

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 ADA 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 ADAAs, 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 ADAAs 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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