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Send your finished papers via e-mail to: jped@ahead.org for publication consideration. Each Practice Brief will be sent to three postsecondary disability direct service staff for review.

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FROM THE SPECIAL ISSUE EDITOR

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These are challenging, interesting, and potentially historic times for Disability Services (DS) offices in the United States. Programs are feeling the impact of unprecedented budget issues that are facing institutions throughout the country (Basken, 2008; Selingo, 2008). The recent passage of the Americans with Disabilities Amendment Act of 2008 (ADAA) presents new requirements that are changing how programs make decisions about eligibility for services.

At the same time, hundreds of thousands of veterans are returning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan. With the recent passage of the Post-9/11 Veterans Educational Assistance Act of 2008, it is expected that as many as two million veterans will enroll in postsecondary education (American Council on Education, 2008). It is estimated by the Rand Corporation (2008) that as many as 25% of these veterans will have hidden disabilities, such as traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and depression, while other veterans will return with physical and sensory impairments.

Not all postsecondary institutions will feel the impact in the same way. In this issue, author Thomas E. Church (2009) notes that institutions near military bases or VA Hospitals may see larger numbers of students. State institutions may also see direct impact. At one state institution in Connecticut, it is estimated that veterans make up nearly 10% of the entire student body (Altimari, 2008). Service providers at these schools have a direct and clear need for information about how to best serve veterans with disabilities, and can emerge as campus leaders that provide this population of students with the services they so rightly deserve. The articles in this issue provide cutting edge information related to solving documentation issues, providing reasonable accommodations, collaborating with other campus offices, and helping veterans with disabilities transition to employment.

However, regardless of location or institutional type, it is critically important for disability service providers to be knowledgeable and proactive campus leaders. As several articles in this issue point out, veterans may not be willing to seek out DS. In regards to disclosure, documentation, and understanding the need for accommodations, veterans face different issues than traditional students. Thus, the fact that a DS office has no or few registered veterans with disabilities does not mean that these students are not on campus. Rather, it may point to the need for new methods of reaching out to students, most likely in collaboration with other campus services. Several of the articles in this issue provide suggestions related to how DS offices can become part of the planning process on campus to create a more welcoming and inclusive environment for veterans with disabilities.

Overview of the Articles

This special issue begins with a foreword by Paul D. Grossman, who challenges postsecondary institutions and DS providers to become forceful leaders in promoting the civil rights of veterans to avoid a "perfect storm" of pending crises. Joseph W. Madaus, Wayne K. Miller II, and Mary Lee Vance provide a historical perspective of how postsecondary institutions have provided services for veterans with disabilities. Noting that veterans have long been catalysts in the development of DS, the authors comment that the current conditions can serve to move DS to a new level of development and campus leadership.

The next article by Mary Lee Vance and Wayne K. Miller II provides the results of a nationwide survey of members of the Association on Higher Education And Disability (AHEAD) related to serving wounded warriors. This study serves as the seminal look at current statistics and practices in this area.

Next, Allan L. Shackelford addresses the key issues of student disclosure and documentation. This article presents strategies and solutions for DS providers to work with veterans with disabilities as they attempt to obtain documentation of their disability.

This is followed by an article by Thomas E. Church, who provides a description of some of the common injuries facing veterans of OIF and OEF and how these can impact access to postsecondary education. Common accommodations and useful resources are also presented.

The second half of the issue deals with new methods of service delivery. Sandra E. Burnett and John Segoria describe how the unique needs of veterans can be met

through collaboration between DS offices, veterans affairs offices, other campus services, and community agencies.

Cheryl Branker presents suggestions related to how colleges can use the concept of Universal Design (UD) to create a better-prepared and balanced environment for veterans. The issue concludes with an article by Debra Ruh, Paul Spicer, and Kathleen Vaughan related to how collaboration between DS offices and other campus offices, community agencies and employers can help veterans transition to employment.

Two themes echo throughout these articles. The first is that DS providers face a new set of challenges in ensuring that veterans with disabilities receive access to the education that they deserve. The second is that the field is at a crossroads, but in rising to meet these challenges, the DS profession can emerge as a leader in campus initiatives and in the promotion of the civil rights of all students with disabilities.

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Foreword with a Challenge: Leading Our Campuses Away from the Perfect Storm

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Abstract

The concurrent return of veterans with disabilities from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), the passage of the Americans with Disabilities Act Amendment Act (ADAAA) of 2008, and the passage of the Post-9/11 Veterans Assistance Act of 2008 places America's colleges and universities in the path of a "perfect storm" — a series of crises resulting from a failure to recognize what is unique to the needs of veterans with disabilities. Business as usual will not work. At the same time, these challenges present a great opportunity for reinvigoration of the disability rights movement by the veterans, and others, as well as innovation, the development of best practices, and the adoption of Universal Design (UD) solutions by colleges and universities committed to effectively addressing the civil rights of this new population of students with disabilities. This "foreword" to this special issue of JPED is intended to move us "forward." Drawing upon the insights and solutions that follow in this issue, this foreword presents an overview of these issues, and challenges colleges and universities and the membership of AHEAD to be leaders in this historic civil rights opportunity.

A Critical Point in American Civil Rights History

We are at a critical point in American civil rights history, particularly with regard to disability rights. More than 1.5 million Americans have placed their lives in peril during Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) (Church, 2009; Vance & Miller, 2009). Civil rights history teaches that as these veterans return home and transition to our campuses, they may be counted on to vigorously assert their undeniably legitimate claims to their civil rights and educational benefits (American GI Forum, 2008; Madaus, 2000; Madaus, Vance & Miller, 2009; The President's Committee on Civil Rights, 2008; Welch & Palames, 1995). The membership of the Association on Higher Education and Disability (AHEAD) sits at the intersection of these powerful legal, social, and academic forces (Grossman, 2008).

War entails trauma to the body and the mind. This is particularly true in Iraq and Afghanistan, where improvised explosive devices (IEDs) are primary weapons of close-quarters combat (Church, 2009). There is currently no one reliable source for the percentage of returning veterans headed for higher education who may be individuals with disabilities. However, an estimate of 40% is not unreasonable given the reported prevalence in the military and VA medical systems of OEF/OIF veterans identified with post traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, substance abuse, hearing and vision related injuries, substantial mobility limitations owing to brain and orthopedic injuries, as well as disfiguring burns and debilitating toxic exposure (Church, 2009; Institute of Medicine of the National Academy of Sciences, 2008; Rand Center for Military Health Policy Research, 2008). Further, neither military nor VA figures account for the fact (first reported in this issue of the Journal of Postsecondary Education and Disability), that many individuals transitioning from the battlefield to our campuses do so with some form of learning disability, likely predating their military service. (Vance & Miller, 2009; Shackelford, 2009).

Contributing to the Perfect Storm: Two New Laws

The ADAAA

The intensity of this historic moment is amplified by the recent enactment of two Federal laws: the Americans

with Disabilities Act Amendments Act of 2008 and the Post-9/11 Veterans Assistance Act of 2008 (respectively, P.L. 110-325, also known as the ADAAA and P.L. 110-252, also known as the New GI Bill). The ADAAA, which became effective on January 1, 2009, extends the protections of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act Amendments of 1974 (Section 504) to a greater number of individuals than at any time since the ADA or Section 504 were enacted (respectively, 42 U.S.C. §§ 12101 and 29 U.S.C. § 794; Shackelford, 2009). In general, the ADA protects persons who are "individuals with disabilities." The language of the ADAAA makes it clear that Congress intended the coverage of the ADA and Section 504 to be broad. This is in contrast to the narrow coverage that has resulted from the very demanding standards set by the Federal courts for who qualifies as "an individual with a disability." The objective of the ADAAA is to shift the focus of attention from who is an individual with a disability to whether an individual was the object of disability discrimination. The ADAAA will most certainly benefit veterans with disabilities.

Under the ADAAA, the words used to define a current disability remain basically unchanged: "a physical or mental impairment that substantially limits one or more major life activities." Though the words are familiar, their interpretation or construction is quite changed. The ADAAA achieves this objective largely by rejecting a number of prior Supreme Court decisions, including three (the *Sutton* trilogy) in 1999 that held that "mitigating measures," such as medication and learned neurological accommodations must be taken into account in determining whether an individual's impairments substantially limit a major life activity (*Sutton v. United Airlines*; *Murphy v. U.P.S.*; *Albertson's, Inc. v. Kirkingburg*). The illustrative examples provided by Congress in the ADAAA of mitigating measures that no longer may be taken into account include "medication," "assistive technology," "hearing devices," "mobility devices" and "prosthetics."

The ADAAA does not explicitly articulate a new construction for the word "substantially," but it explicitly rejects the highly demanding interpretation of "substantially" found in the 2002 Supreme Court decision in *Toyota Motor Manufacturing v. Williams* and establishes that an impairment may be substantially limiting even if its impact is only episodic, as might occur for example with recurring depression. Further, in the ADAAA Congress has provided an expanded illustrative list of major life activities including "… seeing, hearing, eating, sleeping, walking, … learning, reading, concentrating, thinking and communicating" and a list of "major bodily functions" such as of the "immune system … digestive, bowel, bladder … brain … and circulatory functions."

The ADAAA also expands the coverage of persons who are "perceived as disabled." Individuals so perceived will be covered if he or she is treated adversely, whether or not the impairment actually limits or is perceived to limit a major life activity. Thus, a person, perceived as having a psychiatric condition will be protected from adverse treatment based on myths and stereotypes about persons with psychiatric disabilities even if he or she cannot establish that he or she has such a disability.

Prior to passage of the ADAAA, an individual whose legs were amputated in battle might not be covered by the ADA or Section 504 because, with his/her prostheses (mitigating measure) in place, he/she could walk as well at the "average person in the general population." Under the ADAAA, there should be little doubt that an individual missing his/her legs is covered by the ADA and Section 504.

Of course, it is the rare college that would deny necessary accommodations to an individual missing his/her legs. The greater impact of the ADAAA on campus is likely to pertain to persons with psychological and cognitive disabilities (e.g., depression and ADHD) historically excluded from coverage because of the mitigating effects of medication, the episodic nature of the impairment, or because various pertinent major life activities such as *concentration* and *thinking* have not been readily recognized by the courts. All three of these barriers to coverage have been addressed in the ADAAA. Equally important, the ADAAA makes it much more likely that two key war-related impairments, TBI and PTSD, will qualify an individual for coverage under the ADA and Section 504 both because manifestations of these impairments include psychological and cognitive disabilities and because they entail substantial limitations to several of the major bodily functions enumerated by Congress in the ADAAA.

The collateral impact of the ADAAA on postsecondary students may be greater yet. The more generous interpretations of coverage called for under the ADAAA should have a considerable impact on those standardized testing entities and employers that have historically interpreted the ADA and Section 504 narrowly and actively backed their interpretations through litigation. The litigation position of some colleges, universities,

and standardized testing entities that an individual who earns good grades cannot possibly be an individual with a covered learning disability has come to the attention of Congress. As Shackelford (2009) stated, "The legislative history of the ADAAA makes clear that a student who has 'performed well academically' may still be substantially limited and disabled with regard to related academic activities such as 'learning, reading, writing, thinking, or speaking.'" The Federal appellate courts are already taking note of this interpretation of the ADA by requiring district courts to reconsider narrow interpretations of the ADA in cases concerning individuals with learning disabilities (*Jenkins v. National Board of Medical Examiners*, 2009). The idea that a veteran with a disability should be discouraged from otherwise feasible career goals because of potential future testing, licensing, and employment barriers will be even less legitimate than in the past.

The New GI Bill

The second legislative development contributing to the potential perfect storm, effective in August 2009, will be the expansion of service-related educational benefits under the Post-9/11 Veterans Assistance Act of 2008 (P.L. 110-252, also known as the New GI Bill; Church, 2009; Lissner, 2008; Madaus et al., 2009; Shackelford, 2009). Under the New GI Bill, benefits will be provided to a level not known since the end of World War II.

The benefits under this program are not easily summarized. As a general statement, individuals who have served on active duty in the U.S. military since September 11, 2001 will receive educational benefits based on the length of their service, with maximum benefits reached after 36 months of active duty service. These benefits may be applied to undergraduate and graduate school, vocational education, and technical training (The Department of Veterans Affairs, 2008).

Veterans covered by the New GI Bill are eligible to receive the full amount of tuition and fees charged by a college or university, not to exceed the most expensive in-state public institution; a monthly housing allowance; a yearly books and fees stipend of up to $1000; $500 for relocation expenses; financial benefits for tutorial assistance; and, reimbursement for licensing and certification tests. These benefits are available for a period of 15 years; the 36 months need not run consecutively. Benefits are also transferable to spouses and dependent children (The Department of Veterans Affairs, 2008). No doubt the current state of the U.S. economy will increase the likelihood that these benefits will be used by OIF/OEF veterans.

Contributing to the Perfect Storm: Business as Usual

This new cohort of individuals with disabilities can overwhelm our postsecondary institutions or it can serve as an engine of innovation. Our returning veterans can present us with multiple crises or motivate us to end, "silo-like," piecemeal approaches to what are clearly interdisciplinary and interagency responsibilities (Branker, 2009; Burnett & Segoria, 2009). "Business as usual" will not work. Innovative practices will need to be developed and shared by the membership of AHEAD (Grossman, 2008). The presence and legitimate expectations of veterans with disabilities can wake up colleges and universities that have too long practiced benign neglect when it comes to facilities' access and have responded to auxiliary aid responsibilities on an *ad hoc* basis. A committed response to this new population of students with disabilities will underscore the superiority of UD solutions to program access (Branker, 2009; Burnett & Segoria, 2009). Some colleges, universities, and systems are already on the path of opportunity, while others seem destined to be in the center of the storm (Grossman, 2008; Burnett & Segoria, 2009).

The Challenge: Prepare for a New Population

Except with regard to learning disabilities, most colleges and universities will have only limited prior experience with the predominant disabilities related to service in Iraq and Afghanistan (Branker, 2009; Monroe, 2008). The characteristics of returning veterans, particularly those with disabilities, will need to be an essential element of faculty in-service training programs (Madaus et al., 2009; Vance & Miller,2009). Disability service providers can serve a key role in such efforts, and no group of individuals is better qualified for this role than the veterans themselves (Burnett & Segoria, 2009).

Foundational legal concepts, reaffirmed in the ADAAA, preserve the principle that no postsecondary institution needs to fundamentally alter its programs, curriculum, or lower its academic standards to accommodate individuals with disabilities (*Southeastern Community College v. Davis*, 1979). This principle applies no less to students with disabilities recently acquired in battle. But this principle should not relieve any institution from extending to veterans with disabilities a diligent process of rethinking what is or is not "fundamental" (*Wynne v. Tufts School of Medicine*,

1991; *Wong v. Regents of University of California*, 1999). Math departments that refuse all students access to calculators will want to carefully consider the consequences of such a policy on a student whose TBI makes calculations "in the head" impossible – particularly when passing math stands between such a student, his/her degree, and self-sufficiency. A college or university cannot both commit to educating veterans with PTSD and at the same time fail to give full consideration to creating exceptions (accommodations) to minimum course load requirements. Colleges and universities that distinguish between what is or is not fundamental solely by reference to subsequent career expectations will need to come to terms with the concept that some veterans will be too disabled to ever engage in a career but are not remotely too disabled to be life-long learners. For some individuals being an active thinker and learner is what will distinguish them as a human being and make life worth living (Grossman, 2008). Conversely, many veterans will see the primary goal of higher education to be qualified for employment, requiring new forms of outreach to potential employers by college employment counselors (Ruh, Spicer, & Vaughan, 2009).

Hiring or contracting sufficient auxiliary aids to serve returning veterans with substantial vision or hearing impairments will require advance planning. Persons with this responsibility should anticipate a potential shift in the mix of auxiliary aid services that will be provided, owing to a population of vision and hearing impaired individuals who are new to their disabilities and individuals unfamiliar with Braille or ASL (Monroe, 2008).

The Challenge: Foster New Outreach

This JPED issue is an important initial step by AHEAD in the direction of innovation and collaboration to create campuses where veterans may successfully transition from the battlefield and persist to graduation. But we must do a great deal more. The member colleges and universities of AHEAD should be encouraged to implement veteran-specific outreach activities to address the fact that many veterans with disabilities will not self-identify as individuals with disabilities or may respond negatively to "disability language" and labels (Burnett & Segoria, 2009; Church, 2009; Shackelford, 2009). These individuals will need to become well informed as to the resources and procedures available on our campuses to secure their rights and educational opportunities. They must be reached in language familiar to them and through different relevant and current forums such as social networking web sites, Veterans Assistance Centers and on-base education centers, as well as through the local VA facilities and veterans' organizations.

Listening to the voices of veterans is an essential element of a welcoming campus. Already they have told us is that they want and need the opportunity to continue in camaraderie with other veterans. To this end, veteran-centered on-campus organizations (centers, clubs, fraternities/sororities, support groups) must be developed (Burnett & Segoria, 2009; Church, 2009). These venues should serve as a priority forum for outreach by DS offices.

Unlike students with disabilities currently in college, most returning veterans with disabilities have never been in the academic "disability pipeline" (Monroe, 2008). They do not come with Individualized Education Programs (IEPs), "helicopter parents," and a preconceived notion of "appropriate" reasonable accommodations. To the contrary, they may well arrive on campus in denial of their disability and with a perception that accommodations are "unfair" and only for the "weak" (Shackelford, 2009). They may have no understanding of what accommodations might help them to succeed in college, and a set of medical records with little discussion of the impact of their disabilities on reading, writing, concentrating, thinking, or learning (Burnett & Segoria, 2009; Shackelford, 2009). Consequently, their military and VA medical records may both over and under report the information necessary to assess the existence of a disability and the functional limitations they will need for accommodation in college (Shackelford, 2009). There is a strong likelihood that veterans will present the need to locate affordable and qualified assessment resources for previously undiagnosed cognitive disabilities in greater numbers.

The luckiest disabled veterans will show up with a spouse, parent, caring friend, or fellow veteran wanting to assist in the transition back to college. The disabled student services community will need to find effective and lawful ways to include these individuals in the interactive accommodation process.

The Challenge: Lead the Change

Returning veterans with disabilities require a "campus champion" (Vance & Miller, 2009). Coordination between campus disability service officers, counseling program directors, veterans' coordinators, and financial aid officers would help to meet the needs of veterans with disabilities (Branker, 2009; Burnett & Segoria,

2009; Miller & Vance, 2009). Experience suggests that eventually the most effective campus champion will be an OIF/OEF veteran. But the first champion may have to be someone else, quite possibly a disabled student services professional. At a minimum every disabled student services officer can take it upon him or herself to open communication with their campuses veterans' services officers (VSO) and suggest steps for enhanced communication and coordination. If the campus VSO is merely a work-study student trained in financial aid matters, disabled student services may need to consider an even more active role in meeting the needs of veterans with disabilities.

The Challenge: Remain Committed to this Opportunity

This nation's veterans represent a group of individuals who have been rigorously trained for quick and decisive thinking. They have placed their lives on the line with teams of individuals diverse in every possible way. They have been trained and tested for leadership under the greatest of adversities (Branker, 2009; Ruh et al., 2009). America cannot afford to squander its considerable investment in any returning veteran, merely because of disability, thereby relegating him or her to dependency or even homelessness.

As a disability rights and service organization, AHEAD must remain committed to facilitating the impending assertion of rights and claims by veterans with disabilities. AHEAD's experience, perspective, and leadership will be essential to supporting our nation in ensuring that our OEF/OIF veterans do not languish. This JPED issue is a very important first step. Its authors deserve our gratitude. Its content merits our attention and responsive insights. Every contribution to this issue of JPED is worth reading. But this is only one of many initiatives taken by the membership of AHEAD and many more will be necessary.

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Veterans with Disabilities in Postsecondary Education

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Abstract

Over the past 60 years, veterans with disabilities have been a catalyst in the development of services for students with disabilities in higher education. Current converging factors, including anticipated large numbers of veterans with disabilities enrolling in postsecondary education, Office for Civil Rights directives, and the passage of the Americans with Disabilities Act Amendments of 2008 (ADAAA) may once again place veterans in the center of evolution in Disability Services (DS). This article presents a brief history of veterans with disabilities in postsecondary education as well as an overview of key legislation and government initiatives that have shaped, and continue to shape postsecondary DS.

As is noted in the *Biennial AHEAD Survey of Disability Services and Research Professionals in Higher Education* (Harbour, 2008), "a significant number of changes are taking place in the legislation related to Disability Services (DS) in the United States" (p. 5). Chief among these changes are the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), which expands the definition of disability and eligibility for services and accommodations. The reauthorization of the Higher Education Act has increased federal support for disability related projects (Harbour, 2008). The Post 9/11 Veterans Educational Assistance Act of 2008 will provide financial benefits to veterans pursuing an associate's degree or higher (Department of Veterans Affairs, 2008a).

In addition to these significant legislative changes, concurrently, it is estimated that over 2 million veterans returning from the Iraq and Afghanistan wars will enroll in postsecondary education (ACE, 2008). Of this group, many will have disabilities that impact their ability to succeed in college. For example, according to a report by the RAND Corporation (2008), 20% of these veterans have post traumatic stress disorder (PTSD) or major depression, while 19% have experienced traumatic brain injury (TBI).

Any of these factors would place significant demands on college DS. In combination, these factors present the opportunity for the development of a new age of service delivery, including one that moves away from a traditional medical model of disability to a more universally accessible approach. Veterans with disabilities were at the center of the development of DS after World War II. As Fleischer and James (2001) noted, "because the general public accepted rehabilitation and inclusion into the mainstream for disabled veterans of the two world wars more readily than for civilians with disabilities, disabled veterans were the first to make progress in social integration" (p. 170). Postsecondary DS have, of course, evolved significantly since the post-World War II period, and now serve increasing numbers of students with a range of disabilities. How DS programs respond to these new challenges remains to be seen, but meeting the needs of veterans with disabilities in light of these legislative mandates may result in a new period of program development and evolution.

