Engaging the Disabled in National Service
Understanding the Barriers and Successful Strategies to Enlisting Disabled Veterans, Older Adults, and Students in Service

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ENGAGING THE DISABLED IN NATIONAL SERVICE
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Joanna Lennon

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Abstract

Community service—whether paid or on a volunteer basis—can provide an array of significant benefits not only to the individuals and communities served but to those performing the service as well. Recent behavioral and physiological data show that service work can have a significant and beneficial impact on the disabled including veterans with traumatic brain injuries (TBIs) and post traumatic stress (PTS). Sponsored by the Washington Commission for National and Community Service, this study was designed to gain a better understanding of existing barriers to engaging the disabled in service programs and the factors necessary to make such programs successful. It is an attempt to gather initial data and information and to surface the questions that may point to more in depth research needs. Based on confidential interviews with 237 individuals with disabilities (veterans, older adults, and students) throughout the United States and 135 local and national organizations (research institutions; national service programs; brain research institutes; U.S. Department of Veterans Affairs hospitals and clinics; schools and school district offices including charter school organizations; universities; medical doctors including neurologists, psychiatrists, neuropsychologists, and social workers; advocacy organizations; and a literature search), the report identifies programs and service options for disabled veterans, older adults including veterans over 55, and kindergarten through university students that have proven successful. More information on the interview methodology is included in Appendix A. Strategies for engagement and retention of disabled service participants are discussed along with research that is beginning to show promising interventions that may slow or offset the impact of specific disabilities and help in brain growth and healing.

Author Bio

Joanna Lennon is co-founder and CEO of Civic Assets whose mission is to rehabilitate and reintegrate veterans of the U.S. armed forces suffering from posttraumatic stress and/or traumatic brain injuries by placing them in high quality service activities and projects that improve their communities. The program integrates service experiences with college and/or vocational courses, medical and mental health treatment, internships, and cutting edge research into the correlation between service and brain rehabilitation. From 1983-2010, Lennon served as the CEO of Civicorps Schools, formerly known as the East Bay Conservation Corps, in Oakland, California. The organization pioneered the civic engagement of urban youth through a combination charter high school and conservation corps, a charter K-5 school, a recycling program and credential programs for teachers based on service learning. Civicorps became a national and international model in the fields of education, national service, and civic engagement. Lennon is a doctoral candidate in the School of Forestry and Resource Management, holds a Master of Science in Wildland Resource Science, a secondary Teaching credential and a Bachelor of Arts in Social and Political Philosophy. In 2002, Lennon was honored with the Peter E. Haas Public Service Award given to a graduate of the University of California, Berkeley who has contributed to substantial social change on the national level.
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Introduction

A study released in June 2011 by the World Health Organization and the World Bank found that 15 percent of the world’s population—over one billion people—have a physical or mental disability. The disabled have poorer health outcomes, lower educational achievements, less economic participation, and higher rates of poverty than others. According to the report:

Disability is increasingly understood as a human rights issue…. Many people with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities…. Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities.

The definition of disability is broad, encompassing physical, cognitive, mental, sensory, emotional, or developmental affectations or a combination of several of the above. Authors of the World Health Organization report see three facets to the definition—impairments, activity limitations, and participation restrictions:

An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.

According to the year 2000 data from the U. S. Census Bureau, 49.7 million Americans have a disability, which is approximately one in every five of the nation’s population. They represent 19.3 percent of the 257.2 million people who were aged five and older in the civilian non-institutionalized population. Added to these numbers are veterans who have sustained physical and emotional injuries from service in World War II, the Korean War, the Vietnam War, the Gulf War, and in current conflicts in Iraq and Afghanistan. Since 2001, nearly two million troops have served in the Middle East, and their service has led to more than 600,000 U.S. Department of Veterans Affairs claims for disabilities including amputations, injured limbs, PTSD, and TBI according to a May 2010 report by National Public Radio. These wounded veterans join five million older disabled veterans already receiving care and benefits from the U.S. Department of Veterans Affairs, as cited by a 2008 U.S. Census Bureau survey.

Meanwhile, the U.S. population is aging with U.S. Census Bureau data showing individuals 65 years or older numbering 39.6 million in 2009 and projected to grow to
72.1 million by 2030—twice their number in 2000. By 2050, 20.2 percent of the population or one in five Americans will be 65 or older. With aging comes a host of disabilities including loss of mobility and decreased sight, hearing, and cognitive functioning.

Finally, many students with disabilities are now increasingly mainstreamed into classrooms as diagnosis and treatment of physical and cognitive disabilities, learning disorders, autism, and emotional disorders have advanced and are better understood by specialists and school districts. Approximately 15 percent of children aged three to 17, or about 10 million American children, had a developmental disability in 2006–2008, according to a study in the journal *Pediatrics*.

These three groups of Americans with disabilities represent a significant national resource. At a time of declining budgets in federal and state governments—leading to cuts in social services, educational institutions, parks, municipal infrastructure projects, and organizations that benefit citizens and the environment—service programs have the potential to fill the void with highly motivated workers. Reminiscent of the Civilian Conservation Corps in the 1930s that put 2.5 million young men to work during the Great Depression (planting nearly three billion trees to help reforest America, constructing and upgrading more than 800 parks, and building a network of service buildings and public roadways in remote areas), service programs have blossomed in recent years. Examples include the state and local conservation corps programs, AmeriCorps, Foster Grandparents, Senior Companions, Teach for America, and Learn and Serve America.

The Corporation for National and Community Service, a federal agency that engages Americans of all ages in service, encourages grantees to enroll people with disabilities in their programs. It has been difficult to obtain comprehensive data on just how many people with disabilities are involved in national service programs throughout the United States because people have the choice whether or not to self identify as disabled and also because many disabilities are not readily apparent. Each state has a commission which is responsible for developing a comprehensive service plan for the state, assembling applications for funding and national service positions, and administering service program grants. Disability placement grants are given to each state commission using a formula that is based on the number of members and Corporation for National and Community Service programs in each state. These funds may be used for capacity building and infrastructure development, and there are examples of appropriate uses in the “2011 Provisions for State Administrative, Program Development and Training, and Disability Placement Grants (January 1, 2011).”

Partnering with local disability support organizations was suggested as an effective strategy to access additional resources. Administrators from a number of the programs interviewed stated that while they are excited about the possibilities of working with
people with disabilities, they are concerned about liability and costs for special accommodations that they think are required for disabled members. In addition, many people with disabilities receive government benefits such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Depending upon the type of service program they are interested in, there may be a risk that participating in a service program might jeopardize their eligibility for government benefits, and this must be carefully researched. The Heart Earnings Assistance and Relief Tax Act of 2008 (the “Heart Act”) made AmeriCorps more accessible for people with disabilities, and SSI recipients no longer risk losing their SSI benefits or eligibility as a result of their AmeriCorps participation.

In addition, in 2010 the Corporation announced the Engaging Veterans with Disabilities Initiative to enhance the capacity of national service programs to successfully recruit, engage, and support veterans with disabilities as active service members in structured volunteer experiences. Many of the same concerns about liability and accommodations have been expressed by administrators of service programs, concerns which might be addressed by more information and training.

As a population with distinct perspectives, backgrounds, and requirements, the disabled want to serve their country. Among the millions of veterans, older adults, and students with disabilities is a future workforce that will make a difference in our collective quality of life. New research strongly suggests that service is highly beneficial to all three categories of the disabled as well. However, to successfully enlist and maintain significant numbers of these Americans with disabilities in service programs requires a better understanding of their life situations, accommodation requirements, and service project preferences.

**Veterans with Disabilities**

Engaged in fighting the longest wars in American history in Iraq and Afghanistan in Operation Iraqi Freedom and Operation Enduring Freedom and now in Operation New Dawn, men and women in the U.S. military are returning home with major physical and psychological wounds. Without a draft, an estimated 890,000 soldiers have been deployed in war zones for more than one tour in the past decade, compounding existing trauma. However, while the collective experience of these wars is largely traumatic, returning veterans cherish the sense of mission and camaraderie they shared with their fellow soldiers. For most of the 160 veterans interviewed including 15 older adult veterans, their military service has become the defining experience shaping their identities, more critical to their self image than even spouses, children, and extended family and friends.

The wars in the Middle East are distinctly different from past wars because there are no clearly delineated front lines. Soldiers live in continual fear of attack and are unsure
who among the civilian population, local police, and local army recruits are friends or foe. Sectarian and religious violence is continual with suicide bombers, improvised explosive devices (IEDs), and brazen attacks creating constant unease and making it difficult to identify who or where the enemy is. “Living in fear is a constant force in all of our lives,” stated one veteran interviewed.

