

Where Did You Serve? Veteran Identity, Representative Bureaucracy, and Vocational Rehabilitation

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ABSTRACT

The research on representative bureaucracy investigates whether higher levels of representation within public agencies affect policy outcomes. We expand this line of inquiry by examining the effect of symbolic representation on the clients' perceptions of the vocational rehabilitation program administered by the Department of Veterans Affairs. We test the link between passive representation and symbolic representation for Veteran identity. This is one of the first studies to investigate an identity not associated with immutable characteristics. We question how an identity related to a profession that an individual selects into, like Veteran status, can influence a client's relationship with a government program. We find that Veteran clients of the vocational rehabilitation system perceive substantial differences in the behaviors of their counselor and report significantly higher levels of overall satisfaction with the program when they know or believe their counselor is also a Veteran.

A long line of research examines how a bureaucrat's identity influences the implementation of public policy and the provision of government services. Indeed, scholars have found that the presence (passive representation) of minority and female bureaucrats alters policy outcomes for minority and female clients, in several policy areas. Researchers often associate improved policy outcomes with some purposeful behavior by bureaucrats who are acting for clients with whom they share an identity. However, a growing body of research argues that passive representation can also translate into symbolic representation, where representation may change the attitudes and behaviors of the represented client without any action taken by the bureaucrat (Meier and Nicholson-Crotty 2006; Theobald and Haider-Markel 2008). The previous research on passive, active, or symbolic representation has almost exclusively (Close et al. 2009; Pitts and Lewis 2011; Thielemann and Stewart 1996; and van Gool 2008 are notable exceptions) focused on three identities—race, ethnicity, and gender—all three of which are tied to immutable and visible demographic characteristics.

We question the idea that identity is characterized by fixed, supposedly objective criteria. Instead, we argue that just as identities can be constructed around

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doi:10.1093/jopart/mus030

Advance Access publication October 22, 2012

Published by Oxford University Press on behalf of the Journal of Public Administration Research and Theory, Inc. 2012.

characteristics that are unchangeable (at least in the short term), identities are also constructed around choices individuals make and the institutions in which they are embedded. Far less is known about the representation of these mutable and less visible identities in the bureaucracy. We are interested in understanding how an identity related to a profession that an individual acquires or selects into during their lifetime, like Veteran¹ status subsequent to military service,² can also influence a client's relationship with a government program.

Military service, like other significant life events, influences a person's self-concept and their values—values that the individuals bring with them into their workplace. We contend that similar to the formation of identities tied to social origins, the socialization that occurs within an organization can construct identities that dramatically affect values and attitudes. Indeed, [Meier and Nigro \(1976\)](#) demonstrate that the influence of socialization, via agency affiliation, is a stronger predictor of attitudes than social origins. Despite this fact, scholars studying representative bureaucracy have yet to address the question of whether Veteran identity is a key determinant of bureaucratic outcomes in the same way that race, ethnicity, and gender are. We argue that Veteran identity is unique because Veterans, as a group, have enjoyed high status in our country's history and have not suffered the discrimination that racial, ethnic, or sexual minorities and women have endured. This fact undermines the classic rationale for dyadic representation, the correction of past injustice, and begs the question of whether groups must suffer real or perceived inequities to benefit from bureaucratic representation.

The purpose of this article is to extend the representative bureaucracy literature by examining whether the presence of Veterans as service providers in an organization influences the level of service that Veteran clients report receiving from the agency. Specifically, are clients of the Veterans Administration (VA) more satisfied with services provided by bureaucrats who are also Veterans? Unlike most studies that test for the link between passive and active representation, we examine whether there is a preference for a representative bureaucracy among the clients of an agency. Building on the work of [Theobald and Haider-Markel \(2008\)](#), we test whether the attitudes of VA clients are influenced by the descriptive representation of Veterans among rehabilitation counselors. Our contribution to the literature of representative bureaucracy is two-fold. First, we are one of only a handful of studies to examine the representation of an identity other than race, ethnicity, or gender. In addition to considering a new identity, we provide further evidence of the link between passive and symbolic representation.

To test these theoretical developments, we use data drawn from the 2007 Veterans Employability Research Survey, enriched by a series of interviews with vocational

1 We follow the US Department of Veterans Affairs in capitalizing the term "Veteran" throughout this article to distinguish a Veteran of military service from other uses of the term veteran. For example, a Veteran bureaucrat is one who served in the military at some point, whereas a veteran bureaucrat is one who has served as a bureaucrat for an extended period of time.

2 We understand that some Veterans were conscripted and did not choose to join the military; however, at this point we are not making a distinction between Veterans who were drafted or joined voluntarily. We leave questions regarding differences between these two groups for future research.

rehabilitation professionals within the VA. The survey was designed to evaluate the services provided by the Vocational Rehabilitation and Employment (VR&E) program. The US Department of Veterans Affairs provides a unique opportunity and a difficult test for our contention that clients may prefer to have services delivered by a bureaucrat who they share certain characteristics with, in this case previous military service, because the mission of the VA centers on offering assistance to and advocating for Veterans. Given this, all employees, regardless of military service, are trained and rewarded for advocating for Veterans, seemingly making it less likely that we will find a significant difference in client demand for Veteran counselors. However, we find that clients of the program feel they received higher quality assistance and are more satisfied with the program³ when they know or believe their counselor is also a Veteran.

REPRESENTATIVE BUREAUCRACY

The departments and bureaus of government do more than simply administer the law. They help shape the law by translating it into the routine operations of public programs. The implementation of public laws and programs carries with it, in effect, the power to determine to a substantial degree the meaning of those laws and programs. Because bureaucracies serve as a critical link between elected representatives and the populace they serve, how clients perceive their treatment by these agencies or the legitimacy of bureaucratic decisions has important implications for democratic governance. As [Rosenbloom \(1977\)](#) argues, when clients see government programs administered by officials who look like them, it promotes the notion of fairness and political neutrality of governmental actions. Given this, it is critical to understand the representative role that bureaucrats play in the administration of government programs.