The purpose of this article is to provide a brief overview of the influence of veterans with disabilities on postsecondary DS by tracing the history of veterans' access to college from World War I to the present. As will be seen, the need to provide opportunities for wounded

veterans to use government education benefits contributed to improvements in physical access to postsecondary education for other students with disabilities. In many ways, the challenges and issues that faced postsecondary institutions after each major conflict in the post-World War II period parallel the challenges facing current DS offices, and therefore provide an important foundational perspective. The article concludes by discussing recent initiatives, including Office for Civil Rights (OCR) directives and the potential impact of the ADAAA in providing services to veterans with disabilities and how these issues combined, may place DS on the cusp of a new era in program development.

Post-World War I

In 1914 Congress established "The Commission on National Aid to Vocational Education" to help young adults adjust to the workforce. This included vocational education, and eventually served as a foundation to provide services to veterans with disabilities returning from World War I (Switzer, 2003). The enactment of the Vocational Rehabilitation Act of 1918 established the Federal Board for Vocational Education and introduced vocational rehabilitation training to honorably discharged veterans with disabilities (Chatterjee & Mitra, 1998; VA, 2007). This law provided the beginning of educational assistance for veterans and resulted in states establishing Vocational Rehabilitation agencies (Madaus, 2000; Scales, 1986).

However, the Vocational Rehabilitation Act contained vague language that resulted in confusion and conflict between veterans and state and local vocational agencies, and restricted retraining to only those veterans with severe disabilities (Gelber, 2005). According to the Disabled Americans Veterans (1995) the services and programs provided did not match demand, and of 675,000 veterans who applied, less than half completed the training, while 345,000 were denied benefits completely. Those who did receive training typically were engaged in industrial and trade courses, although some received training in agriculture, and those who had attended college received professional training. Additionally, training was provided to an estimated 15% of veterans who could not read or who were learning to speak English (Gelber, 2005). Training was often held at local colleges; for example in New York courses were provided at the City College of New York, The Art Student's League School, and Brooklyn Polytechnic Institute (Gelber, 2005).

Another example of a postsecondary program for veterans with disabilities was the Ohio Mechanics Institute (OMI) in Cincinnati, which provided services to over 400 veterans with disabilities. A group of students with disabilities formed a group called the OMI Disabled Soldiers, and in conjunction with a group of veterans with disabilities at the University of Cincinnati and with the advocacy of the OMI president and others, formed what is now known as the Disabled American Veterans (DAV, 1995).

Post World War II

The Disabled Veterans Act of 1943 established a vocational rehabilitation program for returning World War II veterans (Bonney, 1984; Madaus, 2000; Ryan, 1993). A year later, Congress passed as the Servicemen's Readjustment Act of 1944, or as it is more commonly known, the GI Bill of Rights (Strom, 1950; Veterans' Disability Benefits Commission, 2007). According to a report by the American Council on Education (ACE), the legislation allowed veterans to attend "'approved' institutions and to take courses of one to four years' duration, depending on length of service, for which the government would pay expenses up to $500 per school year" (Strom, 1950, p. 23). Additionally, funds were provided for monthly subsistence. Funds would continue, if the student made satisfactory progress (Strom, 1950).

The impact of the GI Bill was immediately significant upon college enrollment, with veterans constituting roughly 52% of the total college population in 1946 and with over $2 billion being spent annually (Strom, 1950). Only five years after the end of World War II, four out of five veterans utilized their benefits, and according to a 1956 report to the President, by "1955, veterans who used their GI Bill benefits had higher income levels than nonveterans of similar age, were more likely to be in professional and skilled occupations, and were better educated" (Veterans Benefits in the United States: A Report to the President, 1956, p. 62).

Examples of programs that developed during this time included, but were not limited to the City College of New York (Condon, 1962), the University of Illinois (Nugent, 1978), the University of Minnesota (Berdie, 1955), and the University of California at Los Angeles (Atkinson, 1947). Many of these early programs were located at institutions near Veterans Hospitals, or in conjunction with the local Veterans Administration (VA). Berdie (1955) noted that the program for students with physical disabilities at the University of Minnesota was established in 1949 after a study of veterans with

disabilities found that these students had "particular problems requiring special attention" (p. 476). In 1944, the National Service Officer Training Program was established at American University to provide training specifically to veterans with disabilities, who could then in turn serve in leadership roles in the Disabled American Veterans (DAV, 1995). The ACE study (Strom, 1950) noted other examples, such as a department head and other faculty who travelled to a student's home and provided two-hours per week of instruction.

Despite this progress, veterans with disabilities still faced challenges and discrimination accessing postsecondary education. Fleisher and James (2001) described the story of Herb Kleinfeld, who was a junior at Harvard University before serving in World War II. He returned from the war as a paraplegic, and found that the administration of Harvard was "convinced that a paraplegic simply couldn't do the work" (Rusk, 1977, as cited in Fleisher and James, 2001). With the help of Dr. Howard Rusk, a pioneer in rehabilitation for veterans, Kleinfeld was readmitted and eventually earned a Ph.D. at Harvard.

Recognizing these issues, the ACE commissioned a report titled "The Disabled College Veteran of World War II" (Strom, 1950). The report interviewed 2,119 veterans with disabilities from 39 colleges and universities drawn from across the nation. Additionally, the presidents of 453 institutions responded to a mailed questionnaire. The report specifically commented that colleges and universities were not prepared to meet the needs of veterans with disabilities, and pointed to examples from veterans who did not receive services, even at institutions that stated that such services were provided.

The report recommended the following four procedures for campuses: (a) centralization of responsibility to a designated staff member, (b) identification of students in need of assistance, (c) increased faculty and staff awareness of the needs of students, and (d) continuous follow-up to ensure that services were adequate. The report concluded with the following observations:

> We cannot argue that such personalized attention is out of the question now with such huge student bodies on the campus. The experience of several institutions have shown that, with the proper organization and the support of the administration and faculty, any institution, however large, *can offer* the individual disabled student the necessary help and assistance that he requires. One thing is certain, physical disability is not, and should not be, an insurmountable handicap to the successful achievement of the benefits of a college career. There may be *as important* aspects of the college and university educational and personnel programs, but there is *no more important* phase than that which is concerned with the disabled student veteran (Strom, 1950, p. 47, emphases original).

Korean War

Over 5.7 million Americans served in the Korean War, with over 100,000 returning from service with injuries (DAV, 1995). However, educational benefits had been reduced to no longer cover the full costs of postsecondary education. The reduction in benefits resulted in a lower percentage of veterans with disabilities using educational benefits (VA, 2008b). More colleges and universities created student service programs similar to UCLA and the University of Illinois for students with disabilities (Berdie, 1955; Condon, 1951; Scales, 1986). In 1962, Brooks and Brooks surveyed 64 two-year colleges in California, and described that those colleges near veteran's hospitals reported providing services to paraplegic students. In contrast, other institutions reported that they could not accept students in wheelchairs because the campus was not accessible.

Vietnam War

More than 8.5 million men and women served in the military during the Vietnam War period (VA, 2008) with more than 153,000 returning with injuries, including physical disabilities, psychiatric and neurological disabilities, and other medical conditions that were caused by chemical weapons (Fleischer, & James, 2001; Wilson, & Richards, 1974). In 1974, Congress passed the Vietnam Era Veteran's Readjustment Assistance Act, which was designed to increase educational benefits to returning veterans (Percy, 1989). The Vietnam Era Veteran's Readjustment Act provided "educational benefits to 5.5 million returning veterans" (Veterans Administration, 2007, p. 17) veterans received educational training.

Tuscher and Fox (1971) described efforts at Wytheville Community College, where college staff consulted with counselors from the VA. The authors noted that these counselors "visit the campus regularly to work with the disabled who are under their supervision" (p. 11). A guidebook for counselors working with high school and community college students with disabilities

in California noted the services available at Chabot College. These included a Veterans Vocational Rehabilitation Counselor, a Veterans Clerk in the Office of Special Student Services (who "takes care of the 'Certificates of Eligibility'" p. IV 1) a Veterans Service Office (located "next to the Physically Limited Student Resource Center" p. IV1), and a Veterans Club (Chabot College, 1973).

The importance of attending college was highlighted in a 1974 report conducted for the U.S. Department of Labor on the needs of veterans with disabilities. The report surveyed 7,800 veterans and conducted several smaller studies that included interviews with veterans and with employers (Wilson & Richards, 1974). The report noted that the unemployment rate of these veterans was twice as high as non-disabled veterans and pointed to the lack of training programs and college completion as the major barrier to employment for this group. One veteran commented to researchers, "Superior qualifications such as a college degree are a necessary ingredient to equalize the difference between a person with no physical defect" (p. 15).

The Persian Gulf War

By the late 1980's, the impact of veterans' benefits in higher education had dropped to "negligible levels" (Hauptman & Merisotis, 1989, p. 9). However, veterans with disabilities returned to college campuses in the 1990's after the end of the Persian Gulf War and the Cold War (Spaulding, Eddy, Chandras, & Murphy, 1997). In addition to the types of injuries presented by veterans of previous conflicts, as many as 75,000 veterans of the Gulf War reported experiencing physical and physiological symptoms that became labeled as "Gulf War Syndrome" (Spaulding et al., 1997). Spaulding et al. (1997) surveyed campus physical and health officials at three institutions in each state to determine if they were familiar with Gulf War Syndrome, if they were familiar with VA policies related to treatment, and if students had presented themselves to campus clinics with Gulf War Syndrome. Spaulding et al. concluded, "Universities and colleges…seem ill-prepared to treat and refer students who complain or may yet report symptoms associated with Gulf War Syndrome" (p. 4).

OIF and OEF

As this article is written, the United States is engaged in wars in Iraq and Afghanistan known respectively as Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Over 1.3 million men and women serve on active duty, while another 1.1 million served in the National Guard and the Reserves, and often returned for a second or third deployment (VA, 2006). According to data from the Department of Defense (2008), 85% of the injured survived thanks to improvements to body armor, coagulants, and the modern medical evacuation system. As Department of Defense data and the other articles in this special issue note, injuries to deployed OEF and OIF service members include amputations, TBI, PTSD, blindness, burns, and multi-organ system damage (DoD, 2008a). Female veterans are most often treated for PTSD, hypertension, and depression (VA, 2007).

Current initiatives for veterans with disabilities in higher education. The most recent change in VA benefits is the Post-9/11 Veterans Educational Assistance Act of 2008 (The New GI Bill), which became law on June 30, 2008 (Supplemental Appropriations Act, 2008) and expands the educational benefits for military veterans serving since September 11, 2001. The law is an effort to pay for veterans' college expenses similar to the extent of original G.I. Bill after World War II. The New GI Bill will subsume the variety of educational benefits available to returning veterans when it takes full effect in August 2009. It is estimated that nearly 2 million veterans from OIF and OEF will enroll in postsecondary education in the coming years (ACE, 2008)

Importantly, eligibility for VA education benefits is not the same as eligibility for college financial aid programs. Veterans with or without disabilities applying for college financial aid must meet all of the requirements as any other student including completing the *Free Application for Federal Student Aid*. The only similarity between GI Bill education benefits and college financial aid is that both programs require that "a student must maintain satisfactory academic progress as determined by the institution while enrolled" (Loane & Smole, 2008, p. 20). This means that financial aid counselors and DS staff need to be aware these two systems are quite different. Such understanding ensures that veterans with disabilities receive accurate advice regarding either form of financial aid.

As was the case after World War II, the ACE is taking a leadership role in working with veterans with disabilities. ACE (2008) has created a multi-year program called Serving Those Who Served. This includes holding a presidential summit, the development of a web portal for veterans (including a section specifically for wounded warriors, called "Severely Injured Military Veterans: Fulfilling Their Dreams"), providing incentive

grants for colleges and universities, and a series of surveys and reports on current conditions and participation of veterans in higher education. More information about these initiatives can be found at www.acenet.edu.

New Issues in Service Delivery

The challenge for any student with a disability in postsecondary education is significant. Veterans with disabilities bring with them not only the difficulties associated with acquired physical and mental challenges but the additional burden of adjusting to the affects of combat, many after multiple tours in combat zones. As noted earlier, it is estimated that over 2 million veterans will enroll in higher education. The Rand Corporation (2008) report predicts that as many as a quarter of these students will have hidden disabilities, such as TBI, PTSD, and other emotional disorders. Others still will have physical disabilities, while others may have cognitive disabilities such as learning disabilities (LD) or attention deficit/hyperactivity disorder (ADHD) that existed prior to military services.

This places increased responsibility and challenges on DS providers. As always, the requirement to be sensitive to the situation of the student being advised is paramount, and it should be understood that combat veterans with disabilities have challenges only those who have served in combat can understand. Veterans with disabilities bring with them different experiences, and thus, different perspectives than traditional college-aged students. This can include the approach to disability disclosure and seeking services (Burnett & Segoria, 2009). Additionally, veterans may bring different documentation from that required by many colleges (Shackelford, 2009), and because they may have not needed DS prior to service, are unaware of their rights and responsibilities as a student with a disability (Monroe, 2008). Thus, close collaboration with VA programs in the area, including taking advantage of VA training programs offered to those who work with veterans with disabilities, should be a priority in DS offices.

Disability service providers must deal with other significant changes that are occurring simultaneously. These include an increased emphasis on the part of OCR to enforce compliance in providing services to veterans with disabilities, and the passage of the Americans with Disabilities Amendment Act of 2008 (ADAA), which broadens the scope of the definition of disability. These are discussed briefly below.

OCR Initiatives. In July of 2008, the OCR issued two documents related to wounded warriors. The first was a Dear Colleague Letter (Monroe, 2008) that announced OCR's "Wounded Warriors Initiative." Noting that many veterans with disabilities have little experience seeking services for their disability, and that many colleges do not have experience accommodating wounded warriors, the letter states that "traditional means of support may not work" for these students and that "individualized accommodations should be selected through an interactive process between the institution and the student" (p. 2). OCR pledged to support veterans with disabilities, and to "encourage institutions to adopt innovative approaches to serve this important population" (p. 3).

OCR also released a publication aimed at veterans entitled "So You Want to Go Back to School" which outlined student rights and responsibilities. It clearly notes that the student must be "proactive" and to notify the school about a disability that may require academic accommodations. The publication also clearly states that

> The standards used by the military in determining disability for purposes of separation and benefits, as well as the standards used by the VA to review disability claims, are different from the definition of disability in Section 504 and the ADA" (p. 2).

This is a critical point for DS providers to be aware of: If a veteran is not determined to have a disability by the military, it does not mean that he or she does not have a disability under Section 504 and the ADAAA. Conversely, a disability determination by the military does not mean that a veteran is "automatically entitled to receive academic adjustments in a postsecondary setting" (p. 2). This will become an important consideration in light of the recent passage of the ADAA. Although not specific to wounded warriors, the ADAA protects individuals with disabilities from discrimination. While the definition of disability has remained consistent ("…physical or mental impairment that limits one or more major life activities"), the listing of covered life functions has expanded to now include "thinking" and "concentration." As Shackelford (2009) points out, these additions could impact eligibility for many combat veterans. Additionally, there will be less burden on the individual to demonstrate that he or she is a person with a disability, potentially creating less focus on the diagnostic evidence and more on the appropriateness and effectiveness of the requested accommodation (AHEAD, 2008; Office for Civil Rights, 2008). Shackelford (2009) provides an analysis of the potential impact of the ADAAA as it

relates to veterans.

New Approaches: Changing the Disability Construct

The data collected in the wounded warriors' survey (Vance & Miller, 2009) as well as ADAAA, strongly identified a move away from the medical model approach and its extreme dependency on medical documentation, towards a social model that seeks to reasonably serve Americans with disabilities based on what would be most effective for their purposes. The same survey results also identified that DS offices that had excellent campus working relationships have made great strides in providing entire campuses into a more welcoming and universally accessible environment for veterans, whether documented as wounded warriors or not. Thus, the movement away from the medical model could greatly reduce the stigma associated with veterans requiring reasonable accommodations. Individuals who might otherwise go without seeking assistance may decide to pursue accommodations if the process was less rigid. Moving towards a more universally designed college experience is a clear emphasis of the reauthorized Higher Education Act, and Branker (2009) provides specific suggestions related to how campuses can employ the concepts of Universal Design (UD) to serve veterans with disabilities.

Wounded warriors entering postsecondary require a campus champion, someone who will assist them with seamless transition into the classroom (ACE, 2008). The American Council on Education's *Serving Those Who Served* web site provides numerous valuable links to campuses that have made great progress enrolling and welcoming veterans, with a common denominator being that at each campus they have such a person and/or department responsible for providing the necessary seamless leadership. Available on the ACE web site is their "June 2008 Veteran's Summit agenda", complete with copies of presenters' handouts and presentations providing suggestions for a veteran-friendly and accommodating campus from Student Veterans of America, National Theatre Workshop of the Handicapped, Minnesota State Colleges and University System, Syracuse University, Marine Forces, Cleveland State University, University of Arizona, Service members Opportunity College, San Diego State University, University of Idaho, and the Department of Veterans Affairs.

An internet search will reveal the efforts of other campuses who have made a more welcoming environment for veterans. This will include starting student veteran clubs and developing specific veteran-friendly homepages, to pursuing major grants to pay personnel to serve as primary contacts and coordinators for student veteran activities such as reintegration and orientation programs, family socials, and serving as go-between with campus and community departments. Campuses such as California State University-Northridge, The University of Texas at Arlington, University of Arizona, Lone Star College-North Harris, University North Carolina at Pembroke, and the University of Wisconsin System to name a few, have self-reported they have initiatives either in incubation or early stages specifically for wounded warriors. In the long run such initiatives would most likely benefit other veterans, and possibly any other (in particular adult learner) student who may not have a disability, but could still benefit from other programs designed to accommodate the wounded warrior.

Based on the models emerging on campuses nationwide to welcome veterans and other adult learners, the needs of the wounded warriors would appear to be addressed within the veteran programs' overall framework. If so, a radical transformation has begun. The transition from viewing disabled veterans as objects of pity or horror (moral model), to providing them services based on medical documentation (medical model) to accommodating them without specifically requiring them to identify a disability (social model) means finally "a new, social constructionist model of disability, appropriate in light of this understanding of the normality of disability, has emerged (Gerber, 2000).

Summary

As DS programs contemplate how to respond to the ADAAA and the coming influx of veterans with disabilities who will bring new challenges, it may be easy to become overwhelmed with the prospect of new responsibilities at a time of receding budgets and resources. Nevertheless, the current events leave DS offices poised to be leaders on campus, helping to develop new, integrated campus approaches that reflect principles of UD. Strom's (1950) writing regarding serving veterans with disabilities after World War II can serve as a powerful reminder of the potential of the times for the DS field: "It should also be remembered that the development of a program for the handicapped veteran has direct application toward a program for all handicapped students (p. 61)."

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Serving Wounded Warriors: Current Practices in Postsecondary Education

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Abstract

From September to October 2009 the Association on Higher Education and Disabilities (AHEAD) invited anonymous voluntary responses from 2,500 members and affiliates to complete a 29-question online survey on current practices in postsecondary education for serving veterans with disabilities (wounded warriors). Two hundred and thirty seven complete surveys were received. Survey results provide the numbers and types of disabilities served and type of accommodations provided to wounded warriors. Respondents indicated that identifying an institution point person to assist with the reintegration of veterans from military to classroom was a priority for improving services.

With the recent passage of the Montgomery GI Bill, VA officials estimated that more than 2 million veterans of the Iraq and Afghanistan wars would be eligible to pursue postsecondary education. With the Pentagon requesting a 15% increase over its annual Army and Navy ROTC quota of second lieutenants to 5,350 in 2011 (Field, 2008), the numbers of potential veterans could be higher. However, many may not enroll in postsecondary institutions because of an absence of easily accessible information, effective outreach, and veteran-friendly practices (ACE, 2008). As implementation of the new GI Bill begins in 2009, there is pressure on higher education to act immediately to develop programs that more effectively promote access and success for this group (ACE, 2008).

The American Council on Education (ACE), Student Affairs Administrators in Higher Education (NASPA) and the Association on Higher Education and Disability (AHEAD) have held summits, conferences and sessions addressing the needs of veterans. Publications by NASPA, the National Center for Post Traumatic Stress Disorder (NCPTSD) and other sources heavily reference the psychological and mental health concerns often presented by veterans.

According to the RAND Corporation (2008), at least one-third of the veterans will return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) with post traumatic stress disorder (PTSD), traumatic brain injury (TBI), or major depression. Of those returning troops who met criteria for PTSD or major depression, only 53% sought help from a provider for these conditions (RAND Corporation, 2008). Although most believe veterans recover naturally from their mental health conditions over a period of time, long-term individual and societal costs from those who do not recover can result in lost productivity, reduced quality of life, homelessness, domestic violence, strain on families, and suicide (NCPTSD, 2006).

Furthermore, OIF and OEF have seen an unprecedented number of women facing hostile fire and combat situations. It is still unknown to what extent women veterans may have been affected, since women in combat situations are a new phenomenon (Cantrell & Dean, 2007). Cantrell and Dean observed that much effort is spent on training citizens into becoming soldiers, yet little resources have been spent on re-training warriors into becoming civilians. Therefore, there is a need for more veteran reintegration programs and contacts when soldiers return to civilian status.

On July 25, 2008, the Office for Civil Rights (OCR) wrote a Dear Colleague letter that clearly addressed the role that colleges and disability providers should play

with wounded warriors. The letter acknowledged that institutions have been working on changes that while originally intended for students with disabilities, have improved the college experience for all students. This was a positive observation, given that unlike traditional students with a history of disabilities entering colleges, wounded warriors do not necessarily have a similar history of receiving disability-based accommodations in high school. Therefore, the traditional forms of providing accommodation may not be as effective with today's veteran population since most colleges and universities have not had a great deal of experience in accommodating students with the types of disabilities common among wounded warriors. The OCR expressed their commitment that under their new Wounded Warriors Initiative they would work "… with institutions and service providers wanting to know how best to support students with disabilities and encourage institutions to adopt innovative approaches to serve this important population" (OCR, 2008).

Per the July 25, 2008 edition of The Chronicle of Higher Education, cost and convenience help determine which institutions veterans will eventually attend. The article noted that a growing number of veterans are choosing to attend for-profit institutions based on the conveniences they provide, or community colleges for their affordability, and further noted that veterans tend to prefer community colleges located near military bases as they are apt to be more helpful about assisting veterans with accessing financial, academic, and disability accommodations. In addition, the article identified institutions providing "veteran-oriented" services having higher credibility among the veterans by profiling UC Berkeley as one of the campuses providing special orientation programs and priority enrollment for all veterans, a service normally associated for athletes or students with documented disabilities (Field, 2008).