Post Traumatic Stress (PTS), Traumatic Brain Injuries (TBIs), chronic pain, and other physical and emotional problems plaguing veterans have made reintegration into American society a daunting challenge. These ailments, compounded by the economic downturn, have led to high unemployment among veterans. A May 2011 report from the Bureau of Labor Statistics found that the unemployment rate in April 2011 for young male veterans, aged 18 to 24, was nearly 27 percent, more than double the high 10.9 percent unemployment rate for all post 9/11 veterans. Female veterans are battling unemployment at the same rate as their male counterparts. While many of their peers have spent the past decade gaining civilian work experience and professional certifications, females in the armed forces were on a different track, one that in many cases is putting them at a competitive disadvantage in a tough job market. Their struggle comes as women in civilian life are emerging from the Great Recession hurt less by joblessness than men, but as female veterans they increasingly battle homelessness and unemployment. “Women veterans are one of the fastest growing segments of the homeless veteran population,” says John Driscoll who heads the National Coalition of Homeless Veterans.

Many Iraq and Afghanistan veterans leave active duty in the military and find that their skills are not understood and valued by employers in the civilian sector. Men and women veterans with disabilities are even more likely to be unemployed. “The challenges that women face are even greater,” says Paul Rieckhoff, founder and Executive Director of Iraq and Afghanistan Veterans of America (IAVA). Women, whose presence in the military now accounts for 1.8 million of the 23 million American veterans, experience a much tougher transition to the civilian work place than their male counterparts. When asked why this was so, all 16 of the female veterans and 68 out of the 144 male veterans interviewed for this report said that the Department of Veterans Affairs system does not adequately address women’s health care issues, child care issues, and emotional and psychological needs; the role of women as the primary caregivers of their children; and that the civilian sector does not seem to fully understand the role of women in the military. The military health care system was originally designed for men. The Veterans Administration is doing a lot to ensure that the health care issues facing women are addressed but female veterans say that the quality of care varies greatly, and they battle for services geared to their issues. This was underscored in an article in the July-August 2011 Women’s Health Journal, a journal of the Jacobs’ Institute of Women’s Health at the George Washington University School of Public Health and Health Services.
Suffering from physical and emotional impairments and unemployment has led to high rates of homelessness and suicide among veterans. The U.S. Department of Veterans Affairs estimates that on any given night, there are 107,000 homeless veterans across the country, many dating back to military service in the Vietnam War. There are more homeless veterans from the wars in Iraq and Afghanistan than in any of the other wars fought combined. Homeless advocates note that post 9/11 veterans are turning up on the street faster than those who served in previous wars, often within six months of discharge. Some psychiatrists attribute this to the higher rates of PTSD and TBI seen in the wars in Iraq and Afghanistan. At a 2010 conference on suicide prevention, U.S. Department of Veterans Affairs Secretary Eric Shinseki noted that 20 percent of the 30,000 annual suicides in the U.S. are veterans, with 18 veterans committing suicide on average each day. Many feel that these estimates are very low. As of July 7, 2011, the U. S. Department of Veterans Affairs stated that the number of suicides among people serving in the armed forces has jumped more than 25 percent since 2005. In 2010, more American soldiers—both enlisted men and women and veterans—committed suicide than were killed in the wars in Iraq and Afghanistan. Last year alone, 468 service members killed themselves in combat zones. The 150,000 soldiers, sailors, Air Force personnel, and Marines stationed in Afghanistan and Iraq are particularly vulnerable because of the high rate of redeployments and financial and family problems that come with their being away from home for long periods of time. The U.S. Department of Veterans Affairs estimates that an additional 5,000 veterans kill themselves or die in accidents away from combat zones or die soon after leaving the service.

**Impacts of Post Traumatic Stress**

Operating in war zones under such unremitting stress and fear has resulted in a high incidence of PTS, a psychological disorder characterized by episodes of anxiety, sleeplessness, flashbacks, heightened and unpredictable emotions, physical symptoms such as nausea and headaches, and difficulty maintaining personal relationships.

The U.S. Department of Veterans Affairs estimates that 10 to 18 percent of the two million U.S. servicemen and women who have served in Iraq and Afghanistan are likely to have PTS. A study by the RAND Corporation suggests that the number is even higher, with many not reporting their symptoms due to an enduring stigma around mental health care that discourages many veterans from seeking help. “In the army, you’re expected to push through difficult situations without complaining,” said one veteran interviewed.

*PTSD is a normal thing. It is a normal reaction to an abnormal situation. If you have PTSD, it doesn’t mean you’re crazy. It just means you have experienced a traumatic event that isn’t a normal occurrence.*

—Veteran
For years the military has referred to the constellation of anxiety, depression, and anger that many combat troops experience when they return home as PTSD. Among those interviewed for this report was the mother of a combat veteran with PTSD who believes it should simply be called Post Traumatic Stress (PTS) with the term “disorder” dropped to negate the stigma attached to the term. In May 2011, General Peter Chiarelli, the number two officer in the Army and its top mental health expert, stated: “I drop the D. That word is a dirty word.” General Chiarelli said that PTS is a predictable reaction to combat stress. It is not pre-existing. “I believe it is post traumatic stress. I really believe that it is closer to shell shock.”

Many programs have been developed to help veterans with PTS manage their symptoms. Approaches include antidepressants, intensive psychological counseling, and the use of dogs specially trained to detect and respond to veterans with PTS when they experience periods of high anxiety. Research has shown that the emotional support of family, friends, and the community play a vital role in the recovery of PTS victims. One veteran’s advocate interviewed for this report said that the U.S. Department of Veterans Affairs is attempting to have the government classify PTS as a learning disability, which would then qualify those with PTS for special education funds.

**Impacts of Traumatic Brain Injury**

The other major disability seen among recent veterans is Traumatic Brain Injury (TBI). The Pentagon estimates that since the year 2000, TBI has been diagnosed in more than 180,000 troops, but a RAND Corporation study in 2008 found that the number may be as high as 320,000 due to many more undiagnosed brain injuries. TBI is still poorly understood. Treatment for some with TBI is ineffective, with no respite from long-lasting mental, physical, and emotional problems.

A June 2011 study published in the New England Journal of Medicine found evidence of brain injuries in some military personnel with normal CT and MRI scans. These milder TBI diagnoses still led to symptoms synonymous with more severe cases including a loss of consciousness in the blast and loss of memory or entering a dazed state immediately afterwards.

According to interviews with medical personnel from the University of California, San Francisco, the San Francisco Veterans Administration Medical Center, and the Martinez Veterans Administration Medical Center for this study, veterans with TBIs and many with PTS exhibit behavior characterized by:

- Sense of alienation from family and peers
- Revenge-based fantasies
- Lack of meaning in life
- Self destructive and reckless behavior including alcohol and drug addiction
• Inability to concentrate for long periods
• Sleeplessness

Impacts of Military Sexual Trauma

Another widespread disability that has received much less attention and awareness is Military Sexual Trauma (MST), which the U.S. Department of Veterans Affairs defines as “experiences of sexual assault or repeated, threatening acts of sexual harassment” that are directed at both men and women. The Veteran’s Health Administration has found that one in five women and one in 100 men responded "yes" when screened for MST but many believe these numbers are much higher due to the shame or perceived stigma of disclosing such harassment.

All 16 female veterans and many of the 144 male veterans and 15 male veterans over 55 interviewed for this report spoke about the effects of MST on their ability to serve and that how they were treated negated their desire to make serving in the armed forces a lifelong career. One veteran said that she experienced repeated occurrences of sexual harassment and felt that she was working in a hostile environment. Her squadron was composed of eight men and one woman. The men would constantly take credit for her work. The sexism and discrimination wore her down, and she became severely depressed. She did not feel that she could tell her supervisor because of the culture of not “snitching out her colleagues.”

Victims of MST suffer from many of the same symptoms seen in those with PTS including depression, sleeplessness, and the inability to sustain relationships, physical health problems, and drug and alcohol addiction.

Nobody talks about it [MST]. It’s hidden. There are continual recurrences of sexual harassment. It constantly wears you down. If you complain, you’re mocked. I quit smoking so I could get antidepressants, but MST was the real issue.

—Veteran

Impacts from Chronic Pain

Another major category of ailment seen in veterans is chronic pain according to doctors and social workers at the San Francisco VA Medical Center and the Martinez, California VA Medical Center. Common sources of pain are in the head (from TBI and other injuries), legs, and shoulders (due to fractures, amputations, and burns), spinal-cord and eye injuries, and from auditory trauma. A number of veterans interviewed complained about injuries received from having to wear ill-fitting equipment. One female veteran said that she weighed 125 pounds and wore 90 pounds of body armor and 16 extra
pounds of equipment. She also stated that her boots did not fit as they were sized for men. Another male veteran talked about hurting both his knees and breaking his wrist on the flight deck of his ship and said that many others were injured in the same way. Often those with chronic pain become addicted to pain killers, alcohol, and recreational drugs. This compounds their sense of worthlessness and hopelessness.