The literature on representative bureaucracy identifies several forms of representation—passive, symbolic, and active. [Mosher \(1968\)](#) noted that the public workforce could be passively representative. A bureaucracy is passively representative, in Mosher's terms, to the extent that it employs minorities and women in numbers proportionate to their shares of the population, or at least proportionate to those parts of the population with the qualifications necessary for employment. The first systematic elaboration of the theory of representative bureaucracy was [Kingsley's \(1944\)](#) examination of passive representation for social class in the British civil service. Kingsley argues that in a democracy the explicit exclusion of defined classes or groups from bureaucratic employment, and the requirement of an elite education for initial appointment, produced objectionable results. Kingsley recognized the substantial power of the bureaucracy and the imperative need to make that power representative of a variety of social classes.

³ It is important to note that we do not have any objective measures of agency performance; instead we are concerned with how passive representation influences the client's perception of the agency's performance, as measured by their overall satisfaction with a program. It is possible that a client may be completely satisfied with the services he or she receives from a poorly performing agency, or vice versa.

Most studies of passive representation examine whether the composition of the bureaucracy mirrors the demographic composition of the general population or whether women and minorities are under-represented in the bureaucracy (Dolan 2000, 2002; Kellough 1990; Naff and Crum 2000; Riccucci and Saidel 2001). Research on passive representation seldom examines how such passive representation may improve policy outputs. However, researchers are beginning to offer evidence that passive representation can influence outputs indirectly by inducing changes in the attitudes and/or behavior of citizens rather than through the bureaucrat actively representing the interests of any group (Lim 2006; Meier and Nicholson-Crotty 2006; Pitkin 1967; Theobald and Haider-Markel 2008). Pitkin (1967) posits that passive representation can lead to *symbolic representation*, where having the members of subgroups in official positions works “on the minds of those who are to be represented or who are to be the audience accepting the symbolization” (111). Symbolic representation argues that the presence of minority representatives,⁴ in and of itself, can change the behavior of the clients and their perceptions about the legitimacy of government. Symbolic representation does not require any purposeful action by the person holding the position—“being there” is enough to change outcomes.

In a test of symbolic representation, Theobald and Haider-Markel (2008) found that African American citizens are more likely to perceive police actions as being legitimate if there are African American officers present. The same relationship holds for white citizens and officers. In similar research, scholars found that women are more likely to report sexual assault to a police department where women are well represented among the officers (Meier and Nicholson-Crotty, 2006). This suggests that the presence of female officers changes the behavior of females in the population. Additionally, and related closely to our research, Thielemann and Stewart (1996) examine the attitudes of agency clients (in this case persons living with AIDS) rather than agency personnel to examine the demand for representation. They find that persons living with AIDS prefer that the agency staff with whom they actually interact represent them along gender, sexual orientation, and racial lines.

Another type of representation occurs when public employees “press for the interests and desires of those whom [they] are presumed to represent” (Mosher, 1968). Mosher referred to this concept as *active representation*. It suggests that bureaucrats will act to see that the interests of individuals with whom they share racial, ethnic, or sexual identity are appropriately considered as decisions affecting public policies and programs are made. Numerous studies have concluded that minority and female employees of public bureaucracies implement policies or use their discretion to reduce the disparate treatment minority and female clients have historically received (Hindera 1993; Keiser et al. 2002; Meier and Stewart 1992; Meier, Wrinkle, and Polinard 1999; Selden 1997; Wilkins and Keiser 2006). However, this work has been criticized because of the difficulty in knowing whether the effects attributed to active representation actually occur because of the effects of passive representation, such as behavior changes in the client induced by the presence of the minority bureaucrat (Lim 2006). Furthermore, minority bureaucrats may affect the behavior of minority clients by making the agencies’ services

4 Interestingly, Gay’s (2002) findings suggest that the benefits of symbolic representation are limited to minorities. However, the findings of Theilemann and Stewart (1996) and this study challenge this notion.

more attractive to minority clients (Meier and Nicholson-Crotty 2006; Theobald and Haider-Markel 2008; Thielemann and Stewart 1996). Given this, we focus on how clients of an agency evaluate services when they know or believe they share an identity with their counselor. We contend that clients may have more positive evaluations for a number of reasons: the client may perceive that a counselor who shares his or her identity will offer additional assistance; the client may perceive the whole process as more legitimate and put forth greater effort; and/or the counselor may actually behave differently when they share an identity with the client. However, we realize that several of these causal mechanisms may be at work simultaneously.

Regardless of whether researchers seek to understand the correlates of passive representation or the provision of active representation, it is important to understand the conditions under which representation alters outcomes for the particular clientele of an agency. Keiser et al. (2002) identified several necessary, but not always sufficient, conditions that must exist for sex to facilitate the transformation of passive representation to active representation. Although these conditions were theorized regarding the provision of active representation, we contend that, with limited revision, they must also be met for the provision of symbolic representation. First, the policy area must be salient to the demographic group, including the clients, in question (Keiser et al. 2002; Meier 1993; Selden 1997).⁵ Second, the policy area must be one in which bureaucrats have, or are believed by the client to have, discretion (Meier 1993). Clients must think that the bureaucrats have the opportunity to shape outputs to reward a particular group. Based on previous findings, we expect to find that when a policy area is salient to the identity of the client and bureaucrat and when the client perceives that the bureaucrat has the discretion to improve outcomes, the client will prefer to have services provided by a bureaucrat who shares their identity.

Although not part of the representative bureaucracy literature, the findings from the rehabilitation and counseling literature support our hypotheses by providing evidence regarding how the client–counselor relationship is affected by various identities. Priester et al. (2007) find that alcoholics in a counseling setting prefer counselors who themselves are recovering alcoholics. Allen and Cohen (1980) find that persons with physical disabilities view counselors who also have physical disabilities as more empathetic and credible, and Miller et al. (2007) show that race, gender, sexual orientation, and social class are “cultural domains” that influence counselor’s competence to provide counseling that is free from cultural bias. Culbreth’s (2000) literature review and meta-analysis finds a total of 16 studies that show how counselor characteristics influence client perceptions of their behavior in clinical settings, though none of them reference Veteran identity.

