <https://losangeles.cbslocal.com/2020/10/14/la-city-council-to-vote-wednesday-on-using-unarmed-crisis-teams-for-nonviolent-911-calls/>.

⁴⁸ Studies have shown that between 5-10% of all law enforcement encounters involve individuals with mental illness. These studies have also highlighted that people with mental illness make up a disproportionate number of fatal police shootings. Doris Fuller, et. al, *Overlooked In the Undercounted: The Role of Mental Illness In Fatal Law Enforcement Encounters*, TREATMENT ADVOCACY CENTER, Dec. 2015, <https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted>; BAZAELON CENTER FOR MENTAL HEALTH LAW, *Alternatives to Police Responding to People with Mental Illness* (April 2021), <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2021/04/Alt-to-the-Police-Responding-to-People-with-Mental-Illness.pdf>.