Who Are Wounded Warriors?

For the purpose of this study, the term "wounded warriors" refers specifically to students enrolled at postsecondary institutions that served active duty in the Middle East wars, specifically Iraq, Afghanistan, or Kuwait (Operation Iraqi Freedom, Operation Enduring Freedom or Operation Desert Storm). These are veterans who may or may not have self-identified some form of disability and or need for disability accommodation (whether or not officially recognized by the Department of Veterans Affairs as being a service-related disability).

The term wounded warrior has strong military and government connections. In 2004, the U.S. Marines had a wounded warrior barracks at Camp Lejeune, North Carolina, and in 2007 officially established a Wounded Warrior Regiment (WWR, 2008). In November of 2005, the U.S. Army changed the name of its' Disabled Soldier Support System (DS3) to the Army Wounded Warrior Program (AW2), (Army Reserve Family Program, 2008). The official web site of the U.S. Air Force profiles Air Force Wounded Warrior (AFW2) initiatives (AFW2, 2008).

In 2007, the Dignified Treatment of Wounded Warriors Act was incorporated into the National Defense Authorization Act for Fiscal Year 2008 (2008 NDAA) and signed into law on January 28, 2008. Section 16 of the 2008 NDAA (FIR 1538-110th Congress, 2007) directs the Secretaries of the Department of Veterans Affairs and Defense to jointly develop and implement a comprehensive policy on the care and management of members of the Armed Forces who are undergoing medical treatment, recuperation, or therapy, are in medical hold or holdover status, or are otherwise on the temporary disability retired list for a serious injury or illness. Moreover, in the 2008 State of the Union Address, President Bush employed the term, stating:

> We must keep faith with all who have risked life and limb so that we might live in freedom and peace….we must reform our veterans system to meet the needs of a new war and a new generation....so we can improve the system of care for our wounded warriors and help them build lives of hope and promise and dignity (p. 1).

Disability Service Role in Serving Wounded Warriors

Given the multiple challenges that wounded warriors could present, the question of how disability professionals could help make a campus more accommodating to the veteran arises. It also raises the greater question as to whether disability professionals ought to do anything more than wait for the wounded warriors to self-identify their needs. Traditionally, the standard practice at institutions put responsibility for self-identifying disabilities on the students. To date, there are no published works related to the extent postsecondary education disability professionals' levels of involvement should be with wounded warriors. At minimum, in order to assist with the development of a holistic

and coordinated approach toward serving the wounded warriors, disability offices need to be involved in the institutions' discussions related to veterans (DiRamio, Ackerman, & Mitchell, 2008).

Therefore, the intent of this study was to learn what role Disability Service Offices (DSO) in postsecondary education played in the provision of services to wounded warriors. Additionally, we sought to determine what existing campus services and accommodations wounded warriors received. The results of this study provide increased understanding of current practices regarding wounded warriors at the postsecondary level.

Method

Survey Development

The authors developed a broad descriptive online survey (Gall, Gall, & Borg, 2007) in conjunction with AHEAD. The initial 32 questions asked several demographic questions and additional questions related to the categories of disabilities replicated from the 2008 Biennial AHEAD Survey of Disability Services (Harbour, 2008). Multiple professionals in higher education and disability and/or the education of wounded warriors reviewed the instrument between August and September 2008 with appropriate revisions implemented. The final survey featured 29 questions (see Appendix A), and was broken into five broad areas: (a) Respondent's Veteran Status, (b) Processing of Veterans in Disability Service Offices, (c) Assistance to Veterans and Wounded Warriors on Campus, (d) Campus Demographics, and (e) Wounded Warrior Disabilities. The final section provided an open comment opportunity where respondents could share their opinions about four specific questions (see Appendix for the complete AHEAD Wounded Warrior online survey).

Sample

Participants included the 2,500 members and affiliates of AHEAD (as of September 2008), who were invited to participate in this online study. Four solicitations occurred during a 6-week period from September through October 2008. Participants were guaranteed anonymity, were informed that their participation was voluntary, were allowed to skip any question they wished, and were allowed to exit the survey at any point. They were told that their willingness to participate or not, would not affect their relationships with AHEAD. 2,500 surveys were sent and 237 of the 267 responses were complete.

Analysis

Data analysis used SPSS 16.0 for Descriptive Statistics-Frequencies to identify the frequency and percent responses to the five broad areas of the survey. Analytical procedures follow the recommendations for Analyzing Interview Data (Gall, Gall, & Borg, 2007).

Results

Students Served

The respondents were asked to provide the numbers of wounded warriors by gender and disability type at their institutions. Psychological, medical/health challenges, mobility, and learning disabilities accounted for 90% of all of the reported disabilities, with psychological disabilities comprising the highest percentage, with males at 34%, and females at 11%. Health and medical challenges composing Health-Medical, Burned and Mobility accounted for 24.7% of male disabilities and 5.2% of female disabilities. Learning Disabilities represented 16% of the total disabilities (see Table 1).

Campus Descriptors

Respondents provided campus descriptors were for 208 of the 267 responses. Campuses in urban and suburban settings accounted for 42% of respondents. Respondents reported that 36% of their campuses offered doctoral programs with another 19% offering master's degrees but not doctoral degrees. Colleges offering only a bachelor's degree or two-year associate degree accounted for 5% of respondents with postsecondary institutions offering only two-year degrees accounting for 35% of respondents. Proprietary campuses represented 3% of respondents. Seventy-eight percent of the respondents were from public sponsored postsecondary institutions, with 21% from institutions that were either private or church sponsored. Only 1% of respondents reported an "other sponsored" campus.

Respondent Descriptors

Over 75% of respondents were females with few respondents having combat duty experience. Most respondents (55%) reported family members having military experience. Eleven percent of these respondents reported that the family members were serving

Table 1
Reported Wounded Warrior Disabilities (n=1,202)

	Male		Female	
Disability	Frequency	%	Frequency	%
Burned	10	0.83	0	0.00
Deaf-Blind	4	0.33	2	0.17
Hard-of-Hearing	60	4.99	8	0.67
Health-Medical	189	15.72	48	3.99
Learning Disability	103	8.57	84	6.99
Mobility	98	8.15	15	1.25
Psychological/Emotional	413	34.36	128	10.65
Sexual Assault/Trauma	6	0.50	29	2.41
Speech-Language Disabilities	5	0.42	0	0.00
Visual Impairment	0	0.00	0	0.00
Total	888	73.88	314	26.12

Note: Students may have multiple disabilities.

in combat at the time of the study (see Table 2). Participant's gender is similar to those found in a study (Madaus, 1996) of 564 DSO directors reported 75% female and 25% male (p. 81).

The authors are unaware of a study that reports veteran status and gender for DSO staff. Additionally, the survey did not ask respondents about educational background, length of service in the DSO office, position title, or previous experience with veterans and serves only as a starting point for additional research.

Services for Wounded Warriors. Respondents indicated disability offices mostly provide referrals for wounded warriors. Wounded warriors are referred 51% of the time to other offices (e.g., referring a wounded warrior to Student Orientation, Student Affairs, Department of Vocational Rehabilitation or Services, Disabled Veteran Outreach Placement). Over 70% of referred services are located within 50 miles of the institutions. Of the 49% of respondents who indicated their office does not coordinate services for wounded warriors, the Office of the Registrar provides the coordination of services at 85% of their campuses.

Survey results indicate that wounded warriors receive referrals to more than one office on campus. Referrals to Financial Aid accounted for almost 25% of the total, followed by 22% to counseling and/or psychological testing (22%). Referrals to Career Services, Student Affairs and other services (e.g., academic tutoring, heath services, financial aid, registrar) combined made up most of the remaining 52% of referrals. Disability Services (DS) offices also reported making referrals to multiple agencies off campus. Referrals to federal agencies were made by 58% of the respondents, followed by referrals to local agencies (35%). The

Table 2
Respondent Demographics (n=237)

	Male		Female	
Characteristic	Frequency	%	Frequency	%
Gender	52	21.9	185	78.1
Respondent a Veteran	24	10.1	7	3.0
Respondent Served in Combat Duty	9	3.8	1	0.4
Currently in Guard or Reserves	1	0.4	1	0.4
Anyone in Family Currently in Combat Duty	4	1.7	22	9.3
Anyone in Family Currently in Guard or Reserves	3	1.3	17	7.2
Anyone in Family a Veteran	28	11.8	103	43.5

survey asked the respondents, "What percentage of time do you dedicate toward coordinating programs/ services for wounded warriors not otherwise available through your standard services for all students with disabilities?" Nearly 42% of the respondents (41.5%) reported providing extra time for wounded warriors' services. Data indicated that these respondents were more likely to be in two-year, public institutions. Approximately one-third of respondents (33.1%) reported that their intake forms ask for veterans' status.

In order to determine what types of specific services are provided to wounded warriors, the authors grouped various types of services into four broad categories: Academic, Disability, Therapy, and Veterans (see Table 3 for specific services within each category). The respondents were asked to choose if the service is provided on campus, within 50 miles of campus, or outside a 50-mile range from campus. Each area is described below.

Academic services. The most commonly provided on-campus services were evening student services (e.g., tutoring, writing labs) and evening on-line courses (22% each), followed by curricular adjustments (e.g., life credits, veterans only classes; 21 %), career counseling (e.g., assistance converting military experiences to civilian employment skills; 19%), and academic adjustments (e.g., priority registration, reduced course loads; 17%). However, academic adjustments were the most common service provided within 50 miles from campus (63%), followed by curricular adjustments (23%) and career counseling (8%). Career counseling was the most common service received beyond 50 miles from campus (47%), followed by academic adjustments (18%).

The respondents were asked to assess their offices' level of preparedness to serve the expected influx of wounded warriors. Based on the authors' interpretations of answers to this question, 219 useable responses were grouped into one of five categories: *don't know, low, fair, average* and *above average*.

The authors placed 54 (24.7%) in the *don't know* category. The second category, *low* included descriptors of not prepared, poor or low with 43 (19.6%) placed in this category by the authors. Forty-nine (22.4%) narrative signifiers such as fair or less than optimal were placed in the third category of *fair*.

Written comments from respondents within the first three categories cited concerns such as inadequate funding, and lack of faculty and staff training, and

resources as reasons for giving a self-rating of unprepared or poorly prepared. These respondents wrote that they offered only general assistance to all disabled students and nothing specific to veteran's needs, but would as one respondent said "roll with what the situation brings." However, one response stated in capital letters "We've never had a large influx of service people, but we are absolutely not prepared for what is coming – no knowledge of services already provided through branch of service…" Another respondent noted a tactic that was reflected in various similar responses from equally unprepared institutions "The College is not proactive. They will take a wait and see attitude." Most respondents at the unprepared level admitted they needed to learn more about the wounded warrior population.

The fourth category was *average*. Thirty-six responses (16.4%) used language such as "on a scale of 10 we rate a 5, or mid-way-we need more info on the financial aspects and need more transition program training, prepared or average" to indicate their self-rating. Those characterizations placed in the average category stated they believed they were prepared based on on-campus discussions in progress, or based upon their level of their involvement with campus initiatives, or larger numbers of veterans currently at their campuses still expressed concern that the students will shy away from DS. One respondent stated "…we are having a hard time getting them to access services and identify disabilities". Another expressed their primary concern as "… making wounded warriors aware of available services and appropriately connecting wounded warriors for services

The fifth category was above-average with 37 (16.9%) placed in this category. These respondents depicted their preparedness to serve wounded warriors as above average (e.g., "we are well-prepared; …services have been available on our campus for many years"). Again, comments in the narratives stated that these campuses had an active task force in place, staff training plans for their offices and across campus, a veterans' point person or office, and essential student services such as the disability office, registrar, financial aid, counseling and other units readied and coordinated (in some cases long before the legal mandates). One respondent reported feeling "very good" about the campus preparedness, as they were the only college in the state with an office for veterans. One respondent noted "College has a history of a large active duty military population so we are prepared on many levels…currently in discussion with state VR&E (Veterans Administration vocational rehabilitation and employment division) folks on additional programs and services." Another respondent volunteered the fact that "Our institution has implemented a non-profit center specifically for combat injured veterans/ student-veterans (wounded warriors). Enrollment in our program is currently 52."

From a generic student services perspective, one respondent noted that "…we already serve a number of students who have transitional needs - we have services and personnel in place." Another responded feeling "Very prepared, staff training has occurred as has coordination with other offices."

Disability services. Disability rights (e.g., discussing how disability eligibility under Section 504 and ADA compares/contrasts with military disability determinations, documentation needs) were the most common on-campus disability service referral (31%). The next most common on-campus referral was special brochures, pamphlets and other materials providing useful referrals to such resources as the Department of Vocational Rehabilitation and Disability Resources (28%). Only 9% of on-campus referrals were for psychometric evaluations, and/or other diagnostic testing. However, referrals for psychometric evaluations within 50 miles accounted for 19% of disability service referrals with 5% being at a distance greater than 50-miles from campus (see Table 3).

Therapy Services. Referrals for psychological counseling or therapy (e.g. combat reintegration to civilian life) was the most common on-campus service (54%) while most referrals for physical therapy were made to providers within 50 miles of campus (50%) with 39% of counseling referrals within 50 miles of campus. Twenty-one percent of physical therapy service referrals were more than 50-miles from campus.

Veterans' Services. On-campus referrals for financial counseling (50%) and scholarship service (44%) were reported. Most veterans' families support groups/ activities were within 50 miles of campus (46%) with only 38% located on-campus. Referrals were also made to veterans' support groups, clubs, councils and/or organizations (44%); veteran's resource centers e.g., location where veterans could congregate, leave books, socialize, rest and network (50%); and workshops, seminars or institutes e.g. topics related to reintegration, entrepreneurship, relationships, upcoming deployment (48%) on-campus.

Table 3
Services for Wounded Warriors

	On-campus		Within 50 Miles		Outside 50 Miles	
Service	Frequency	%	Frequency	%	Frequency	%
Academic Services						
Academic Adjustments	141	16.5	46	63.0	14	17.9
Career Counseling	158	18.5	6	8.2	37	47.4
Curricular Adjustments	182	21.3	17	23.3	2	2.6
Evening/On-line Courses	186	21.8	3	4.1	12	15.4
Evening Student Services	187	21.9	1	1.4	13	16.7
Total	854	100.0	73	100.0	78	100.0
Disability Services						
Disability Rights	189	44.3	7	4.9	5	10.2
Psychometric Testing	56	13.1	112	78.9	33	67.3
Specially Printed Materials	182	42.6	23	16.2	11	22.4
Total	427	100.0	142	100.0	49	100.0
Therapy Services						
Physical Therapy	58	34.9	101	56.1	42	75.0
Psychological Therapy	108	65.1	79	43.9	14	25.0
Total	166	100.0	180	100.0	56	100.0
Veterans Services						
Financial Counseling	199	26.9	2	0.6	0	0.0
Scholarships	177	23.9	18	5.3	6	4.8
Veterans' Family Support Groups	77	10.4	92	27.1	32	25.4
Veterans' Resource Center	89	12.0	78	22.9	34	27.0
Veterans' Support Groups	101	13.6	76	22.4	24	19.0
Workshops/Seminars	97	13.1	74	21.8	30	23.8
Total	541	73.1	338	99.4	126	100.0

Open-Ended Responses

There were four open-ended questions at the end of the survey. These provided participants the opportunity to record suggestions, comments, observations or opinions regarding the provision of services for wounded warriors. The following are select quotes, comments and suggestions provided by the survey participants.

Top Priorities

Responses related to the top priorities for providing a "wounded warrior-friendly" environment repeatedly identified specific needs. These needs are for effective referrals, connections to other student veterans, ensuring smooth transitions, and coordination of services (e.g., admissions, orientations, financial aid, counseling, DS). Other top priorities are eliminating/reducing red tape, providing faculty and staff awareness trainings, and providing a safe environment (e.g., a veteran's lounge to relax, study). Additional practical needs are easier access to financial assistance, support for families involvement in education process, support groups, Veterans Resource office with advocates, connecting with other non-traditional students, course scheduling and academic policies, other academic accommodations, assistance with housing, informative web sites, connections to VA and other vet resources, extended office hours, and other basic disability accommodations. Further, a commonly repeated comment by respondents was the need to designate a point person or office for veterans to begin the process of reintegration. Respondents noted that it was important to identify the "go-to" people or office that assists vets. Several respondents suggested a central place on-campus for students to go to for veteran services.

Gender Differences

This question sought to determine whether there are distinctions between accommodations provided male and female wounded warriors and whether there were any distinctive differences in service needs. The majority of respondents did not believe there were any gender distinctions in either case. Conversely, a few respondents responded that they did think there were gender differences in treatment in that they believed females tended to be more willing to seek out accommodations and self-identify than males. In support of this observation, other respondents indicated that males were less likely to come in for accommodations, and were much less willing to self-identify. Another acknowledged, "The introduction of women to combat alters the fabric of addressing the veterans' needs." Interestingly, some respondents believed that male students were more likely offered support and services than females, and reported that they had only seen male wounded warriors. Several respondents acknowledged that females were more likely to have experienced sexual trauma, in addition to other disabilities.

Other Comments

The final open-ended question asked if the respondents had any other thoughts to share on the topic of wounded warriors in postsecondary education not already covered in the survey. This question was as open as possible; to learn what else the respondents would volunteer. Responses covered a wide range of issues and topics. Most wrote that they thought the research was valuable, with one respondent stating "Keep doing what you are doing... this whole area is so valuable to the life of the colleges and our society." Another stated "Very happy that it is being addressed, needs to be supported NOW." The respondents repeated the need for more information on the topic, with one emphasizing, "We need much more information and fast!" One respondent admitted an attrition issue by noting "Several of the veterans who first registered with the disability services ended up dropping out of the classes before the add/drop deadline. It appears they may not be ready yet for the stress of returning to classes."

Some respondents indicated that participation in the survey changed how they were going to track students, in that now they would include veteran status in the intake process. As one person wrote, "Looks like we need to be doing a better job of tracking our wounded warriors."

One respondent noted that his/her campus had developed scholarships that include all expenses: tuition, room, board, books and computers for wounded warriors. Another commented, "I am so proud of our University for... implementing services for our veterans without what appears to be a lot of red tape." Another respondent reminded the researchers "Addressing campus climate (such as classroom discussions) also needs to be part of any comprehensive plan."

Discussion

As has already been identified, the response level to this study was disappointingly low, yet the data presented in this research did provide more information

than had previously been known, and does present the potential to provide a springboard for future campus discussions and/or research studies.

With only 33% of the respondents expressing comfort and/or knowledge of campus efforts to serve wounded warriors, the question lingers as to what the remaining campuses will do when they are in a situation where more than one wounded warrior suddenly appears at their campuses. The 17.3% of the respondents who identified that they had above average ability to serve wounded warriors were in the minority, and clearly have much to offer those campuses that are less confident or knowledgeable. Of the responses received from the above average group, it was evident that there was general agreement that there was a need to develop a warrior friendly campus by reducing as much red tape as possible, and designating a point person or office to work specifically with warriors. Each campus DSO needs to explore its' role in this process, to determine whether the DSO office may be a suitable candidate to serve as primary point, especially as it relates specifically to wounded warriors.

In identifying categories of disabilities that the wounded warriors present, not surprisingly psychological/emotional had the highest numbers, followed by health/medical and then learning disability. The learning disability figure was enlightening, as it was higher than mobility or any other disability category. This leads to the question whether the learning disability diagnosis occurred after completion of military service.

Respondents identified the most frequently utilized academic accommodations were curricular adjustments, evening/online courses, and evening student services. These accommodations outnumbered academic adjustments or career support. However, financial counseling ranked the highest in terms of veteran specific services utilized, outranking family support groups, and even veteran centers.

How DSO fit into the campus vision related to warrior services is a question that if not already in progress, needs future discussion. Given the open-ended responses from the DSO that felt above average in comparison to those who felt below average preparation, the DSO who played active roles in the warrior campus discussions were more confident about wounded warrior preparation than those who were not part of any campus warrior discussions.

Recommendations

Based on the responses from those who felt confident about their campuses level of preparedness, it was evident that inclusion in the campus dialogue and preparation process provided higher levels of DSO confidence with meeting wounded warrior's needs. Therefore, it is recommended that campuses throughout the nation have a campus dialogue on returning veterans, if it has not yet been initiated, and that DSO professionals be included in the discussion process from the beginning. Disability professionals should actively seek out other campus professionals to determine if a collaboration process is underway, and if not, take a leadership role in establishing these relationships at their institutions. Campus and community collaborative programs designed to educate faculty and staff on the unique needs and expectations of the wounded warriors is highly recommended in order to better prepare the campus to provide veterans a seamless transition into the classroom. Disability service providers are poised to take a leadership role on campuses in such an endeavor. Controversial as it may sound, the survey results identified that wounded warriors are allowed a level of courtesy and access to resources and accommodations that are more than what is offered to their fellow students. Therefore, recommended unique services included a need for veteran specific reintegration orientations, university points of contact, a "safe" place for veterans to congregate, and other services that also include the families of the veterans.

Areas for Future Research

The specific population of wounded warriors enrolled in postsecondary institutions remains a data frontier worthy of further exploration. Even less researched are the experiences and needs of wounded women warriors (WWW). Future research projects could provide further fact finding related to WWW in postsecondary education. Research related to wounded warrior enrollment and retention would be valuable. Research shows that students with disabilities graduate from postsecondary education at a lower rate than their peers without disabilities (U.S. Department of Education, 1999) therefore, wounded warriors could pose similar, if not, unique retention concerns.

Limitations

The results presented in this study must be considered in light of some limitations, of which the

primary one is the overall response rate of 9.5% being extremely low for a substantive statistical study. The low response rate and anonymous nature of responses made follow-up research not feasible. Efforts were made to improve the response rate, including keeping the survey as brief as possible and using skip logic to shorten response time. An electronic survey was used to ease response. Additionally, all four email solicitations for participation were sent by the Executive Director of AHEAD.