VETERANS’ IDENTITY AND REPRESENTATIVE BEHAVIOR

Individuals have multiple identities based on their sex, race, ethnicity, and a variety of other characteristics that influence their behavior and attitudes. However, we offer that these identities (those tied to physical characteristics) are only part of the story;

⁵ We question whether salience will be a necessary condition across all identities. We contend that there may be some identities that are so strong, like those tied to traumatic life experiences, that the individual with that identity will be likely to represent it in almost any situation. Further research is needed to test our contention.

individuals also have identities that are tied to their work and experiences within institutions (Meier and Nigro 1976). Bureaucrats are embedded in institutional settings that shape and constrain their behavior (Immergut 1998; Katznelson 1997). Institutional structures help to determine the purpose and scope of their work and how much discretion they have to carry out their duties. In addition, institutions shape their cognition by conferring identity—that is, by selecting the factors that are to be considered relevant in the decision-making process and performance of duties. Profession can also provide an associated identity. These identities are introduced and solidified through the socialization process of the organization, where individuals adopt behaviors and preferences that are consistent with their profession and organizational goals, thereby modifying the influence of their own personal values on bureaucratic behavior.⁶ The relationships between multiple identities comprise a new and promising area in representative bureaucracy research called “intersectionality.” Mansbridge and Tate (1992) discussed intersectionality in the context of the Clarence Thomas hearings, theorizing that black women tended to support Justice Thomas rather than Professor Hill because the presentation of the case “heightened the racial salience and submerged the gender issues in the charges.” In some situations, multiple identities may be salient simultaneously.

No study has examined Veteran behavior in the context of passive representation (or active representation). Prior to making claims about a Veteran identity, it is important to understand this population and what makes it distinctive and important for study. First, the Veteran population in America is very large (though shrinking rapidly as the World War II generation ages). The VA estimates that there are some 23.4 million living Veterans, of whom about 5 million receive compensation for a disability related to their service. Something approaching a quarter of the nation’s population is potentially eligible for VA services because they are Veterans, survivors of Veterans, or family members of Veterans. The system to provide for the needs of Veterans and their families is an extremely large (and expensive) one: the US Department of Veterans Affairs runs the largest integrated health care system in the country (the Veterans Health Administration) and the VA’s budget in 2011 was 133.9 billion dollars (www.va.gov). Finally, Veterans are a powerful political force: as B. G. Bishin and M. B. Incantalupo (unpublished data) note, “Veterans have long held a privileged place in American politics.” Large and powerful Veterans’ organizations make lawmakers likely to attend to the needs of their Veteran constituents. Veterans groups routinely make claims based on what they perceive as their unique nature. Disabled American Veterans, for instance, states on their website that “The DAV was founded in 1920 by disabled Veterans ... to represent *their unique interests*” (www.DAV.org, emphasis added). The Veterans of Foreign Wars asks on its membership page “Are you one of the elite?” (www.jointheelite.org). One of the explicit goals of the Vietnam Veterans of America (VVA) is “to create a new identity for this generation of Veterans” (www.vva.org/who.html). Clearly, then, Veterans groups use claims of uniqueness to recruit, mobilize, and win political and distributional victories.

Although it is obvious that Veterans may share values, “Veterans Identity” is an underdeveloped concept in the social science literature, at least partially because

6 In cases where the bureaucrat’s personal values are in accordance with the agency values, the influence of their values is likely enhanced by organizational socialization; where the values are discordant, the bureaucrat may resist socialization with varying degrees of success.

Veterans as a class differ from racial minorities, women, and sexual minorities in that there is little to no pervasive discrimination against them.⁷ In fact, rather the opposite is true: Veterans receive hiring preferences for Federal Government employment of 5 points or 10 points, depending on their period of service and level of disability, if any (www.opm.gov). These federal employment benefits can extend to the mother and a spouse (including widow or widower) of the veteran (www.opm.gov). In addition, most states and many local governments offer some form of Veteran's preference in hiring (Gargan 1999). In fact, in at least seven states, this preference is absolute with the qualified Veteran automatically getting the job unless he or she can be passed over for cause (Gargan 1999). Veterans also enjoy numerous other benefits including educational funding and home loans, as well as a robust social safety net against the occurrence of disability. This lack of pervasive discrimination takes away some incentive for researchers to address the issue of Veteran identity. Another contributing factor to the dearth of Veteran identity research is the fact that Veteran status is acquired as an adult or late adolescent; this differs from other identities that are usually based upon immutable characteristics, such as gender, race, or sexual orientation.

What research exists on Veteran identity is typically related to the provision of medical services within the VA. Harada et al. (2002) define Veterans identity as "Veterans' self concept that derives from his/her military experience within a socio-historical context. Veteran identity may vary by race/ethnicity because the socio-historical context of the military experience varies by race." In their study of the influence of Veteran identity and race upon the use of VA health services, they find that Veterans who identify strongly with their Veteran identity may prefer the VA to other sources of care. They identify a number of factors influencing the development of a unique Veterans identity: war era, location and length of service, combat exposure, service-connected disability, and rank.⁸

Social identity theorists believe that an individual's identity is both malleable and contingent upon the social and political environment. Typical group identity experiments in the laboratory show that people develop a group identity even along the most minimal lines, including eye color and purely administrative boundaries (Huddy 2001). Although most research involves gender, racial, and political group identification, some researchers argue "group identity is likely to emerge among members of a high-status group because membership positively distinguishes group members from outsiders" (Huddy 2001, 134). Tajfel and Turner (1979) argue that members of low-status groups may downplay or deny their membership in the low status group in order to be identified with a higher status group. The implications here are enormous: if true, Veteran identity⁹ (membership in a high-status group) may eventually be found to be more powerful than even racial identity if that racial

7 With two caveats: during the 1930s, the Federal Government attempted to renege on promises to pay bonuses to World War I Veterans, precipitating a "Bonus March" on Washington, and during and after Vietnam, the political environment was such that there are some reports of hostility toward returning Veterans.