**Interest in Domestic Service and Appropriate Service Opportunities**

All of the 160 veterans and the 15 older adult veterans who were interviewed for this report said that they had no awareness of national service programs such as AmeriCorps. Upon leaving the military, their main interests were to go back to school or to get a job. However, this smooth reintegration and transition to school or work has been problematic for veterans, and national service programs have the potential to provide an effective transition period where veterans performing service get the chance to:

- Rebuild their identities in a non-combat setting
- Gain a sense of mission and purpose
- Connect with others within a team environment
- Negotiate the complex benefits systems for college and/or vocational training
- Receive counseling for mental and physical maladies while engaged in service projects
- Take the pressure off families while the veteran is engaged in rehabilitative work
- Prepare for the working world through retraining and internships linked to service which could lead to employment

The benefits of service are already well documented for inner city, rural and suburban youth. During the past 30 years, urban and rural conservation corps have engaged several generations of at-risk youth, many with PTS from violent and traumatic environments—including periods of incarceration, drug and alcohol addiction, and abuse. A large percentage of these young people have been transformed and reformed by their service work, getting their high school equivalency degrees and/or high school diplomas, going on to college, and obtaining jobs and careers. Growing evidence on the neuroplasticity of the brain—the brain’s ability to change and heal as a result of input from the environment—lends credence to research that has demonstrated the curative effects of positive reinforcement, cognitive engagement, and meaningful responsibility on the brain. The 42 neurologists, psychiatrists, social workers, and educators from major research universities (Boston University; Case Western Reserve University; University of California, Berkeley; University of California, Los Angeles; University of California, San Francisco; Cornell University; Emory University; Harvard University; University of Southern California; Stanford University; University of Washington; and Yale University among others) interviewed for this report believe that for those
recovering from TBIs, service work has the potential to be both emotionally and physically therapeutic. According to Dr. Peter Whitehouse, an attending physician at the Department of Neurology and Professor of Neurology, Psychiatry, Neuroscience and Cognitive Science, University Hospitals Case Medical Center, Case Western Reserve University,

*Using the mind in social situations, particularly helping others, contributes to emotional well-being….Many sages have said that we are healthy as a function of putting other people’s needs before our own. It is enlightened self-interest to recognize that one’s own health depends on the health of other people, and one’s sense of purpose depends on connecting to the goals of other people.*

Service can enhance the physical and emotional quality of life for veterans and restore to them a sense of pride; significant responsibility; a sense of competence; discipline and structure; a sense of accomplishment; and a sense of meaning and of belonging—all of which will help them to reintegrate into civilian life.

*After the army, a lot of vets feel a loss of mission, a loss of sense of purpose and camaraderie, a loss of pride. This creates a wounded soul.*

—Veteran

Based on interviews with 779 veterans in the 2009 Operation Iraqi Freedom/Operation Enduring Freedom Veterans Survey, 92 percent of respondents strongly agreed or agreed that serving their community is important to them, and 90 percent strongly agreed or agreed that service is a basic responsibility of every American. When introduced to domestic service opportunities, however, veterans have distinct preferences for the type of program and assignment they are most interested in (Figure 1).
The desire to serve other veterans came up repeatedly in interviews for this report. “These people are their family,” said one administrator at a U.S. Department of Veterans Affairs hospital. “They understand what they’ve each gone through. And they want to serve together, in teams, because they’re used to doing that, instead of being placed individually.”

Team-oriented service work appears to be the best initial strategy for involving veterans in service programs. Once they are further along on their path to reintegration, the greater their chances of succeeding in individual internships that could lead to full time employment.

*Environmental projects and building houses are very rehabilitative for veterans. Vets want to work together and see tangible results. Their relationships with fellow veterans can be even more important than family relationships. They need space and time to work their way back into the civilian world. And they need to feel that they are valuable assets, not disabled burdens.*

—Mark Fisher, Program Manager, Veterans Conservation Corps, Washington State Department of Veterans Affairs
Barriers to Service for Veterans with Disabilities

Administrators of many of the 34 service programs interviewed stated that they were worried about the insurance liability from working with veterans with disabilities who have physical and mental health problems. This was mainly based on what they had read and heard in the media about the problems of returning veterans with TBIs and/or PTS. They also stated that they didn’t have the budget or resources to deal with the accommodations that they assumed would be needed by those disabled veterans and were worried about retention. AmeriCorps programs are expected to pursue the highest retention rates possible, and retention rates have a direct bearing on the number of slots and the size of awards approved in the continuation and re- compete process. Although the Corporation recognizes that retention rates may vary among programs depending on the model, applications from programs that do not retain members are likely to receive decreased funding in subsequent years. This information is based on the Notice of Federal Funding Opportunity, AmeriCorps State and National Grants, FY 2012. “Programs try not to do things which may lead to risky retention rates,” stated a state commission staff member.

We would love to hire veterans to work at the Park District. Because of what we have heard and read, we are nervous that we wouldn’t be equipped to handle the problems of those veterans with Post Traumatic Stress and other disabilities. But we would be willing to try. Plus, we have a number of veterans from previous wars on our staff who would jump at the opportunity to mentor a younger vet.

— Manager of Regional Parks Agency, California

To include more veterans with disabilities and other Americans with disabilities in service programs, AmeriCorps and other service programs may wish to consider partnering with an ecosystem of local support agencies that could help to provide counseling, medical care, training, advice, recruiting, transportation, etc. There are a lot of support services available for veterans with disabilities from both government and nonprofit agencies but they are fragmented. To successfully engage and maintain more members with disabilities, service programs must seek out and partner with local organizations to benefit from their skills, experience, and resources.

Examples of partner organizations for disabled veterans include:

- **Disabled American Veterans (DAV)** is a nonprofit organization with 88 offices throughout the United States and Puerto Rico that employs a corps of approximately 260 National Service Officers (NSOs) who represent veterans and their families with claims for benefits from the Department of Veterans Affairs, the Department of Defense, and other government agencies. Veterans need not be DAV members to take advantage of this outstanding assistance, which is provided free of charge. The NSOs function as attorneys-in-fact, assisting veterans and their families in filing
claims for U.S. Department of Veterans Affairs disability compensation and pensions; vocational rehabilitation and employment; education; home loan guaranties; life insurance; death benefits; health care and much more. They provide free services such as information seminars, counseling and community outreach.

- **The Military Order of the Purple Heart** is a national organization that provides assistance to all veterans, their dependents, widows and orphans. The organization helps veterans with insurance claims, pensions, medical care, education, job training, employment, housing, death, and burial benefits. Representatives from the organization serve on the President’s Committee for Employment of People with Disabilities.

- **American Veterans (AMVETS)** provides weekend-long Warrior Transition Workshops based on experiential training designed by combat veterans for combat veterans. Topics include: BioEnergetics, risk communications, emotional intelligence, and paradigm shifts.

- **Boots to Books** is a course for all veterans and current military members, their families, friends, and supporters that is designed to assist the deployed, post-deployed, and veteran student in making a positive transition from military to civilian life or from deployment to post-deployment life. The course teaches interpersonal skills and techniques for managing military readjustment transition issues including managing stress and PTS.

- The University of Southern California School of Social Work and Center for Innovation and Research on Veterans and Military Families (CIR) provides a graduate program specialization in military social work with service members, veterans, and their families. The school has created technology and a methodology for conducting online counseling of veterans through virtual reality applications. The program administrators are in discussions to provide direct counseling through video telepresence to veterans.

**Service Benefits for Veterans with Disabilities**

In her book *Fields of Combat, Understanding PTSD among Veterans of Iraq and Afghanistan*, Erin Finley documents the experiences of 60 war veterans living with PTSD. In an interview with National Public Radio in June 2011, Finley said that the most successful veterans she interviewed have focused on serving others in their post-military careers. “Whether that’s serving their community as a police officer or serving their family by having a career and supporting them,” this service focus has helped veterans with PTS succeed in putting their lives back together.

Domestic service for veterans with disabilities could be a win-win for both the veterans and the country. Since these veterans already have health insurance, a government
stipend, and the GI Bill, costs to service programs will be lower than for other service participants. And service positions can provide a lot of what these veterans miss about the military including:

- A sense of pride from their achievements
- A mission to accomplish something greater than themselves
- Discipline
- Camaraderie
- A transition program to help them heal and reintegrate into society

At its heart, the real value of national service will be more in the effect service has on those who provide it than the work they provide... All of us bear an obligation to serve—an obligation that goes beyond paying taxes, voting, or adhering to the law. America is falling short in endeavors that occur far away from any battlefield: education, science, politics, the environment, and cultivating leadership, among others. Without a sustained focus on these foundations of our society, America’s long-term security and prosperity are at risk.