Reasons for low response are purely conjectural. It is possible that non-responding DSO's felt any combination of the following sentiments: they felt that they had nothing to contribute to the subject matter, they were overwhelmed by surveys and this was just one more request for their valuable time, and/or they weren't aware of the survey request for whatever reason.

Additional limitations relate to the campus descriptor choices and background demographic information obtained. Campus descriptor choices are different from those used by the National Center for Education Statistics (2008), thus limiting campus descriptor comparisons. Additionally, the survey did not ask respondents about educational background, length of service in the DSO office, position title, or previous experience with veterans and serves only as a starting point for additional research. Despite the low response limitation, the descriptive data presented here provides an important, albeit preliminary look at the role disability service providers in postsecondary education have in providing services to wounded warriors.

Conclusions

Higher education needs to insure that veterans have a safe, smooth, and accommodating transition into the world of academics and ultimately the world of work. However, providing effective veteran reintegration services may mean providing the wounded warriors services that go beyond what is available to other students. As one respondent noted, institutions need to be "Making sure they get the services due them, providing an accepting environment where they can get an education, and meeting their academic needs through appropriate accommodations."

The traditional methods for providing disability accommodations by waiting for student to self-identify accommodation needs, and presenting appropriate documentation to qualify for accommodations, may not be as effective with the current wounded warrior population. For better or worse, how disability professionals do their jobs has been changing in light of the national attention on veterans, and in particular wounded warriors. The Department of Education OCR Dear Colleague made this issue clear, that more proactive versus reactive support was needed. Considering the new ADA Restoration Act expectations, more focus on reasonability, and less emphasis on documentation, may mean that DSO will need to rethink their traditionally reactive (self-identification) stances in favor of proactive (reasonable) approaches.

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Appendix

AHEAD Wounded Warrior Online Survey – 2008

Survey of Current Practices in Serving Wounded Warriors

Note: In the event you are unable to respond to some of the following questions, it is recommended that you contact your institution's official records keeper (Registrar), your Counseling Service, and/or other institutional contacts that may have more direct involvement with veterans**.**

Part 1 of 5

In this part of the survey, we will ask for your personal demographics.

1. What is your gender?
    a) Male
    b) Female
2. Are you a veteran?
    a) Yes
    b) No
3. Have you ever served combat duty?
    a) Yes
    b) No
4. Are you in the Reserves/National Guard?
    a) Yes
    b) No
5. Is anyone in your immediate family a veteran?
    a) Yes
    b) No
6. Is anyone in your immediate family currently serving combat duty?
    a) Yes
    b) No
7. Is anyone in your immediate family in the Reserves/National Guard?
    a) Yes
    b) No
8. What percentage of time do you dedicate toward coordinating programs/services for wounded warriors not otherwise available through your standard services for all students with disabilities?
    a) None
    b) Less than Quarter Time – less than 5 hours per week
    c) Quarter time – 6 to 10 hours per week
    d) Part-time (50%) – 11 to 20 hours per week
    e) Part-time (75%) – 21 to 30 hours per week
    f) Full-time (100%) – 31 to 40 hours per week
    g) More than Full-time – 41 or over hours per week

Part 2 of 5

In this part of the survey, we will ask questions related to your office.

9. Does your office intake process request veteran status information?
    a) Yes
    b) No
10. Have you referred wounded warriors elsewhere on campus? Check all that apply:
    a) Haven't referred them anywhere
    b) Career Services
    c) Counseling (e.g. support groups, psychological testing)
    d) Financial Aid (FAFSA, Montgomery GI Bill etc.)
    e) LGBT (Lesbian, Gay, Bi and Transgender) Services
    f) Orientation
    g) Student Affairs (veteran organizations)
    h) Other (please specify)
11. Does your office cooperate/collaborate with local agencies (within 50 mile radius of your city/county) to provide services/programs specifically for wounded warriors? Check all that apply:
    a) Have not collaborated/coordinated with any local agencies
    b) CVSO (County Veterans Service)
    c) DVR/DVS (Department of Vocational Rehabilitation or Services)
    d) DVOP (Disabled Veteran Outreach Placement)
    e) Independent Living Center
    f) LVER (Local Veterans Employment Representative)
    g) Military base with an educational center for veterans
    h) Veterans Affairs hospitals/clinics
    i) Veterans Affairs (VA)
    j) Veterans Center
    k) Veterans Educational Assistance Program (VEAP)
    l) VFW (Veterans of Foreign Wars)
    m) VR&E (Vocational Rehabilitation & Employment Office)
    n) VSO (Veterans Service Organization)
    o) Other (please specify)
12. Do you provide any form of training, presentation, orientation or other form of educational outreach to faculty, staff, students and/or community regarding wounded warriors' transitional needs and/or expectations they may have moving from warrior to student? If so, please specify what you provide.
    a) Yes
    b) No

Part 3 of 5

In this part of the survey, we will ask questions about your campus.

13. Does someone other than you develop and/or coordinate services for wounded warriors on your campus?
    a) Yes
    b) No (Go to Question #15)
    c) Don't know (Go to Question #15)
14. If you responded yes to Question #13, does this other person/department cooperate with local agencies, (those within 50 mile radius of your local city/county) to provide services/programs for wounded warriors?
    a) Yes
    b) No
    c) Don't know
15. Does your Office of the Registrar provide any specific wounded warrior services? (e.g. Veterans Affairs website, information brochures, referrals, arranging meetings with the veterans' benefits representative etc.)
    a) Yes
    b) No
    c) Don't know
16. What is the average total number of fall student enrollment at your campus?
    a) Number of undergraduate/professional students: _____
    b) Number of graduate students: _____
17. How many wounded warriors does your campus currently have enrolled? If you don't know, mark "DK" for Don't Know in the answer blank.
    a) Number of graduate and professional students _____
    b) Number of undergraduate students _____
    c) Number of extension/continuing education/distance students _____
    d) Number of employees (faculty/staff) _____
18. How many wounded warriors does your campus have employed? If you don't know, or don't work with this population, mark "DK" for Don't Know in the answer blank.
    a) Number of graduate and professional student assistants _____
    b) Number of undergraduate student assistants _____
    c) Number of employees (faculty/staff) _____
19. Which best describes how your services for wounded warriors are funded? Select one response.
    a) Permanent funding (hard money)
    b) Grants and other limited sources (soft money)
    c) Funded through a mix of hard and soft money
    d) Don't know

20. Please identify the military branches housed on your campus. Check all that apply.
    a) We have no military recruitment branches housed on campus
    b) ROTC

a) U.S. Army
b) U.S. Air National Guard
c) U.S. Army National Guard
d) U.S. Air Force
e) U.S. Coast Guard
f) U.S. Marine Corps
g) U.S. Navy

21. Which best describes your institution?
    a) Church sponsored
    b) Public or state-sponsored
    c) Private/Independent
    d) Other
22. Which category best describes the type of setting where your campus is located?
    a) Urban – located in a large city
    b) Suburban or Small Town
    c) Rural – not located near a major city
23. Please choose the category which best describes the type of campus where you work:
    a) Comprehensive university not offering doctorate degrees
    b) University offering bachelor's degrees but not graduate degrees
    c) Two-year college offering associate degrees
    d) Technical/trade/vocational/professional school

Part 4 of 5

In this part of the survey, we will ask questions about specific services provided by your office and/or campus. Please respond to the best of your ability.

24. Please indicate the primary letter code that applies for entries a-o below:
    D) Primarily coordinated by your department
    C) Primarily coordinated by other department or departments on your campus,
    R) Primarily coordinated by other agencies/offices within 50 mile radius,
    N) Not Offered in my department, campus or within 50 mile radius or
    DK) Don't Know

    a) _____ Academic adjustments (e.g. priority registration, reduced course loads etc.)
    b) _____ Career counseling and/or job placement assistance with specific assistance converting military experiences into transferable civilian employment skills
    c) _____ Curricular adjustments to make courses more relevant and applicable to veterans (e.g. "life credits" and/or military training in exchange for PE, course content designed to include the adult experiences, vets only classes etc.)
    d) _____ Disability Rights (e.g. discuss how disability eligibility under Section 504 and ADA compares/contrasts with military disability determinations, documentation needs etc.)

e) _____ Evening/online course options
f) _____ Evening student services (e.g. tutoring, writing labs etc.)
g) _____ Financial counseling (e.g. financial aid materials specifically explaining the Montgomery GI Bill, VA disability benefits etc.)
h) _____ Physical therapy
i) _____ Psychological counseling or therapy (e.g. combat reintegration to civilian life)
j) _____ Psychometric evaluations, and/or other diagnostic testing
k) _____ Scholarships and/or other funds specific for wounded warriors
l) _____ Special brochures, pamphlets and other materials providing useful referrals to Department of Vocational Rehabilitation, Disability Resources etc.
m) _____ Veterans' families support groups/activities
n) _____ Veterans' support groups/clubs/councils/organizations
o) _____ Veterans Resource Center (e.g. for veterans to congregate, leave books, socialize, rest and network)
p) _____ Workshops, seminars or institutes (e.g. topics related to reintegration, entrepreneurship, relationships, upcoming deployment etc.)
o) _____ Other (please specify)

25. What disabilities do your wounded warrior students have (whether or not recognized by the VA and/or registered with your office)? If some students have multiple disabilities, you may count them under multiple categories. If you don't know, check off "DK." If you don't know exact numbers, please provide a rough estimate if this is known.

Type of Disability	Number of Students Served with this Type of Disability
a) Burned/Disfigured	Total _____ DK _____ Male _____ Female _____
b) Deaf-Blind (do not include these students under other categories such as c or j)	Total _____ DK _____ Male _____ Female _____

c) Hard-of-Hearing/Hearing Impaired or Deaf	Total _____ DK _____ Male _____ Female _____
d) Health and Medical Conditions (e.g. Diabetes, Epilepsy, AIDS)	Total _____ DK _____ Male _____ Female _____
e) Learning Disabilities	Total _____ DK _____ Male _____ Female _____
f) Mobility-Related/Orthopedic (e.g. (amputations, prosthetics, muscular/skeletal pain etc.)	Total _____ DK _____ Male _____ Female _____
g) Psychological/Emotional (e.g. PTSD, TBI, substance abuse, and other mental health issues)	Total _____ DK _____ Male _____ Female _____
h) Sexual Assault/Trauma	Total _____ DK _____ Male _____ Female _____
i) Speech and Language Disabilities	Total _____ DK _____ Male _____ Female _____

j) Visual Impairment (e.g. blindness in one or both eyes, low-vision etc.)	Total _____ DK _____ Male _____ Female _____
k) Other (please specify)	Total _____ DK _____ Male _____ Female _____

Part 5 of 5

In this part of the survey, we would like to know your opinions and observations. You are invited to make additional comments/observations regarding wounded warrior services that you believe are important for us to know.

26. What would you say are the top three priorities for providing a "wounded warrior-friendly" environment at your campus?
27. Recognizing that wounded warriors will soon be at your campus (if they are not already), how would you assess your offices' level of preparedness in effectively serving them? Please explain.
28. Have you observed, or are you aware of, any distinctions between male and female wounded warriors' access's and/or needs regarding services and/or accommodations?
29. Do you have any other observations you would like to share?

Thank You for Your Participation!

Results of this survey are expected to be published in the AHEAD JPED, March 2009

Documenting the Needs of Student Veterans with Disabilities: Intersection Roadblocks, Solutions, and Legal Realities

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Abstract

Colleges and universities are currently experiencing the greatest influx of student veterans with disabilities in the past several decades. These numbers will continue to increase substantially. Student DS providers must be prepared to understand and respond to the often unique and challenging disclosure, documentation, and accommodation issues that student veterans with disabilities can present. These issues, which are often related to combat injuries, may include a failure to self-identify, disabilities that are invisible, late-developing or interrelated, and significant delays in obtaining needed documentation from U.S. government agencies, in particular the Veterans Administration. At the same time, how the recently enacted ADA Amendments Act may impact these issues is not yet fully known. This article outlines practical strategies, advice, and solutions.

Just as in the years after World War II and during the Vietnam War, for many veterans, the opportunity to return to school is an important part of their transition back into civilian life (Wasley, 2008). The world of higher education is currently experiencing the greatest influx of military veterans in the past several decades. Furthermore, the number of student veterans on campus may increase significantly when the enhanced benefits in the Post-9/11 Veterans Educational Assistance Act of 2008 (the new GI Bill) take effect August 1, 2009. Fortunately, an increasing number of colleges and universities, as well as organizations serving the interests of higher education, are developing and implementing targeted initiatives to recruit, welcome and/or assist student veterans.

It is important to recognize, however, that the transition of veterans back to college and university campuses often presents unique, difficult, and unanticipated challenges for faculty, administrators and staff, and for the veterans themselves. For many of these students, both women and men, and especially for those who have served in combat situations, their military experiences have set them significantly apart from other students. Not only can their academic, developmental, and counseling needs be very different from those of traditional-age students, they can also be very different from those of other nontraditional students without military experience (Herrmann, et al., 2008; Waybrant, 2008).

In particular, the complexity of identifying, documenting and responding to their disability-related circumstances and needs can be daunting for Disability Services (DS) providers for a number of reasons. For example, while some of the physical disabilities of combat veterans, such as the loss of a limb or eyesight, may be readily apparent, many service-related disabilities are invisible. This is especially true of today's more prevalent combat-related disabilities resulting from the use of explosive devices by insurgents in Iraq and Afghanistan. These disabilities include traumatic brain injury (TBI), hearing loss or impairment, post traumatic stress disorder (PTSD), and various other psychological issues. Also, student veterans, as well as veterans generally, are often hesitant to self-identify these and other disabilities acquired during their military service. Additionally, certain disabilities may take time to develop, and even the student may not easily recognize the effects of such disabilities (Austin, 2008; Bleiberg, et al., 2008; Herrmann, et al., 2008; Marquez, 2008).

A particular situation can be further complicated by the fact that the academic and developmental backgrounds of certain student veterans may also point to learning disabilities or related issues that may or may not have existed prior to their military service. In certain instances, perhaps because of economic circumstances, these issues were not diagnosed and/or properly addressed when they were students previously (Dervarics, 2008; Monroe, 2008; Waybrant, 2008). These issues also may have become more significant during their military service and may now intersect in some way with other service related issues.

Furthermore, in many instances, the evaluations, diagnoses, and documentation necessary to establish a student veteran's disability issues and to review and assess their accommodation needs may be tied-up in our government's bureaucracy. For DS directors and coordinators, the roadmap for unraveling these many issues can be difficult, frustrating and time-consuming to discern.

The good news is that, with deliberation and patience, these issues can generally be sorted out and the related difficulties overcome. This article will identify certain hurdles to serving student veterans with disabilities and will place these issues into a broader context for assessment and resolution.

Disability Disclosure Requirements and Hurdles

The requirement that colleges and universities provide academic adjustments or reasonable accommodations to students with disabilities is, of course, set forth in Section 504 of the Rehabilitation Act of 1973 and/or Title II of the Americans with Disabilities Act of 1990 (ADA). The obligation generally to begin the interactive process required to arrive at an appropriate "reasonable accommodation" starts with a student's self-identification of her or his disability.

As the U.S. Department of Education's Office for Civil Rights (OCR) makes clear in its guidelines regarding a student's legal rights under the Rehabilitation Act and/or the ADA, the "disclosure of a disability is always voluntary" (OCR, 2007). It has become apparent, however, that many students who volunteered for military service are not as inclined to volunteer to disclose their disabilities and related accommodation needs upon returning to the classroom (ACE, 2008). DS directors and coordinators have reported instances in which student veterans failed to identify disability and accommodation needs until after serious academic or other issues developed (A. Ingala, personal communication, March 25, 2009).

There can be a number of reasons why student veterans with disabilities are hesitant to self-identify, even when faced with significant limitations and obstacles. Student veterans may simply want to blend in with other students. Disability service directors and counselors in the State University of New York System were queried on a professional listserv about their experiences serving veterans with disabilities (because they were guaranteed confidentiality, their names are not shared). One director shared an especially compelling story about a veteran who recently arrived on her campus. He was the sole survivor of his Special Forces unit in Iraq and had great difficulty walking because shrapnel had destroyed most of the muscle in one thigh.

When the semester began, the student was in such pain that he could not walk from the parking lots to class without stopping several times. However, he would not use a cane and refused to take pain medicine, because he feared becoming addicted. It was only after the Director pointed out that the University's disability parking tags were removable that she was able to convince him to start using disability parking spaces closer to the classroom buildings (Personal Correspondence, July 7 and September 16, 2008).

Issues in Self-Disclosure

In many instances, the failure of student veterans to come forward and self-identify is largely the result of cultural norms carried over from their experiences in the military. They had quickly learned that acknowledging, discussing, or reporting a personal problem or vulnerability would most likely prompt a negative reaction from superiors, as well as peers in their unit. Furthermore, while for both women and men, acting "macho" may be a desirable trait in a combat related situation, it can later prove to be a significant hurdle to addressing disability needs and securing appropriate accommodations (Ingala, 2008; Waybrant, 2008).

A student veteran with a disability may choose not to self-identify when the existence and extent of a disability is hidden from others. This is often true in cases involving TBI. Other invisible, service-related disabilities, such as PTSD, may be the source of significant embarrassment and depression for the student, and she or he does not want to disclose and talk about what they are experiencing to others.

Additionally, because of the unique situations they have encountered, student veterans may have other psychological or physiological disabilities, the effects of which they themselves may not have yet recognized or comprehended (Bleiberg, et al., 2008; Herrmann, et al., 2008).

Such disclosure issues and hurdles can clearly add to the frustrations of faculty members, student affairs staff, DS providers, and others who are involved in responding to the problems a particular student veteran is experiencing. In dealing with such situations, all of us need to understand that the student veteran with a disability who has failed to self-identify did not intend to create problems for herself or himself or others. Disability service providers and other campus faculty and staff need to be prepared to approach such matters with that insight and a great deal of patience.

Lastly, DS providers need to keep in mind that there is one possible exception to the requirement that students with disabilities self-identify. This may occur when the disability is obvious to an observer in a classroom or otherwise. Recently, in a case that arose in an employment context under the ADA and New York state law, the U.S. Court of Appeals for the Second Circuit held that an employer may have a duty to provide reasonable accommodations to an individual with a disability if that "disability is obviously known to the employer" *(Brady v. Wal-Mart Stores, Inc.*, 2008).

It is likely that this same outcome would be reached by the OCR or another court in a similar situation involving a student at an institution of higher education. As will be discussed, this may be especially true in view of the refocus regarding what will be required to establish a disability and the need for a reasonable accommodation under the recently enacted ADA Amendments Act of 2008.

Evolving Legal Obligation to Accommodate Student Veterans with Disabilities

On September 25, 2008, the President signed into law the ADA Amendments Act of 2008 (ADAAA). The Act expands the protections of the Americans with Disabilities Act of 1990 and took effect on January 1, 2009. Furthermore, while not a subject of significant attention, discussion and/or analysis to date in the legal press or by a number of related professional organizations and their publications, the ADAAA also amends and expands the protections of the Rehabilitation Act of 1973. Specifically, the Act amends the terms "disability" and "individual with a disability" set forth in Section 7 of the Rehabilitation Act of 1973 to conform with the new definitions provided under the ADA.

The stated purpose of the ADAAA is to redefine the scope of protections provided by the ADA in accordance with the original intent of Congress when it conceived and enacted the Rehabilitation Act of 1973 and the ADA. The Act specifically rejects two Supreme Court decisions that more narrowly construed and applied the definition of disability and related terms.

In *Sutton v. United Air Lines, Inc*. (1999), the Court held that whether an "impairment substantially limit's a major life activity" is to be determined with reference to the ameliorative effects of mitigating measures, such as "medication and other measures" (Id. at 482). In *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams*, (2002), the Court applied a strict, narrow construction to the definition of "disability" and what is required to "substantially limit" a "major life activity" (Id. at 198). The Act expressly rejects and eliminates these requirements and provides new definitions for these terms and new rules by which they are to be applied.

Section 3(4)(E)(i) of the Act states that the determination of whether an impairment substantially limits a major life activity "shall be made without regard to the ameliorating effects of [certain] mitigating measures." Such measures specifically include, but are not limited to, "medication, medical supplies, equipment, or appliances, low-vision devices …, prosthetics, … hearing devices, mobility devices, … oxygen therapy equipment and supplies; … assistive technology; reasonable accommodations or auxiliary aids or services; or … learned behavioral or adaptive neurological modifications."

By more broadly interpreting these terms, the ADAAA imposes a less onerous requirement for someone seeking to establish that she or he has a disability. In addition to the related effects of these changes, there are other issues addressed in the ADAAA that may have particular resonance for student veterans with disabilities. First, the Act specifically adds "concentrating" and "thinking" to its expanded, non-inclusive listing of "major life activities." This may be particularly important in situations involving student veterans with combat related disabilities such as TBI that may include significant cognitive impairment. The legislative history of the ADAAA makes clear that a

student who has "performed well academically" may still be substantially limited and disabled with regard to related academic activities such as "learning, reading, writing, thinking, or speaking."

Second, the ADAAA places a greater focus on "whether entities covered under the ADA have complied with their obligations" to provide required accommodations. In focusing on this issue, the Act specifically states that "the question of whether an individual's impairment is a disability … should not demand extensive analysis." At this point, it is not clear whether this provision may be interpreted in such a way that it will have an impact on existing institutional standards and requirements for disability related documentation (Shackelford, 2008).

In fact, there are presently a number of unanswered questions regarding issues related to the ADAAA. To date, neither the Department of Education (DOE) nor the Equal Employment Opportunity Commission (EEOC) has introduced conforming regulations, interpretations and/or enforcement guidelines to respond to the changes mandated by the ADAAA (DOE, 2008; EEOC, 2008). Therefore, it is not yet clear how the ADAAA will be interpreted and applied generally regarding student-related disability and accommodation issues by the OCR and other applicable federal agencies. Readers will need to follow these issues on the web sites of the DOE and the EEOC and in various professional publications, as they relate to students with disabilities generally and to student veterans with disabilities in particular.