8 Although this study offers interesting insights, its focus on health care utilization patterns limits its utility in the context of representative bureaucracy.

9 In this work we treat Veteran identity as a binary construct—you either served in the military or you did not. However, recent public opinion research (Pedraza and Krueger 2012) tests whether Veteran identity falls on a spectrum and can be held by individuals living with or related to a Veteran. This work is beyond the scope of this study but could be an avenue for future research.

identity is considered to be a lower status identity, because an individual may turn away from his racial identity and toward his Veteran identity, acting on the high-status rather than the low-status identity.

Although discrimination can be a powerful formative event in the lives of racial and gender minorities, it seems obvious that few endeavors common to human beings are as formative as wartime experiences: [Modell and Haggerty \(1991, 205–206\)](#) tackle this issue directly, noting that “[w]ars and their effects are a continuing, permanent part of the personal and political landscapes that ... demand incorporation ... [wars] may end, but they continue to reverberate in the lives of those who fought them and within the soldiers’ societies.” Many studies of wars and their aftermaths in the personal and political lives of the warriors who fight them document this ongoing “reverberation” in a variety of ways. Beyond physical wounds, which may obviously alter lives, mental wounds such as Post-Traumatic Stress Disorder (PTSD) and other negative mental health consequences are well documented and all too common ([Gade and Wenger 2011](#)). However, not all of the consequences of military service are negative: Veterans tend to be more educated and earn more money in the long run than their age-group peers, and [Harada et al. \(2002\)](#) note that the vast majority of Veterans rate their military experience as positive. We assert, then, that Veterans of military service view themselves as a special and distinct class within society. In that way, Veteran status goes beyond a person-based social identity and becomes a group-based social identity, what [Brewer \(2001\)](#) describes as a process whereby the “fortunes and misfortunes of the group as a whole are incorporated into the self and responded to as personal outcomes.”

VOCATIONAL REHABILITATION AND EMPLOYMENT

Among its many other functions, the Department of Veterans Affairs provides vocational rehabilitation services to Veterans through its VR&E service. The VR&E program is authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31. The program assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. The goal of the VR&E program is “to enable Veterans to live independently, achieve the highest quality of life possible and. . .to secure gainful employment” ([ABT Associates 2007](#)). Active-duty service members and Veterans are eligible for the program if they have received or expect to receive an honorable discharge and have a disability rating of 10% for service-connected disabilities or 20% for non-service-connected disabilities. Once an “entitlement determination” is made, the Veteran is randomly assigned a Vocational Rehabilitation Counselor (VRC) who works independently with the Veteran to develop a rehabilitation plan that “is an individualized, written outline of the services, resources, and criteria that will be used to achieve employment and/or independent living goals” (www.vba.va.gov/bln/vre). After the rehabilitation plan is developed, counselors “provide ongoing counseling, assistance, and coordinate services such as tutorial assistance, training in job-seeking skills, medical and dental referrals, adjustment counseling, payment of training allowance, if applicable, and other services as required to help the Veteran achieve rehabilitation” (www.vba.va.gov/bln/vre). The VRC provides or coordinates the provision of

a wide range of rehabilitation services, which might include counseling, training, rehabilitation, and employment services. Throughout their time in the program, the VRC serves as the primary point of contact for the Veteran and is responsible for oversight of all services provided to a VR&E program participant.

The VRC operates in an environment of near-total autonomy and may exercise discretion in a number of ways. For example, a VRC can steer a client toward either vocational or educational tracks, based on his judgment of the client's capabilities. He may also exercise discretion by choosing to spend more or less time on a specific part of his caseload. Above all, though, the VRC is responsible for developing, with the input of the Veteran, an individualized rehabilitation plan. Because these plans are individualized to the specific Veteran, they require a great deal of input by the VRC.

In 2004, the VR&E program consisted of about 900 staff members, two-thirds of whom were counseling psychologists, VRCs, and vocational rehabilitation specialists (US Department of Veteran Affairs 2004). These staff members were geographically dispersed among 138 field offices across the country due to the requirement for face-to-face interaction with agency clients. The number of Veterans found to be both eligible and entitled to VR&E services is consistently around 60,000 per year, of whom approximately 60% sign up for the program (Congressional Research Service 2008). In 2007, there were just over 52,000 program participants at any stage of rehabilitation, and just over 12,000 were rated as "rehabilitated" (Congressional Research Service 2008). On average, it takes program participants just over 1,000 days to complete the program when participation is uninterrupted, and just over 1,600 days for those with a program interruption of some kind. The majority of Veterans who start the program and do not complete it cite health problems (including issues related to the service-connected disability) and family or financial concerns as the reason for dropping out of the program. In all, about one-third of program participants do not complete the program.

Rehabilitation services for the VA meet the necessary conditions outlined in the representative bureaucracy literature: the policy area is salient and the counselors providing the services exercise discretion during the development of the plan and during the provision of ongoing counseling and assistance. Therefore, we expect to find evidence that the attitudes of clients regarding agency services will vary when they have a counselor who they believe or know to also be a Veteran. Specifically, clients who believe they share a Veteran identity with their counselor will report being treated better by the counselor and be more satisfied with the program. Although we expect that Veteran preference may be more pronounced among clients who have struggled to complete the rehabilitation program,¹⁰ the data do not allow us to explicitly test this hypothesis. As mentioned earlier, we contend that the VR&E program offers a difficult test of the link between passive and symbolic representation for Veteran identity. The mission of the VA and this program is to advocate improving outcomes (health,

¹⁰ We do not argue that those in cohort 4 (non-completers) should be more satisfied with the program. Indeed, there are many reasons why they might be dissatisfied, not the least of which is because they experienced failure in the program. The data bear this out: of those who did not complete the program, only 59.6% reported satisfaction with it, whereas 84.3% of completers reported overall satisfaction.

employment, and otherwise) for Veterans of military service. As a result of this advocacy mission, no structural idiosyncrasies should dictate different behavior from the Veteran and non-Veteran bureaucrats within the agency.

