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The Social Boot: Recollections from Another Side

A study on the health and belongingness experiences of Louisiana residents that have either served in the US military or been in the US prison system in some capacity.

by

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I. Introduction

This study serves as a means of further understanding a bridge that has always been understood to exist by scholars, but has seldom been explored beyond its surface: the bridge between health and sense of belonging (or belongingness). This research is a qualitative study, grounded in and touching on elements of transcendental phenomenology methodology, conflict theory, systems thinking, and a social constructivism framework. The study touches on these things, with the primary focus on the similarities in the lived experiences of people who have been in either the military system (as personnel) or the prison system (as inmates). The goal of the study is not necessarily to solely highlight disparities and differences in difficulty faced by the two groups in navigating the realm of health (as literature exists on these things, and they have become a necessary topic of interest as a result of the times we are currently living in), but to holistically amplify the perspectives and experiences in that navigation of two groups of people that have historically been caricatures of both positive and negative aspects of American society. The study also intends on furthering understanding of the complexities of the two groups' respective existences along lines of class, race, upbringing, health, belongingness, and more. Participants of the two groups gave insight on the things they have learned in their experiences, and incorporated elements of how the COVID-19 pandemic has forever altered their experiences in the worlds they inhabit. As war and crime dramas, documentaries, and other pieces of programming and literature alike showcase, both groups and their respective spaces are extremely social, albeit in their own unique ways and circumstances. Despite the uniqueness of their experiences, there were also similarities, with one big similarity of recent relevance being the fact that each group and corresponding institution had to confront the reimagining of their

health experiences, considering the impact that the COVID-19 pandemic has had on the health and culture of the United States, and in this study's case, Louisiana, in the early 2020s.

To one pocket of people, the United States is a place in which they have attained access to the things essential for practicing upward mobility and creating some sort of stability in their respective spaces. They, like their familial predecessors, have been able to explore the positive side of living in a country with the self-proclaimed pillars of free enterprise, free speech, and all the other "frees" we come up in its education system learning about (although oftentimes not for free, ironically). Whether looking at healthcare accessibility, food security, safety, proper education, or any other facets of living that have come to be recognized as "essential," this pocket of Americans have been able to enjoy the fruits that come with access to these things. Compared to others, they have been able to live physically and mentally healthy lives as a result. This is even seen beyond America, with other countries having their own unique-but-similar versions of this circumstance.

When assessing these dynamics further, however, we also see cases of the absolute opposite, as a contrasting pocket of people are unable to enjoy the fruits mentioned earlier. For these people, the "American Dream" trope exists only in theory and not in practice, as they are simply just trying to survive. When it comes to pockets, an article of clothing, whether pants, shorts, overalls, or anything else, usually has multiple pockets that contribute to that article of clothing being what it is. This is no different when broadening this "pocket" metaphor and analyzing existing pockets of people. The same United States providing Person A and their family with the life, liberty, and pursuit of happiness eloquently expressed in the Declaration of Independence is the setting for Person B and their family's desperation, destitution, and overall impasse in terms of navigating their everyday world. These three things exist in stark contrast to

the euphemisms for prosperity and freedom, and that alone is evidence for a systemic phenomenon that I call “The Social Boot.” Before the phenomenon, however, a briefing on systems thinking models and the existing bridge between these models, phenomenology, and public health.

A Briefing on Systems Thinking Models and Phenomenology

In the context of this study, I find it important at this time to note that “health” does not (and should not) exclusively indicate a clinical context, as it goes beyond a hospital bed, doctor supervision, prescribed medications, and IV fluids. When mentioned in the early 2020s Western lexicon, health has come to be represented in a more clinical context over the years because of modern medicine and its representation in pop culture. However, things such as wellness programs, education programs, safe spaces, communities encouraging innovation, listening to your favorite song, and other occurrences outside of the waiting room promote a more holistic view of what health is beyond the traditional idea of a clinic. As mentioned earlier, this is something that ties into the socio-ecological framework model, which is used to describe public health issues. This model is a systems thinking model, meaning that it is a way of looking at problems that analyzes how multiple elements within a system (whether ecosystem, organization, supply chain, etc.) come to influence one another rather than just looking at problems individually. One such systems thinking model is known as the iceberg model of culture, first developed in the 1970s by Edward T. Hall (Thier, 2013). Only 10-15 percent of an iceberg’s total mass is above water, while the rest is underwater and acted upon by the ocean currents. That ocean current activity influences the behavior of an iceberg at its tip. When looking at local, state, regional, national, and global issues, this same dynamic can be seen, as the things done on the most micro level ultimately affect things at the macro level. Health-wise, the

iceberg can be looked at from an event representing the tip (such as a person having an asthma attack at work) downward. Just below the tip would be patterns and trends, such as that person having slept less recently and, as a result, feeling groggier and having more shortness of breath than usual. Below that would be underlying structures that will have influenced the patterns, such as more stress at work combining with the person living near a lot of chemical factories, which may adversely affect the person and their health, directly exposing them to toxic air. The deepest part of this iceberg would represent the belief systems, values, and overall mental models of the person and society at large, such as the importance of career in the person's society ultimately making them more likely to go to work, even when it may not be best for them to from both a physical and mental health perspective.

Systems thinking, particularly in the context of healthcare, can also be used to further understand transcendental phenomenology, which will also serve as a pillar of this study alongside the iceberg model. Transcendental phenomenology is an aspect of phenomenological research, which is the study of lived experiences (Heinämaa, 2021). Essentially, it is taking in the world as one immediately and most directly experiences it. It has very defined philosophical undertones, especially when looking at the human body, as it demonstrates that the human body is more than just a physical and material being, but an expressive and powerful entity in free-flowing, constant motion (Heinämaa, 2021). Phenomenology refers to a mental state, and it looks at an occurrence through the lens of the person's interpretation of that occurrence. One instance of the implementation of a phenomenological approach, as the Salem Press Encyclopedia describes it, would be a student baker baking an item that ultimately did not turn out as it was expected to. A more traditional approach would chalk the results up to something being wrong with the recipe, while a more phenomenological approach would look beyond the surface of

what the student baker's experiences were and look at causes such as the oven being too hot and even the ingredients not being right. What this approach does is ultimately increase understanding of the process, which results in more insight and more things being learned. The importance of this, according to phenomenological viewpoints, is that preconceived expectations are essentially deconstructed, which leads to more innovative approaches and solutions being adopted. This is done through things such as interviews, participant observation of those in a situation, and more (Ungvarsky, 2020). The approach, particularly in the context of The Social Boot, allows for a multidimensional understanding of many of the socioeconomic, micro, and macro factors at play when looking at a relationship as dynamic as the relationship between health and belongingness. Because of these aforementioned elements, my research question is: in what ways does a person's sense of belonging influence how they navigate the realm of health?

II. Literature Review

Health

Health describes the functional efficiency and soundness of an organism. It is primarily referred to in contexts of the physical and mental state, but the World Health Organization argues that health is more than the absence of infirmity or disease (Goldmeier, 2020). The research of this study ultimately agrees with that argument, as health is viewed through a more holistic lens than that of IV fluids, waiting rooms, and prescribed medications, as was stated earlier. Health can be analyzed through a social context as a description of environments, spaces, and overall public health. For society to properly function, it relies upon healthy and performing individuals. In situations that an individual is not in their best health, they are not in the best position to perform well and fulfill whatever duties they may

have in a given social context (Jha, Bhattacharjee, & Mustafi, 2021). In an interconnected society such as ours, these situations result in consequences of ultimately disrupting the ecosystem that the individual may find themselves in (whether an organization, family, team, or other collection of people). If a father finds themselves under the weather and unable to pick up his child from daycare, then the usual flow of the family is altered. If a tenured professor finds herself having to take a sabbatical, then there is now a hole to be filled in the fabric of the university department. If a team has a COVID-19 outbreak, their upcoming game may have to be postponed, throwing a monkey wrench in the flow of their season, the opponent's season, and the season of the league they are a member of. Each of the aforementioned systems of family, university, and team are resultantly disrupted, and that disruption is felt outside of those systems. On the contrary, if those issues do not exist in the respective systems, then the systems continue to function as they should, promoting growth and progress. This can be seen in the autonomic nervous system (ANS), which regulates and integrates the physiology of the heart, lung, spleen, and other organ systems. A functioning ANS plays an integral part in each of these organs and organ systems continuing to run as they should (Debnath et al., 2020). This functionality results in the body continuing to grow as it should in younger people and operate as it should in older people. In a nutshell, health is something that encompasses all aspects of the functionality of an organism, whether that organism is in human flesh, animal flesh, or even societal fabric.