Documentation Sources and Requirements for Student Veterans with Disabilities

A college or university may establish reasonable standards and requirements regarding the scope and timeliness of documentation needed to establish a student's disability and related accommodation needs pursuant to the Rehabilitation Act of 1973 and/or the ADA. Meeting these requirements can, of course, become an issue for any student with a disability.

However, as most DS directors and coordinators have discovered, obtaining copies of the documentation required by their institution to respond to disability and accommodation scenarios of student veterans can be especially daunting. Most often the source of such documentation is the bureaucracy of our federal government, usually the Department of Veterans Affairs (VA). Unfortunately, it is not unusual to discover that a student veteran's records have been misplaced, improperly filed, lost or inexplicably destroyed (Michel, 2008). At the very least, the delay in obtaining a response from the VA can be problematic.

The above-referenced student at the SUNY system university first came to the attention of the Director of Student DS because his VA paperwork was delayed and his benefits had not been approved. This created issues for a number of offices on campus, including the registrar, the business office, the bookstore, student affairs, the department chair of his major, and DS. The Director persuaded the Dean of Students to contact the VA to verify the student's status and benefits, and the university made an exception to allow him to continue as a student and respond to his disability needs while waiting to receive his VA paperwork. As the Director insightfully stated, "bureaucracy cannot compensate for a caring attitude and common sense" (Personal Correspondence, September 16, 2008).

The following is a roadmap and checklist that identifies specific, relevant government forms and outlines the sources of such documentation to assist veterans requesting DS and accommodations. It is a roadmap that can require deliberate attention to detail, coupled with patience and the aforementioned caring attitude and common sense, to reach the goals and obligations of the student veteran, the institution and the DS providers involved in a particular situation (Shackelford, 2008).

- *DD Form 214, Certificate of Release or Discharge from Active Duty.*
  Some colleges and universities have experienced instances in which a student falsely claimed to have served in the military. This form is issued when a service member completes active duty. The information it contains will verify a student's military service. If a student veteran does not have a copy of this form available, she or he can obtain it by submitting a Standard Form SF-180 as indicated below.
- *Standard Form SF-180, Request Pertaining to Military Records.*
  A student veteran may submit this form to The National Personnel Records Center, Military Personnel Records, 9700 Page Avenue, St. Louis, Missouri 63132-5100 to obtain missing military records. It is important to note that for students who were separated from active duty prior to April 1,

1998, depending on their branch of service, their medical records and related health information may be stored at this location instead of at the Veterans Administration. The SF-180, which is available online, may be mailed or faxed (1-314-801-9195) or submitted using the eVetRecs request system (http://www.archives.gov/veterans/).

For student veterans who were separated from active duty more recently, their medical records are maintained by the VA. Those records may be requested by submitting one of the following forms, both of which are available online at http://www.va.gov/vaforms/search_action.asp:

- *VA Form 10-5345 (May 2005), Request for and Authorization to Release Medical Records or Health Information.*
  This is the form to use if the student is authorizing a campus professional to obtain medical records on her or his behalf.
- *VA Form 105345a (May 2005), Individuals' Request for a Copy of Their Own Health Information.*

This is the form to use if the student is making the request for her or his medical records. Submit either of these requests to the Department of Veterans Affairs, Records Management Center, P.O. Box 5020, St. Louis, Missouri 63115-5020, unless the student has recently received treatment at a VA Hospital or has filed a disability claim related to injuries received while on active duty. If so, her or his records are most likely located at the particular hospital or at the VA Regional Office nearest the student's home of record. If there is any question regarding the location of such health records, contact the VA at 1-800-827-1000.

Suggestions for Addressing Vets' Disclosure, Documentation and Accommodation Issues

To respond to the often unique and difficult issues facing student veterans with disabilities as they transition back into civilian life and begin to pursue their higher education ambitions, it is important that applicable institutional policies, procedures and protocols incorporate the evolving best practices for meeting the needs of these students. Key points to consider include the following concepts and requirements:

1. Take a creative and flexible approach to looking at the options and alternatives that may be available to address the needs of student veterans with disabilities. Keep in mind that their interrelated needs can be very different from those of most other students.
2. Ensure that disability-related policies, procedures and protocols are made available to prospective student veterans in a user-friendly format that explains the role and specific responsibilities of students in the disability disclosure, documentation and accommodation process.
3. Look for creative ways for the institution and DS Office to establish rapport with student veterans on campus. Because of their experiences in the military and dealing with the VA, they may be suspicious of any administrative bureaucracy and its requirements. Also, veterans often have a very personal bias that "to talk-the-talk, you must have walked-the-walk." They have a tendency to be more open and willing to talk about their problems and needs with someone whom they view as having shared a common experience. To address these issues, your institution may wish to establish a veterans support group and/or an administrative office of veterans affairs. Within the DS area, consider identifying someone who has served in the military or has a family history of military service and can relate and talk to student veterans on a personal level.
4. Become familiar with the health benefits provided to student veterans through the VA and other options that may be available through state and local agencies if the VA is not doing what it is supposed to do in a timely fashion. For example, in the SUNY system example, the VA failed to arrange for physical therapy to address the student's pain and mobility issues. The Director of Student DS advised the student to inquire whether such therapy might be available under the health insurance plan at his part-time job. It was, and he received the necessary treatment (Personal Correspondence, July 7, 2008).
5. Understand that the military's standards for determining that someone is disabled for the purpose of discharging them from service or for awarding benefits, as well as the VA's standards for determining disability claims, are

different from the standards that define a person with a disability under the Rehabilitation Act of 1973 and the ADA. Therefore, institutional evaluations and determinations need to be done separately.

6. Anticipate that it will generally take at least three or four weeks to receive copies of records requested from the VA. A counselor in the Student Success Services office at a SUNY system university pointed out that records concerning mental health diagnoses have been significantly delayed, in large part, because of the VA's recent prioritization and focus of resources on TBI and related issues (Personal Correspondence, July 3, 2008). If there is delay longer than four weeks in obtaining records from the VA, the student should contact the VA at 1-800-827-1000 to follow-up.
7. As with all students, employ a comprehensive risk-management perspective when considering reasonable accommodations. If there is some issue in a student veteran's background which suggests that certain potential risks to the health and safety of the particular student or others need to be considered, analyze such risks. Consult with other offices on campus, as appropriate, to review and consider how best to respond under the circumstances.
8. Familiarize yourself with the variety of programs being developed at various colleges and universities, as well as by various higher education organizations, to serve the special needs of student veterans. For example, review the specific programs that have been developed by the American Council on Education (ACE). Information regarding these programs is available at the ACE web site. Another program that has received significant attention recently is the "Combat2College" program developed by Montgomery College, also available at the college's web site.
9. When new regulations, interpretations and guidelines are issued by the OCR and EEOC in response to the ADAAA, review applicable institutional policies, procedures, protocols and related forms to ensure that the language is consistent with the stated requirements. Revise these policies as necessary and alert students, faculty, administrators and staff to the changes.
10. Provide training for faculty and student affairs and residence life staff about the unique circumstances and needs of student veterans with disabilities. Emphasize their institutional, academic and legal responsibilities in this area.

Summary

A significant number of students are currently enrolled at institutions of higher education who previously served on active duty in the military, and it is anticipated that these numbers will increase when the enhanced benefits of the new GI Bill become available in 2009. Under the best of circumstances, the transition of military veterans back onto college and university campuses can present difficult academic and developmental challenges for faculty, administrators and staff and for the student veterans themselves.

Within the ranks of these student veterans are a substantive number with disabilities, many the result of their combat related injuries. Student DS providers must be prepared to recognize and understand the often unique disclosure, documentation, and accommodation issues and circumstances of student veterans with disabilities, as well as the potentially unique aspects of the disabilities themselves. Whether it is their hesitancy to self-identify, the sometimes hidden or unknowable effects of their disabilities, or the frustrating roadblocks to obtaining needed background documentation, DS directors and coordinators must be prepared to respond to the needs of student veterans with positive, proactive solutions. By educating themselves and other professionals on campus concerning the particular issues and challenges of serving this expanding student population, DS professionals will be better positioned to assist student veterans with disabilities in achieving their life's objectives and ambitions.

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Returning Veterans on Campus with War Related Injuries and the Long Road Back Home

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Abstract

This article reviews the growing numbers of returning military personnel attending higher education based on emerging national trends, including the new GI Educational Bill, amendments to the ADA, and the rising unemployment rate. The trauma of war and the high survival rate have resulted in a high percentage of veterans returning from the Global War on Terror (GWT) who will experience a wide range of health issues as a result of their exposure to combat trauma and blast injuries. Many of these injuries will not be visible and will include physical wounds, post traumatic stress disorder (PTSD), depression, and traumatic brain injuries (TBI) requiring accessible campuses and classroom accommodations. However, many veterans are not utilizing the traditional service providers for students with disabilities in higher education. Therefore colleges and universities need to engage veterans and utilize their strengths in designing welcoming campuses that facilitate success for adult learners.

The first recorded description of *trauma* (based on the Greek word for *wound*), defined as a physical injury or emotional shock with long term psychological effects, was in the Sumerian Epic of Gilgamesh over 5,000 years ago (Reyes, Elhai & Ford, 2008). More recently, Erich Maria Remarque (2001), author of the celebrated *All Quiet on the Western Front*, described the horrors of the front lines in World War I and the difficulties faced by the grizzled German survivors as they returned home from the trenches in defeat in his book, *The Road Back*. Remarque depicts the struggles of the protagonist as he completes his interrupted studies and teacher's examination only to resign later from his teaching position in a rural village due to his post traumatic stress disorder (PTSD) nightmares and his unrelenting feelings of alienation and survivor's guilt. In a recent conversation with this author a Vietnam veteran commented on the book and noted how little things had changed since he was a soldier. Current day combat veterans have also voiced their connection to Remarques' experiences at conferences in higher education for veterans.

Many campuses have seen a dramatic increase in the registration of veteran students returning from Iraq and Afghanistan and the numbers are expected to increase as military personnel transition to civilian life. Colleges and universities located near VA Polytrauma Centers have also seen a significant increase in students with disabilities according to interviews with staff. This article reviews the trauma of war and the resulting impact on returning veterans on college campuses. The signature injuries resulting from the Global War on Terror (GWT) are discussed, including traumatic brain injury (TBI), PTSD, and mental health injuries. A concise discussion of reasonable accommodations is also provided for physical injuries from blast injuries such as vision and hearing loss, burns and mobility impairment, TBI, and the mental health injuries resulting from exposure to combat and related trauma. The culture of the warrior is reviewed, suggestions regarding the application of warrior values to campus programs developed to assist veterans in the successful transition from combat to higher education, and a discussion of peer counseling models.

Colleges and universities that develop welcoming programs to meet the unique challenges of veterans with both visible and invisible injuries will need to take into account that many veterans are not self-disclosing and currently not utilizing the traditional service models existing on campuses for students with disabilities. Within that context, the emerging factors that will have a significant impact in higher education across the nation in the future will be assessed, including the passage of the new GI Bill, the

Americans with Disabilities Amendment Act (ADAA), and an economy in recession. This information will be discussed and recommendations made for campuses to incorporate into their action plans.

Statistics Related to the Global War on Terror

The number of troops deployed in the GWT is estimated at 1.8 to 2.1 million. However, this number is difficult to estimate and may increase due to a buildup of US troops in Afghanistan. The length of tours has been extended, and military personnel that serve multiple tours have increased chances of injury. The length of the war is also a factor that is impossible to predict, although the "anticipated deadline for Iraq is 2012" (Yacoub, Salaheddin, & Abdul-Kadir, 2008). Out of the above troops, an estimated 712,800 to 840,000 veterans are predicted to eventually apply for disability benefits (Stiglitz & Bilmes, 2008). Vietnam era and Gulf War veterans are still applying for PTSD treatment and disability benefits demonstrating the increasing numbers of veterans receiving disability benefits as the population ages (Stiglitz & Bilmes, 2008).

Signature Injuries from the Global War on Terror

Soldiers are more likely to sustain injuries than to die as they did in past wars based on the ratio of injuries to deaths. Medical advancements and improved equipment, especially protective body armor, contribute to the improved survival rate. The ratio of injuries to deaths in this war is much higher (16/1) than in previous wars due to the use of armor and rapid evacuation from the battlefield. Department of Defense statistics (Bilmes, 2007) estimated a total of 50,500 injuries, including 20% involving the spinal cord or the brain and 18% experiencing serious wounds. The number of amputations (roughly 6%) already exceeds the number from the Vietnam War. Many of these students will require campuses that meet ADA requirements and colleges and universities need to review and update their ADA/504 evaluations on an ongoing basis.

There are three major types of injuries or trauma experienced by veterans of the GWT: physical injuries from blasts such as burns, amputations and orthopedic injuries; operational stress injuries and mental health injuries; and TBI. Blasts are considered the signature cause of injuries in the GWT from Improvised Explosive Devices (IEDs). Soldiers are exposed to a variety of stressful events including combat and the CTI-104 (Comprehensive Trauma Inventory) lists 104 specific traumatic types of exposure to war conditions (Ford, 2008).

Many factors will impact soldiers' response to their experiences in the war zone. Witnessing violence and death have been demonstrated to increase risk for anger and aggressive behavior, anxiety, somatic complaints and, PTSD. The veterans' reaction will range from high levels of PTSD and functional impairment to those who grow and mature from the experiences. Past experience has demonstrated that most returning soldiers become productive citizens, while for others mental-health issues remain a significant public health problem. For example, veterans with PTSD often wrestle with income disparities and unemployment, relationship issues, and aggressive behavior (Stiglitz & Bilmes, 2008).

Returning veterans will have a wide range of medical diagnoses and related health problems that will have a temporary or chronic impact on their living, working, learning, and relationship functions. The availability of a veteran's personal, family and/or community resources will mitigate their experience with a health problem. These conditions may have a significant impact on the individual's strength, endurance and energy levels, and if they are taking medication then there may also be significant side effects.

It is impossible to generalize about the functional abilities or limitations of combat veterans due to the wide range of disabilities, diagnoses, and contributing factors. Table 1 lists some of the possible manifestations that may be experienced individually or in comorbidity by combat veterans in the higher education environment. Many of these will already be familiar manifestations to service providers who work with students with disabilities. It is important for Disability Service (DS) providers and other higher education professionals to be aware that the following conditions may be common to veterans with any type of disability: unpredictable attendance due to pain or other symptoms, scheduled absences due to required travel to VA facilities for medical care, and medication-related issues that impair performance.

Traumatic Brain Injuries

Blast injuries sustained in combat come from grenades, bombs, missiles, mortars, and artillery shells. The blasts alter the cells' metabolism and result

Table 1

Common Manifestations of Various Disabilities from the GWT

Manifestations of Spinal Cord Injuries or Amputations
Interference with physical dexterity to complete laboratory, computer or writing assignments Difficulty with prolonged sitting or standing at a lab table Mobility challenges to and from the classroom and other activities
Manifestations of Sensory Impairments
Difficulty hearing lecture, discussion or advising sessions, etc Difficulty seeing the board, reading course materials, creating written assignments Difficulty accessing the course web site or electronic resources Lack of traditional means of accommodation (American sign language, Braille, for example) due to acquired nature

in eventual cell death, although there may not be any visible signs of injury. Blast injuries create a pressure wave, which affects organs that are air filled, such as the ears and lungs, and those surrounded by fluid filled cavities, such as the brain and the spine. This eventually leads to brain cell death and traumatic brain injuries in addition to possible injuries from impact from debris, burns, and exposure to gases and vapors. TBI results from deceleration forces and blunt or penetrating trauma, that may lead to functional impairments. Due to the brain's complexity, the consequences vary, and treatment is specific to the individual (Defense and Brain Injuries Center, 2008). Approximately 43% of the veterans returning from the GWT have been evaluated for TBI (Kaplan, 2008). Seven percent reported TBI combined with symptoms of depression or PTSD. Table 2 contains a list of key functional impairments caused by TBI.

There are several important strategies that can be useful in working with veterans with TBI. These include coaching; scheduling; strategies including alarm clocks, planners, pagers, scheduling breaks to prevent fatigue, checklists, memory aids such as tape recorders, supportive phone calls, adaptive technology, and utilizing GPS. Instruction in skill sets such as developing memory strategies, anger management, and programs that incorporate mentoring and peer support can also assist with education and vocational issues (NASHIA, 2007).

Due to the complexity of the injuries, it is important for veterans with brain injuries to be vigilant when transitioning to higher education. Self-pacing is an important factor, and the student may need to adjust gradually to the campus environment. The family's involvement is another important factor to success, and it is critical that students with TBI build on a series of successes to develop self-esteem and the appropriate level of coursework, similar to the educational concept of scaffolding. Table 3 provides a variety of web sites that present more information related to TBI.

Mental Health Issues

With multiple deployments, the probability of exposure to combat trauma increases significantly and the best predictor of depression and PTSD is the exposure to combat. For example, the rate of anxiety and depression increases from 12% to 27% from the first to the third deployment. The rate of suicide has also gone up and may eventually exceed the number of soldiers killed in combat (Tanielian, Jaycoxx, & Schell, 2008). The rate of comorbidity is high among anxiety disorders such as PTSD. A recent study demonstrated that 55% of the patients with the principal diagnosis of an anxiety or depressive disorder had at least one additional depressive or anxiety disorder at the time of the assessment. PTSD and generalized anxiety disorder have the highest rate of comorbidity rates

Table 2

Functional Impairments Caused by TBI

Cognitive problems such as judgment, attention, concentration, processing new information, distraction, language abilities, sequencing, short-term memory, slower thinking
Perceptual problems such as hearing, vision, orientation to space and time, touch, balance and pain sensitivity
Physical problems, which include; motor skills, endurance, fatigue, speech, headaches and seizures
Behavioral and emotional problems such as irritability, impatience, problems with impulse control, stress, self awareness, mood swings, personality changes, reading social cues and dependence/independence
Psychiatric problems that may include depression, hallucinations, paranoia and suicidal thoughts
Symptoms may increase during times of fatigue and stimulus overload.
Decreased ability to self monitor and establish an appropriate pace of learning or working activity
Mild TBI patients' behavior may mimic PTSD and other mental health symptoms, which can contribute to problems in obtaining appropriate services.

Table 3

Resources Related to TBI

Defense and Veterans Brain Injuries Center Website: www.dvbic.org/blastinjury.html
The Centers for Disease Control and Prevention at the Department of Health and Human Services article, "Facts for Physicians about Mild Traumatic Brain Injury". Symptoms discussed include: flashback episodes, nightmares, and frightening thoughts following exposure to trauma. Available at www.cdc.gov/ncipc/tbi/physicians_tool_kit.html
Institute of Medicine (IOM) article, Gulf War and Health, Vol. VII: "Long Term Consequences of Traumatic Brain Injury". Available at www.nap.edu/catalog/12436.html

(Brown & Durand, 2002). There is also a high rate of comorbidity between PTSD and substance abuse. These patients are more likely to experience problems with unemployment based upon longitudinal studies (Ouimette & Read, 2008).

Post Traumatic Stress Disorder (PTSD)

According to the 2000 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) by the American Psychiatric Association, the difference between PTSD and an adjustment disorder is the severity of the stressor, which must be extreme in nature, or life threatening. About 5.2 million people in the United States, or 3% of the adult population, experience PTSD during a given year. With PTSD, the person experienced, witnessed, or was confronted with an event, or events that involved actual or certain death, serious injury, or injury to the physical integrity of self and others, and the person's response included intense fear, helplessness, or horror. This experience results in re-experiencing the trauma through recurring thoughts, dreams, feelings; efforts to avoid the stimulus associated with the trauma such as feelings of detachment; a sense of a shortened future; efforts to control thoughts, feelings and activities associated with the trauma; and avoiding people, places, and activities that recall the trauma. Military troops who are exposed to combat conditions are especially at risk for developing PTSD. The usual rate for PTSD for people in war zones is about 30% (NIMH, 2007). The VA estimates that over 15% of Vietnam era veterans meet the diagnostic criteria for PTSD (Rosenheck & Fontana, 2008). The Rand Corporation (2008) estimates that about 18% of the troops, or over 300,000 soldiers exhibit symptoms of either depression or PTSD. Military statistics indicate there have been 39,366 cases of PTSD diagnosed in military facilities serving in the GWT from January 2003 to December 31, 2007 (Morgan, 2008).

In 2007, Kanter, a staff psychiatrist at the PTSD Outpatient Clinic with the VA in the Puget Sound Health Care System, described problems that include suicidal ideation, issues with trust, development of relationships, unemployment, divorce, and domestic violence (Roehr, 2007). He estimated the costs of care to reach $660 billion. He noted that there were more marital problems and family issues with PTSD, and that there were significant barriers to obtaining care. He recommended that the issue be changed from psychiatry to one of post deployment stress readjustment and reintegration, with mental health screening and treatment as part of a total health care continuum and framing the issues as a part of ongoing health care services provided to troops and veterans. Eliscu (2008) estimates that there will be 500,000 troops from Afghanistan and Iraq experiencing psychological injuries and that they do not qualify for a purple heart, adding insult to injury. Table 4 contains specific characteristics that veterans with PTSD and other mental health issues might exhibit. Table 5 lists problems that may develop as a result of psychological injuries.

Utilizing Veterans' Strengths to Build Welcoming Campuses

Military personnel are trained to withstand the trauma of modern day hostilities. Basic combat training is utilized to develop resilience and a sense of common purpose and teamwork in successful completion of the mission. The individual soldier's self-esteem is attached to the unit and their military tradition and reputation. The unit's success and solidarity acts as a shield that protects the individual members who rely on each other and the team for safety (Ritchie, 2008). Combatants share mutual experiences that bind them together and develop a mutual sense of trust that extends beyond the battlefield. This sense of camaraderie can be effectively utilized by campuses to enable veterans' success as they transition from combat to colleges and universities.

Soldiers subscribe to a moral code of conduct, which evolved from centuries of western and eastern cultures. This culture of ethical self-discipline operates as a barrier separating combatants from non-combatants. The legacy of the warrior incorporates values of honor, sacrifice, bravery, and related archetypes invoking earlier images of the Arthurian legends and the Plains tribes (French, 2003). The code acts as a restraint on behavior and also shields the soldier from the psychological trauma resulting from wartime conflict and destruction (Shay, 1994). Veterans can reapply their efforts of self-development to the classroom and campus environment as they transfer these skill sets established through military discipline to the civilian world.