INSIGHTS FROM INTERVIEWS WITH VRCs

In order to broaden and deepen our understanding of the dyadic relationship between a counselor and an agency client, we interviewed a convenience sample of 11 VRCs by phone over a period of three weeks. These counselors represented offices in suburban areas and in major metropolitan areas, a range of experience from a few years to over 30 years, a former Director of the program, both white and African American, men and women, and Veterans and non-Veterans. Multiple important insights were gained from these interviews.

On the Relationship between Counselor and Client

One African American counselor in a major metropolitan area, a Veteran, told us that the relationship between a counselor and a client is a key determinant in how well the client performs in the program. He noted that “99% of the time” clients will ask him if he is a Veteran himself, and sometimes the clients demand to have their counselor also a Veteran.¹¹ He said that another important issue is race: that sometimes it takes a few sessions for a white Veteran to be comfortable with him. Another interviewee, a 30-year Veteran of the National Guard, said that “[Veterans] absolutely always ask whether I am a Veteran because they want to know whether I’ll be there for them.” He said that despite the fact that he is a trained and board-certified Counseling Psychologist, clients want to know if he is a Veteran too because it establishes “a degree of affinity” between him and the client. A female counselor, a non-Veteran, told us that she was asked so often about her Veteran status that she actually formulated a response: “While I personally have not had the honor of serving my country in the military, I have great respect for military members.” She also often adds that she has several uncles who served and a brother currently in the reserves. A final interviewee, a non-combat Veteran of the Vietnam era, said that “some do care” if their counselor is a Veteran, and most ask directly. On the other hand, he pointed out, “It’s pretty rare that someone expresses a preference but when they do it is likely to be because [civilians] don’t understand [Veterans’ struggles] because they aren’t a Veteran.”

On the Determinants of Program Success

The interviewees were uniformly aware that the VR&E program has a high failure rate, though their reasons for why this might be varied slightly. One counselor with more than 30 years as a VR&E counselor said that “the greater a person’s sense of

¹¹ However, because counselor assignments are made at random, these requests are not granted.

entitlement, the less likely they are to succeed in the program” and went on to speculate that this may be because they may be less likely to accept guidance. Another said that counselor behavior can certainly affect outcomes: those counselors who see their job as being a “gatekeeper to [VA Disability Program] benefits” are off-putting to clients and may cause them to exit the program early. A final insight from a very senior retired vocational rehabilitation professional was that high-risk clients differ from other clients because they require more medical, psychological, and other kinds of interventions. These clients bring their own problems to the program but also may be more difficult for counselors to deal with because they do not see results immediately.

Other Insights

The counselors we interviewed offered a number of other interesting insights. For example, two of them stated (without being prompted) that counselors face role conflict in their jobs. All are trained counselors who are encouraged to deliver services in a prompt, compassionate, and professional way, but they are also bureaucrats who must follow agency rules and who face performance standards that may conflict with good clinical practice. For example, one counselor indicated that his performance standards included monthly contact with each client in his caseload: with a caseload of 150 Veterans, it was very difficult to contact them all on a monthly basis but still have time to spend with the clients who needed the most help. His formal performance standards did not include the ability to distinguish between clients requiring monthly contact and those requiring more (or less) contact. Another described a resource conflict within the VA regarding the relationship between VR&E and the disability compensation program. The disability compensation program is much larger and is time-sensitive and tends to overshadow VR&E. Furthermore, many of the senior leaders who end up overseeing the VR&E program are promoted out of the disability compensation program and so bring a flawed understanding of the appropriate relationship between the two programs. This counselor stated that counselors should be granted “more autonomy” because they are part of the “professional arm of the VA, unlike the administrative arm that is the disability compensation program.”

Overall, these interviews reinforced our belief that the Veteran status of the counselor has the potential to change the nature of the relationship between the client and the counselor, and that Veterans nearly always inquire as to whether their counselor is a Veteran. More broadly, all interviewees spoke of the need for a trusting personal relationship between a counselor and a client. Those Veterans among the group cited their Veteran status as being one of the things that allows them to develop just such a relationship.

DATA AND MODEL

The VR&E program has been the subject of many reviews at the VA level as well as by Congress ([Government Accountability Office 2004, 2005, 2007, 2009](#)). One of these reviews was the 2007 Veterans Employability Research Survey, contracted by the VA to an outside agency, [ABT Associates](#). The purpose of this research effort

was to determine the factors that have an impact on Veterans' employability and to compare those who successfully complete vocational rehabilitation with those who do not. Among other findings, greater overall satisfaction with the VR&E program and more positive communication with the Veteran's primary counselor were associated with a higher rate of program completion and more persistence in the program. From a pool of more than 80,000 Veterans who had in some way come into contact with the VR&E program, approximately 1,000 were drawn from each of five categories, explained below. Each respondent was asked questions based on their general feelings about the program and reasons for leaving (if applicable), background information including health status, service history, employment history, and the like.

Data collection consisted of random sampling from among Veterans who had used VR&E services. The VA constructed five cohorts of Veterans in the following manner: cohorts 1 and 2 had very limited contact with the VA and did not complete the initial in-processing phase of the program. Veterans in cohort 3 received the first evaluations but did not formally enter rehabilitation. Because Veterans in cohorts 1–3 never reached the stage of interacting with a counselor, they are excluded from further consideration in this article. Cohorts 4 and 5 entered the rehabilitation phase, with the primary difference between the groups that those in cohort 4 did not complete the program but those in cohort 5 did. In this analysis, we call those in cohort 4 “non-completers” and those in cohort 5 “completers.”