Space in the Context of Belongingness

Space, in a physical sense, is defined as built material environments (such as homes or schools), natural environments (such as forest or grassland habitats), or geographic areas/locales (such as a neighborhood, metropolitan statistical area, or state) in which systems exist relevant to the spaces (James, Bonam, & Taylor, 2022). In a social sense, space can be seen as distinct

conceptual environments with their own political, cultural, and social capital (Lu, Fan, & Fu, 2021). Space has several implications, but, in the context of this study, space will be looked at in the framework of belongingness.

Belongingness, or sense of belonging, is a psychological term that refers to a person's perception of the amount of social support and acceptance that he or she receives. A high sense of belongingness has a positive correlation with mental health, quality of life, improved physical health, and a sense of wellbeing, while lack of social support or loneliness can negatively affect an individual's physical and mental health (Keene, 2020). As humans are a social species, it is natural to have a desire to belong to a group, as we exist and interact with one another in a series of interconnected networks and systems that serve to ultimately advance us forward as a species (whatever that "advancement" may look like for those networks, systems, or the individuals that make up these networks or systems.)

This research conceptualizes physical and social space as The Social Boot Phenomenon, which is an original concept. In the context of this study, the concept fits and has a relevance to the state of Louisiana, as will be built upon further in this review and the things that follow it.

The Phenomenon

The Social Boot phenomenon takes stage when two groups (the groups named relative to the context of their socioeconomic influence, and not just sheer size), the minority and majority group, exist together and occupy a space. However, in occupying said space, equality, and more notably, equity, exist only in theory and not in real-time practice. The minority group (who in the context of this writing is an outgroup) is then cornered into a more restricted area, which then results in the majority maintaining the things that make them the majority. This ends up creating even more inequality and shattering the prospect of any equity being achieved in the immediate

future. The resultant inequalities and inequities, which are most tangibly rooted and manifested in poverty, have a domino effect that unravels over time. The outgroups are constantly deprived of the myriad of resources that any pocket of people, (whether majority or minority) would deem ideal towards the ultimate mission of becoming a sustainable and sufficient community, as they have essentially been "booted" from any possibility of such an occurrence. It is akin to booting a car, which prevents the car from any form of movement or progress towards the destination. These things come to affect them greatly, snowballing into negative socioeconomic consequences such as the perceived school-to-prison pipeline, natural disasters, mental health trauma, rising infectious disease rates, homeless and/or ailing veterans, food deserts, and healthcare accessibility deserts, just to name a few. Time and time again, the environments, existences, and spaces of these outgroups are attacked and harmfully affected by the phenomenon, which is prevalent in historically disenfranchised communities, and far less commonplace in more affluent communities. Essentially, once the majority optimized the space that they have inclusively reserved, they "boot" the outgroup from any lucrative space they have created within the confines of their forced space, stripping them of the equity they began to create for themselves, independent of their counterpart group. This type of thing can happen both intentionally and unintentionally (although the institutions and systems in place in the United States, which were created during a time in which only one group had the means to stratify on their own terms, are arguably not reflective of the diversity of perspectives that encapsulate the American experience today, meaning that even the unintentional occurrences happen in a fashion that almost seems to be by design) and it results in issues that vary from the post-Hurricane Katrina trend of gentrification happening in New Orleans to rising infant mortality rates among demographics such as Black Women. Along with that, it is not space-specific, as it happens in

both rural and urban spaces. The phenomenon initially and most directly unravels at the expense of the outgroup once they have been "socially booted," but in an ironic twist of fate, that domino effect then comes to affect the majority group down the line, which often has the sociopolitical means to impose the initial restrictive measures that come with the phenomenon in the first place. The phenomenon exists on a spectrum (its variable nature is one that can best be described as a spectrum, like the Person A-Person B spectrum referenced earlier in the text), in which there are instances of the health-belongingness relationship that may be seen as more conventional (because they are seen more in certain groups rather than others) and instances that may be seen as more unique. These examples can manifest themselves in several ways that result in people on two opposite ends of the spectrum class-wise bearing the same circumstantial burden (take the hypothetical-but-not-so-hypothetical case of a child-bearing Black Woman that is a physician suffering from the threat of infant mortality in the same way that a child-bearing Black Woman working a lower-waged job may suffer in an environment more prone to issues like environmental racism.) All in all, it is a very interesting and telling occurrence of the consequences of manmade negligence of environments and spaces.

When looking at The Social Boot phenomenon (a phenomenon in which having a lower sense of belonging and makes one more susceptible to frustrations and difficulties when navigating the realm of many things, but in this context of this study, the realm of health specifically), it is important to note that the contexts of space and location are paramount factors when it comes to analyzing inequities. Essentially, depending on one's positioning on the spectrum, they will see The Social Boot play out through the perspective of either the majority group or the outgroup, and both are entirely different experiences. Some may even experience both perspectives in their lifetime. Another important thing to recognize is the fact that space

intersects with class, race/ethnicity, education levels, line of work, and a plethora of other social identifiers in numerous ways.

As we will find out later in this study through the work done, the state of Louisiana (which is colloquially known as "The Boot" due to its shape) is a textbook example of the phenomenon, and breaking things down even further shows us even more tangible, symbolic, and accurate examples of the phenomenon at play. For background, one instance of this is in Baton Rouge, Louisiana's capital city. Highway 42, also known as Highland Road, runs through a fair share of the city, going from Airline Highway (US Highway 61) near Ascension Parish down to Downtown Baton Rouge. As one traverses the Highland Road corridor, the Social Boot phenomenon plays out in real-time, as dazzling country club views eventually turn into run-down and abandoned buildings seen in the historic Old South Baton Rouge community after passing through the bubble that is Louisiana State University. The more one goes towards Old South, colloquially known as "Da Bottom," the more that sights indicating disenfranchisement are evident. More car-lacking pedestrians, more drive-thru restaurants, less grocers, and less healthcare facilities can be noticed in historically disenfranchised urban areas, along with a bevy of other things. The irony in this is that the area looked completely different a century ago, but because of the majority group (again, majority in terms of socioeconomic capital and the ability to stratify) moving away, resources that may have originally been granted to that group were gradually and insidiously taken away from the outgroup that now inhabits the space, resulting in the disenfranchisement. The same thing can be seen, albeit with a slightly different look, in rural areas.

The 70805 Paradox & the Charity Hospitals

When further analyzing The Social Boot in Louisiana, a very interesting paradox comes to light. To truly grasp how interesting this paradox is, one must first take a step back and reflect on the irony that is the state of Louisiana's existence. A land that the blood of at least four different colonial powers was spilled over is now setting to one of the most well-documented cases of consequential poverty in the history of this country. Louisiana's geographical position has historically made it arguably one of the most important locations in the Northern Hemisphere. By the 19th century, New Orleans was one of the three biggest cities in the country, on par with the likes of New York City, and the biggest in the Antebellum South. Throughout the state, symbols of natural wealth can be seen, from the Mississippi River's flow near Lake Providence downstream towards the southern part of the state. Louisiana, the center of America's waterway system, is also known as the "heart" of America's pipeline system. The state plays a big role in the movement of natural gas and other natural resources nationally and even internationally. From a cultural perspective, the state has been a world leader, as many things that exist today (such as Mardi Gras, recreational marijuana usage, and even the Griddy dance) got their start in The Boot. Even in an ever-changing, increasingly globalized world, the rich history of the state shows that it is extremely well-suited for economic development, but the residents of the state see minimal community development when compared to other states. Because of this, the state annually ranks at or near the bottom in categories such as education, healthcare, and opportunity. This is a pattern that is extremely evident in the 70805-zip code, colloquially known as "Ghost Town" to North Baton Rouge residents. This is an area that possesses some of the highest homicide and HIV rates in America, sky-high unemployment, and a great degree of poverty. However, this is also an area that is home to over 170 industries, produces over $5 billion in economic activity yearly, and accounts for a whopping $12 billion in

yearly exports (Together Louisiana, 2018). It is understandably difficult to grasp this paradox, as one would think that economic and social prosperity should befall an area bringing in more economic activity than the GDP of 40 countries, but The Social Boot shows us that this paradox can exist when a space has been neglected institutionally. Of course, this is seen tangibly when looking at the healthcare accessibility of the area as well, or lack thereof. Decreases in public space usage for exercise and recreation, increases in stress and anxiety levels, and increases in the HIV rate are all health consequences of inhabiting a space in which the crime rate is notably higher than the national average and there is an institutional neglect on the health, both physical and mental, of the collective space (Browning, Cagney, and Iveniuk, 2013).

