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*Severely injured military veterans of the conflicts in Iraq and Afghanistan who are completing rehabilitation at a military hospital and are ready to pursue postsecondary instruction are assisted by an academic advisor at the hospital and a mentor from a cooperating college or university.*

## Partnering to Assist Disabled Veterans in Transition

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In his final public speech, delivered in 1977, Hubert H. Humphrey famously quipped that the moral test of our nation includes how we care for “those who are in the shadows of life: the sick, the needy, and the handicapped” (Cohen, 1978, p. 491). Today, America is being put to that test, for it is being challenged to meet the needs of unprecedented numbers of wounded and disabled veterans returning from military service. In past conflicts such as those in Korea and Vietnam, approximately three servicemembers were wounded for every one who died. However, in the current conflict in Iraq, the ratio of wounded—including combat-related and noncombat-related injuries—to dead is closer to sixteen to one (Stiglitz and Bilmes, 2008). Undoubtedly, an increasing number of disabled veterans will be seeking postsecondary education in the next few years. Are college and university personnel ready to meet the needs of this unique student population?

This chapter is designed to inform the reader about students who are disabled veterans, and it describes one initiative to support the success of those who are severely injured. While many of the wounded suffer from traditional war injuries to bone and muscle, an expanded list of service-related disabilities includes traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). It is important that campus personnel, including faculty members, understand that many veterans have more than one difficulty

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that affects their learning and may have multiple disability diagnoses. When servicemembers with these types of injuries return to civilian life, they face tough transitions and often lose the convenience of direct access to the government's educational support programs. Past direct support likely included conveniences such as an education service officer overseeing the voluntary education programs and academic programs or classes offered on base. Perhaps postsecondary institutions can lead the nation as exemplars for working with disabled veterans and ensuring their success in the academic enterprise. This effort can make education the catalyst for a rewarding reintegration into civilian life. This is a tall order and perhaps beyond the scope of higher education's mission, but in this era of accountability, colleges and universities are uniquely positioned to provide services for disabled veterans seeking postsecondary instruction.

Between March 2003 and September 2008, more than 30,634 service personnel were injured during Operation Iraqi Freedom (iCasualties.org, 2008), and bone and muscle injuries accounted for more than 40 percent of the total (Ephron, 2007). The most common of these injuries occurred to soft tissue or bone and typically resulted from an improvised explosive device (IED) blast or gunshot wound. A majority of the wounded receive treatment and return to their unit. However, the most severely wounded undergo multiple surgeries and likely spend many months rehabilitating at military hospitals such as Walter Reed Army Medical Center.

Estimates are that between 11 and 28 percent of combat troops suffer some level of traumatic brain injury (TBI), a condition often arising from exposure to the concussive blast of an IED or other explosion (Zoroya, 2007). TBI is becoming known as the signature injury of this generation of war fighters (Emmons, 2006). Diagnosis of TBI is difficult because symptoms may not reveal themselves until many months after the initial trauma. This type of brain injury will affect a veteran cognitively, physically, behaviorally, or in a combination of those ways. Cognitive problems include inability to concentrate and loss of memory. Headaches, dizziness, and blurred vision are some of the physical symptoms of TBI. Often discovered along with other medical problems, TBI-related behavioral changes include irritability, anxiety, sleep disorders, and depression.

Referred to in past wars as *shell shock* or *combat fatigue*, post-traumatic stress disorder, Kinchin (2005) suggested, is an invisible injury and is essentially a normal human reaction to an abnormal and traumatic event. Characterized as an anxiety disorder, PTSD produces symptoms such as intrusive thoughts about a traumatic event, avoiding stimuli that remind the person of the event, emotional numbness, and physiological hyper-arousal. According to the U.S. Department of Veterans Affairs (VA), more than 50,000 cases of PTSD have been diagnosed during the Operation Iraqi Freedom and Operation Enduring Freedom conflicts (Ephron, 2007). Treatment options include counseling to help servicemembers develop coping skills, support groups, and antidepressant medication.

The service-related disabilities described in this section, or combinations thereof, are illustrative of the types of issues that students who are disabled veterans may bring to the campus and the classroom. Higher education professionals should be familiar with the challenges that this new generation of war-wounded veterans may face. How best to support these veterans is still being debated, but this chapter details one project that has demonstrated promise in establishing students on a trajectory for success. Hopefully, the initiative described here will serve as an example for the campus community, including central administration leaders, academic affairs personnel, and student services professionals.

### **An Initiative for Serving Injured Veterans**

Severely Injured Military Veterans: Fulfilling Their Dream is an initiative of the American Council on Education (ACE) and is funded by private contributors (American Council on Education, 2008a). The project, begun in April 2007, is designed to ensure that severely wounded veterans and their families receive support as they make the transition from wartime service to postsecondary education. Program staff and volunteers have assisted more than 400 servicemembers and veterans with their postwar goals; this assistance has often involved finding postsecondary programs that will help them meet their goals. Seventy-eight veterans are currently enrolled or accepted at a variety of higher education institutions. As of the summer of 2008, thirteen have completed postsecondary programs. This early success is due, in part, to the hard work and dedication of the staff and volunteers who support the program.