It is significant to note that the full suite of reasons why a particular Veteran may not complete the program is not clear: the VA itself has struggled with this question for years, and the data available do not allow us to make a significant contribution to an explanation. In fact, the Senate Committee on Veterans Affairs chairwoman, Senator Patty Murray (D-WA), recently introduced a bill, S-951, the “Hiring Heroes Act of 2011” that requires a study on those Veterans who do not complete the program. Other studies speculate that a combination of financial pressures, family pressure, worsening physical or mental health, or even receipt of a job offer unrelated to the VR&E program may all be factors. These studies refer to many of the same factors the counselors we interviewed highlighted.

Model 1 Dependent Variables: Counselor Behavior

In our first set of models, we test our assertion that one reason the clients of the VR&E program may show a preference for Veteran counselors is because they believe that they will receive better treatment and assistance from a counselor who also served in the military. The first set of models allows us to test this expectation, by testing the relationship between having a counselor who is a Veteran and the client's perception of how their counselor treated them. For this analysis, the following five survey items serve as dependent variables:

1. My primary counselor gave me good information and advice.
2. My primary counselor was knowledgeable regarding VA's vocational rehabilitation program.

3. My primary counselor has provided assistance according to my individual needs.
4. When my primary counselor made a decision regarding my program, the reason was clearly explained.
5. My primary counselor showed a caring and compassionate attitude toward me.

In each case, the responses were re-coded to be indicator or “dummy” variables, where very satisfied and satisfied were coded 1. Each of these perceptions is a dependent variable and the analysis is run with a dummy variable to indicate whether the Veteran completed the program or not.

Model 1 Independent Variables: Counselor Veteran Status and Controls

The key independent variable of interest is the counselor’s perceived Veteran status.¹² In some cases, the respondent did not know whether their counselor was a Veteran or not: these cases were dropped from the sample.¹³ This process yielded a final *N* of 604 non-completers and 629 completers.

We control for sex, race, education, employment status, health, and marital status of the Veteran respondent (not the counselor). Race was divided into five indicator variables for African American, white, Native American or Pacific Islander, Asian, or Hispanic. Although we do not have reason to hypothesize a direction for most of our controls, we do expect that racial minorities and women may have different experiences in the VR&E program. Given that minorities and women make up such a small percentage of the Veteran population (approximately 14% and 7%,¹⁴ respectively) and have historically faced discrimination in the military, they may report being less satisfied with the program (www.va.gov). We also control for the self-report health status of the client. Health was divided into indicators for poor health, fair health, good health, or very good or excellent health. Education was divided into high school or less, some college, associate’s degree, bachelor’s degree, or advanced degree. Employment was divided into three dummy variables for unemployed but looking for work, not in the labor force (retired or otherwise not looking), and employed. Finally, each respondent

¹² In an earlier draft of this article, several reviewers were concerned that we only had a measure for whether the client *said* their counselor was a Veteran, not whether the counselor was *actually* a Veteran. During our interviews, all counselors expressed that Veteran clients always or nearly always ask the Veteran status of the counselor and that they tell the clients the truth. Because of these interviews, we feel confident that this measure is an actual measure of Veteran status and not just a perception.

¹³ This decision required a good deal of thought. If a Veteran does not know the Veteran status of their counselor, we believe that one of several non-trivial things may be happening. First, the Veteran may not have spent a significant amount of time with their counselor. Second, the Veteran may be uninterested in the counselor, which may have an impact on a variety of other responses. Third, the counselor may be hiding or downplaying his Veteran experience or lack thereof. We ran the models adding these cases into the sample, coding the cases where the client was unaware of the Veteran status of their counselor as zero (the same as when clients did not have a Veteran counselor); the results did not change.

¹⁴ With the exception of “Asian or Pacific Islanders” and “Hispanics,” African Americans and women are well represented in our data; women make up 19% of the sample and African Americans are 25% of the respondents. Given the very low number of “Asian Pacific Islanders,” we expect any finding for this group to likely be an artifact of the fact that there are so few observations.

Table 1
Summary Statistics

Variables	Mean (<i>N</i> = 1,233)
Veteran counselor	57.83%
Counselor respects me	90.51%
Counselor pays attention to my needs	82.07%
Counselor is caring and compassionate	82.48%
Counselor is responsive	84.43%
Faced discrimination	16.22%
African American	25.06%
White	67.39%
Native American or Pacific Islander	9.40%
Asian	1.78%
Hispanic	6.00%
Male	80.6%
Poor health	13.38%
Fair health	31.63%
Good health	32.27%
Very good or excellent health	22.46%
Mean disability level	45.06%
High school or less	42.25%
Some college	31.30%
Associate's degree	14.03%
Bachelor's degree	8.43%
Advanced degree	2.27%
Employed	44.45%
Not in labor force	20.50%
Unemployed	11.35%
Never married	9.41%
Married	66.91%
Separated or divorced	23.27%

reported his or her disability level as assigned by the VA.¹⁵ Age was not available in the VA public use data. Table 1 summarizes these descriptive statistics.

Overall program satisfaction, coded as an indicator variable, is used as the dependent variable. The question as posed in the survey was “Overall, how satisfied or dissatisfied are you with the VR&E program?” The question was asked on a 4-point Likert scale with no neutral category. In this model, we can test whether Veterans who had Veteran counselors report being more satisfied with the program.

Model 2 Independent Variables: Counselor Veteran Status and Controls

Counselor Veteran status is again the key variable of interest in the second model. We also include a Veteran's self-report of counselor behaviors as controls: Veterans

15 Each Veteran in this sample has a disability rating, which is a percent between 0% and 100% in increments of 10%.

were asked whether their counselor respects them, cares for individual needs, explains things clearly, is caring and compassionate, and is responsive. This accomplishes the goal of isolating the effect of counselor Veteran status from the effect of the client's perception of his or her behavior. We also control for the same vector of demographic variables explained above.