— General Stanley McChrystal, Newsweek, January 2011

In interviews with 16 Executive Directors of conservation and service corps programs and with the Corps Network, the benefits of service for at-risk youth mirror those sought by disabled veterans including:

- A decrease in violent behavior or violent impulses
- Heightened self-esteem and a feeling of self worth
- The will to pursue an end to drug and alcohol addictions
- High school and college degrees
- Better, healthy relationships with families
- The attainment of marketable skills, internships, and jobs

**Accommodations, Program Structure, and Recruitment Strategies**

Aside from counseling services, medical services related to their disability, housing and transportation issues—all of which can be provided by partner organizations—veterans with disabilities generally do not require any other special accommodations in a work environment. Based on interviews with veterans with disabilities and programs and medical personnel that specifically serve veterans, the only exceptions are wheelchair access for some individuals and perhaps ergonomic chairs for those with chronic back pain, a major complaint among veterans with disabilities.
One veteran with PTS interviewed for this report had trouble paying attention in meetings. He started taking notes on his smart-phone. “It helped me to organize myself,” he said. This is the kind of simple coping strategy that can help veterans with PTS during their reintegration period and beyond. The problem is that many veterans with disabilities are not forthcoming about their issues. “I didn’t tell anyone about my problem,” said the veteran. “In the army you don’t complain. You’re taught to suck it up if you have a personal problem.”

As mentioned previously, veterans prefer to work in teams with other veterans, so organizing veterans to work in teams appears to be the ideal program structure for a veterans’ service program. Program staff should be trained so that they are aware of the physical and emotional challenges that veterans with disabilities are dealing with during the reintegration process. In the military, recognition of accomplishments is part of the culture (e.g., with patches and medals), as in organizations like the Boy Scouts and Girl Scouts. So programs that recognize milestones in the progress of individuals or in the achievement of teams may be highly valued by veteran service members.

Veterans suffering from PTS often have insomnia, so early morning meetings are challenging for them. Assignments that have clear objectives, a definable goal, and can be taken on by a team are ideal. At the Veterans Conservation Corps in Washington, projects that fit these criteria include:

- Stream restoration and monitoring
- Re-vegetation of native plants
- Restoration of watersheds, forests, prairies, and native grasslands
- Providing environmental or community education
- Benefits counseling and advocacy services to veterans on college campuses in Washington

*People tend to micro-manage veterans, but we’re used to making decisions for ourselves. Give us a mission and ask us to carry it out. We’re highly trained. We want a degree of autonomy.*

— Veteran

Veterans with disabilities need a period of adjustment to successfully reintegrate into society. According to a 2007 report by the Congressional Budget Office, a large percentage of veterans come from lower-income environments. They enlist in the military to either pursue a career or to gain educational benefits. Once they become disabled, the prospect of a military career is over for most. So after they are discharged, their major objective is a job. Service programs should seek to develop service assignments that lead to the development of marketable skills and internships (e.g., with
land management agencies, municipal agencies, corporations, other nonprofits) that lead to full-time employment.

Veterans with disabilities may be recruited via referrals from the local U.S. Department of Veterans Affairs hospital or from college campuses where veterans often enroll without fully understanding how to access health benefits or the GI Bill.

*A lot of vets don’t stick around long enough after they are discharged to find out what their educational or health benefits are. They are in a rush to get out of the military.*

— Veteran

According to an administrator at the U.S. Department of Veterans Affairs, the computer systems for the Department of Defense and the U.S. Department of Veterans Affairs are minimally linked. It typically takes a year or more for disabled veterans’ compensation claims to be processed. This is partly due to the fact that the Veterans Benefits Administration still uses paper files. Often there is no quick way for the Veterans Health Administration staff to get medical records for injured veterans. In addition, many injuries sustained are subtle and are not readily visible. In the interim, many veterans with disabilities fall through the cracks, succumbing to emotional and physical problems that lead to high rates of substance abuse, divorce, homelessness, and suicide.

**Existing Service Opportunities for Veterans with Disabilities**

While there are many programs that provide an array of assistance to veterans with disabilities including job training, counseling, and job placement, there are very few service programs that specifically focus on veterans with disabilities. The Edward M. Kennedy Serve America Act of 2009 (HR 1388) called for the expansion of national service programs to include participation by veterans. It also authorized a National Service Reserve Corps consisting of former national service participants and veterans who would volunteer to undergo annual training and to be deployed to help with disaster response. This creates a great opportunity for veterans to use the skills learned in the defense of our country to work tackling infrastructure rebuilding and other domestic needs.

Service programs that do focus on disabled veterans include:

- **The Veteran’s Conservation Corps** is a program developed within the Washington State Department of Veterans Affairs that provides environmental restoration training and volunteer opportunities to veterans in the state, many of whom suffer from PTSD and other disabilities. Another facet of the program provides training on TBI and how to form support groups among veterans with TBIs. An AmeriCorps grant funds another segment of the program that places veterans who are enrolled in the Veterans Corps on college campuses throughout the state to help other veterans.
to achieve their educational goals by helping them to navigate the GI Bill and other benefits, as well as providing connections to other veteran’s benefits on a local, state, and federal level. The veteran corp members serve as mentors to the veterans in school, helping them with personal, family, disability, and other issues. This mentor role has had a beneficial impact on veteran corp members, many of whom are themselves in recovery from PTSD.

“I see the Veterans Corps as the continuation of a mission to help other vets… After you get out of the service, it’s like being in a foreign environment. You need someone around you can relate to.” — Veteran

- **The Mission Continues**, based in St. Louis, Missouri, is a nonprofit organization with a national reach that focuses on providing services and service opportunities to veterans. It includes a Fellowship Program in which post 9/11 wounded and disabled veterans are awarded individual, 28-week fellowships to work with nonprofit organizations and a Service Projects Program that brings together veterans, civilians and active-duty volunteers to work on various community service projects. They have just received a grant to evaluate the effectiveness of this model.

Even though the total number of veterans is expected to decline as soldiers from World War II and the Korean War die, a 2008 report by the Associated Press claims the U.S. government expects to be spending $59 billion a year in 25 years to compensate injured warriors. That is nearly double the $29 billion that was spent in 2010.

Aside from salvaging hearts and minds, service programs for veterans with disabilities have the potential to alter this forecast, transforming millions of veterans into able workers who give back to American society, contribute to the gross domestic product, reduce government assistance, and serve as valuable examples to new generations.

“They tell us that our lives will be better by joining and serving in the armed forces. They train us and build up our skills. But when we get out, no one wants us. I cannot find a job or a place for myself. None of my colleagues can either.”

— Veteran

**Older Adults with Disabilities**

According to the U.S. Census Bureau, individuals aged 65 years or older numbered 39.6 million in 2009—the latest year for which data is currently available. They represented 12.9 percent of the U.S. population, about one in every eight Americans. By 2030, there will be about 72.1 million older Americans—more than twice their numbers in 2000. By 2050, one in five Americans will be 65 and older and by 2075, the percentage will be even higher (Figure 2).
As the U.S. population ages, the incidence of neurological diseases will increase. A 2007 paper from the Centers for Disease Control and Prevention and the Merck Institute of Aging and Health forecast that the number of Americans diagnosed with dementia (including Parkinson’s Disease and Alzheimer’s Disease) is expected to more than double from 2.5 million in 2002 to 5.2 million in 2030. Currently, Parkinson’s disease costs the country $25 billion per year according to a study by the Parkinson’s Action Network. Medicare spends $91 billion each year caring for those with Alzheimer’s disease, based on research by the Alzheimer’s Association.

While the progression of these diseases can be slowed by drugs, they are degenerative maladies with no cure. However, both for neurological diseases and for the physiological declines that affect us all as we age, many gerontologists and other scientists increasingly agree on three activities that are crucial to maintaining a sound body and mind and may slow the onset of physical and neurological impairments:

- Challenging cognitive activity
- Social activity
- Physical activity

A four-year study of people over 65 by the Gerontological Society of America examined the influence of social networks and social engagement on the decline of orientation and memory. Few social ties, poor community integration, and social disengagement were identified as risk factors for cognitive decline among the elderly. Conversely, according to the report “The probability of cognitive decline was lower for both men and women with a high frequency of visual contact with relatives and community social integration.”
Research now underway by the Experience Corps and at Johns Hopkins University and Case Western Reserve University among others seeks to quantify the physiological benefits enjoyed by older adults with disabilities providing community service or volunteering. In addition to the service-related benefits they themselves derive, older adults with disabilities are collectively a huge national resource, waiting to be enlisted by their communities with a wealth of skills and experience to share.

**Interest in Service and Appropriate Service Opportunities**

As distinct from veterans with disabilities, older adults with disabilities interviewed enjoy working one-on-one. They don’t want to work in large groups. In interviews with 42 individuals and 15 programs and in research conducted by the Experience Corps, two specific types of service assignments came up repeatedly as most appropriate for older adults with disabilities:

- Working with children
- Environmental work

According to a program manager at the Experience Corps, an award-winning national program that engages people over 55 to meet their communities’ greatest challenges in 20 cities across the country, “The idea that they are helping children is a big motivator. That they do it for their own health is secondary.”