Consequently, this all affects the things we deem essential for our communities, whether good roads, good schools, recreation, or even adequate accessibility to healthcare. This is no more evident in the fact that North Baton Rouge has been without a major hospital since 2013, when Earl K. Long Hospital closed its doors for the last time. The significance of Earl K. Long is that it was a "charity hospital," which is a long-standing tradition that Louisiana was once deemed a national leader in. Charity hospitals serve the purpose of being a teaching and learning space for medical professionals, as well as being the primary health care source for poorer populations in a city (Anon., n.d.). Generations of children have been born in these facilities, while the elderly populations have been treated here. The emergency rooms provide victims of illnesses and violent crimes alike with a place to get possible life-saving treatment in situations when time is of the essence. This is the type of facility North Baton Rouge lost in 2013. It is no secret or breaking news that limited primary care access results in things such as avoidable hospitalizations and emergency room visits. These things are ultimately a burden on individuals and the overall health care system, as this is a tale seen time and time again in cities and towns

all over the United States (Mudd et al., 2020). Louisiana is now home to a charity hospital system that has fallen on hard times, but they were once able to be found all over the state in the system's heyday, with the city of New Orleans being home to probably the most notable, conveniently known as Charity Hospital. Founded in 1736 during the French colonial occupation of Louisiana and serving as a public hospital utilized by the poor for centuries, the art deco-style hospital eventually came to boast the #2 Level I Trauma Center nationally and become one of the biggest hospitals ever built in its 20th century incarnation. Throughout occupations of multiple countries, it was acclaimed for its presence and the abilities of the practitioners that called it their workplace (Bourque, 2009). It was in the heart of the downtown medical district, adjacent to the LSU Health Sciences Center in New Orleans (which currently houses various health programs for the university, such as public health, nursing school, and medical school). In 2005, Hurricane Katrina decimated the facility, to the extent that doctors and patients alike had to be saved from the floodwaters of the devastating hurricane by boat (Burdeau 2014). For the past decade and a half, the facility has remained abandoned, even as various health crises have hit Louisiana hard. It is something that protesters have called a civil rights abuse, as it is yet another example of outgroups falling victim to The Social Boot Phenomenon.

The Multidimensionality of the US Military

In a lot of ways, the military is a microcosm of American society. Beyond the similarity that exists in the fact that spending tends to be oriented more towards defense than things such as health, you have a group of people that are, at the very least, adjacent to circumstances in which nothing else matters but survival. The threats of war and wartime casualty, especially in times where the peace and stability of a nation is challenged, put survival at the top of any society's list, clear and beyond things such as religion or race and ethnicity. In fact, the military was one

of the first US institutions to integrate and one of the first places where Black people could find themselves experiencing some sort of stratification. In the heat of battle, a soldier does not look at the color of their comrade's skin when their lives are on the line, and because of that, special bonds are formed, and soldiers of every skin tone have received recognition for their feats since Sgt. William H. Carney became the first Black person to receive a Medal of Honor in 1900 for his actions in the 1863 Battle of Fort Wagner.

Despite this, there are still issues and inequities that persist in the military when it comes to navigating the realm of health, and such issues have resulted in occurrences such as female members of the armed forces population being subject to the outgroup conditions that exist when looking at navigation of health from a military perspective. Things such as the prioritization of masculine gender expression over feminine gender expression, sexual harassment, and quality of medical care are all things that have surfaced both in the military careers of women as well as within the health care system (Montgomery, 2022). These kinds of issues can result in trauma, something that is already an issue of prevalence when looking at health issues stemming from the military. In yet another occurrence in which systems thinking can be applied, untreated trauma can compound into medical services ultimately being under-utilized, as it can be accompanied by comorbidities in medical as well as psychiatric disorders (Suris & Lind, 2008). For this reason, there exists an importance in looking at institutions and how the resultant issues of The Social Boot manifest in them, to combat the issues that may arise because of the phenomenon.

Louisiana Prisons and their Constitutional Inadequacies

Another institution with its fair share of phenomenological occurrences is the prison system. It has long been well-documented that Louisiana, a former Antebellum South state with

cotton and sugarcane being notable exports, is the mass incarceration capital of the world. In a state routinely ranking at or near the bottom in terms of health, education, and opportunity as stated earlier, the fact that the state is proclaimed as the mass incarceration capital is not a surprise. Angola State Penitentiary is the nation's largest maximum-security prison. It is also the setting for medical care that violates the eighth amendment prohibition on cruel and unusual punishment, according to the American Civil Liberties Union (ACLU) and Chief US District Judge Shelly Dick. The Louisiana ACLU has even filed a lawsuit along with Disability Rights Louisiana, the Southern Poverty Law Center, The Promise of Justice Initiative, and Cohen Milstein Sellers & Toll PLLC, stating that those living at Angola are at risk of very subpar and life-threatening medical care. It is to the point that several men have succumbed to injuries and conditions that could have been avoided. When looking at this through a systems thinking perspective, this failure on the Louisiana Department of Corrections' behalf is another indicator of the injustices that exist in the state from the standpoint of unjust sentencing laws. While the state maintains that inmates receive quality medical care, one expert in medical care provided in correctional facilities, Dr. Michael Puisis, testified that he spent some time at the prison and in his time, found the care given to be inadequate (Gyan, 2020). Along with this, the lawsuit also alleges that the most basic of treatments and screenings tend to be denied, and security personnel are often the first to assess medical emergencies, rather than medical personnel.

These things paint yet another picture of The Social Boot phenomenon in one of its more ominous occurrences, as many inmates have given their own recollections of horror stories, and healthcare personnel and litigators alike have been able to see some of these things as well. Angola is just one of many correctional facilities in the state in which currently and formerly incarcerated individuals have experienced some of these same occurrences from a health

perspective. In the prison reform space, this issue has become one that more have looked at, as these same issues being experienced in a place like Angola are also being experienced in places like Rikers Island (New York) or San Quentin (California), further reinforcing that this phenomenon is not space-specific, but some spaces do breed circumstances in which disparities thrive due to institutional neglect. Overall, the situation brings to light issues of prisoners' rights, unjust sentences, and health, especially considering a global pandemic that has done a lot of damage in Louisiana since March 2020.

The Social Boot in a Current Context

In the context of the current world climate, COVID-19 has also exposed the inequities present when it comes to healthcare accessibility, especially in Louisiana. The state, and New Orleans in particular, was an early world epicenter of the virus when the pandemic first entered America. The virus is the type that thrives in circumstances in which comorbidity, the presence of two or more chronic diseases or conditions, are present (Lurigio, 2021). These circumstances are no stranger to places like Reserve, LA, where the risk of cancer tops that of any other place in the nation, according to the Environmental Protection Agency in 2020. This has led to Reserve, along with the rest of St. John the Baptist parish and the other River Parishes, being designated "Cancer Alley." In another showcase of the iceberg model at work from a phenomenological standpoint, because of the numerous carcinogen-laden petrochemical plants lining the area, as well as demographic transitions resulting from redlining and discriminatory housing practices that have caused Reserve and much of the parish to become a majority Black area over the years, record numbers of innocent people are dying due to cancer. COVID-19 has exacerbated that damage, decimating the collective health of the communities in the area (Jervis and Gomez 2020). For much of 2020, the parish was consistently in the top 30 of COVID-19

death rates, based on data collected by USA Today (Jervis & Gomez, 2020). Much like the previously mentioned 70805-zip code, but in a more rural setting, the harmful effects of socially booting outgroups are again seen. Cardiovascular and respiratory diseases along with a plethora of other chronic diseases are a result of many factors, including environmental exposures, coming into play (Loh, 2016). Exposure to air pollution is instrumental to the development of ailments such as heart disease (cardiovascular) and asthma (respiratory), among other things. The biggest sources of this exposure are power plants and industry, which makes the occurrences we are seeing throughout Louisiana make more and more sense. At every corner, the consequences of environmental and systemic neglect of outgroups in the state are prevalent, from Lake Providence to the north, to Reserve more downstream, and even the lands inhabited by Native Americans, who are also historically hit hard by issues such as comorbidity that have seen a spike since the beginning of the pandemic. Even Hurricane Katrina, which many see as one of the ultimate symbols of the neglect that Louisianians have faced, resulted in chronic health issues being exacerbated for many, especially Black children in the state, of which 43% of grow up in poverty (Lichtveld et al., 2020).