One final control in this model is an indicator variable whether the respondent was ever discriminated against based on sex, ethnicity, mental health, or physical disability status. This variable is included as a control because it constitutes what we would expect to be a “game changer”—the Veteran who feels discriminated against for any reason is extremely unlikely to be satisfied in the program overall, regardless of other factors.

RESULTS

Table 2 shows the effect of the key variable of interest, counselor's Veteran status, on the client observing certain critical counselor behaviors.

Having a Veteran as a counselor has a remarkable effect: in each measure of counselor behaviors, clients are between 5.6% and 7% more likely to report a positive outcome. In other words, clients perceive that their Veteran counselors are more caring, explain things more clearly, care about the client's individual needs, respect the client, and are responsive to his or her needs. McFadden's R-squared statistic indicates that each of these models improves the predictive power over a model using just an intercept term by between 4% and 7%.

For Model 2, overall satisfaction is predicted again using a probit model with marginal effects. Veteran status of counselor is a strong positive influence on satisfaction: clients with a Veteran counselor are 5.9% more likely to report being satisfied with the program ($p < .05$). As expected, those who complete the program are much more likely to report being satisfied, with a 12.4% increase ($p < .01$) in probability of reporting satisfaction. Among the counselor behaviors, “caring for my individual needs” is the most significant, with a 37.6% increase ($p < .01$) in likelihood of reporting satisfaction. Unsurprisingly, discrimination is strongly negative, with a 14.8% decrease ($p < .01$) in likelihood of reporting program satisfaction (**table 3**).

Using McFadden's R-squared statistic as a measure of fit finds that the model with all independent variables included improves predictive power over a model using just the intercept term by 32%.

Interestingly, even after controlling for the Veteran's perception of counselor behavior (whether the counselor cares about the Veteran personally and so on) and for whether the Veteran completed the program, having a counselor who was a Veteran results in a moderately sized but highly statistically significant increase in the likelihood of being satisfied with the program (an increase of 5.9%, $p < .05$). Most of the controls are not statistically significant, with the exception of the counselor behavior controls discussed in the first model.

The only controls that we hypothesized a directional relationship for were sex and race. Interestingly, we find that there is no difference between the reported experiences and satisfaction of male and female clients, and in a couple of cases the findings for

Table 2
Marginal Effects for Counselor's Veteran Status on Dependent Variables Related to Counselor Behaviors

Variables	Caring and Compassionate	Explained Things Clearly	Cares About My Individual Needs	Respects Me	Responsive
My counselor was a Veteran	.072*** [.022]	.058*** [.020]	.070*** [.022]	.062*** [.017]	.071*** [.021]
Completed the program	.074*** [.024]	.073*** [.022]	.102*** [.024]	.047*** [.017]	.050** [.023]
African American	-.017 [.026]	0 [.023]	.03 [.024]	.017 [.017]	.016 [.023]
Native American or Pacific Islander	-.080* [.043]	-.03 [.037]	-.041 [.041]	-.038 [.031]	-.031 [.039]
Asian	-.007 [.082]	.058 [.056]	.094* [.057]	.014 [.051]	.072 [.055]
Hispanic	-.032 [.048]	.023 [.037]	.026 [.042]	.037 [.025]	.031 [.038]
Male	.006 [.028]	.02 [.026]	.038 [.030]	.009 [.021]	-.007 [.026]
Health is fair	.04 [.031]	.026 [.028]	.049 [.031]	.025 [.021]	.034 [.030]
Health is good	.102*** [.030]	.061** [.028]	.103*** [.030]	.056*** [.021]	.088*** [.029]
Health is very good or excellent	.076** [.032]	.083*** [.027]	.112*** [.029]	.070*** [.018]	.090*** [.028]
VA disability level	0 [.001]	0 [.000]	0 [.001]	0 [.000]	0 [.000]
Some college	-.017 [.026]	-.021 [.024]	-.019 [.026]	-.023 [.020]	-.041 [.025]
Associate's degree	-.034 [.036]	-.029 [.033]	-.051 [.037]	-.071** [.032]	-.03 [.034]
Bachelor's degree	.028 [.040]	0 [.039]	.049 [.038]	-.013 [.034]	.016 [.039]
More than bachelor's degree	-.098 [.090]	-.015 [.075]	-.148 [.095]	-.027 [.069]	-.034 [.081]
Not in labor force	.021 [.030]	.01 [.027]	.068** [.026]	.008 [.021]	.034 [.027]
Unemployed	-.062 [.039]	-.043 [.035]	-.033 [.036]	-.057* [.031]	-.057 [.037]
Married	.026 [.037]	.013 [.033]	.026 [.037]	.035 [.027]	-.036 [.034]
Separated or divorced	.045 [.036]	.045 [.031]	.037 [.037]	.031 [.023]	-.004 [.041]
Observations	1,233	1,233	1,233	1,233	1,233

Note: Standard errors in brackets.

* $p < .1$; ** $p < .05$; *** $p < .01$.

race run counter to our expectations. We speculate that due to their underrepresentation among Veterans, racial minorities may report less positive experiences or be less satisfied overall with the VR&E program. Although there are no differences for African Americans and whites in the “Counselor Behavior” models, there is a positive and significant relationship for overall satisfaction. African Americans report being more satisfied than whites with the program. Given their extremely small numbers among respondents, we are not confident of the findings for Native Americans, Pacific Islanders, or Asians. Clearly, more research is needed to disentangle the relationship between various groups and the VR&E program.

DISCUSSION

As expected, Veteran status of the front-line bureaucrat with whom the Veteran client interacts is important. Veterans report a higher likelihood of positive counselor behaviors and are more satisfied with the program when their counselors are also Veterans. As we stated earlier, it is not possible to determine whether the counselor is actually behaving differently, or whether the Veteran simply perceives a difference. Even when client reports about counselor behaviors are controlled, though, the effect persists. This result is surprising in its robustness: because the VA is designed to explicitly advocate for Veterans, it provides a difficult test of the representative role that we expected to observe. Veteran status of the bureaucrat in the VA system meets the “salience” test discussed earlier, and a bureaucrat in the vocational rehabilitation system has nearly total discretion over how a rehabilitation or education plan is developed and supervised. It also seems obvious that the cultural norms of the vocational rehabilitation system support acting on behalf of a client, although it is not possible to test this effect here.