Peer counseling has been an effective methodology for providing services to veterans. Following the Vietnam War, the VA established community-

Table 4

Characteristics and Hallmarks of PTSD and Mental Health Issues

Trouble falling asleep, emotional numbness, anxiety, irritability, angry outbursts, depression, hopelessness, hyper vigilance, social withdrawal, problems concentrating and survivor's guilt
The families of the victims may also develop the disorder.
Symptoms typically develop within three months of the event, although they may not emerge for years.
Can be accompanied by substance abuse, alcoholism, along with other anxiety disorders or depression
Duration and severity of the illness varies
Recovery range is based upon various factors, especially early intervention.
Treatment includes therapy (cognitive behavioral, exposure) and medication (treat sleep disorder, anxiety, depression).
More information about PTSD is available at:
National Institute of Mental Health: www.nimh.nih.gov/
National Center for Post Traumatic Stress Disorder: www.ncptsd.va.gov/
Department of Veterans Affairs: www.Dartmouth.edu.dms/ptsd

counseling centers largely staffed by peer counselors. There are currently about 207 Vet Centers staffed by veterans located across the United States (Rosenheck & Fontana, 2008). Peer counseling programs provide campuses with a low-cost option to provide basic counseling services to students, and funding is available through the VA with work-study programs. Veterans may be distrustful or alienated from institutions and bureaucracies; peer counseling programs use the camaraderie and trust that veterans experience with their peers. Peer counseling programs utilize the military traditions of shared values and experiences and provide a bridge that allows veterans access to more traditional DS offices on campus for students.

There are several innovative approaches that are being implemented on campuses as they develop programs that accommodate the growing numbers of returning veterans. Providing veterans with a safe and welcoming campus requires collaboration between the veterans' community and higher education leadership. For example, Veterans of America provides a nationwide framework to establish an active

Table 5

Manifestations of Psychiatric Disabilities

Interference with cognitive skills, judgments, memory, concentration, organizational skills and motivation
Difficulty coping or performing under pressure
Side effects from medication such as fatigue, drowsiness, slow response time and problems initiating interpersonal contact
Problems sustaining concentration and difficulty retaining verbal directions, problems maintaining stamina, and combating drowsiness due to medications
Difficulty managing assignments and performing multiple tasks with time pressures, and prioritizing tasks
Difficulty interacting with others and responding appropriately to social cues
Problems with authority figures and approaching instructors
Problems with negative feedback and interpreting criticism
Problems with unexpected changes in coursework, and dealing with interruptions
Anxiety resulting in poor performance
Unpredictable absences
Problems with frightening thoughts, flashbacks and reminders
Distrust of systems and alienation
Possible social withdrawal
Sleep difficulties

student group on campus and establishing a safe place on campus for veterans to meet informally and contributes to a welcoming environment. Programs such as Combat2College also offer campuses an inclusive program model that provides services to all veterans by utilizing the strengths approach and providing health care as comprehensive service that incorporates mental health rather than focusing on the disability. This approach also utilizes existing resources, veterans' camaraderie, and established social networking systems (Sachs, 2008). Universal Design (UD) provides solutions to many of the barriers that veterans will be encountering as they transition from the trauma of the battlefield to the roles of civilians and adult learners (Branker, this issue). By developing and working with student veteran leadership the campus staff and faculty can develop an empathetic campus and increase accessibility.

Emerging Trends

There are several emerging trends that will impact returning veterans and the campus environment. The passage of the new GI Educational Bill increases educational benefits for veterans (Chronicle for Higher Education, 2008), while the amendments to the ADA will increase coverage for individuals with a disability defined as substantially limiting a major life activity without regard to mitigating measures (Shackelford, this issue). Concurrently, the economy has entered a prolonged recession resulting in a rapid increase in unemployment. There will be significantly reduced employment opportunities for veterans as most of the job losses have been in manufacturing and construction, industries traditionally dominated by males. In addition, veterans are still experiencing treatment gaps and not obtaining appropriate mental health services, which results in a cascading effect and increased problems with families, employment, and education (Rand, 2008).

As many as 70% of the 1.6 million veterans serving in the GWT will not obtain mental health treatment at the DOD or the VA, which means they will likely seek treatment through the public and private mental health system, including campus health centers (Kaplan, 2008). Only 53% of the returning military personnel from the war have seen a physician or mental health professional for treatment during the last year and of that group only about half had received sufficient treatment. Efforts are underway to reduce stigma and encourage treatment as many veterans chose not to address mental health issues. However, when PTSD and depression are not treated, these psychological injuries often lead to cascading problems including unemployment, family problems, and substance abuse (Kaplan, 2008).

A total of over 2 million jobs were eliminated in 2008, and according to some economists, this number may increase up to 3 million lost jobs by 2010. The global recession has resulted in the largest level of jobless claims in the United States since the fall of 1982. However, according to the US Department of Labor (2008), the labor market is about 50% larger. The growing numbers of unemployed is currently 4.4 million and the unemployment rate is 6.7%, a 15 year peak which does not take into account the large number of underemployed people and those who have stopped looking for work and are no longer counted in the statistics (Rugaber, 2008). In addition, an estimated 13.5% of the workforce is either underemployed, discouraged and not actively seeking employment, or unemployed with 524,000 jobs lost in December, 2008 (Evans & Maher, 2009).

In summary, higher education will continue to see an increase in enrollment of students returning from the GWT as these veterans transition from combat to civilian life and pursue their educational and career goals. The new GI Bill combined with other resources available to veterans including the Montgomery GI Bill and Chapter 31 VA Vocational Rehabilitation benefit will provide thousands of veterans with opportunities to pursue their career aspirations through higher education and to obtain employment. The ADA/504 and ADAA amendments provide increased civil rights protections and accessibility for veterans with disabilities including those who benefit from mitigating measures such as medication, artificial limbs, etc.

Summary

Each generation of veterans has made their unique contributions to social change and equality (Madaus, Miller & Vance, this issue). Colleges and universities can facilitate this process by working with veterans to integrate UD on campus and to establish veteran-friendly campuses that facilitate the educational goals of adult learners. Our society has an ethical duty to prevent veterans from the GWT adding to the existing 250,000 homeless veterans (25% of the homeless population) already living on the nation's streets

and shelters (MSNBC.com, 2007). Due to the high survival rate of this war and the injuries from blasts and prolonged exposure to trauma, there will be a large number of veterans with disabilities. With the Rand report (2008) a combined 31% of the deployed veterans surveyed reported either TBI, PTSD or depression, or a combination (7.3%). Many of these veterans will have hidden or untreated medical conditions and may choose not to self-disclose. They may also not be aware or not utilize the traditional service models on campus. Peer counseling programs and programs that build on their strengths, military values and shared experiences and focus on a comprehensive team, and integrative medical approach (rather than focusing exclusively on the disability) similar to the Combat2College model, have been effective with veterans.

Much has been accomplished in the past year in improving opportunities for returning veterans as they transition from war to civilian life. The ADA was strengthened with the ADAA and veteran's educational benefits were expanded with the GI Educational Bill. Campuses need to work with veterans to develop programs that meet their needs. Colleges and universities provide veterans with an opportunity to integrate their experiences and focus on their career goals and adaptation to society. Veterans will face many challenges during their transition and the postsecondary environment can provide them with the resources to achieve their academic goals.

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Collaboration for Military Transition Students from Combat to College: It Takes a Community

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Abstract

It will be essential for postsecondary institutions to come up with new ways of providing service delivery to returning veterans with disabilities who will bring with them an entirely new perspective on what it means to have a disability. This emerging disability group will bring with them life experiences that are very unique and vastly different than what has previously been the norm. Postsecondary institutions will be challenged by incoming veterans with disabilities with expectations largely shaped by the military culture. In order to address the unique educational needs of veterans with disabilities, multiple levels of collaboration will be necessary. This article will provide information on current collaborative approaches being successfully utilized by postsecondary institutions involving Disabled Student Services (DSS) and Veterans Service Officer (VSO), campus programs, and community agencies supporting military veterans.

The number of veterans pursuing a postsecondary education is expected to significantly increase (Perry, 2009). This student group will include veterans with disabilities, and may bring expectations and needs which may be different then what has been experienced with prior cohorts of students with disabilities. To address the unique needs of this disability group, a new approach to service delivery is required.

One goal of academia may be the collaborative exchange of ideas. However, actual practice within academia may fall short of an entirely open collaboration as territorial boundaries between disciplines are drawn (Lovett, 2006). Differing frames of reference, competing finances, and the career aspirations of individuals may also decrease collaboration. Despite the common goal to support successful student scholarship, academic student support services, unfortunately, fall victim to similar pitfalls (Brown, 2009). Financial aid, matriculation, student conduct, student health services, disability services, veteran services, or any of the myriad of support services may exist in "silos" disconnected from one another, with diminished ability to achieve truly collaborative support of students, especially students with unique needs. The needs of active duty and returning veterans transitioning from military service to academic life, particularly with injuries and functional limitations that effect their participation in college, call for a conscious effort to permeate boundaries between college support services and, additionally, collaboration with organizations outside academia.

This paper seeks to describe ways support services practitioners may collaborate with a variety of individuals and groups to meet the needs of military students with disability-related functional limitations transitioning to college. Three levels of collaborative work will be outlined: (a) collaboration between Disabled Student Services (DSS) and Veterans Service Officer (VSO); (b) collaboration within the organizational structure of the academic institution; and (c) collaboration with the community at large. The signature injury of current military actions, traumatic brain injury (TBI), also requires links to federal and local initiatives, which will be described.

Students Transitioning from the Military to College

Descriptions of military culture may be debated but the prevailing view is steeped in the traditions and practices of aggressive masculinity, unhindered aggressiveness (Titunik, 2008). Military service

personnel have been trained to be warriors, ready at all times for duty. The term *disabled* is imbued with a connotation of *not fit*, weak, unable to participate or perform. Not surprisingly, returning veterans with physical and/or psychological injuries do not typically identify themselves as someone who would qualify to receive support and reasonable accommodations through a DSS program.

The standard method for students who are veterans, both injured and uninjured, to establish enrollment certification for educational benefits earned during active service is through each campus' VSO (US Department of Veterans Affairs, 2009). The degree to which the VSO engages with individual students will vary from college to college. For example, the VSO might be assigned to roles other than working with veterans, active duty personnel, or dependents. The VSO may be a clerk performing multiple duties in the Admissions department or may be a professional assigned solely to veteran issues, such as an academic advisement counselor with unique training and experience with veteran affairs.

To support those returning with psychological and/or physical injuries, such as post traumatic stress disorder (PTSD), TBI, or orthopedic injuries, DSS providers must establish a collaborative relationship with their VSO. The initial relationship may be one of exchanging information. For example, the VSO might share military terminology and culture with the DSS provider, while the DSS personnel might describe the signs and symptoms of PTSD or TBI. Each has much information to offer to the other, because in general, VSO's know little about the types of services and accommodations available through a DSS program. Likewise, DSS specialists know little about military life, educational benefits through the Montgomery GI Bill, redeployment orders, and training credits. A strong working relationship is necessary to bridge the gap between students' reluctance to seek DSS services and the benefits of managing their functional limitations with appropriate accommodations and support. The relationship can also prepare the DSS specialist to provide a climate of understanding for these students, a basic building block for effective support.

As Church (2008) noted, "nondisclosure of limitations is a huge issue" (p. 4) in part because students do not want to be labeled as disabled with the same potential for disability stigmatization in society. The non-disclosure of a student's disability has always been ingrained in the everyday work of DSS providers. However, the concerns many veterans with disabilities have regarding disclosure of their disability status are of particular concern. It is likely that many veterans will be utilizing their college education to start new careers in fields such as security and law enforcement and, thereby, leveraging their military training into civilian life. These are fields with background checks unforgiving of any disability history.

Each veteran with a disability will need to be reassured that we can provide them with an extremely high level of confidentiality and that this can be demonstrated to them by explaining procedures for the release of disability documentation and how such information is appropriately stored. This is often the first step of many towards earning the ultimate trust of a veteran with a disability. DSS providers would be wise in not promising more than they can deliver to a veteran and making sure that confidentiality protocols are followed closely.

Military transition students feel most comfortable with each other. Peer support is particularly valued because military training and culture has the unit of individuals relying on one another for safety and, literally, for life and limb when in combat. DSS personnel must be aware that a lack of trust or a history of success and respectful support with service providers will be readily shared within the peer student-veteran networks.

Collaboration within the Academic Institution

Institution-wide committees. Optimizing the success of students who have functional limitations transitioning from the military is an institutional responsibility. A unified approach enlisting all components of the institution can be facilitated through a campus-wide collaboration directed by the highest administrative authority, such as the college president and/or the academic senate. This directive may include the formation of an interdepartmental committee charged with creating a campus climate conducive to the success of all military transition students including those with disabilities/injuries.

At California State University, San Marcos (CSUSM) such a committee is chaired by the Vice President for Student Affairs and is comprised of representatives from Counseling, Disabled Student Services, Admissions, Career Services, Veterans Office, faculty, students, and from the veteran's community.

Crucial to gaining the trust of the veteran students at CSUSM was the establishment of obtainable short and long term goals. Some goals, such as priority registration for active duty personnel and veterans, may be readily achievable and at little cost to the institution. Other goals, such as the development of a Veterans Center with staff and facility expenses, required long-term planning and fund raising.

Student groups and voices. Current and past student veterans may be a source of information about the unique barriers to success on a specific college campus. In 2008 a panel of college students who are veterans with disabilities presented their experiences to the California Association of Postsecondary Education and Disability Convention (CAPED; Panelists, 2008). The students stated that the attitudes of other students and faculty were the greatest barriers to becoming part of the academic community. They described instances of other students asking inappropriate questions about their military service, accusations about their role in military engagements, and insensitive statements by professors in class about the military and its missions.

Student voices are a powerful method for ensuring that the campus climate is welcoming and productive for military transition students. A national resource is Student Veterans of America (SVA), a coalition of student veterans groups from college campuses across the United States. Founded in January 2008, SVA works to develop new student groups, coordinate between existing student groups, and advocate on behalf of student veterans at the local, state, and national level. Representatives from the SVA are available to consult with anyone interested in establishing a formal Student Veterans Club on campus. The establishment of such a group will provide the campus with access to a long list of potential veterans who can be called upon to take part in on-campus training programs for faculty and staff. It is much more effective to have actual veterans talking about their experiences in the classroom. Faculty and staff typically respond more favorably when hearing from actual student veterans about what is working and not working for them in the classroom and what can be done to improve the campus climate. The DSS provider can be present to talk more about the programs and services that are available to veterans with a disability and how this particular group of disabled individuals is one that is just starting to truly emerge on college campuses and will bring with them a new set of challenges.

Faculty and staff training. Through in-service training of campus personnel or professional development opportunities, faculty and staff become aware of the unique challenges of this student population. Faculty and staff must be trained in the common disability-related adjustments that are most prevalent with combat injuries. For example, those with PTSD require classroom seating preferences or may need to leave the classroom to get relief from anxiety symptoms. Students with mild TBI may not know the full extent of their limitations until they return to school. Faculty may be the first to encourage student veterans with suspected disabilities to seek reasonable accommodations through DSS. It is important for campuses to offer faculty workshops and prepare them with an understanding of the common issues veterans may bring to the classroom. For universal access and to encourage broad faculty participation, campuses should offer the workshops online. The degree to which DSS is involved in such training should depend upon the level of increased awareness and competence with this new professional challenge.

On-Campus Mentors. Colleges may identify current employees who have served in the military who work in administration, faculty and staff. A pool of potential mentors and resource specialists may emerge from those identified. Those who have experienced combat are particularly trusted by returning combat veterans and those employees who have served may create a more welcoming face for the institution with those who are transitioning into the academic community. An effective method to increase inclusion of students with disabilities is the use of faculty and administrators as "resource mentor" networks (Rohland et al., 2003).

Technical standards. Creation of "technical standards" for courses and programs of study requires a deliberative and collaborative process to outline the essential content of coursework and programs (Madaus, 2000). Recognition of the needs of veterans with functional limitations within that process may prove to bridge a dialogue between faculty and DS providers in ways that ultimately improve access for all students with disabilities. For example, the adoption of *Universal Design* instructional methods may remove barriers for this and all other disability groups.

Community and System-wide Collaboration

There are numerous community-based entities, both public and private, which exist to support active

duty, reserve, and veteran service members and many ways that colleges may create productive working relationships with these entities. A Community Advisory Board, or "Think Tank" (DO-IT, 2008), comprised of VA, DOD, veterans community groups, for example, Disabled American Veterans (DAV) or Veterans of Foreign Wars (VFW), Vets Center, and National Veterans Foundation representatives, in collaboration with college specialists, such as the ADA/504 Compliance Officer, VSO, Disabled Students Services, Financial Aid, Health Services, Career Services, Academic Advising, Outreach, may be a useful way to stimulate working relationships, identify needs, create shared projects, and support transitions to careers. Colleges may want to raise awareness on their campuses of active duty and veterans with and without disabilities through special events, particularly Veterans Day and/or Memorial Day events. Community group representatives can be an integral part of such events. Symposia, or speaker's forums, with sessions highlighting topical concerns of active duty and veterans on campus, are another way to improve communication and understanding throughout campus life and forge working relationships with community-based entities.

At the state level. Perhaps the most powerful method of propagating institutional change toward the treatment of veterans with and without disabilities is to have it mandated by the highest authority. Within the California State University system, Governor Schwarzenegger sent out a clear directive to all publically-funded postsecondary institutions to significantly increase the number of veterans utilizing the Montgomery GI Bill and to make the educational programs more accessible and veteran-friendly (California State, 2007). A formal body, called the *"Troops to College" Oversight Committee,* was established to discuss educational issues between California's public colleges and universities and the military, identify best practices, develop common goals, and measure progress toward those goals. The Committee recommended that:

1. A Veteran Support Team should be created on each campus with each evaluating what works best for them;
2. Access to Disabled Students Services must be achieved for those, due to their combat service, who have physical and/or emotional injuries;
3. An open line of communication between the student, the VSO and DSS Services is crucial for a timely identification and proper handling of disabled veteran entitlements (California State Veteran's Support Team Guide, 2007).

With Veterans Affairs. At the federal level, the US Department of Education, in its letter to service members, pointed out that the standards used by Veterans Affairs (VA) to review disability claims are different from the definition of disability in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). The federal Office of Civil Rights (OCR) noted that "a finding by the military or VA that a veteran is entitled to disability-related benefits or services does not mean that he or she is automatically entitled to receive academic adjustments in a postsecondary setting" (Office of the Assistant Secretary, 2008). The importance of effective communication between postsecondary and military or VA entities cannot be overstated, if the student is not to fall into a bureaucratic tangle of differing rules and regulations. There are so many ways that a veteran with a disability can lose some or all of their educational benefits that it makes good sense for the DSS service provider to establish a solid working relationship with their campus VSO and their local Department of Veterans Affairs Vocational Rehabilitation Counselor. This relationship will be critical so that the DSS provider can work in tandem with the campus VSO and Veterans Vocational Rehabilitation Counselor to ensure everyone has the information required to keep the veteran appropriately served. This is especially true when the veteran with a disability has to withdraw from a class due to their disability. The DSS service provider has to communicate the rationale for such a move very clearly to both the campus SVO and if applicable, the Veterans Vocational Rehabilitation Counselor. Another example is when the severely disabled student veteran is assigned an *extended evaluation* status by the VA Vocational Rehabilitation with progress documented by qualified DSS specialists.

With medical facilities serving the military and veterans. VA or Department of Defense (DOD) facilities associated with service branches, such as naval or army hospitals are in proximity of many college campuses. Previously most DSS offices have had little contact with the rehabilitation specialists at these institutions.

Be aware that many individuals entered into

military service planning to earn education benefits for college and that the injured service member may not have any idea of the ways that educational goals may now be achieved. Futhermore, the medical specialists may not be knowledgeable about the myriad of academic accommodations and technical support options that are possible. Therefore, colleges should broaden the scope of their outreach and recruitment activities to include such facilities with dialogue with the rehabilitation specialists. A quote from Lt. Colonel David Rabb, VA Palo Alto Health Care System, presenting at a California professional conference for postsecondary service providers, illustrates the importance of collaboration, "When it comes to supporting our combat veterans and their families, it will take more than DOD and the VA; it takes a community" (Rabb, 2008).

One method used by CSUSM was to offer a workshop for either mental health providers or social workers at the United States Veterans Hospital at La Jolla, California. The workshop focused on transition issues and solutions with injured service personnel. Such a workshop may be conducted by a team, including Admissions, the VSO Office, DSS, and Academic Advisement/Counseling. Another approach used by Santa Monica College was to offer a *transition* curriculum, such as study strategies and assistive technology, for patient groups at a medical facility, ideally instructed by a team from DSS and the VSO Office.

Vets Centers, affiliated with the US Department of Veterans Affairs, have become commonplace throughout the nation. They provide peer and professional counseling for combat service veterans with PTSD, those with sexual assault trauma during active duty and their families, in a non-medical setting. Campuses may establish a collaborative relationship with their local Vet Center; they can provide ongoing counseling support for student veterans who qualify and are also a source of potential referrals to DSS as well.

With graduate education programs. Many professional training programs, such as social work, psychology, and occupational therapy, must place their students in supervised internships prior to licensure. Injured veterans issues have been featured recently in numerous professional journals, such as the American Psychological Association (Packard, 2007) and the American Occupational Therapy Association (Erickson et al., 2008), with recognition that this population will require specialized professional intervention. Supervision and training of such interns within DSS offices, under the appropriate professional supervision, should be explored to expand the pool of professionals well versed in the needs of this population as they attend college.

Collaboration and Traumatic Brain Injury

A signature injury of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) service members is TBI (Tanielian & Jaycock, 2008). Colleges and universities may work collaboratively with state, federal and private initiatives that focus on the specialized needs of those with TBI. Two such initiatives are described here.