A 2004 study entitled “Reinventing Aging” from the Harvard School of Public Health suggests that intergenerational service programs are a sound strategy for engaging older adults with disabilities. Programs that bridge multiple generations

> …build community by integrating the old with the young, transmitting knowledge and experience to future generations and re-enforcing the value of people of all ages. Studies have found that young people in such programs show measurable improvements in school attendance, attitudes toward school and the future, and attitudes toward elders. Adult volunteers report substantial benefits to themselves: the satisfaction of sharing their experience, feeling useful and giving back to the community.

Another category of older adults with disabilities includes veterans of the Vietnam and Persian Gulf wars. Like younger veterans, the older veterans interviewed for this report all expressed a preference for mentoring other veterans. Stephen Killian who served in the army in Vietnam works for the Veteran’s Corps and is following veterans after they are discharged from the U.S. Army Warrior Transition Command at Fort Lewis McCord which manages the care and recovery of soldiers evacuated from a war zone and either redeployes them when they are recovered or returns them to civilian life if they are unable to return to active duty.
People are afraid to hire vets because they’ve heard about other vets having flashbacks and freaking out,” he said. “Most veterans will not talk about their disabilities for fear of discrimination. These young veterans need a transition so that they can prepare and not fall on their faces.” These senior veterans with disabilities can play an important role in helping their younger peers cope with reintegration into civilian society and the transition to school or work. Mentoring is therapeutic for them, providing a sense of self worth as they put their skills and experience to work on tangible, meaningful objectives.

**Barriers to Service for Older Adults with Disabilities**

According to the Harvard School of Public Health-MetLife Foundation Initiative on Retirement & Civic Engagement report “Reinventing Aging,” studies have shown that more people volunteer in mid-life than in retirement. Often those who do engage in community service or volunteerism do so because they belong to an organization (e.g. a church or club) that promotes these activities or because they were asked by someone they know. Many older adults do not belong to organizations engaging in community service and volunteerism or are never asked to serve.

Another reason fewer older adults are involved in service programs may have to do with how they are depicted in program advertisements. *Washington Post* columnist Abigail Trafford says the word senior “has probably had its moment.... The word is laden with stereotypes. It conjures up dentures and discounts, decline and dysfunction.... As one person said: ‘I’m turning 60 this year, and I don’t think I will be a senior for a long time.’ Another said: ‘Senior definitely means older than me.’”

A 2005 study entitled “Appealing to Experience: Zeroing in on the Right Message” by the Experience Corps recommends using “experienced adults” or “older adults” instead of “seniors” in communications and advertising, which should emphasize the talents of volunteers (Figure 3).
The same study also suggests that some of the most appropriate service opportunities for older adults and effective methods of recruiting them. While the study did not specifically focus on older adults with disabilities, based on interviews with two administrators at the Experience Corps, all of the following equally apply to both older adults and older adults with disabilities:

- Consider creating working teams of older adult volunteers to address the yearning that so many retirees have for the kind of purposeful teamwork they experienced when working full-time.
- Validate older adults’ experience, skills, and talents in messaging, interviewing, and job design. Avoid age-based labels and euphemisms.
- Use “experienced adults” or “older adults” when you have to (at least they are straightforward).
- When appropriate, sidestep the noun “volunteer” with “member” or “participant.”
- Instead of using the verb “volunteer,” use verbs that are specific to the activity that you’re recruiting people to do—mentor, tutor, teach, lobby, cook or serve meals, and so on.
• Take advantage of the positive associations people have with the word “experience.” Baby Boomers “are less likely than older cohorts to volunteer out of a sense of duty or obligation and more likely to volunteer as part of a social interaction.” Boomers, the report adds, “are more likely to volunteer as a result of social, self-development, self-esteem, or leisure-focused motivations. Episodic, familiar, community-based opportunities are also preferred.”

• Show potential recruits how they can and will make a difference. Be personal and emotional.

• Emphasize to potential recruits that you need their specific experience; then find ways to use it.

• Encourage current volunteers to recruit friends with similar interests. They’ll likely know the best way to appeal to them.

Service Benefits for Older Adults with Disabilities

As we age, all of us will eventually develop one or more disability according to the World Health Organization World Report on Disability published in June 2011. And research has shown that for many elderly, retirement hastens cognitive decline and physical problems such as hypertension and diabetes from weight gain and lack of activity. This was verified in interviews with seven neurologists, including Dr. Marian Diamond from the University of California, Berkeley, and Dr. Peter Whitehouse from Case Western Reserve University, Cleveland, Ohio, and by a study of the Experience Corps published in the Journal of Gerontology in 2009.

Service and volunteer assignments that exercise cognitive abilities—such as decision making and memory which are controlled by the brain’s frontal lobes—appear to delay or protect against cognitive declines. The maxim “use it or lose it” seems to apply. The social engagement and physical activity associated with service and volunteerism also have healthful effects on older adults.

The Experience Corps engages 2,000 members over 55 in 21 cities across the U.S. to tutor and mentor elementary school students in grades kindergarten to third grades, providing literacy coaching, homework help, and consistent role models. A study of program participants by the Johns Hopkins Bloomberg School of Public Health found that with service work, these older adults showed:

...measurable brain plasticity [the ability of the brain to change with input from the environment] in direct response to such environmental enrichment, providing initial evidence of this program’s potential to reverse cognitive and corresponding neural declines with age. Individuals exhibited use-dependent neural plasticity by exercising and reactivating skills that may have been relatively unused for years or even decades.
Our brains remain highly plastic at all ages. If we can enrich and feed them, we can sustain and we can optimize aging and reframe what aging means because in a number of years in the not-so-distant future, there will be as many older adults as there are children and we need to capitalize on those opportunities for how to reframe what aging means to us.

— Professor Michelle Carlson, Johns Hopkins Bloomberg School of Public Health, May 2011

A four-year study of 200 individuals over 55 conducted by the Kunin-Lunefeld Applied Research Unit, Baycrest Centre for Education and Aging, Toronto, Canada, began last year to measure the physical, psychosocial, and cognitive benefits of engaging in volunteer work. It will measure specific volunteering activities to see if they can actually improve cognitive functions such as memory and attention. Volunteers will be assessed prior to beginning their new role and after six months of volunteering. Clinical neuropsychologist Dr. Nicole Anderson says that, “We expect that the greatest cognitive gains will be for volunteers placed in more mentally stimulating and challenging roles such as supervising a group of volunteers in a clinical unit or counseling isolated older adults over the phone.”

Daniel George, co-author of The Myth of Alzheimer’s: What You Aren’t Being Told about Today’s Most Dreaded Diagnosis, is conducting neurological research to chart brain plasticity based on service and volunteerism among older adults. He is looking at five variables: cognitive functioning, stress, depression, sense of purpose, and sense of usefulness. In interviews with Dr. Marian Diamond, Emeritus Professor in Neurology at the University of California at Berkeley, she stated that she believes that the brain changes with experience. After forty years of studying the brain, Professor Diamond believes that there are five things necessary to keep the brain functioning and growing: diet and vitamins; exercise; challenge that helps with learning but not stress; exposure to new experiences; and love.

In a 2010 article in the Neurological Institute Journal, Dr. Peter Whitehouse, an attending physician at the Department of Neurology, University Hospitals Case Medical Center, Case Western Reserve University, states that “…we must maintain cognitive health by keeping the brain engaged in activities that are enjoyable and productive…enhancing cognition would include participating in multifaceted lifelong learning activities, particularly those that involve other people.”

Along with his colleague Daniel George, Whitehouse has articulated a framework for lifelong brain aging [Figure 4] that emphasizes learning, environment, and psychosocial factors among physical factors.
Figure 4. Integrative Framework for Lifelong Brain Aging

Source: Whitehouse, P. Taking Brain Health to a Deeper and Broader Level, Neurological Institute Journal

Accommodations

As with veterans, a sound strategy to understand and anticipate the requirements and preferences of older adults with disabilities is to seek support by partnering with local organizations that have experience in working with older adults. This may include healthcare providers, insurance agencies, government benefits specialists, transportation agencies, and other types of organizations. It is important to remember that the term “older adults” covers a large span of years, from 65 to centenarians. Younger disabled older adults may be able to engage in a broader array of services and with more autonomy.

Based on interviews with staff in service programs which include older adults, the only accommodations needed by most disabled older adults are wheelchair access to buildings and training for the service that the older adults are providing (e.g., tutoring of grammar school or high school students). One man with Parkinson’s disease uses a screen reader on his PC that reads his emails and documents. There is now an array of low-cost adaptive computer technology products that are available for various disabilities, most dramatically demonstrated by the Nobel Prize winning physicist Stephen Hawking, who is almost completely paralyzed with a motor neuron disease.