Like the Black community, Native Americans suffer disproportionately due to ailments such as hypertension, asthma, cancer, and cardiovascular diseases, all of which do not fare well in a pandemic such as this one (Fears and Hedgpeth, 2020). According to the National Congress of American Indians, around half of America's Native American population live on reservations throughout the Western, Midwestern, and Southern United States due to American imperialism, and the disenfranchisement the community has faced may very well be one of the most prime examples of The Social Boot Phenomenon in North America. Historically, Indigenous Americans have been subject to genocide, loss of land, and attacks on their cultural identity since

the first Europeans set sail for the Americans. Also, throughout Louisiana and the American South in general, many people have Native American ancestry, and at times, that ancestry is coupled with Black or Hispanic heritage, further reinforcing the outgroup perspective that is prevalent. In these reservations and communities, poor nutrition and underfunded health programs have resulted in healthcare accessibility not being remotely close to as present as it should ideally be, which culminates in high mortality rates from sickness in these communities under non-pandemic circumstances as it is. Along with this, there exists in a degree of intergenerational trauma (just as there does in the Black community) in the Native American community because of much of the genocide and colonization that the community has been subject to since European arrival on the American continent (Santori, 2021). Demographics that have been known to once have a strong symbiotic relationship with the ground they lived on (from a dietary perspective especially) have had that relationship drastically altered. Add to all of this a pandemic of historic proportions into the mix, and The Social Boot can be seen in full effect. This is no different than the circumstances that led to the community being decimated when the 1918 Flu Pandemic occurred. According to an American Indian Quarterly study, the Native American population was hit four times harder by the flu than the general population, with thousands dying. The conditions in indigenous populations across America were much like they are today, which has led to similar hardships across space in the COVID-19 pandemic. This is an ordeal that has caused much frustration among tribal presidents and chiefs in Louisiana and nationwide.

Through all of this, we can see that there is a very insidious black cloud at play in Louisiana. From a systems thinking perspective, because of policies in place that have served for a very long time as an agent for further subjugation for populations of so many people that could

be considered outgroups in this context, Louisiana has garnered a less-than-ideal reputation when looking at things through the health-belongingness lens. This has resulted in the lived experiences of Louisianians being experiences in which efforts towards improving issues such as climate change, public safety, and overall health have been an uphill battle, first for outgroups, and even now for those that are in charge (as the pandemic has exposed how interconnected these things all are).

In general, the literature touched on several things that will ultimately be explored in this study, but it fell short when it came to looking at the fashion in which people interact with the health and belongingness dynamic. With all these factors considered, once again, the research question is: In what ways does a person's sense of belonging influence how they navigate the realm of health?

III. Methods

Along with my research background, I am also an interdisciplinary artist and independent filmmaker, so both my creative/filmmaker side and academic/researcher side have informed my navigation through the methodology of this study, which is a study I found to be very interdisciplinary in nature. At the time of this research being done, I am also working on a documentary film called *The Social Boot: Boundaries Unchained.* The film touches on the Social Boot phenomenon and the concurrent health-belongingness relationship in the context of June-December 2021, a time in which my Louisiana-based crew and I shot principal photography for the film. We shot principal photography (the creative execution phase of film production) amid lifted mask mandates, subsequent COVID surges, Hurricane Ida, the beginning of the 2021-22 school year, and a world in overall transition as life continues post-March 2020. The production

process of this film is not the subject of this article, but it served as a foundation for me to begin researching this phenomenon in June 2020 through independent study. The importance of that research was that it gave me a foundation to then build my film from as well as this study, which I would consider a more streamlined counterpart to the film that I am producing and directing. Further solidifying the phenomenological aspects of this study, I found that everything I did during filming, from my approach to the creative process to the approach to the interviews I did, ultimately served as a warmup to then execute this study to the best of my abilities once I got started with interviews for the study in early 2022. In a way, I was able to use filmmaking as field research, much like Jeffery L. Gould did with his first documentary film, *Scars of Memory: El Salvador, 1932*, an experience-driven look at a 1932 massacre that indigenous Salvadorans fell victim to (Gould, 2014).

My holistic approach to the research allowed me to seamlessly shift my focus from the film to the more streamlined academic study as 2021 turned into 2022. For the study, to answer my research question, I ultimately decided to conduct formal in-person interviews, much like I did for my film. The in-person interviews served the purpose of giving the individuals interviewed the floor to speak honestly and most importantly, comfortably, on their health experiences. This is a qualitative research technique that consists of open-ended questions being asked to strike conversation with respondents and facilitate the collection of good quality data pertaining to the research subject matter (Babbie, 2017). This study is one that is very much experience-driven, and the candid conversations facilitated by the interviews allowed for really interesting and eye-opening insight.

To answer this research question, I decided to look at two groups of people: those that had been in the military system in some capacity and those that had been in the prison system in

some capacity. One of the reasons for these groups being chosen is that, as mentioned earlier, both groups have historically been caricatures of positive and negative aspects of American society. Due to this, there is often a very surface-level representation of the two that exists in media spaces and even some academic spaces alike. This representation can be summed in this statement made in an article specifically talking about military coverage. It states, “They seldom go to the bases to check the assertions against reality… They cover the military without seeing it. The result is a weird abstraction, far removed from reality.” This same article later sums things up, saying, “This is caricature, not reporting” (Reed, 1985). A similar outlook exists in populations that have faced the specter of incarceration, which is why I decided to make the two the focus of this ethnographic, experience-informed study.

Along with these things, at times, the predictors for military enlistment can mirror the predictors for incarceration (socioeconomic status, geographic location, family makeup, etc.). Louisiana, the setting of this study, also has the notorious moniker of “the prison capital of the world” as mentioned in the literature, which makes it a prime setting for a study of this nature. Combine the aforementioned elements with the fact that individuals from the South are statistically more likely to enlist in the military compared to other states, and the road was paved for a dynamic look into the phenomenon and accompanying health-belongingness relationship. The eight individuals interviewed were able to build on their experiences, and in the process, showcased commonalities with others in some of the things they may have lived through as it pertains to the health-belongingness dynamic. The reality of being an interview subject is that there is a vulnerability factor at play, especially when speaking on lived experiences regarding health. The nature and content of this study tends to be perceived as clinical and intimidating (due to the previously-mentioned perception of what “health” is in Western culture), so I made

sure to emphasize to participants that my interpretation of health is a holistic one. This means they had complete autonomy in these interviews to answer the questions in whatever way made them comfortable, encouraging a systems thinking and epistemological approach to their reflective process.

The interviews were held in spaces throughout in Baton Rouge, LA, and they were audio recorded, with transcribing taking place later. For the four military participants, the LSU Military Sciences building was the setting for their interviews, and that was relatively easy to coordinate. The four participants that had been in the prison system had more variation in their interview settings, as some were interviewed as they got off from the jobs that they were working through work release. Others were interviewed in more general spaces, such as hotels and libraries. To get interviewees, I utilized snowball sampling, as people in both groups would naturally know others that participated in the military and prison systems, respectively. Snowball sampling allowed for a diverse group of people, as military personnel ranging from collegiate cadets to tenured sergeants were interviewed, and prison participants ranging from work-release participants to current prison reform advocates were interviewed. The participants ranged in age, from the early 20s to the late 50s across the two groups. Of the eight participants, three were women, and four of the participants were Black. For the interviews, questions such as “Growing up, how do you feel that your environment and the world around you shaped your physical and mental health experiences?” provided a foundation for individuals to talk about their upbringings and the ramifications of circumstances that they may have had control of in some cases and may not have had control of in other cases. Oftentimes, this question provided insight into how they may have joined the military or initially been incarcerated, depending on the group they are in. Later in the interviews, two questions provided further shaping of experiences: “What influence,

if any at all, does health have on culture and vice versa?" which would be followed by, "In your own words, what is an outsider?" The question combination itself was an extremely introspective one and served to solidify the bridge that had been built between health and sense of belonging, as subjects would transition from speaking on their cultural and health experiences to speaking on how these experiences influenced their methods of navigating through society and advocating for their own health.

All these things served as a very solid foundation for the grounded theory coding that would be employed in the analysis process. Four primary elements were looked at when it came to codes: health, belongingness, advocacy, and engagement. These codes will be expanded upon in the findings section of this study. Together, these four elements make up the health-belongingness bridge model, which the research found to be a big indicator on the ways in which sense of belonging influenced navigation of health. Things began with the collection of data rather than the formulation of a hypothesis. It is a qualitative research approach that was introduced in the 1960s and later evolved into two distinct-but-related processes, the Glaserian and Straussian paradigms. It differs from other approaches in that there is more of a focus on explanation than description (Schroth, 2022).

As mentioned, this study examined two groups of individuals who had a shared experience, making an interview conversation the appropriate method for the study. Because of the two groups being seen in a caricature context, they are not necessarily understood, and they interact with The Social Boot Phenomenon in the ways that they do. Along with this, the caricature dynamic limits how others understand them and limits the effectiveness of their ability to interact with resources as well as others (see instances of disabled veterans or any prisoner). Essentially, the stigmas that they are given end up weighing on them heavily. For these reasons,

the two populations were chosen for this study. First, a conversation was had with each of the individuals in person. That interview served the foundational purpose of breaking the ice as well as entering the waters of the study's elements, which are rooted in the dynamic of the health-sense of belonging bridge. This allowed for an epistemological element, as both researcher and participant would leave the interview space having been shaped in some way due to an exchange of perspectives that have been shaped in relatively different experiences (such as the military service or incarceration perspectives contrasting with the academic research and filmmaking perspectives). Fairly soon after interviewing, the interviews were then analyzed after having been transcribed. What this allowed was a marriage between the data collection and findings portions of the study. Data collection consists of coding motifs and recurring ideas found in data, grouping together information that shares similarities categorically, and then bridging motifs and themes to other motifs and themes (Montgomery, 2022).