Traumatic Brain Injury Act. In 1996, Congress passed the Traumatic Brain Injury Act (P.L. 104-166) authorizing the Department of Health and Human Services, Health Resources and Services Administration (HRSA) to grant funds to States to build infrastructure capacity, develop and evaluate service integration models, establish policy, and secure financial support for lasting systems change. Between 1997 and 2008, 48 States, two Territories, plus the District of Columbia received at least one State agency grant (HRSA, 2008). President Bush signed the Reauthorization of the TBI Act of 2008 (P.L. 110-206), April 28, 2008, which included a new subsection with emphasis on military and veterans' populations returning to civilian life with TBI. States are currently applying for grants under the new legislation. DSS with its unique community integration role should contribute to these future projects.

Brain Injury Association of America. Brain Injury Association of America (BIAA) (2008) is a leading national organization that serves and represents individuals, families and professionals who are touched by TBI. Together with its network of more than 40 chartered state affiliates, as well as hundreds of local chapters and support groups across the country, the BIAA provides information, education and support to assist those with TBI and their families. DSS may draw on these community-based resource referrals for students and their families, especially in regions without fully developed VA outreach.

Conclusion

Postsecondary institutions should establish cutting edge collaborative relationships with a wide variety of both on-campus units and off-campus military support programs in order to help veterans with disabilities make the often difficult transition from the battlefield

to the classroom successfully.

The ultimate goal of all collaborations focused on active duty and veterans with injuries is effective support of a group of students who deserve our attention. These students have served our nation, and they should have a fair chance to succeed with their educational goals.

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Deserving Design: The New Generation of Student Veterans

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Abstract

Thousands of veterans with disabilities have become students since their return from combat. Many such veterans, though, are finding that their combat experiences often create an undeserving imbalance for them as they trade ammunition for education. And many colleges, where these veterans attend, are finding that they are ill prepared to level the playing field for them. The purpose of this article is to integrate research on undergraduate education and Universal Design (UD) to forge a framework for designing a balanced university environment for student veterans with disabilities. Specific components that campuses should consider incorporating to help student veterans with disabilities manage their challenges and ease into reintegration will also be discussed.

Many college students have difficulty with balance – balancing their many social choices with their academic responsibilities. Natasha McKinnon, a student studying animal science at NC State, is taking the necessary steps to find her balance in the university. This is in addition to her finding her balance with her new left foot.

In October 2005, McKinnon was a soldier riding in the front seat of a Humvee in Iraq when an improvised explosive device (IED) went off underneath it. Black smoke filled the vehicle making it impossible for her to see her injuries. But when she reached down to retrieve her weapon, she remembers, "I could feel blood" (Quillin, 2008). Her training taught her to apply a tourniquet; she did that and lived. But when she woke up in a military hospital in Baghdad, there was shrapnel in her right leg and her left leg was severed below the knee (Quillin, 2008).

After two years of recovery at Walter Reed Army Medical Center and more than 20 prosthetic limbs later, McKinnon is able to walk some without assistance, but usually relies on a cane or crutches. From her apartment, she drives to campus and seeks out accessible parking spaces as close to her classroom buildings as possible. She has learned to build in extra time to "hunt" for spaces and loop around buildings to reach access ramps and elevators, so as to avoid stairs. By the time she gets to class, McKinnon says, "I don't have the energy to hear what the prof is saying" (Quillin, 2008).

As tens of thousands of veterans with physical and/or mental impairments from Afghanistan and Iraq use their GI Bill benefits, McKinnon and others like her are finding that their combat experiences often create an undeserving imbalance for them as they trade ammunition for education. Education, according to Oak (2008) is a "self-enlightening process; an important component of life" (p.1). Higher education's challenge is to level this imbalance for student veterans with disabilities by creating a complete college education through the use of intentional design.

Complete Education

What is meant by a complete education? McCain (2005) views it as faculty melding school skills with real-world skills. When faculty teach school skills, they are engaged in the acculturation of individuals by passing on societal knowledge and wisdom. These skills equip students to become informed, thoughtful citizens capable of processing the complexities of modern life. When faculty teach real-world skills, they are emphasizing the acquisition of practical problem-solving skills, which enables students to successfully apply their learning to real-life situations in the workplace and in their personal lives.

If queried, most student veterans with disabilities would probably agree that they expect faculty within their chosen curriculum to expose them to both sets of skills. However, for some faculty, doing so would interfere with their proclivity to tell students what they need to know and do, after which they test them

to see if they retained the information. For long-term content retention (school skills) and life-skill learning (real-world skills), McCain (2005) suggests that faculty need to design a methodology for problem solving. This would require substantially altering the roles of faculty and student such that faculty would focus on structuring problems that would allow for student self-discovery. The designing of such an educational experience would probably be quite a daunting task for faculty, as many of them do not see themselves as "designers" of course content but as "purveyors" of the content contained in the pre-selected textbook.

Use of Design to Solve Problems

Bhan (2007) believes that design is a philosophy, based on a system of values, which seeks to solve problems. Similarly, Archer (1973) and Jones (1970) offer that design is experience, skill, and knowledge being used rationally, logically, sequentially, and intentionally to solve problems.

The instructor/designer then identifies and analyzes a problem or need and proceeds through a structured sequence by which information is researched and ideas are explored and evaluated until the most favorable solution to the problem or need is forged (UK Technology Education Centre, 1996). The solution will not be reached though without knowing whether or not the problem to be solved has been correctly framed (Bhan, 2007).

A Universal Design Approach

The framing of the problem by the designing instructor involves answering the questions, "What do I want my students to know/experience in my course," and "What do I want them to be able to do, once my course is over?" (Gocsik, 2007). When the answers become apparent, they become the framework by which an inclusive teaching model - a universally designed model – is created. This model will inherently advocate for responding to the myriad of learning needs of student veterans in higher education classrooms. This is also human-centered design, an approach that solves problems by conditions/constraints of the end user, the student. The understanding of such will help dictate the goals of the course.

The designing instructor should then work backwards to ensure that all readings, writings, discussions, examinations, and practical experiences would connect students with the questions, problems, and skills that the instructor deems essential to the course. When the designing instructor can successfully design a course that meets an unmet need for information/knowledge, it becomes good design. This universal/intentional/human-centered design approach asks faculty to rethink some fundamental educational concepts, to contemplate educational equity for all kinds of learners, and to consider a variety of ways in which the educational environment can be designed or adapted to accommodate students' current and changing needs.

It seems likely that if individual faculty can be empowered to become intentional course designers, then so can universities become intentional/universal/human-centered designers of students' total campus experiences. Thinking within this paradigm, the seminal question becomes, how do we design campus experiences that help to prompt the student veteran with disabilities, to take responsibility for, and control over, his or her own learning?

Designing Campus Experiences for Wounded Warriors

The war in Iraq and the Afghanistan operation have had, and will continue to have, profound effects on military service members returning from combat and entering college classrooms as combat is a life-changing event. Many colleges and universities have spent enormous amounts of money and resources on homecoming ceremonies but "homecoming" should be more than an event, it should be a process fueled by various campus resources that seek to connect the student veterans with the institution. For many service members turned students, college life is about seeking new purposes and reclaiming their adult lives. Lives they began in the military to become civil, productive, and responsible citizens. The same lives that have now been altered by the physical and/or mental impairments they now have as a result of their military service.

A college dedicated to designing a complete education for student veterans with disabilities should embody equality, excellence, and diversity. When they were service members, these students had to push themselves physically and mentally in preparation for military life. They had to make adaptations so as to survive in combat. They had to deal with constant threat and uncertainty on the battlefield. They should not have to deal with constant threat and uncertainty on our college campuses because of poor design.

At North Carolina State University, student

veterans were polled and asked to respond to these two questions among others:

1. Rate your experience – *outstanding, very good, fair, disappointing* – regarding your transition from the military to the University and to what do you attribute your experience?
2. How can the University assist you in your transition?

One respondent stated, It's not quite what I thought it was going to be because it's two totally different worlds. I really didn't realize how different I was from the majority of my class until I got here.

Another student veteran said:

The major problem here is there is such a difference between me and my 17- and 18-year old classmates. Plus I know absolutely nobody here and that difference between us makes it hard to make friends. Younger classmates tend to look at you a little differently; which they should….but…it makes it tough to be social. Meeting other veterans would definitely help because we are on the same page. We understand each other.

While these comments come from student veterans taking courses at NC State, they are probably representative of the sentiments of this new generation of student veterans on other campuses across the country; student veterans who are deserving of intentional/universal/human-centered design of the physical, programmatic, informational, and attitudinal environments within higher education. Designing with such intent should result in naturally inclusive, barrier free learning and social environments that create value and enhance the student veterans' experiences requiring fewer adaptations and accommodations.

Table 1

Strategic Design

Steps in the process
1. Identify the challenge.
2. Research and brainstorm
3. Design a solution
4. Test ideas
5. Evaluate
6. Implement it

Strategic Design

When engineers set out to solve problems, they use a design process that provides them with general directions regarding the steps they must take. When the steps are followed sequentially, the odds are increased that the design will work. When possible, complete education designers should follow the steps summarized in Table 1. Specifically, they need to understand the challenges of student veterans with disabilities on their specific campuses before attempting to solve them.

Once identified, the designers should research all that is related to the challenges that have been identified. The designers should ask if similar challenges to those of the student veterans with disabilities have been met before on their campuses? If so, how? If not, why not? Then, because the best solution to a problem is not always the first idea conceived, ideas should be exchanged in an open forum with a variety of constituencies present.

When an idea about a solution has been settled on, intentional designers should prepare detailed plans for such, and solicit feedback. They should also expect to modify the design for a complete education for student veterans with disabilities as feedback is received.

The only way for intentional designers to know if their design will work in real-world conditions is to create a pilot student veterans with disabilities program and then test it. If during the pilot program, the initial design doesn't fully solve the problem or meet the challenge, the designers should go back and repeat the above steps. Since what doesn't work will now be apparent, the designers will be in a better position to develop an idea that does work on behalf of student veterans with disabilities. If the design does solve the problem, then it's on to the final step, which is to implement it (Teachers' Domain, 2004).

Merging Teaching and Learning Practices with Principles of Universal Design

The extended research of undergraduate education

done by Chickering and Gamson (1987) produced seven practices for improving teaching and learning: (a) encourage contact between students and faculty, (b) develop reciprocity and cooperation among students, (c) encourage active learning, (d) give prompt feedback, (e) emphasize time on task, (f) communicate high expectations, and (g) respect diverse talents and ways of learning. While each practice can stand alone, when they are all present in undergraduate education, their effects are exponential and employ powerful forces: activity, expectations, cooperation, interaction, diversity, and responsibility.

These practices and forces have an uncanny but natural resemblance to the Principles of UD: (a) equitable use, (b) flexibility in use, (c) simple and intuitive use, (d) perceptible information, (e) tolerance for error, (f) low physical effort, and (g) size and space for approach and use (Center for Universal Design, 1997). This resemblance is because the seven principles for good practice and the seven principles for UD concern matters of equitable access to education. They promote equity and further the development of diverse and engaged student citizens.

As seen in Table 2, infusing these practices and principles in the design process outlined above, results in a complete education for student veterans with disabilities. A complete education is useful to participants with diverse abilities who bring different talents and styles of learning to college. Student veterans developed numerous skills that kept them alive in combat. They will need the opportunity to demonstrate these skills and learn in ways that work for them. Once that happens, they can be encouraged to learn in new ways.

The approach is flexible to accommodate a wide range of individual preferences but it will also acknowledge that learning is enhanced when it is more like a team effort. In combat, unit cohesion was vital for survival, so an intentionally designed educational environment for student veterans with disabilities should emphasize collaboration, not competition and isolation. Intentionally designed education is easy to understand, regardless of the student's experience, knowledge, language skills, or current concentration levels, but if the student veteran with disabilities is having difficulty, an environment that encourages contact between them and faculty/staff is important. Having concerned faculty helps student veterans get through the difficult times and keep moving forward.

It also lends itself to being easy to communicate necessary information effectively to the student veteran regardless of his/her sensory abilities. And the knowledge of the presence of student veterans' functional limitations would never mean that expectations are lowered. Some veterans turned students, chose the military for reasons other than patriotism. They chose military service because they felt poorly prepared and never thought they could succeed in college and serving their county seemed to be a viable alternative to working in a minimum wage paying job. High expectations at the college level are important, and they should be for student veterans with disabilities as well. Expecting them to perform well becomes a self-fulfilling prophecy.

Students, in many ways, are novices and subject to mistakes. A well designed education makes it possible to minimize the adverse consequences of unintended actions. Soldiers in combat are trained to make split second lethal decisions in often highly ambiguous environments. This kind of targeted aggression keeps the soldier alert, awake, and alive. Students who make hasty decisions and execute unintended actions are often the recipients of adverse consequences on college campuses. Student veterans with disabilities will benefit from experiences that help them in learning that rarely will they need to make such harrowing split second decisions and that when a decision needs to be made, they should spend the necessary time to do so. While in Iraq or Afghanistan, the student veteran did not have the luxury of time so helping them understand that there is no substitute for time on task is crucial. Allocating realistic amounts of time to tasks yields high performance.

When intention is given to design, it is possible for student veterans with disabilities to participate in all components of their complete education with efficiency and a minimum of fatigue. There is very little that can be accomplished by just sitting and listening, as attending college is not a spectator sport. But, attending college should not be such an arduous physical feat that it prohibits active participation by student veterans with disabilities.

It also makes it possible for the student veterans with disabilities to fully participate in the complete educational experience regardless of their body size, posture, mobility, or psychological motility. A student veteran's knowledge or perception about where they can "fit in" or "be a part of" is the basis of what

Table 2

A Complete Education

The result of infusing good teaching and learning practices with the principles of universal design

1. accommodates diverse abilities, talents, and learning styles
2. accommodates a wide range of individual preferences
3. is easily understood regardless of the student's experience, knowledge, language skills or concentration levels
4. is easily communicated regardless of the student's sensory abilities
5. minimizes the adverse consequences of unintended actions
6. allows for the participation of students with efficiency and minimum fatigue
7. allows for full student participation regardless of body size, posture, mobility, or psychological motility

they decide to experience while on our campuses. While in combat, the service members had to have control of their emotions; it was critical for mission success. Expressing to others that they feel the size and/or space is not conducive to them for approach, reach, manipulation, and use can be difficult, if not impossible, for most student veterans with disabilities. Sometimes a student veteran's perspective about such is narrow. Having persons who can provide student veterans with disabilities with prompt feedback about such concerns is paramount. When just getting started, the student veteran will likely need help in assessing their existing competencies. As they progress, they will need frequent opportunities to participate and receive suggestions for improvement and to reflect on it all.

Reintegration

While it is probably true that most college campuses will present some imbalances for student veterans with disabilities, the proportion or distribution of that imbalance will be specific to each institution and each student. McKinnon, the soldier who lost her leg in Iraq in 2005, noted that "not only am I a full-time student, I'm a full-time patient. It takes a toll, mentally and physically. Sometimes I'm there in class, but only in body. Not in mind" (Quillin, 2008). This student veteran's experience may be considered extreme nonetheless; it is what she brings to the classroom. Given the myriad of experiences of student veterans with disabilities, it is quite obvious that there is no one design that will work on all campuses for creating a complete education. However, there are a few components, summarized in Table 3, which should probably be included by all campuses so as to help student veterans with disabilities manage their challenges and ease into reintegration.

Students of color, first-generation students, and low-income students are typically considered to be "historically underserved students." It could be convincingly argued that many student veterans with disabilities would or could claim a place in such a list of those not typically served well in postsecondary institutions. For historically

underserved students, transitioning to college and adjusting to the academic and social demands and responsibilities can be a great challenge (Green, 2006). Student veterans with disabilities may not be as prepared as their civilian non-disabled peers and may need campuses to rethink and reframe existing paradigms if they intend to reintegrate, retain, and eventually graduate this population of students.

From their first interactions with the university and through their first weeks and months as students, these former veterans should be exposed to thoughtful engagement efforts. Kuh (2007) offers that students who talk about substantive matters with their faculty are challenged to perform at high levels, receive frequent feedback, get better grades, are more satisfied with their educational experience, thus more likely to persist. Colleges must be willing to learn more about these students and induce them to participate.

Student veterans with a disabilities may also need mentoring; a relational process in which an experienced person, a mentor, accompanies them as they begin to examine what they are learning and experiencing in college and evaluate how these experiences affect their sense of who they are. The mentor should be a person who knows or has experienced something and can transfer that something, whether it is wisdom, information, confidence, insight, etc., to the student veteran at an appropriate time and manner, so as to facilitate development or empowerment. This kind of mentoring, as defined by Stanley and Clinton (1992), is intensive and deliberative and is entered into with depth and awareness of effort.

Sarason, Sarason, and Pierce (1990) believe that social support is important because it can provide a "safety net" for a student to explore and experiment in the world. Students, who perceive that they are supported, feel that they have someone to turn to when problems occur. Given that, there should be available programming that will allow student veterans with disabilities to connect with other student veterans, with and/or without disabilities, from the same war/conflict. McKinnon shared that she spent nights and weekends studying and didn't have time to form close friendships at school. But she said she would enjoy vets' company

Table 3

Reintegration

Components that may allow student veterans with disabilities to ease into reintegration
1. Engagement efforts
2. Mentoring
3. Peer support
4. Information
5. Leadership experiences
6. Network opportunities
7. Academic advising
8. Disability services/accommodations

because "they've been there" (Quillin, 2008).

Student veterans returning from Iraq and Afghanistan will, of course, have different combinations of disabilities depending on the type of injury endured but they will all likely experience some difficulty with memory, concentration, and communication. These limitations will necessitate detailed information about the programs, resources, and support services offered at their university and in the community that will benefit and empower them to be successful. Without detailed information, the student veteran will have little opportunity to make informed choices.

Opportunities that will allow student veterans to develop, or continue to develop, leadership skills of integrity so as to enable positive action, accountability, and personal development are also vital. When student veterans with disabilities are engaged in leadership experiences, they can see the possibility of making their dreams a reality. As the dream develops through these experiences, they are more inclined to work hard at the relationships that sustain that momentum, thus keeping them at a level of high integrity and eventual success.

In addition, these students will need opportunities to network with faculty, staff, and administrators across campus who are decision makers and are making things happen. It's about them obtaining information and making contacts that could help them in their day-to-day life. It's also an essential tool for their professional development.

As is true for all students, but especially student veterans with disabilities, they need to have a plan – a clear goal and a step-by-step strategy - for getting there. This can be achieved through deliberate academic advising. This type of advising is more than just putting the student veteran with disabilities in classes. This advising entails understanding how the student veteran's functional limitations, due to combat, impact academic outcomes. For this to be successful, it requires responsible, pro-active behavior on the part of the advisors. The students must be seen as individuals whose uniqueness and diversity are important. This is taken into consideration from the beginning of their academic journey until they have graduated or transferred. This is known as intrusive advisement; advisement based on the philosophy that the advisor and the student share responsibility for the student's academic success or failure. Intrusive advisors are available, maintain clear boundaries, and truly know the college or university and the staff involved in various programs (Connell, 2003, as cited in Thomas & Minton, 2004).

And even when courses, programs, attitudes, and environments have been created inclusively, with all the dynamics of academic life considered, there will still be some student veterans who are having difficulty participating fully due to their functional limitations. The welcoming campus then, through its supportive network, refers these students to the Disability Services Office for the facilitation of reasonable academic accommodations so that they may successfully complete the essential requirements of all courses.

Summary

Student veterans with disabilities will face some social and academic imbalances in higher education and handle them well. In fact, this generation will soon begin to emerge as leaders in every productive sector of society. The combination of their discipline and wisdom gleaned from their sacrifices and injuries while in Iraq and Afghanistan, and higher education's commitment to design a complete and balanced education for them, will catapult this deserving population of students into playing an active role in enhancing the quality of life for themselves, the nation, and the world.

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Helping Veterans with Disabilities Transition to Employment

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Abstract

Veterans with disabilities constitute a vast, capable, deserving, and under-utilized workforce, and many successful hiring campaigns have targeted the employment of veterans. Colleges offering comprehensive, individualized transitional services have proven successful in supporting veterans with disabilities reentering the civilian workforce. With the incorporation of learning models and reasonable academic adjustments to educational pedagogies and policies, veterans can be poised to successfully transition from college to the workforce. Disability Service (DS) offices can serve as an important bridge between the disability and career transition needs of these students. Specific suggestions are offered to increase collaboration with career offices to enhance the transition to employment.

Currently, more than 6 million veterans have a disability, and more than 700,000 are unemployed in any given month (American Community Survey, 2006). In addition, many of those who are employed are drastically under-employed. The United States Department of Labor (2008) predicts that annually, over 200,000 veterans with disabilities will flood the civilian job market as they leave the military in coming years.

The Current Population Survey (CPS), a monthly sample survey of about 60,000 households, reports that among veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), about 260,000, or 17 %, have a service connected disability (CPS, 2007). Each year these newly injured veterans and active duty members receive rehabilitation at VA centers in hopes of rebuilding their lives in the community in a relatively short period of time. However, upon reentry into civilian life, soldiers with newly acquired disabilities often find the job market daunting. One-third of employed veterans with a service-connected disability work in the public sector, with 16% employed by the Federal government (US Bureau of Labor Statistics Press Release, 2007). The Department of Defense is the largest Federal employer of veterans, encompassing 700 different occupations.

At the very same time that our nation's veterans with disabilities search for quality rehabilitation and employment, our country's workforce is shrinking (Employment Situation of Veterans, 2007). As the general population ages, two things will occur: (a) gaps in the workforce will emerge due to attrition, and (b) many individuals who remain in careers past traditional retirement age will require some form of accommodation due to an age-related disability. There is a clear dual need. The forward trend will be towards the inclusion of people with disabilities in the work place, especially veterans with disabilities, while disability employment becomes increasingly mainstream and readily available throughout the general population.

As an aging nation, the 76 million strong "Baby Boomer" generation threatens to leave employers scrambling as they prepare for retirement, and in turn leave a knowledge and manpower gap in its place (U.S. Department of Labor, 2008). Disability Service (DS) providers are addressing this emerging trend by increasingly exploring new and developing programs for veterans with disabilities, such as One Stops, TAP Centers, and other concerted initiatives that can fill this void as veterans prove to be our nation's next skilled workforce.