People with disabilities are being pushed into nursing homes because of a lack of money in organizations to provide accommodations. We’re going backwards. We need to look at the human costs of this situation.

— Disabled Senior
Existing Service Opportunities for Older Adults

Aside from the Experience Corps, a number of other service organizations for older adults exist. They focus on those over 55 and generally do not specifically target older adults with disabilities. A sampling of these organizations includes:

- **Senior Corps** offers volunteer opportunities and services to people who are 55 years of age and older. The program consists of three main parts. The *Foster Grandparent Program* connects volunteers age 55 and over with children and young people with exceptional needs. Volunteers mentor, support, and help some of the most vulnerable children in the United States. *The Senior Companion Program* brings together volunteers age 55 and over with adults in their community who have difficulty with the simple tasks of day-to-day living. Companions help out on a personal level by assisting with shopping and light chores, interacting with doctors, or just making a friendly visit. The *Retired Senior Volunteer Program (RSVP)* connects volunteers age 55 and over with service opportunities in their communities that match their skills and availability. From building houses to immunizing children, from enhancing the capacity of non-profit organizations to improving and protecting the environment, RSVP volunteers put their unique talents to work to make a difference. All three programs are administered by the Corporation for National and Community Service.

- **Encore Careers** provides job opportunities to older adults via their Web site, along with a lot of resources and tips. There is also a grant program for Baby Boomers that allows them to pursue education for new careers at 40 community colleges around the U.S. Finally, Encore Fellowships are paid, time-limited fellowships in social service organizations for experienced professionals at the end of their midlife careers.

- **Legacy Corps** is a program based at the University of Maryland Center on Aging that is funded through the Corporation for National and Community Service (CNCS) as an AmeriCorps project. Initially, Legacy Corps focused on recruiting both volunteers with and without stipends over the age of 50 who would each provide 450 hours of in-home respite service per year to assist frail elders and disabled populations and their caregivers. The first grant provided funding for 125 quarter time (450 hours of service a year) volunteer members through three project sites in Florida and Illinois. In 2003, the Legacy Corps concept was expanded to test a new multigenerational model of respite service teams consisting of one volunteer member over the age of 50 and a second volunteer member between the ages of 16 and 49 years. In 2010–2011, Legacy Corps will have 588 member volunteers providing respite care service through 19 projects operating in nine states.

- **The U.S. Environmental Protection Agency** established the Aging Initiative within the Office of Children’s Health Protection in 2002. Now in development, the
National Agenda for the Environment and Aging encourages older persons to volunteer in their own communities to reduce hazards and to protect the environment. Intergenerational projects that pair older adults and youth are posted on the EPA Aging Initiative Web site.

- **Senior Environment Corps/Environmental Alliance for Senior Involvement (EASI)** is a national organization that partners with over 350 national, state, and local public and private organizations to provide older adults with environmental volunteer opportunities. Through Senior Environment Corps (SEC), which are locally-based and community run, older adults are trained as environmental mentors in their communities. EASI estimates that there are 20,000 volunteers in the U.S. leading 100,000 volunteers of all ages.

- **Family Friends Environmental Health Project** at the Temple University Center for Intergenerational Learning pairs senior adult volunteers with special needs children for six-12 week sessions. Together they learn about asthma, lead poisoning, second-hand smoke, and other house-based environmental health risks. They develop skits, art projects, and puppet shows to educate others about environmental health issues. The project relies on partnerships formed between organizations that serve older adults for their volunteers and environmental organizations for training them. Project activities take place in schools and other community settings such as retirement communities.

- **Intergenerational Citizens Action Forum** in the Miami-Dade County Public Schools brings high school youth and older adult volunteers together to learn about public policy issues of mutual concern. Older adults serve as mentors to the youth and help them to organize and conduct intergenerational citizen action forums on key public policy environmental issues. Intergenerational teams define and prioritize critical environmental issues, receive training in how to conduct advocacy campaigns, and then initiate a community organizing campaign aimed at promoting desired community changes. The ultimate goal is to develop concrete solutions that can be obtained through legislation or other forms of political action. Participating project teachers introduce legislation, intergenerational and service-learning themes into the curriculum. Students receive service-learning credits for their involvement.

- **Habitat Intergenerational Program (HIP)** is a community of learners of all ages, interests and cultures who are committed to fostering intergenerational relationships, environmental learning and a sense of environmental stewardship. The program promotes awareness and conservation of the natural environment through educational programs and community service projects coordinated by Massachusetts Audubon’s Habitat Wildlife Sanctuary. Community service and educational activities take place within the 84-acre sanctuary and out in the surrounding communities. HIP activities bring people of all ages together to work on a variety of environmental service projects: removing invasive species, helping to
rejuvenate a pond, restoring walking trails, and creating wildlife habitat areas at schools using only native plants.

- **The Intergenerational School** in Cleveland, Ohio, is a charter school that brings in volunteer older adults diagnosed with Alzheimer’s disease to tutor and mentor students based on the school’s emphasis on experiential learning through community service. The older adults come once a week from a nearby retirement community. Randomized controlled research trials and qualitative research have demonstrated that the school experience has a life-enhancing value for the volunteers.

  [After my diagnosis] I was down in the dumps. There was a time when I hated to go down to dinner… The kids, we always find a lot of things to laugh about. Just having kids around has always been good for me.

  — Volunteer with Alzheimer’s disease at the Intergenerational School

- **Garden Mosaics** is a science education and community action program at Cornell University in which youth aged 10-18 learn about plants and planting practices from older gardeners. The program provides a model for balancing the knowledge of older adults including those who are disabled and scientists in a youth community education and action program. Through interviewing older gardeners, youth learn about plants, planting practices, and cultures in the urban community and other gardens. The youth and adults then post their findings to electronic databases, documenting the food growing practices of ethnic and traditional gardeners, and the role of community gardens in urban neighborhoods. Youth participants balance what they learn from older adults including those with disabilities, with learning from Web-based "Science Pages" developed at Cornell. The "Science Pages" explain key science principles behind the practices that youth observe in gardens. Finally, the youth put into practice what they have learned by working in intergenerational teams that take on projects (e.g., building raised beds, designing new gardens, organizing educational events). During 2003 approximately 500 youth, 250 gardeners and 65 educators participated in this program.

**K-12 and College Students with Disabilities**

According to a report by the Corporation for National and Community Service, between 1989 and 2006, the share of U.S. teenagers who were volunteering doubled from 13.4 percent to 26.4 percent. A 2011 survey conducted by the University of California, Los Angeles, Higher Education Institute, found that the percentage of incoming college freshmen who say they plan to volunteer is at a record high of 32.1 percent. The increased interest in volunteerism and service may be due to exposure to the life-changing experiences it can provide in high school (where many schools have a
minimum number of hours of service among graduation requirements) and through service programs that are integrated into the curriculum in earlier grades.

In the last 20 years, millions of American children in kindergarten to grade 8 have been introduced to service through “service-learning,” which the Corporation for National and Community Service defines as a method and application of learning through active participation in thoughtfully organized service that:

- Is conducted in and meets real needs of a community
- Is integrated into and enhances students’ academic curricula
- Provides structured time for students to reflect on their service experiences and demonstrate knowledge or skills they have gained
- Helps foster civic responsibility

The Corporation for National and Community Service Act created a program called Learn and Serve America to support and encourage service-learning throughout the United States through grants and technical assistance to K-12 schools and colleges and universities. While this program is authorized through 2017, Congress did not appropriate money for Learn and Serve in the 2011-2012 federal budget.

_The most effective way to get kids to serve is if the school does service. Individual students usually won’t do it by themselves. Service-learning can be a very effective way for students to learn what a democracy is all about. Most kids with disabilities are mainstreamed in classrooms. Along with their classmates, when they’re working on a service project they begin to see themselves as a resource, as individuals with something valuable to contribute._

— Middle School Principal

Service-learning is increasingly being accepted as a highly effective teaching strategy for both non-disabled and disabled students. While educational achievement among the general student population is a cause for concern around the country, statistics on young people with disabilities are alarming. According to the National Collaborative on Workforce and Disability, students with disabilities are more than twice as likely as their peers to drop out of high school. Additionally

- More than half of youth identified with mental health needs will drop out of school.
- Two-thirds of youth with learning disabilities have not been identified by the school system as having such disabilities; the majority of this population is poor, disproportionately female, minority and will not graduate from high school.
- Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities.
• Youth with disabilities are half as likely as their peers without disabilities to participate in postsecondary education.
• Special education students can expect to face much higher adult unemployment rates than peers without disabilities.