Initially, the data was first identified then dissected. The dissection happened along the lines of looking at the talking points deemed relevant and important in the broader scope of the study. The points of higher relevance were used to start the shaping of things from a findings perspective, while points that were not of primary relevance were essentially a supplement that added further context to the main points. The systems thinking approach was again utilized to look at these things, meaning that even the supplementary points had some sort of interaction with and connection to the primary points. After this, principal ideas, themes, and patterns were then looked at across participants to bridge the places and faces of the study. Aside from transcription, this was probably the most demanding but fruitful part of the findings (or analysis) phase, as it is tedious, but one can get a great glimpse into the insights and emotions of each participant if this is correctly executed.

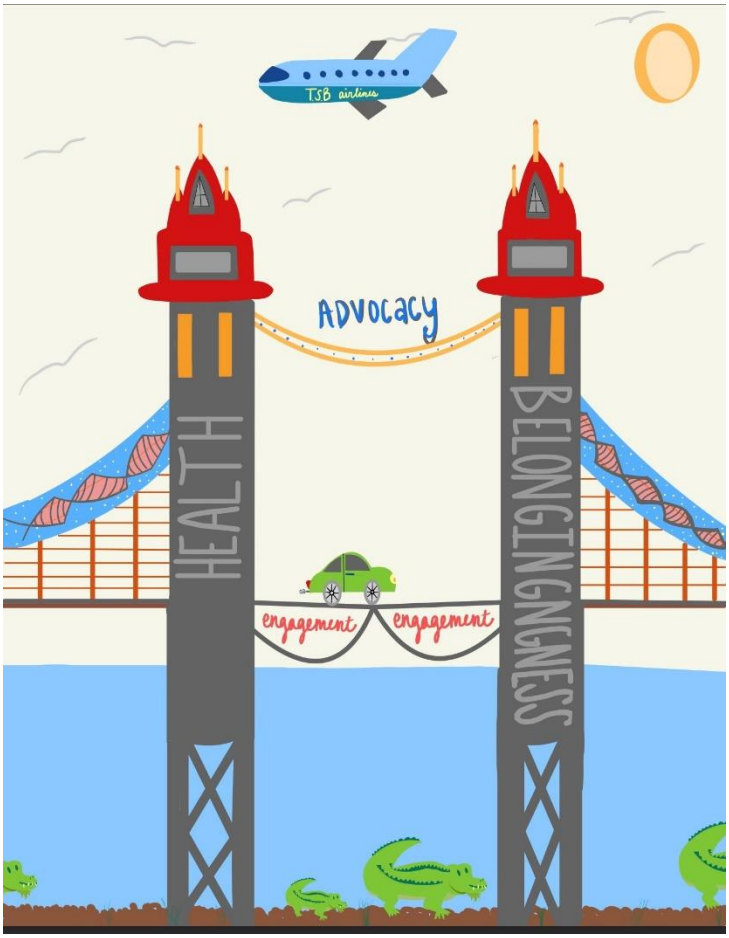
An obstacle to this study came in the form of some difficulty regarding facilitating interviews with some of the formerly incarcerated participants. As that population of people historically faces obstacles in resocialization, some of those obstacles were faced in this study. At times, people may not be ready to speak about their experiences in prison, which is a result of an element of trauma that may go unchecked by the institution, as the literature previously stated. In a way, this too is a consequence of The Social Boot Phenomenon. Ultimately, however, once in contact with participants that found themselves in advocacy roles in which they actively work towards attempting to reform or reimagine the system in which they have gotten out of, it was easier to utilize snowball sampling and find others that were in the same group. That, in and of itself, was indicative of positive advocacy and engagement resulting in a more positive health and belongingness relationship, as the findings will showcase.

Despite the participants having the general distinction of having navigated the realm of health in either the context of the military or the prison system, each of them had their own distinct expressions and attitudes. This was reflective of not just military or prison culture, but the culture(s) they may have grown up in, interacted with, traveled to, or immersed themselves in. Because of this, it was important to retain the things they said grammatically during the translation and transcription process, because these things were most likely said within the context of their overall lived experiences. Even though they were classified into one of the two groups, there was a nuance to the grouping of participants as well, as those on the military side varied in experiences (as some were cadets, while others were sergeants) and branches. On the formerly incarcerated side, some were on work release as mentioned, and others had been out for longer and are now doing grassroots work with entities such as the Louisiana Parole Project and reform and advocacy coalitions within the city of Baton Rouge and other Louisiana areas. These

subtle variations in the lived experiences of everyone interviewed resulted in an understanding of the health-belongingness relationship through the bridge model developed in this study.

IV. Findings

The Health-Belongingness Bridge



As mentioned earlier, the health-belongingness bridge model was created as a means of showcasing how sense of belonging influenced how individuals navigated the realm of health, and vice versa. The bridge, which has health and belongingness pillars on each side, with top and bottom decks (or even bottom deck lanes) representing advocacy and engagement, respectively, shares a visual similarity with the Tower Bridge in London. If advocacy and engagement are weak or broken, then the bridge suffers and is weak itself. If the two are strong and solidified, then the bridge functions at an optimal level. This model is a helpful one for researchers to follow in future studies touching on the phenomenon or subject matter touching on the phenomenon. Each of the four elements interact with one another in various ways, as the findings will show. As advocacy and engagement are the connectors of this bridge, the findings pertaining to both will be visited first.

Advocacy and Engagement

Overall, it was found that those that had been in the world of military service had a better baseline sense of advocacy and engagement. The service has a distinct and well-documented culture of camaraderie, as previously visited in the literature, and it is something that can only truly be understood by those that have enlisted. Of course, this is all said with respect to some of the evident inequalities the people of color, women, and other outgroups in this space may find themselves subject to even to this day (Suris & Lind, 2008). Generally, there is an understood bottom-line goal of survival among servicemen and servicewomen, and because of that, engagement and advocacy happen quicker and more efficiently than they would in other social contexts. It is something that is not necessarily understood by those outside of this group of people, which ultimately contributes to the group being caricatured by society at-large (Reed, 1985).

Christopher, a marine, touches on this in his definition of an outsider:

> I'd say in the context of this conversation and a service member perspective, an outsider could be someone who has a very very high opinion or is very opinionated about military matters who have never served nor have the desire to serve. And I think social media is a huge outlet for those types of people. I see posts all the time about politics even though they've never served in politics. Military matters, studies, and tactics that never once in a day served in the military.

Because there is an understanding that the outside world does not truly understand what goes into holding a service position, it results in very tight-knit relationships and support systems being formed by those holding a service position. One of the first steps in self-advocacy is

engaging with your immediate community (whether that is in the context of physical or social space), as that can become a valued support system over time.

Joseph, a Louisiana National Guard staff sergeant, when asked what motivates him to move forward, touched on this importance of engagement:

> Um, my work, as my wife will tell you. I feel like in here, we help people, and I've been doing this on and off since '97. I've went to war with the people that I've enlisted, and I've watched them go on and do great things, both in the military and out. They own businesses, they've attained the rank of sergeants, major, and these are individuals that earned that themselves, but I was part of it. And every day, when I get up, I know that I have that opportunity to help more people.

His motivations have put him in a mental space of directly being able to self-advocate as well as advocate for those he leads. These people have a lifelong supporter in him, and they support him also. That support is synonymous with belongingness, which, as we saw earlier, provides a good foundation for the advocacy and engagement that can be seen in how health (of the physical and mental) may be promoted in the context of his time in service.

Andrea, a Louisiana National Guard sergeant, gave insight on her upbringing and the cultural dynamics of going to school near a military base, which tends to be populated by students whose parents are in the service:

> Yes, it could be a good thing or a bad thing, it depends on, again it goes back to that culture because I'll give you this example: when I first moved into the school I moved into, they were not used to outsiders per se. It was like the same kids had been together since kindergarten and they rarely saw a new student, and then

> when we moved closer to a military base where kids came and went and then you were immediately welcomed, no matter where you came from. So, it goes back to that culture and what people are used to, I guess.

Belongingness can be situational, and there are circumstances where everyone in a space may bond based on the understanding that they each come from a different background. This allows them to engage and advocate more, and live healthier.

The advocacy and engagement perspectives of the formerly incarcerated participants were noticeably more scattered and less of a concrete positive, as prison is a place where, institutionally, assimilation is forced upon its participants, who are oftentimes not there voluntarily (as they would be in a modern-day military service context). Because of this, there is generally not much help and support given from the prison institution when it comes to advocacy and engagement.