Further development of the causal mechanism would be possible if data were available on the vocational rehabilitation counselors themselves: do Veteran counselors report exercising their discretion more often or in different ways? Do they view clients differently than their non-Veteran counterparts? Does their view of agency clients differ because of their shared experiences? What other identities does the bureaucrat share with the claimant?

CONCLUSION

This article demonstrates that Veteran clients of the VA vocational rehabilitation system perceive substantial positive differences in the behaviors of their counselor and report significantly higher levels of overall satisfaction with the program when their counselor is also a Veteran. These findings offer additional support of a link between passive representation and symbolic representation for Veteran identity. The presence of Veteran counselors alters the attitudes of clients and the outcomes of the program without any purposeful actions by the counselor. The fact that this difference is observed even in an institutional setting that is constructed specifically to actively represent the needs of Veterans provides an even tougher test of the theory. The policy area is also interesting because the group involved—Veterans—have enjoyed relatively high status throughout our country’s history.

Table 3
Marginal Effects for Counselor's Veteran Status on Overall Satisfaction

My counselor was a Veteran	.059** [.025]
Completed the program	.124*** [.027]
My counselor respects me	.014 [.046]
My counselor cares for my individual needs	.376*** [.054]
My counselor explains things clearly	.033 [.043]
My counselor is caring and compassionate	.094** [.047]
My counselor is responsive	.078 [.048]
I have been discriminated against in the program	-.148*** [.042]
African American	.045* [.027]
Native American or Pacific Islander	-.01 [.043]
Asian	.133*** [.042]
Hispanic	.021 [.046]
Male	-.018 [.030]
Health is fair	0 [.037]
Health is good	.077** [.036]
Health is very good or excellent	.061 [.038]
VA disability level	.001 [.001]
Some college	-.04 [.029]
Associate's degree	.017 [.037]
Bachelor's degree	-.018 [.051]
More than bachelor's degree	-.132 [.106]
Not in labor force	.090*** [.028]
Unemployed	-.014 [.039]
Married	0 [.042]
Separated or divorced	.011 [.045]
Observations	1,227

Note: Standard errors in brackets.

* $p < .1$; ** $p < .05$; *** $p < .01$.

Our analysis extends the theory of representative bureaucracy in several ways. First, we study an identity that is tied to an adult-acquired characteristic—choice of profession. The work on representative bureaucracy has almost exclusively focused on identities constructed around immutable characteristics. It is important to broaden the literature's definition of identity and explore when an identity will become salient and alter policy outcomes. We believe that Veteran identity is an important factor to consider in studies of bureaucratic behavior, particularly considering the Obama administration's major push to hire Veterans in government jobs, announced in the 2012 State of the Union address. This effort will likely result in many Veterans re-entering government service in military and non-military settings and thus may have distributional effects in many different settings. Further research is needed across various policy contexts to identify the conditions under which we might expect self-selected identities tied to profession to influence attitudes and outcomes.

Second, we move away from the traditional passive to active representation study of representative bureaucracy and examine the benefits of passive representation from the client's perspective. This approach allows us to explore the link between passive and symbolic representation and address whether clients of an agency believe they receive better treatment and are more satisfied when a bureaucrat who shares their identity is present.

Finally, the research on representative bureaucracy has worked from the assumption that the provision of active representation is aimed at reducing the disparate treatment that disadvantaged groups have faced. Our findings suggest that the benefits of representation are strongly linked to the identity of the bureaucrat, in this case the Veteran identity, and less to the level of equity enjoyed by the group.

It is important to question how generalizable these findings are given that Veteran counselors are former government employees now working in a closely related government agency. Is this finding unique to only veterans working for the VA? We accept that this context may limit the generalizability of our findings; however, we believe our findings are similar to and bolster the research from the counseling literature, which provides evidence that alcoholics prefer to have counselors who are themselves recovering alcoholics (Priester et al. 2007). Recovering alcoholics choose to work as counselors in the type of agencies where they were likely previous clients. As counselors, recovering alcoholics may behave differently and are preferred over non-recovering counselors, suggesting that they represent an identity shared with their alcoholic clients (Priester et al. 2007).

Given that the Department of Veterans Affairs and its counterparts at the state level annually distribute tens of billions of dollars in benefits and oversee dozens of different programs, we would be remiss to neglect the substantive implications of our findings. Although not directly tested, our findings may also suggest that Veteran and non-Veteran counselors might approach their jobs differently and provide different levels of service. Further research should focus on the attitudes and behaviors of Veteran counselors to distinguish whether the effects observed here from the client perspective are due to differential behavior or some other factor. Since the mission of the VA is to improve outcomes for all Veterans, it would be important to identify any systematic differences in behavior between Veteran and non-Veteran counselors. Once identified, these differences would provide important information about the training needed to minimize disparate program outcomes.

Beyond the specific setting of the vocational rehabilitation system, representation based on Veteran status is an exciting finding and future avenue for research. Given that between 5% and 10% of Americans are Veterans, the consequences for distributional equity and justice are large. As we mentioned earlier (footnote 3) it is important for researchers to examine whether salience is a necessary condition for passive representation to alter policy outputs across all identities. It may be the case that the passive representation of some identities, like self-selected profession or those tied to very traumatic events, may change the behavior of clients in almost all settings. For instance, do potential clients of an agency feel more comfortable seeking services when they believe that Veterans in the agency might help them achieve a satisfactory outcome? These unanswered questions simply illustrate that more research is needed to examine whether the representation of a Veteran identity is confined to the relatively narrow bounds of the Department of Veterans Affairs. With this article, we simply provide early evidence of this type of impact in the hopes that others will consider Veteran representation in future research.

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