The 6.6 million students with disabilities served under the Individuals with Disabilities Education Act (according to 2009 data from the U.S. Department of Education Institute of Education Statistics) deserve to share the benefits of service-learning and volunteerism and to be engaged in their own development. Service learning provides a building block and foundation for civic engagement. The United States needs all school-aged children to actively participate in our democracy to keep it strong and participatory, driven by the underlying belief that everyone has something to offer.

Based on interviews with 36 service learning leaders at the federal, state, and local levels including school district personnel, it appears that the percentage of students with disabilities currently involved in volunteerism and service today is low. Reasons for the low inclusion rate include lack of teacher and administrator training; no access to effective program strategies; concern over insurance and liabilities; a presupposition about the capacity of the disabled; and scarce resources. Many assume that accommodating students with disabilities in their programs will be prohibitively expensive and labor intensive for teachers. But according to the National Clearinghouse on Disability and Exchange, many accommodations are free or inexpensive. The key to finding low-cost solutions is to have open communication with a person with a disability and to think broadly about the resources available to them and to the organization. In many instances, the person does not require any special accommodations.

Appropriate Service Opportunities

The Council for Exceptional Children believes the variety of service-learning projects are only limited by one’s imagination: “They range from tutoring to recycling to helping those in shelters to building homes for families on limited incomes.” Thus, the same projects appropriate for the general student population are appropriate for the disabled, with participation limited by the specific disabilities of individual students on a per-project basis.

The Council has published examples of specific service-learning projects that have been successful among different subsets of disabled students including:

• **Students in Grades 1-3**: Students with mild-to-moderate disabilities at a school in Florida wrote cards to patients at a hospital in Tennessee as part of a service-learning writing program, which began with discussions of what it means to be ill and then continued with prewriting, drafting, proofing, and revising of the cards.
• **Bilingual disabled students in grades 3-5:** Students in New Mexico learned about homelessness by investigating the number of shelters in the community, calculating how many people received services, and writing letters to businesses seeking donations to local homeless organizations.

• **High school special education students:** As part of a business course for students with moderate disabilities, students made and sold cookies and with the money they earned, bought presents for children in a local hospital’s heart surgery ward.

• **Students aged 11-21 with severe or multiple disabilities:** Working at a Humane Society, students worked with the animals to help assess them, socialize them, and wrote resumes for them to help get the animals adopted. Other students went into the community to do fundraising for the Humane Society.

Other service-learning projects that have worked well with students with disabilities include growing vegetables for a food bank, peer tutoring, running a restaurant in a school and donating the profits to a charity, and collecting food or clothes for the homeless.

For older students with disabilities, service-learning can provide skills that they can use in the workplace. One Florida high school has partnered with Habitat for Humanity to prepare students with disabilities for careers as engineers and electricians. The students learn math, reading, and construction skills while working on homes. The school’s principal dealt with liability and transportation issues and enlisted Home Depot to donate tools.

**Barriers to Service for Students with Disabilities**

There are a broad range of disabilities and learning differences in school children, and many of these disabilities are not evident by testing or visually easy to identify. Today’s teachers are overwhelmed. They have more students per class, fewer resources, and lack training and technical assistance. This reality of declining resources for schools came up repeatedly in interviews with 36 teachers, principals, school counselors and administrators and is being documented in the media regularly. While the mainstreaming of youth with disabilities in public and charter schools is occurring throughout the United States, schools have been slow to include students with disabilities in service activities due to the lack of resources and training for teachers and school staff, according to Nelda Brown at the National Service Learning Clearinghouse.

According to Jim Kielsmeier at the National Youth Leadership Council, another barrier to service for students with disabilities is self imposed. Many of these young people have diminished expectations of themselves. Raising their self esteem is an important
challenge that can be bolstered through service. Young people in general often have a higher acceptance of their peers with disabilities than adults do, so a properly organized service-learning program within a school can provide the right substantive, nurturing environment that students with disabilities need to feel safe and supported.

\[\text{Until disability inclusion is part of the fabric of AmeriCorps, there is too much understandable resistance when programs are expected to make substantial accommodations for an AmeriCorps member with a disability.}\]

— Barbara Wheeler, Ph.D., Associate Director, USC, University Center for Excellence in Developmental Disabilities, Children’s Hospital Los Angeles, June 2011

**Service Benefits for Students with Disabilities**

Most students with disabilities seem to greatly enjoy volunteering and service-learning experiences according to program directors and fellow students who have worked alongside their disabled peers. A large number of case studies going back a decade have noted that participation in service-learning projects by K-12 students with disabilities has contributed to their improved sense of self-worth, improved socialization skills, and improved relationships with non-disabled peers.

In addition to the studies cited in this paper, a study entitled "The Effects of Participation in Service Learning on Adolescents with Disabilities" published in the Journal of Adolescence examined the effects of disabled adolescents’ active participation in service learning and found promising results, both academic and social. Another study, "Teaching Character Education to Students with Behavioral and Learning Disabilities through Mentoring Relationships" (Muscott & O’Brien, 1999) found that students with disabilities who engaged in mentoring took greater personal responsibility, learned cooperation and teamwork, and made new friends.

According to the Council for Exceptional Children, service learning for disabled students has proven that it is an effective means of learning new skills, promoting greater socialization with students in the general school population, and enabling the greater society to view students with disabilities as individuals with something valuable to offer. Students with disabilities also learn about themselves through service-learning, how to work in teams, and how to solve real-world problems. All of this occurs while they are learning math, science, reading, geography, history, and other subjects. In addition, students without disabilities gain a great deal of knowledge and empathy by working with disabled students. The work challenges their ideas about what it means to be disabled and encourages them to see what is the same among them rather than just what is different.
Accommodations

According to “Including Students with Disabilities in Service Learning” by the Center for Disability Studies and Community Inclusion at the University of Southern California, all special education students must have an Individualized Education Program plan (IEP) which lists all of the services, supports and adaptations that a student needs to successfully access their educational experience. Special education students are educated in various settings, depending on the severity of their disability. These settings in schools include:

- Full inclusion, where a disabled student receives all of their supports in a general education setting
- A pull-out program, where a student takes one or more subjects in a resource room or learning center (such as a classroom where they can get small group and individual assistance)
- Partial integration, where students spend part of their day in general education and part of their day in a special day class
- Special day class, a self-contained special education classroom, where students with disabilities are educated with other students with disabilities

There are different levels of disabilities, and teachers who are planning service-learning projects should know of the limitations of individual students based on their IEPs. For example, one student may have trouble with written language. Instead of writing, the output for a service-learning project may be delivered by dictating an essay or report to a computer with a dictation program. Students with visual and auditory impairments may require other accommodations to fulfill service-learning project requirements, such as audio recordings or large print materials.

*Teachers often find that service-learning projects provide a learning environment conducive for addressing IEP goals in student self-determination, as student autonomy and decision-making power is strongly encouraged in service-learning practice.*

Michael P. O’Connor,

*Service Works! Promoting Transition Success for Students with Disabilities through Participation in Service-Learning*

Resources to work with the disabled must be built into the overall costs of doing business. This may include expanded insurance coverage and on-site medical care. Teachers make accommodations for many other things besides disabilities in American classrooms including religious, cultural, language, and behavioral issues.
are just other unique attributes among the student population that must be understood and creatively addressed.

**Existing Service Opportunities for Disabled Students**

Service-learning programs that focus on students with disabilities include:

- **The Interdisciplinary Disability Awareness and Service Learning Program** at The Center for Persons with Disabilities at the University of Utah offers opportunities for students from a variety of disciplines to increase their awareness, knowledge and understanding of people with disabilities and their families across the life span. Students with disabilities, in addition to faculty and professionals from a variety of disciplines, conduct a series of interactive seminars and presentations that use a collaborative, solution-focused approach in resolving the real issues faced by individuals with disabilities and their families in achieving full community participation. All students participate in a range of service learning activities that provide examples of interdisciplinary community-based and family-centered services. Sites include a child care nutrition program at a licensed day care provider’s home; a lab that fabricates and repairs assistive technology products; an outdoor recreation program for others with disabilities; and a nonresidential Independent Living Center that promotes greater independence for people with disabilities.

- **Together We Make a Difference** brings together students with and without disabilities to make a positive difference in their communities. The program was developed by a partnership of the National Inclusion Project and the Institute on Community Integration, a federally-designated University Center for Excellence in Developmental Disabilities located at the University of Minnesota.

- **The Chautauqua Learn and Service Charter School** in Panama City, Florida has a variety of service-learning projects that include students with and without disabilities from the school and other neighboring schools. The Second Nature project mixes students and adults with disabilities (through AmeriCorps VISTA), high school mentors, middle school and elementary school students, teachers, and parents. Regular education students address reading, math, science, and social studies assignments while completing service-learning projects. The disabled students meet other academic requirements such as daily living skills, social and personal skills, and occupational skills. Projects address intergenerational, mentoring, tutoring, poverty, transportation, environmental, energy, and human service needs of the community.