Amelia was able to speak to this through her motivations to advocate and engage from the perspective of a formerly incarcerated Black woman working towards helping others that may find themselves in the position she was once in, especially in the contemporary context of COVID-19:

> I think my motivation comes from, because I know my community is so affected by this, um, the mass incarceration. And I know that they don't have that education necessary to prevent them from getting caught in that environment. And how healthcare is so very important. Especially now with COVID. When I was incarcerated, we didn't know COVID was out. It may have been, but now we do. And I have a loved one that is currently incarcerated, and that is so frightening, knowing that they have such low-quality healthcare.

This follows what the article on Angola State Penitentiary's unconstitutional health conditions expressed and reinforces the existence of the phenomenon and its prevalence in certain populations that may find themselves existing as an outgroup (Gyan, 2020).

Lloyd, a formerly incarcerated Black man now working as a re-entry specialist for the Louisiana Parole Project, recalled essentially being left for dead for a crime he did not commit in one of the most extreme occurrences of The Social Boot Phenomenon one can come across in their lifetime:

> I was incarcerated at 17 years old. I was sentenced to death by incarceration, and that life without the possibility of parole. Um, the United States Supreme Court ruled that children should be given a second chance, and I was a part of that second chance.

He currently works in the advocacy space with the goal of helping others, and that is a result of having once been on the margins of society to the point that he was given life without parole, a complete booting.

Despite the lack of institutional support from an advocacy and engagement perspective, some that may find themselves free from prison ultimately enter the advocacy and reform space and provide help and support from outside of the institution when looking at these things through an advocacy and engagement perspective. They know what the belly of the beast looks like, especially in a state that ranks as the world leader in mass incarceration, so they want to be there for people that may find themselves in the position that they were once in or have loved ones in that position.

Amelia, also a former nurse that now works for a reform coalition for East Baton Rouge Parish Prison post-incarceration, was a good example of this, as she said:

> …I have lupus and I have thyroid issues now that I've always had. I had to fight cancer, so these things all became exasperated from my time in the Parish. I don't know what and why it brought me to this point. They've always been there, but my lack of education in knowing how important healthcare is, even though I worked in healthcare, and I instilled it in other people, as a Black woman, I was always lacking going to the doctor myself, and I know how important that is. So, as an advocate, I share for grandmothers, wives, mothers, sisters, you know, you have to maintain your healthiness for yourself while you're fighting for those on the inside.

She has dealt with obstacles having to resocialize after getting out of jail that made her feel "booted" in a sense. However, she has used the obstacles she faced and experiences she has had to learn how to advocate both for herself and those that find themselves needing some sort of advocacy for themselves or for a loved one on the inside as well.

In a nutshell, the occurrence of advocacy and engagement in the military context is an occurrence with more structure and institutional support than that of the prison system. For this reason, the military participants found it easier to advocate and engage than the formerly incarcerated populations did, which resulted in the former being able to have a positive health and belongingness, especially in the context of the bridge model. However, once in a position of being outside of the prison system, some of the formerly incarcerated participants were then able to practice positive advocacy and engagement themselves, which, as a positive form of resocialization, ultimately resulted in a stronger health and belongingness bridge than they had in prison or upon first getting out of the prison.

Belongingness

Within the frameworks of social and physical space expressed earlier in the study, the question becomes one of whether people feel like they belong in those said spaces. For this reason, the belongingness piece of this bridge model has distinct entanglements with space. For both groups participating in this study, family was found to be one of the biggest foundational aspects of their respective senses of belonging. As family tends to be our first exposure to socialization, it has a very intense effect on an individual's outlook on life. When looking at this from a systems thinking perspective, the positive or negative observations of the world that a person takes in can result in deeply embedded mental models that a person takes with themselves for most of, if not the rest of their lives (Thier, 2013).

In this study, it was evident that participants across groups generally had some variation in the spaces they have inhabited. As the participants each come from varying cultural backgrounds, that makes sense. Some of the participants grew up in poverty, while others did not. Some have been to war, while some have not. Some have been incarcerated, and some have not. What was common, however, was that the participants with positive familial outlooks had a baseline sense of belonging that was generally positive, while those with an outlook that was not as positive had a sense of belonging that was not as positive. Participants' perspectives and experiences fell on either side of this spectrum.

Lloyd, a participant that probably had the most negative experience, talked about how growing up in that circumstance affected him, alluding to the fact that a lack of belongingness in the space of home ultimately moved him towards a life of trouble, which culminated in his incarceration:

> Growing up, my environment had definitely shaped me, put it like this, the environment I grew up in put me in danger of committing crimes. Because of poverty, and because of a dysfunctional home and a lack of education. I'm not

> sure if I mentioned it before, I was illiterate, I couldn't spell the word "what," I was in special ed, in the 10th grade reading on a 4th grade level. And, it was generational. My mom couldn't, so my environment played a major role in my development as a teenager.

Having a lack of education, along with a dysfunctional home, put him in a position of not living the healthiest life early on. He inherited these issues from the previous generation. That, combined with the space he lived in (which happens to be Cancer Alley) and the conditions it faced, resulted in adverse health and belongingness experiences for him growing up.

Tomasi, an Army cadet currently finishing up his fourth year at LSU, grew up in poverty himself before moving to Louisiana. However, the impoverished upbringing ultimately strengthened his family bonds. Of this, he stated:

> So, I grew up in two different environments. The first half of my life, I grew up very poor whenever I was living in Hinesville, GA. My parents were divorced, so it was just me, my older brother, and my sister. And so, everything was very family based. Pretty much, do everything for your family. Take care of one another, because at the end of the day that's really all you got. You can't really pick and choose your family. So, growing up allowed me to appreciate a lot of other things that would come my way and also teach me not to take a lot of things for granted.

The two different spaces are indicative of two different times in his life. Tomasi himself remarked that, since moving to Louisiana, he ultimately has been in a healthier space socially, which has resulted in him leading a healthier life overall.

Daniel, a formerly incarcerated White man now working at a Baton Rouge Applebee's restaurant through a work release program, spoke on how he had to learn to maneuver the world on his own, resulting in a hesitancy to engage and, as a result, belong:

> That's something that I pretty much had to learn by myself. You know what I'm saying? In different aspects of life and everything that goes on. For me, I'm really not the one to get out there in the crowd, you know what I'm saying? I pretty much like to do my hunting and fishing and go to the bar or something like that. But as far as like the social, environmental, whatever… I mean, I really haven't even been to a lot of concerts. I've been to two or three of them in my life.

Simone, a formerly incarcerated Black woman, and Daniel's coworker at Applebee's, spoke from her perspective as an aunt wanting a better life and sense of belonging for her nieces and nephews, noting that they were at the root of her motivations:

> I really don't want them to grow up here, so I try to teach them to broaden their horizons and think of better things to do. And I like to be an example of that. That's like part of the reason why I started my own company, you know, just to show them that it's possible, It's easy, you can make it if you want to. Just put your mind to it. My nieces and my nephews are my driving force.

This is indicative of her family being a driving force in her life. That engagement pushes people to want to make the healthiest choices, so that the children and next generation of the family can feel like they belong and, as a result, ultimately be able to advocate and engage.

These insights show that despite some variation in the circumstances of the participants in this study, their respective senses of belonging were informed by the spaces they inhabited and the ways in which they grew up. Lloyd was able to overcome the obstacle of a tough upbringing,

but this triumph came after he was institutionalized. He inherited the issues of a lower sense of belongingness from the previous generation in his family. That, combined with the space he lived in (which happens to be in Reserve, LA, mentioned earlier in the study as a part of Cancer Alley) and the conditions faced in that space, resulted in adverse belongingness experiences for him growing up, which consequently resulted in him facing adverse health experiences at that time as well. Tomasi, who is of Black and Polynesian descent, had an outlook on family and sense of belonging that put him in a position of wanting more for himself, and the army reinforced that. Daniel, who is on a redemption path, finds himself aware of the fact that he had to grow up fast and learn things on his own, which likely contributed to a lack of belongingness for a time and a descent into the circumstances that led to his incarceration. Simone, who grew up in what she describes as a nice home and nice area, had that positive sense of belonging early on and is working towards instilling it in her nieces and nephews, as she wants them to be better off than she was. Through these insights, it is evident that belongingness tends to one of the more fluid parts of the bridge model, as it is relative to physical and social space contexts.