Since 1918, ACE has provided leadership and a unified voice on key higher education issues (American Council on Education, 2008b). Through advocacy, research, and innovative programs, ACE represents the interests of more than 1,800 campus executives, as well as the leaders of higher education associations and organizations. Together, ACE member institutions serve 80 percent of today's college students. ACE speaks as higher education's voice in matters of public policy in Washington, D.C., and throughout the nation and provides vital programs, information, and a forum for dialogue on key issues. The National Association of Student Personnel Administrators (NASPA) has partnered with ACE to help severely injured veterans find a mentor at the college or university they plan to attend. With more than 11,000 members representing 1,400 institutions, NASPA can provide a point of contact at a majority of the schools of interest to veterans from the program.

Support from the ACE program starts while the injured servicemember is recovering at a military hospital such as Walter Reed Army Medical Center, Bethesda Naval Hospital, Brooke Army Hospital, or the Naval Medical Center San Diego. There is an ACE academic advisor at each hospital. The advisor assists each client in developing an individual educational plan. This unique group of student veterans aspires to a full spectrum of educational goals, from high school equivalency to graduate and postgraduate degrees.

A majority are seeking certificate programs, two-year degrees, or baccalaureate degrees. Participants may be first-generation students, first-time students, or returning students.

ACE staff found that veterans were disinclined to request assistance and, therefore, needed help finding information about a particular college's academic offerings, orientation program, and campus culture. Moreover, when a veteran is medically discharged or officially retired, he or she may not qualify to receive continued support from and access to Department of Defense or VA education services. Therefore, through ACE program staff and with the assistance of NASPA members, veterans are connected with volunteer mentors known as *champions*. According to the description provided on the ACE Web site (American Council on Education, 2008a), a champion

- Invests time and energy to help the veteran make informed decisions
- Provides guidance for dealing with the chaos of college and assists in bridging the gap from the military's mission-oriented structure to an academic environment
- Serves as a resource to assist with matters such as study skills, tutoring support services, veterans affairs issues, and enrollment challenges
- Seeks to build a community-based team of support for the veteran or family member (or both)
- Needs to be flexible and persevere because the veteran or family member will undoubtedly face setbacks and obstacles on his or her journey, particularly when getting started

Champions, or mentors, can be fellow students, faculty members, or administrators and are often veterans themselves. Campus advocacy by the mentor can be essential in initiating access to resources needed to provide assistance to a severely injured veteran. In addition to the champion, family members and other volunteers may also play an important role in helping a recovering veteran with the transition to college.

## Student and Mentor Profiles

The following profiles, intended to be representative of students and mentors from the ACE program, are offered to the reader for illustrative purposes, with the intent to familiarize student services professionals with realistic examples. The profiles are based on actual events and genuine participants in the program, but names and identifying information have been changed to protect privacy.

**Online Learning.** Amanda joined the Army in 2004 and was deployed to Iraq in 2005. In 2006, she was severely injured when a truck loaded with propane exploded near her convoy. Amanda and other soldiers suffered extensive burns. She received treatment at Brooke Army Hospital, includ-

ing many surgeries over an eighteen-month period and numerous hours of physical therapy. During her recovery, she enrolled in an online associate degree program in criminal justice. Amanda credited the ACE academic advisor at Brooke with helping her find a course of study that interested her, as well as assisting her in selecting and applying to an acceptable school. She plans to take a civilian job in law enforcement and continue her studies. Readers should note that online learning was the only practicable way for Amanda to begin and continue postsecondary study at the time, primarily due to frequent doctor's visits and rehabilitation appointments associated with her injuries.

**Educational Goals That Aid Recovery.** Michael served in the Army for more than four years and earned the rank of sergeant. Deployed to Iraq in 2005, he operated armored vehicles in a unit charged with protecting convoys. Just a few months into his deployment, as Michael was sitting in the passenger seat of a Humvee while returning from a successful convoy mission, a roadside bomb detonated next to the truck, causing significant damage and injury. Tragically, he lost his left leg in the explosion. Michael took treatment for nearly a year at Walter Reed Army Medical Center, where he received a prosthetic leg and participated in physical rehabilitation. A bright young man who showed academic promise, Michael worked with his ACE advisor at the hospital in order to begin online courses during his recovery, with the goal of transferring to a state university and studying for a career in a health-related profession. He has since made the transition to civilian life and is attending university classes. Coordinating with Michael's ACE advisor, a NASPA volunteer contacted the chief student affairs officer at Michael's university prior to his arrival. The chief student affairs officer, in turn, notified appropriate campus personnel, including staff members in veterans affairs and disability services, to assist Michael with his academic journey. While he never actually received an individual mentor, the group effort and support from a cadre of campus personnel has proven successful. Michael plans to finish a baccalaureate degree at the university and pursue graduate school thereafter. His story illustrates how pursuing higher education can provide a positive focus during a veteran's recovery and transition.