DS providers in the educational arena are advised to seek out and familiarize themselves with both veteran-related resources as well as evidence that prove the abilities of veterans with disabilities in the workplace. As service providers, professionals assisting people with disabilities will need to have the ability to not

only locate resources and point to best practices, but to also serve as leaders on campus by demonstrating measurable bottom line results and examples of veterans with disabilities in the workplace.

DS providers should know, and be able to convey, that veterans offer character traits, skills, and abilities to employers that are both valuable and marketable. Veterans with disabilities have demonstrated the capacity to overcome daunting obstacles. Their ability to learn new skills and change career paths exemplifies the determination and innovation that makes veterans with disabilities successful and sought-after employees. Many Fortune 500 upper management find that veterans are flexible and adapt quickly to professional demands and Human Resource needs. DS providers should create an environment that fosters the belief that veterans can and do transition from educational settings to the civilian workforce, and that the traits and skills fostered by the military are easily and productively redirected in the civilian employment context (House Committee on Veterans' Affairs Transcript, 2006).

DS providers should understand that veterans with disabilities represent a highly skilled , dedicated, and resourceful workforce prized for their innovation, professionalism and loyalty. For example, veterans are uniquely qualified to assume an active and proficient role especially in technical fields and the cross disciplinary use of technology, as they have often already received training in technology through military service. Their leadership skills and technological expertise readily translate into a greater propensity to excel in both the educational setting and the civilian employment (House Committee on Veterans' Affairs Transcript, 2006). The DS provider's role is to create an environment to facilitate this transition.

Programs to Assist Veterans with Disabilities Transition to Work

Having adequate medical, emotional, and transitional support are imperative for a successful outcome. DS providers should therefore familiarize themselves with and explore resources such as the Job Accommodation Network (JAN), which offers a guide of accommodations and providers for particular disabilities. Additionally, the Department of Veterans Affairs administers a program entitled "Coming Home to Work." This program is designed to assist veterans reentering the civilian workforce. These programs provide transition services for veterans with disabilities even while recovering from their injuries. Services include matters such as the accommodations and skill development necessary to succeed in a particular professional setting (House Committee on Veterans' Affairs Transcript, 2006).

Legal Protections for Veterans with Disabilities

Discrimination against an individual on the basis of disability is prohibited by the American Disabilities Act (ADA, 1990). Additionally, President Bush signed the Americans with Disabilities Amendments Act (ADAA, 2008) into law, taking effect on January 1, 2009, significantly broadening the federal definition of the "disabilities" that require accommodation under the ADA. This new legislation defines disability as one which "substantially limits one or more major life activities." As such, this broad definition of disability can now include any condition that "materially restricts" (rather than "substantially limits") a major life activity. Educational services providers are advised to fully understand both ADA and ADAA, as individuals are now covered under the ADA as long as the individual "perceives" they have an "impairment" that has an expected duration of more than six months.

While understanding the ADA and ADDA is critical to DS providers, ending discrimination and unemployment amongst our nation's wounded warriors and returning service men and women will not occur until institutions of higher education move beyond these minimum legal standards and adopt best practices, such as deploying assistive technology and Universal Design (UD) practices on campuses.

The Role of Technology

Advancements in information technology amongst other technological innovations present a myriad of viable opportunities for people with disabilities to obtain postsecondary education and pursue careers in scientific and medical disciplines (Brill & Park, 2008). Assistive technology can alleviate many on-the-job challenges and increase a variety of career choices accessible to veterans with disabilities. People with disabilities are much more likely to enter healthcare education programs than they were thirty years ago, with a 300% increase amongst the enrollment of undergraduate students by 2000, and medical schools reporting a "doubling of enrollment by students with learning disabilities during the late 1990s"

(Newsham, 2008, p.1).Veterans with disabilities who have received training in the latest technology and have already demonstrated a capacity to successfully grasp these concepts are uniquely equipped to excel in postsecondary education and successfully compete in these fields.

Future projections of the emerging technology landscape indicate several trends that will facilitate greater inclusion of veterans with disabilities both in employment and educational programs. The continuing evolution of technology will produce smaller, cheaper, more mobile, and sophisticated pieces of technology (Brill & Park, 2008). Small businesses, institutions of higher learning, individuals, students, and public facilities, such as libraries, will be able more generally and readily to make use of these innovations. As we move from an Information Age to and Interactive Age, technology will become more and more an embedded fixture in daily life. Increasingly, emerging technology will be "calm technology" that unobtrusively blends into the context of daily activities (Brill & Park, 2008, p. 74). Emergent technology supports accessibility and minimizes disruption or distraction by the technology itself (Brill & Park, 2008). Increased use of online services in recent years has provided greater educational and employment opportunities for veterans with disabilities. Distance Education (DE) is on the rise and its usage is becoming more mainstream.

A recent survey of DE higher education program revenues recorded a mean increase of 15.5 % in 2006 (Hake, 2008). Increased use of DE and confidence in the caliber of educational outcomes it produces greatly broadens educational, and thus, professional, opportunities for veterans with disabilities. The interactive engagement pedagogy utilized in DE has been found effective in conveying technically and conceptually complex subject matter. Physics education researchers have measured an improvement of two standard deviations for students learning Newtonian mechanics while enrolled in DE introductory physics courses (Hake, 2008). It is logical to extrapolate that other technical fields of study could be taught effectively using DE (Hake, 2008).

Veterans with disabilities increasingly use a range of assistive technologies such as screen reader software, Braille displays, and alternative pointing and clicking devices to interact with computers. Such devices are currently fueling the growth of DE for veterans with disabilities when educators have designed online coursework in a fashion that works with assistive technologies used by their students. For example, screen reader software is widely used when text cannot be read. Therefore, an instructor's web page or online educational tool must be designed using "alternative text HTML tags" so that all images on the page include text descriptions. When this happens, the student's screen reader software can easily use this information to explain the image to the user.

Even when DE is not employed, there are a growing number of accommodations that can be utilized within the physical educational setting for veterans with disabilities. For example, educators presenting using an overhead projector or PowerPoint slides to accompany their talk can have a transcriber using assistive technology software to place the lecture into words that will be read simultaneously by a student with a hearing impairment using a laptop. While many educators initially argued that they were not versed in the most effective pedagogical techniques for students with disabilities, advancements in assistive technology and the use of UD in the learning environment has eliminated the need for educators to have to retrofit their courses every time to accommodate different disabilities.

UD practices, for example, which originated in architecture and industrial design, is the notion that when products or services (including education) are created in such a way that they can be used by all people, regardless of ability level, then everyone benefits — not just those with disabilities. For instance, curb cuts and captioning were both designed to aid people with disabilities, yet today are used equally, if not more, by people without disabilities. In the educational arena, UD acknowledges that every student is different, and coursework should therefore be planed and designed with all learning styles in mind. Educators using UD principles, for instance, might create lesson plans that incorporate the option to utilize books on tape, captioned videos, placing audio files of courses online, and using speech-to-text software. While helpful to veterans with disabilities, educators report that many students without disabilities, or mild forms of disabilities benefit from these technologies. For example, while an accommodation might initially be made for a veteran with a disability, other students, such as a person with attention deficit disorder (ADD), could also potentially benefit by having the ability to access a lecture via an ear receiver to block out distracting noises.

Due to their technical background and first-hand knowledge of accessibility and UD requirements, veterans with disabilities are uniquely qualified to pioneer the application of technological innovation to foster inclusion and, more generally, to modify user applications. As more and more communication and learning take place using an online-offline experiences, issues of accessibility will become paramount and a more consistent standard of accessible usage will occur. Veterans with disabilities are well equipped to lead this initiative. However, DS providers are advised to play an equal role in recognizing the need for DE and assistive technology, and to serve as levelers, thereby leading the way on campuses in attempt to have more of these constantly evolving options available.

The Role of Educational Programs

Educational programs play a vital role in the process of veterans with disabilities transitioning from military service to the civilian workforce. According to the ADA, a student must meet the academic requirements for admission into an educational program with reasonable accommodation, or academic adjustment (Newsham, 2008). Accommodations may include the use of assistive technology and equipment, note takers or interpreters, large-print formats, additional time to complete assignments, alternative information delivery systems, or other techniques. The purpose is to adapt academic work in order to increase accessibility of information to students with disabilities to better indicate academic progress (Newsham, 2008).

Postsecondary education must move beyond minimal legal requirements and endeavor to achieve best practices. Institutions of higher learning are ideally situated to lead the progressive wave towards utilizing technological advancements and developing a teaching pedagogy that embraces full inclusion and development of the academic and professional potential of veterans with disabilities. Practical ways to accomplish these outcomes include observing and applying the benefits of existing learning models to reeducate veterans with disabilities returning to civilian work. Engaged learning provides a multidisciplinary educational experience, which is assessed by real performance (Brill & Park, 2008). This model is readily applicable to providing on-the-job training for veterans with disabilities transitioning to civilian employment. The service-learning model demonstrates the strategic and integrative benefits of engaged learning that is conducted in the context of an organized service activity (Berle, 2006). Service learning relates knowledge to real situations and builds upon prior experience; projects of short duration can produce significant results (Berle, 2006). Adapting the cross training and real life benefits of the service learning model can aid in devising programs with practical professional application.

As we evolve culturally from an Information Age to an Interactive Age, post-secondary educational and professional landscapes will inevitably follow suit (Brill & Park, 2006). Complete inclusion of veterans with disabilities as viable professionals in the civilian workforce depends upon the development of sound approaches to learning that consider their real world needs as learners and integrate new technologies (Brill & Park, 2006).

DS providers must be cognizant of not only emerging technology, but also how this technology can be made accessible to veterans with disabilities. Many people with disabilities use instant messaging, email, chat forums, and social networking as much, or more, than people without disabilities. Veterans with disabilities must therefore be trained on the use of such technology as voice recognition software to send e-mails and instant messages, surf the web, and create documents. These examples demonstrate that veterans with disabilities, especially in an employment setting or postsecondary educational environment, can and do benefit from technology. For example, many veterans who experience visual difficulty or impairment, dexterity difficulty or impairment, and/or hearing difficulty or impairment, excel when introduced to assistive technology.

Additionally, such technology can improve the ability of DS providers to appropriately educate the alarming number of veterans today with devastating injuries such as traumatic brain injury (TBI), post traumatic stress disorder (PTSD) and other psychological wounds of war. Due to advancements in medical care, veterans now come home with injuries that might have been fatal in earlier wars. Common PTSD reactions exhibited in postsecondary education, and in the workplace, can include impairment of attention, concentration, and memory. For example, a veteran may have difficulty paying attention or concentrating on a task or operating machinery for a period of time after a traumatic event. Veterans may also feel a sense of detachment or estrangement from others (Parrish,

2008). Faculty and staff in postsecondary education should be reminded that such behaviors are normal reactions to abnormal events, and thus it is not the veteran who is abnormal. There is not one "standard" pattern of reaction to the extreme stress of the traumatic experience of war. Some veterans respond immediately, while others have delayed reactions. DS personnel who become familiar with these issues and characteristics, are ideally situated to serve as leaders on campus, and can educate faculty and staff. Service providers in the educational setting are advised to create educational programs for veterans that provide a mixture of training in assistive technology, online/virtual job training from the veteran's home, mentoring/follow-along support in a unique career field, behavioral health support and coaching, and job placement assistance after completion of a training program. Successful veterans' educational models often rely on a telecommuting model that allows participants to work from the "safe" and secure environment of their own home. Other successful models include programs that customize curriculum for each individual to accommodate various disabilities and modalities of instruction to train veterans anywhere. Most report that the level of accommodation required cost under $100. It is also advisable to seek a briefing, and ongoing support, from outside experts experienced with PTSD and TBI.

The increasing availability of technology, coupled with the growing visibility of veterans with disabilities, in the workplace and in the classroom represents an untapped opportunity. Providers and employers alike now report that assistive technology and accessibility can and does aid more than those with disabilities and the aging. Forrester Research Inc. (2003), for example, studied the effect of accessible technology for the general population (those with and without disabilities), and reported that in the United States, 60% (101.4 million) of working-age adults 18 to 64 are likely or very likely to benefit from the use of accessible technology.

DS providers report that with new technology there are new possibilities for veterans with disabilities. Unemployment, seclusion, doubt, and inactivity are removed with improvements in technology, accommodations, and attitudinal barriers. When faced with a newly acquired disability, veterans are now taught to find – or create – alternatives through the use of assistive technology that can take abilities to a higher level.

In addition to the need for a better understanding of emerging technologies, educational program pedagogies and policies must be established that incorporate the academic adjustments that are necessary for veterans with disabilities to reach their full potential. Educators, as well as the programs and students they serve, stand to greatly benefit from greater familiarity with not only new technology, but also disability law and the development of policies specifically related to the inclusion of students with disabilities. Educators often lack the first-hand experience necessary to effectively address real life scenarios that arise (Newsham, 2008). Thus, they would greatly benefit from practical strategies that have been devised from the insight and experience of others. Disseminating this information to educators and DS providers is the logical next step towards ensuring that people with disabilities, especially veterans, are fully accommodated and represented in academic programs. True inclusion of veterans with disabilities in postsecondary educational programs and, in turn, the professional civilian workforce, will not be accomplished until we move beyond minimal understanding of assistive technology and legal standards, to best practices.

Model Corporate Practices

Many issues relating to transitioning veterans with disabilities, and overall disability awareness, can be addressed by properly training all DS providers that interface with veterans. From direct providers to campus administrators, understanding the different types of disabilities and common issues relating to each area is crucial. Providers and educators can emulate successful practices in the corporate arena in order to understand – and create new – methods to best train and transition veterans with disabilities.

For example, corporate models reinforce the growing need to be aware of hardware and software used to support many disabilities. Understanding system requirements and configuration issues between assistive technology and IT is today a component of both successful learning and workplace environments. Corporate models demonstrate the need to present veterans with disabilities troubleshooting tips, checklists, and processes for problem escalation. Additionally, it is advised that providers, like corporate stakeholders, create disability awareness training within their organizations – for example, disability awareness training that uses simulation exercises

work best, (such as putting people in wheelchairs or blindfolding them) in order to allow people without disabilities to have an idea of what having a specific disability may be like.

As an example, several companies currently actively recruit veterans for employment and utilize these best practice techniques to ensure their success. For these companies, hiring veterans and other individuals with disabilities is included in their diversity philosophy. DS providers are therefore encouraged to familiarize themselves with the best practices exhibited by these companies who have found veterans to be loyal and capable employees, stakeholders who benefit their business outcomes. Several Fortune 500 companies, for example, have initiated highly successful recruitment policies targeting veterans. For instance, Home Depot established "Operation Career Front," a veterans recruitment campaign. During the first two years, Home Depot hired 26,000 veterans. The company hired 17,000 veterans in 2005 alone (House Committee on Veterans' Affairs Transcript, 2006).

Dennis Donovan, Executive Vice President of Human Resources at Home Depot, stated that Fortune 500 companies can help veterans transition to employment by learning to navigate and coordinate Department of Defense, Department of Labor, and Veterans Affairs resources (House Committee on Veterans' Affairs Transcript, 2006). Home Depot had One Stop representatives work with their Human Resources staff and connected their 1,800 stores via satellite broadcast (House Committee on Veterans' Affairs Transcript, 2006). They also went online, providing veterans with a clearinghouse of services that are available at Transition Assistance Program (TAP) Centers. Thus, veterans can apply or test for positions with Home Depot, or even schedule an interview, online. Furthermore, Donovan touted the importance of demonstrating best practices as a company in order to set an example for others to follow (House Committee on Veterans' Affairs Transcript, 2006). DS can use such model programs to create learning and transition opportunities within the educational setting as well. Disability educators are also advised to collaborate with career offices to make similar programs possible on campuses.

By examining these corporate models, DS providers may find that the process of transition is the most crucial component to the success of veterans with disabilities returning to the workforce. DS providers, organizations, and consultants that incorporate these engaged learning models, whether in a service learning or DE context, have proven successful (House Committee on Veterans' Affairs Transcript, 2006). These programs offer individualized and comprehensive transitional services that are beneficial for promoting greater inclusion. Programs that work with veterans with disabilities as soon as they leave active duty and continue to provide supportive job training and even job placement have been found effective (House Committee on Veterans' Affairs Transcript, 2006). Assistive technology, online services and "telework" opportunities also contribute to program success (House Committee on Veterans' Affairs Transcript, 2006).

Such veterans' programs as TecAccess, a leading disability employment and staffing consultancy, have demonstrated that veterans with disabilities – when trained appropriately – can fill this void and prove to be our country's next great workforce, especially in the fields of technology and assistive technology.

To make this vision a reality, TecAccess launched a Disabled Veterans (DVET) educational initiative driven by partnerships between private industry and government agencies nationwide. Providing an immediate impact, DVET implemented an innovative approach that offers professional training and hiring of veterans with disabilities. This pilot program kicked off with the Commonwealth of Virginia in 2007, when Governor Tim Kaine directed all state agencies to identify opportunities to partner with the Department of Veterans Services on ways to offer new, expanded, or customized services that meet the needs of Virginia´s veterans, especially those now living with disabilities. This pilot program, along with the subsequent nationwide rollout of the DVET program, was designed to ensure that veterans receive the support, job training, and recognition they have earned through service and sacrifice. DVET, an example of private and public collaboration, today serves as an innovative approach to increasing employment for veterans with disabilities, offering participants professional training and employment.

DS providers can collaborate with, or simply emulate, learning models found in the DVET model. For example, this first-of-its-kind program uses Assistive Technology (AT), such as screen readers and voice activated controls, for unique training opportunities. DVET also provides mentoring, counseling, job training, and the motivation that a competitively

paid and respected job is at the end of the program. TecAccess' DVET model demonstrates to disability providers that it is important to reach soldiers as soon as possible, as worries about down time and patient frustration can occur in some rehabilitation settings. TecAccess therefore exemplifies the importance of using assistive technology and the ability to "telework" as a way to educate, transition, train, and place veterans in technology positions where they learn new skills and interact in boardrooms across the country with private industry and government.

DVET training program prepares participants to use computer technology and work in a wide array of professions including IT, web and non-web based accessibility consulting, call centers, and project management. The DVET training program, like postsecondary education, ultimately benefits both the disabled veteran and the hiring organization by empowering veterans with disabilities to leverage their unique and newly marketable qualifications. The success of the DVET program, and in any learning environment, is ultimately measured by the successful employment for the veteran in a satisfactory job or profession, ideally with a competitive salary and growth opportunity. DS providers are therefore increasingly advised to seek out, create, and/or use such examples as evidence of the importance of training and transition, as well as to demonstrate the end result – the positive impact of veterans with disabilities can and do have in the workplace. As service providers, many professionals assisting people with disabilities will need to use the language of private industry, and have the ability to demonstrate measurable bottom line results and examples of progressive businesses who actively recruit, train, and hire veterans with disabilities.

Additionally, DS provides must be knowledgeable of initiatives and support systems, such as the Transition Assistance Program (TAP), that can facilitate the move from military service to civilian employment. TAP provides career resources and veterans benefit information, as well as an employment skills evaluation in relation to the current job market. Spouses are eligible to obtain derived preference for employment based on the qualifying service of a spouse who is unable to work. A Standard Form 15, Application for 10-Point Veteran Preference, must be completed.

Such programs as DVET and TAP demonstrate the need for training programs that provide veterans with a positive focus during his/her initial rehabilitation period. It effectively keeps their intellect active and the individual involved in positive activities using assistive technology and telecommuting during rehabilitation. These programs also serve as valuable examples that can be used when interfacing with hiring agencies as evidence of successful transition from the battlefield to the workplace.

It is critical that DS providers help set up an environment that allows veterans to demonstrate that despite newly acquired disabilities, this pool of potential employees have a proven track record of persevering under difficult circumstances. They also have work histories and job skills that are directly applicable to many jobs. Research has shown that veterans with disabilities are more loyal and productive employees.

Effective training programs allow companies to adapt to veterans with disabilities at the same time the veteran adapts to the new workplace. What the employer gains is access to unique skill sets and qualifications. Returning veterans possess unique skill sets and qualifications such as security clearances that are difficult, and expensive, to find in the civilian population.

Conclusion

Each year, increasing numbers of veterans with disabilities reenter the civilian workforce. Postsecondary educational institutions and programs must endeavor to become more knowledgeable of the ADA, and the ADAA, as well as guidelines and innovative teaching pedagogies that facilitate greater inclusion. While this is not a new or novel theory in the educational setting, it is becoming increasingly critical in the current climate, specifically when assisting veterans with disabilities.

As we enter an Interactive Age, online accessibility has become an area of paramount importance in order to provide veterans with disabilities opportunities for DE, telework and access to professional skill development, whether they are recuperating in a veterans hospital or transitioning from home. Veterans with disabilities who have a foundation of training and proven skills in technology are uniquely qualified to take the lead in technical occupations and the burgeoning field of adaptive and accessible technology. The demonstrated ability of veterans with disabilities, often at a very young age and under the most demanding and stressful of circumstances, exemplifies their qualification to pursue higher education and specialized professions in technical fields.

DS providers are encouraged to create an environment that allows veterans with disabilities to demonstrate that they are insightful leaders who are equipped to pioneer the development of policies and best practices in professional and postsecondary educational programs. Programs that comprise engaged learning techniques, coordinate services, and integrate technology, best support veterans with disabilities reentering civilian life. In carrying forward these findings, DS providers are encouraged to implement key factors when developing a successful educational and transition programs for veterans with disabilities. Providers are advised to create an accessibility team, or host of experts on the topic. Partnering with experts in the field, is suggested, and whenever possible, ask a person with a disability, "How are you doing? – or in other words, using a person with a disability to test the accessibility and usability of your learning environment. This provides a firsthand perspective as to what does and does not work. Additionally, DS providers are advised to become a trusted advisor on campus, and to set themselves apart as knowledgeable on topics/resources important to veterans, and leverage this knowledge to create an environment that fosters growth.

There is an increasing need to educate everyone from front line providers up to campus administrators in disability awareness and in some of the difficulties veterans with disabilities might encounter with your program and educational environments. It is important to educate all DS providers with such information so that they become more efficient, more comfortable, and more sympathetic to the concerns of veterans with disabilities.

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