Health

The final part of this bridge model is the health section of it. The manifestations of health tend to be more identifiable because of it being the most tangible component of this bridge. From a tip-of-the-iceberg systems thinking perspective, the military participants were able to speak to having more of a positive navigation of health, especially as the military makes sure that members can receive Tricare insurance, which is a form of insurance that provides preventative care, or measures taken for disease prevention. On the flip side of that, some of the formerly incarcerated participants were uninsured, meaning there was no possibility of affordable, preventative care for them. Overall, the formerly incarcerated populations experienced more

obstacles when it came to navigating that world of physical and mental health, which exhibited The Social Boot Phenomenon as well as constitutional inadequacies that were observed in Angola State Penitentiary (Gyan, 2020).

Simone, who is uninsured herself, gave more insight on what navigating health was like from the perspective of a person without health insurance:

> I don't have insurance and stuff like that, so we don't really get good treatment out here without good insurance, if you have like Medicaid or something, you're not gonna get any preventative type of healthcare. You'll just get treated if something happens. But, if you have regular insurance, then they do more preventative things than Medicaid or state-funded care… Basically, the state doesn't really offer you any, like for people who do have Medicaid or any state type of insurance, they don't really have anything to prevent them from getting sick, know what I mean? So, it's like, "The only thing we'll do is treat you if you are sick," instead of providing care for people. Like, you can't get some basic checkups unless something is wrong. Someone has to refer you to a specialist or something like that but as far as preventing it, no.

Lower-income insurance does not cover preventative care, resulting in people not getting the best treatment. As a result, health suffers, and belongingness suffers as well.

Joseph, who is on active duty, was able to speak to the military perspective:

> Active duty, everything is provided, and you are not only encouraged, but you're almost pushed to use those assets that are available. But even before I came on active duty, I did time in the reserves and in the guard as well, and you have Tricare Select Reserve, which financially really doesn't cost you anything to get

> so, I wouldn't say it was so much encouraging, but they made it where it wasn't cost-prohibitive, and I know a lot of insurance policies are cost-prohibitive. As far as the military itself, um, you're encouraged anytime you're having a physical issue, anytime they're concerned and the leadership is taught to watch you for changes in your behavior and if they note changes in your behavior, they'll talk to you, and they encourage you to seek help. And the help that you would seek is confidential, just like outside of the military, so you don't have to worry about anything you say affecting your career. And I think that that's a major benefit, one of the really major benefits a lot of soldiers probably wouldn't have sought help that did, and then their dependents fall in the same category. So, their dependents have that same option, that same opportunity, and it's that's still being pushed from your command to make sure everybody is staying mentally and physically healthy.

Joseph is giving insight into the military's general advocacy and engagement from the top down. Obviously, due to wanting the cream of the crop in service, those in command would encourage health for those they command, so through that engagement, advocacy is also picked up, and belongingness tends to result.

The institutional support that exists in the military, particularly in the context of health insurance, does not exist for those that have been formerly incarcerated, directly weakening the health-belongingness bridge for those that may find themselves in that circumstance. Because of a lack of institutional support, engagement and advocacy are things that continue to need support from prisoner reform and advocacy groups. The Louisiana Parole Project is one such group, and Lloyd currently works with them.

In his interview, he spoke on the lackluster care that he received during his time in prison:

> The healthcare that I received in prison was, it was bare minimum. It was actually to the point, even when the institution had upgraded to better doctors, and that was quote unquote "better doctors," by that time, it was 10 to 15 years later, my psychological trust in the system was pretty damaged. I didn't even go to the hospital… I could not believe that they would give me quality treatment based on past experiences.

This is right in line with what Gyan's article stated about Louisiana prisons, and specifically Angola State Penitentiary. Because of a distrust in the system that manifested over years of time in Louisiana prisons as a result of being socially booted, his sense of belonging was lower, and he was not healthy at all.

Amelia echoed his sentiments, even expanding into the ways that these health issues indicative of The Social Boot rapidly deteriorate a person's physical and mental health, perpetuate trauma, and impact the families of people that find themselves in these outgroups being booted:

> Now, I have so many health problems, and when I went in, I was really healthy. I was running, I was working out, I didn't have any weight restriction problems. Now, I'm on a BiPap machine. And, when I was incarcerated, there was Black mold in the facility, and I suffered from migraine headaches and anxiety, and I could never get that attention. Everything inside of the prison is "you get what you get," not what you need. And as a result, I suffered, you know? I found myself in the medical unit quite often, and it caused a financial burden on my family because it's a cost! It's a cost, even being incarcerated. And a lot of health problems just became worse. I was only there for 7 months, about 7 months,

> before my charges were dropped. And, uh, coming out, I have not, you know, I have not had the issues. Now, I have the overweight because the nutrition was always horrible. The hypertension, and like I said, I'm on a BiPap. I've never had breathing problems, asthma, of any type. But now, not to mention post-traumatic stress because of the horrible things I can't seem to forget.

Being incarcerated and institutionalized (and the isolation that comes with that) completely broke off her engagement with the outside world from a civilian context. As a result of that and conditions associated with being imprisoned that were mentioned in the literature, her physical and mental health deteriorated.

Along with this more clinical context of health, there is also an element of health that, just like belongingness, give insight to this bridge model in the context of space. Physical space has relevance, but in theory, physical space could be redistributed and the social inequities tangible in The Social Boot Phenomenon would still lead to this "booting" taking place, therefore stalling any potential of stratification that the people inhabiting the space had going for them. This is something that was seen in urban areas across the United States during the 1980s crack epidemic and is being seen in rural areas across the country in the current opioid crisis. Around the country and world, health interacts with space in unique ways.

Tomasi sheds light on the space context of the phenomenon directly influencing health consequences when talking about his interpretation of health and culture through his background of growing up in poverty:

> I think health has a major part in culture, you know. If you think about it, whenever I was growing up poor, the only things we had available to us were fast food. The nearest Walmart was probably maybe like 20-25 minutes out from my

> house. So, anything you could afford to grab, that was within range and what you had. So, you know, that affects health from a physical aspect. I feel like, if you're in more of a gentrified area, you're more likely to be less healthy than the average person who grew up in suburban America. So, I grew up very unhealthy in my earlier years because of that, you know. I was very overweight. I just wasn't mentally healthy or physically healthy. And it wasn't until I came here that I had all these things offered to me that I can take, and I took them. So, if you get a chance to go from nothing to something, you're gonna take something, 9 times out of 10.

Christopher, a well-traveled person himself, looked at space influencing health consequences through the perspective of his travels and being stationed around the world:

> So, I have noticed in my travels that there are a lot of things that other countries do that the United States doesn't do and vice versa. An example I can give is that in France, there are really no drive-thrus. You know, a lot of countries in Europe don't believe in drive-thrus. They think its weird that Americans can go grab something from a drive-thru and, eat in the car, and just get back to work. Other cultures kind of view it as "This is your lunch break, so take time off and go get a good meal, something that is healthy." Another instance in France, say you wanted to go to the grocery store. A lot of places are closed on Sunday. That is specifically family time, and I think that's a pretty good thing that we don't have here. Americans, you know, we live to work. So that time off of work where you don't even have to pick up a phone call from your office because you're spending time with your family. And I think in Germany, it is actually illegal for your

> employers to call you on a Sunday, on your day off. So as far as mental health, I think Europe, they got it right. Physical health, I see a lot of people around here going out to work out. You go to the gym, they do something physical. You know, there's spartan races, tough mudders everywhere. I didn't really see a lot of that overseas when I was in Europe and Asia. But they somehow ended up taking better care of themselves, probably in other ways.

His engagement with these other countries gave him a clearer understanding of what health looks like in each distinct space. With that understanding, he is then able to understand advocacy in each context and, as a result, his belongingness is positive.

When examining these things further, it is obvious that participants in both groups have recently had to come to terms with navigating health in the context of the COVID-19 as well. The pandemic is something that literally shut down the entire world for a time, and behemoth institutions such as the US military-industrial complex and the US prison-industrial complex both had to adjust. From a macro level, it is evident that these institutions were confronted with having to go through some form of reimagining or adjustment, especially during a time in which the ugly underbelly of various disparities that plague America, such as mass incarceration and discrimination along various socioeconomic lines, took center stage in these institutions especially. One thing that was found, however, was that participants largely answered the question of how the things going on in the world in a pandemic context affected them from a standpoint of their individual lives, and not necessarily the two principal groups represented in this study. They spoke more so on their observations of the external world, and there was some variation in how they may have been impacted, as some of them were in varying stages of military service, work release, and overall civilian life (the latter two being in the context of

those interviewed that were in the prison system). Essentially, everyone is dealing with the pandemic in the best way that they can for themselves and their people, as it has impacted so many people in so many ways.

Christopher described his experiences:

> So as far as the pandemic is concerned, I wouldn't say it really affected me personally, mentally, emotionally, or anything, it was just another bump in the road. Another hurdle just to try and get over. Everybody's doing what they can to try to mitigate exposure and protect everyone from the virus or whatever which, I understand, I get it. I can see both sides of the argument. But I don't think its an issue to just do what you have to do and just move forward. Not just dwell on it and try to make a big stink about it and go to the news or go public with whatever issues.