**A Desire to Give Back.** Adam served in the Marine Corps in Iraq, beginning in early 2006. In 2007, while he was returning to base from a mission in Fallujah, an IED exploded under the vehicle carrying him, resulting in severe leg injuries. Sadly, his left leg required amputation and his right foot required extensive reconstructive surgery. He eventually spent one year at Brooke Army Hospital to receive treatment for his injuries and heal. Adam had completed two years of college prior to joining the military. With the assistance of the ACE academic advisor at the hospital, he is now pursuing a baccalaureate degree at a university in his home state. Adam's goal is to finish school and work in the medical equipment industry, particularly in prosthetics, where he can use his personal experience and expertise to

help others. Adam wants to use his educational benefits to earn a degree and work in a field where he can give back to others who have been injured.

**A Mentor Who Served in Iraq.** Carl is an administrator in student affairs at a large East Coast university. He is also a retired colonel in the Army Reserves and did a tour in Iraq in 2005 and 2006. Through a referral from the vice president for student affairs at his university, Carl got a call from the NASPA liaison, who was seeking a mentor for a severely injured veteran, Chris, from the ACE program. Chris was newly admitted and could use the help. Carl readily agreed to meet with him and see how things progressed from there. Due in part to their common military experiences, the two veterans got along well and met regularly for a while to ensure that Carl's protégé got a solid start in school. Since then, two semesters have passed and they see each other less frequently now. However, the initial support and advocacy provided by Carl was important.

**A Bridge to Peer Support.** Daniel, an academic dean at a Midwestern university and a former Marine, was an ideal candidate for mentoring a severely injured veteran from the ACE program. When the volunteer liaison from NASPA called about the opportunity to be a champion for Tony in the program, he agreed without hesitation. Daniel's military background helped him build rapport with Tony, but his position in both academics and administration proved invaluable in helping his protégé deal with bureaucratic hurdles, seek out educational advice, and obtain referrals to people who could provide support in regard to the emotional aspects of a transition to civilian life. Perhaps most important, Daniel introduced Tony to the student veterans organization on campus (see Chapter Eight). In this case, peer support appears to be the critical factor in student success. While his role as a mentor diminished over time, Daniel's initial support for the student from the ACE program was vital.

## Feedback from Students and Mentors

Several veterans participating in the ACE program mentioned the presence of uncontrollable variables that acted as barriers to pursuing an academic lifestyle and regular class attendance. These obstacles included rehabilitation appointments, ongoing disputes with the military medical review board, and physical setbacks that required follow-up surgeries. Perhaps these factors explain the popularity of online distance learning courses among this student population (Field, 2008). Program participants also reported difficulty in making the transition to civilian life and school, often simply because of timing factors and changing plans. However, the ACE academic advisor at the hospital not only assists with matters of timing but, perhaps most important, also helps the severely injured servicemember identify his or her own academic and professional interests, as well as determine which type of institution best fits his or her needs (for example, a community college, a university, or an online program).

Difficulties associated with memory loss and confusion related to information overload were also noted as impediments to college attendance, according to several of the veterans in the program. These hindrances to student success can be exacerbated by a reluctance to seek assistance. One student demonstrated an inability to complete necessary paperwork and could not explain why, which is a type of experience that is sometimes associated with PTSD. When problems of this sort occur, the mentorship arranged through the ACE program can be a valuable source of support and guidance. For example, a mentor from the program requested information about how a military security clearance would be affected if a disabled veteran sought psychological counseling for PTSD. Interestingly, several student veterans from the program are interested in pursuing careers in military intelligence and have concerns about their health record. These privacy issues also give rise to concerns about registering for a documented learning disability, including college course accommodations for memory difficulties associated with TBI.

A number of the mentors cited their primary role as a resource to help veterans find answers and get the help they needed. One noted that just offering the extra support bolstered the confidence of the disabled student in his charge. When a student voiced concern about acceptance in college, mostly due to being an older student and attending an institution that was known for a predominance of liberal views, his mentor offered to assist him in getting involved with the student veterans organization on campus. The notion that peer support is key for student success is well documented in research findings, starting with Astin (1977) more than thirty years ago, and is still true today for the severely injured veterans in the ACE program.

## **Concluding Thoughts**

While Severely Injured Military Veterans: Fulfilling Their Dream, the American Council on Education's initiative, is relatively new and still developing, the successes achieved by participating veterans are inspiring. Not surprisingly, for a severely injured veteran, pursuit of postsecondary education can provide a focal point for rebuilding a shattered life. In a sense, this is a type of rehabilitation that occurs beyond the hospital setting; furthermore, a positive transition to civilian life is an intrinsic part of this type of rehabilitation. However, if a student's dream of college attendance is threatened by bureaucratic red tape, feelings of rejection by classmates and faculty members, or physical and psychological limitations, the prospect of failure can be devastating. These pitfalls are why assistance from an academic advisor from ACE, coordination with a NASPA volunteer liaison, and support from a champion at the veteran's new institution are vital. Because no single model for support is sufficient to meet each unique student's needs, a team approach like the ACE program is required to ensure success.

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