He had a certainty in his delivery, and it is evident that this certainty is a result of both his worldview and his positionality. This spoke volumes to his sense of belonging and ability to navigate the bridge. This certainty had something to do with the fact that he is well-traveled, as moving around the world exposes you to different types of cultures and, as a result, health experiences. He showcased an understanding of that variation in health experiences, along with an understanding of the importance of space in that equation.

Lloyd gave his interpretation of putting his best foot forward:

> The impact it has had on me, it makes me want to reach out, to talk more, and change the narrative of isolation. Because isolation during the lockdown, it was more than just COVID. It's a conversation about segregation. It's a conversation about the economy. But more than anything, the hallmark feature is race relations.

COVID and the societal ills exposed because of it put him in a position of wanting to advocate and engage more, and that desire to do so can only result in more people eventually feeling like they belong and living healthier. Making people feel like they belong ties into resocialization, which tends to be difficult for those that have been incarcerated. Lloyd expresses these issues with an urgency that has become more and more prevalent as these issues have started to come to the forefront of American society. For Black people, these issues have always been a part of the reality of existence, but with the pandemic exposing these things even more, it has become undeniable in a sense.

Amelia had similar remarks, talking about how one group's concerns eventually become all our concern:

> What I want is – outside that marginalized area, to let people know that just because we made mistakes and we're incarcerated. Or they're incarcerated, these are the same people that are coming back into the society. And it is going to be, we are in peril. It becomes more of a healthcare crisis on the outside. So, like "outsiders," it becomes a problem where it was just an issue, now we have a problem that's gonna potentially become a crisis because of lack of good healthcare… they have sexual diseases, hepatitis, HIV, um, COVID, oh my God, tuberculosis. We have a myriad of things. I never had bifocals until I came out of jail. Because of that artificial lighting. You know, all of that makes a difference, and, you know, now, tax dollars are paying for this, you know. So, I think that when we look at public safety and health in our communities, we have to find a way to marry them.

What she is speaking to is a concern that ultimately occurs when the perils of the outgroup come to affect the ingroup, as referenced in The Phenomenon section of the literature. Time and time again, we have received reminders (through natural disasters, crime, and even COVID) that we are interconnected as a society, and when one group suffers, the next group that is not suffering may not be far behind.

Andrea talked about a double-edged sword that she picked up on, through her positionality as both a mother and a servicewoman who works in the university setting:

> As far as a person, I do feel like at the beginning of the pandemic, whenever we were 100% quarantined at home, I will say it was a great reset for me personally because I got to do a lot of projects in my house that had been lingering there for a while and I got to get out there and do the things I love like hiking and stuff like that. So, that was a great aspect of it that I do feel like has kind of put, like when it comes to education and stuff, and I see it here at LSU and I see it with my kids, it's not doing the kids justice because they're losing their education… I see the freshmen right now because, you know, LSU has changed a lot the requirements just to kind of adapt to not being able to take the ACT and all that stuff. And I do feel like there's kids that, maybe should've, I don't know how to say this, maybe should have gone to a community college maybe first instead of coming to a big university like this. And due to that, it's just setting them up for, not failure but… I just feel like it's definitely holding people back in a way.

There, we see her talk about the satisfaction of, for a time, being able to be a stay-at-home mom and spend time with her kids, therefore strengthening the health-belongingness bridge at home but also understanding that the students she works with may not be able to properly engage

educationally, which hurts their belongingness and advocacy. That can cause students' mental (and as a result, physical) health to deteriorate, therefore weakening their health-belongingness bridge.

Essentially, there seemed to be a variation in how people were impacted by the pandemic, which can, again, probably be attributed to the fact that the COVID-19 virus has been such an "invisible" thing that some have not interacted with the virus in ways that others have. Along with that, the virus has decimated some communities, while others have largely not had to bear the brunt of the virus. When applying the iceberg model as well as the health-belongingness bridge model, the lived experiences of the participants largely dictates where they may fall along these respective spectrums. From a researcher's perspective, the answers given provided an icing on the cake to the data collection and findings of the study.

V. Discussion

As public health researchers and social sciences researchers alike tend to concur, health is ultimately affected by elements such as the environment, financial security, education, safety, and several other things. I argue that people navigate the realm of health through a theoretical bridge that connects to belongingness by way of advocacy and engagement. The results of this study ultimately gave further insight (through the identification of how the elements of the study connected to the bigger picture in terms of the health-belongingness bridge model, systems thinking, social constructivist and transcendental phenomenological contexts) into the health experiences faced by the participants. Through the interviews conducted, it was found that a positive sense of belonging resulted in a positive navigation of the realm of health, and vice versa. Along with that, it was found that engagement and advocacy were meaningful conduits in navigation between health and belongingness. Having a space to speak candidly and honestly

about your health is the first step in being able to advocate from a health perspective. Patient advocacy and engagement from a healthcare perspective goes as far up the ladder as government consumer advocate agencies, for-profit and non-profit service providers, and entities that exist in the private sector (Warnes, 2019). However, advocacy is most effective and impactful when a person understands how to advocate for themselves. That understanding of how to advocate is then reflected in how they interact with the systems that they may come across when trying to improve or maintain their health.

This research is important now, more so than it has ever been, for a variety of reasons. When properly able to navigate health, a person can properly advocate for themselves, and that advocacy leads to them not feeling alienated by their idea of what society is. This, in turn, leads to them being able to live a healthier lifestyle, both physically and mentally. When unable to do so, then the feeling of alienation increases, leaving the person subject to feeling as if they exist on the margins of society, as the data showed. This can result in a more apathetic outlook on their physical and mental health, which is to the detriment of the person as well as the people that may care about them. Life since March of 2020 has been a constant reminder that we are more interconnected than society has conditioned us to believe. This is a point that is amplified tenfold when looking at things from a health perspective, especially as social connectedness and health behaviors share strong ties with things such as mental health (McCallum et al., 2021). The harsh realities present for some groups navigating health in Louisiana are in complete contrast to the sentiments that led to things such as Charity Hospital being critically acclaimed as far back as the late-18th century days of the state's Spanish colonial rule, when the hospital was known as the Hospital de los Pobres (Bourque, 2009). This is all indicative of the state's version of The Social Boot Phenomenon being one of the most intensified versions of the phenomenon in the United

States, which is a result of a domino effect of poverty and an institutional disregard for those that make the state the vibrant place that it is culturally. The disregard and poverty have both been well-documented, yet not aggressively acted upon by the powers-that-be in the state, which has resulted in a maintaining of this status quo.

This study was a unique one, as the bridge of health and belonginess has seldom been looked at from the perspective in which the study took place. For that reason, there was not too much literature on the dynamic. However, some insight was given on mental health and belongingness in the context of the isolation that has become notable considering the distancing caused by the COVID-19 virus and pandemic. There was a direct bridge in the fact that the participants in this study have experienced firsthand some of the institutions touched on in the literature, such as some of the formerly incarcerated spending time in institutions like Angola. Beyond the context of this study, more work remains to be done when it comes to getting into the nitty gritty of this specific dynamic. Future research can address limitations by using this health-belongingness bridge model to engage with other populations both in and out of Louisiana, as this study only looked at two groups. Analysis of how different groups navigate health can give great insight into the things that may need to be improved upon in health ecosystems not just in Louisiana, but in the United States and across the world. Future research in this area should continue to have an interdisciplinary spirit open to a phenomenological approach because that will provide the context for questions regarding the health-belongingness relationship to be answered in an innovative fashion. This concept is relevant within sociology, public health, public policy, filmmaking, and other areas of engagement, both inside and outside of the academic research space. This study serves as a pilot in a sense, as I plan on further investigating the dynamic further, looking at other demographics that have a well-documented history of being deemed

outsiders in this context, and even those which may not have a properly documented history. As mentioned earlier in the study, I am involved in this research academically, as well as through the creative realms of art and film. The formerly incarcerated and military are two demographics that come to mind and were primarily looked at in the methods and data collection of this study, but there are other demographics that would provide further insight into the phenomenon as well. The solution to improving collective health, especially that of Louisianians, is not as simple as just adding an emergency room where one is needed. It also falls upon creating a reality in which constructive dialogue is had by people on the community level working towards devising ways to ultimately navigate a health ecosystem that is only becoming more layered and complicated as we come face to face with issues such as pandemics and sustained racial and class inequality. Attacking these issues below the tip of the iceberg is the only way that issues such as food deserts, lack of opportunity, healthcare accessibility deserts, lack of education, and more will be successfully confronted. All in all, through the eight subjects and employment of the bridge model, we were able to get good insight into how their collective senses of belonging propelled them forward when it came to navigating their health and the health of their community.

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