- **Community Senior Services** of Claremont, California, teamed up with disabilities organization Ability First to prepare their community for natural disasters. Over 50
volunteers, senior citizens and teens with developmental disabilities prepared and delivered 50 disaster kits to isolated seniors.

- In a partnership between the Fresno Center for Independent Living and the Fresno Safe and Proud Neighborhoods AmeriCorps program, 10 young adults with disabilities volunteered alongside Fresno Safe and Proud AmeriCorps members to provide safety and disaster preparedness information to community members with and without disabilities. These presentations allowed 10 youth with disabilities to experience life as AmeriCorps members; led three individuals with disabilities to submit applications for AmeriCorps service; and paved the way for placing four AmeriCorps member slots in disability-related sponsoring organizations, including the Fresno Center for Independent Living.

**Conclusion**

More than one billion people in the world are disabled. More than 200 million of them have an extremely difficult time living life every day. It is even more challenging for many to find productive employment and personal fulfillment. Disabilities include blindness, limb loss and chronic pain among others, but there are also developmental and intellectual disabilities. People with disabilities face physical, financial, and attitudinal barriers that make it challenging to live a fully worthwhile life. The problems are more prevalent in poorer countries.

*Governments throughout the world can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation support, education and employment and never get the chance to shine…. The World Health Organization and the World Bank are urging governments of nations around the world to increase efforts to mainstream services and to invest more in programs designed to ‘unlock the incredible potentials of people with disabilities’.*

—Stephen Hawking

According to the June 2011 “World Report on Disability” by the World Health Organization and the World Bank, disabilities are made worse by many variables including inaccessible transportation; stigma; the lack of accessible buildings; the lack of information and communication technologies; the lack of legal protections; the cost of devices and assistance; and the lack of adequate health care and rehabilitation services. All of these are coupled with the lack of knowledge by health professionals and the rest of us about how to interact with disabled people.

In a democratic and civil society, we have both an ethical and moral obligation to make sure that all of our citizens have equal opportunities to fully participate in the life of the community and to contribute, to define and to protect the common good and the
institutions that permit society to be healthy and to thrive. Citizenship is grounded in the belief that everyone should be part of the solution to address the issues and concerns that affect personal, community and public well being.

Our population is getting older. This is a cause for concern because with aging comes higher rates of disabilities due to the increase in chronic health problems such as heart disease, cancer, mental health disorders such as dementia and Alzheimer’s and other functional disorders. The costs to society if we don’t include those with disabilities in helping to solve the nation’s problems could be staggering both economically and ethically.

On April 21, 2009, President Barack Obama signed the Edward M. Kennedy Serve America Act (HR 1388). The Act reauthorized and expanded national service programs administered by the Corporation for National and Community Service through 2014. It amended the National and Community Service Act of 1990 and the Domestic Volunteer Service Act of 1973. The Act would allow for a dramatic expansion of service opportunities for Americans of all ages and set a goal of increasing the number of AmeriCorps members to 250,000 by 2017. The Act expanded service learning and tied it to demonstrating impact on community needs while enhancing students’ academic and civic learning. It also called for building the infrastructure to include the training and professional development of teachers to expand service opportunities. It increased service opportunities for retiring professionals; supported colleges that engaged students in community service; encouraged service by individuals aged 55 and older; and expanded the participation of veterans in national service. It also provided for the coordination of citizen service in emergencies and disasters and encouraged continued service by national service alumni by authorizing a National Service Reserve Corps which would consist of former national service participants and veterans who would volunteer to undergo annual training and be deployed to major disasters or emergency sites to provide disaster preparedness, relief or recovery.

In addition, the Act increased the funds allowed for disability outreach and placement. It reserved disability outreach and placement funds from 2% of program funding with a maximum of $20 million, which is an increase from a 1% and $10 million cap under the current law. It also allowed the Corporation to reallocate any unused funds.

The Act moved to include more students, people over 55, and veterans as well as more disabled Americans. It restructured the National Service Trust to encourage more participation by these constituencies by:

- Increasing the amount of the Segal AmeriCorps Education Award by tying its value to the maximum Pell Grant (currently $5350 and set to increase over time)
- Excluding a veteran’s education benefits from being considered in determining the amount of an education award that may be disbursed
• Authorizing $500 summer of service education awards for 6th- to 12th-graders based on 100 hours of service ($750 for economically disadvantaged students)
• Authorizing $1000 Silver Scholars education awards based on 350 hours of service for individuals 55 years of age and older
• Allowing for the transfer of the education award earned as a Silver Scholar to the person’s child or grandchild who attains a high school degree before using it and who meets the citizenship eligibility requirements for AmeriCorps
• Allowing the educational award to be used at educational institutions eligible for the GI Bill educational benefits and allowing for educational uses such as Elder Hostel

In addition, the Act mandated that opportunities be provided through the National Senior Service Corps to empower people over 55 to provide critical support, service, and companionship to adults at risk of institutionalization and who are struggling to maintain a dignified and independent life. The Act authorized the Foster Grandparents Program to serve children “having special or exceptional needs or with conditions or circumstances identified as limiting their academic, social or economic development.” It also authorized a new Encore Fellowship program to allow people over 55 who were selected by the Corporation to serve organizations listed by the Corporation. It should be noted that while the Kennedy Serve America Act outlines a variety of activities through this legislation, Congress has the ability to vary appropriations every year.

The Kennedy Serve America Act dramatically expanded opportunities for all Americans to serve by focusing on critical national issues. Yet there are existing barriers to service opportunities for veterans with disabilities including TBIs and/or PTS, adults over 55 with disabilities, and students with disabilities. Making the Act a reality also requires appropriations each year. The goals set in the Act can only be reached if Congress appropriates funds.

The purpose of this preliminary study was to identify appropriate service opportunities for veterans—especially those with TBIs and/or PTS. It also sought to identify those opportunities that may prove emotionally and physically therapeutic for adults over 55 that may slow or counter the onset of dementia and related diseases and to identify appropriate service opportunities for students, including veterans who are students, that may be therapeutic and that would help them succeed academically and in life. Additionally, this project aimed to understand the present environment for service opportunities for these groups and to highlight promising interventions which incorporate service that could enhance the physical and emotional quality of life for these groups.

We are at a pivotal crossroads in America. More and more people are losing their jobs or are not able to find jobs in the first place. The unemployment rate is especially high
for young people, for older Americans, and for returning veterans—especially those with disabilities. Young people aged 20-24 with disabilities have a 69.1% unemployment rate, according to the U.S. Department of Labor, 2011. Older Americans aged 65 and older have a 9.7% unemployment rate and it is much higher for those with disabilities, according to the U.S. Bureau of Labor Statistics in October 2011. Returning veterans with disabilities have a 47% unemployment rate, according to the U.S. Census Bureau. Schools are cutting both hours and days of instruction. Our infrastructure is aging and falling apart. Poverty is increasing, especially among children.

By the end of this century, it is predicted that one out of every four children will be living in poverty with all of the ramifications that implies. Following the 1972 revisions to the Social Security Act, we moved more than 1.7 million elderly people out of poverty in the first three years and indexed senior citizens’ benefits to inflation. As our population ages and the national deficit increases, the future of Social Security is uncertain. Over the past ten years, we have sent hundreds of thousands of our young men and women to war in the Middle East. They went to protect our way of life and our standard of living. Now hundreds of thousands of them have returned, injured and unable to quickly reintegrate into civilian life or to find employment as their skills don’t often easily translate into qualifications for civilian jobs.

Four months were spent interviewing hundreds of veterans with disabilities including those who suffer from TBIs and PTS; adults over 55 including veterans with a myriad of disabilities; and students kindergarten through college with disabilities. Veterans desperately need a transition from serving in the armed forces to reintegrate fully into civilian life. National service could provide a strong transition for our veterans while at the same time getting things done for America. Working in teams, veterans could rebuild our nation’s infrastructure by helping to build roads and bridges; provide upkeep in local, regional, state, and national parks and forests; landscape public spaces; and work on other projects that are in the public interest. They could even help to keep those facilities open by staffing them as needed. They could run disaster relief and emergency response programs. Veterans have been highly trained in operations and are disciplined and focused. A Veterans Corps, such as the one started in the state of Washington, could provide a win/win situation by helping veterans to heal as they work with other veterans to enroll in college and/or engage in vocational training; provide environmental restoration; and a myriad of other needed projects. When ready, veterans could get living wage jobs in national service programs and public agencies, serving as field supervisors and project coordinators, managers, and directors.

*I joined the Navy as a career. The Navy turned me into a work animal. I got injured and had to leave the service. Give me a chance to use the skills that I learned to continue to serve and to be productive.*
“I lost my family when I left the military. I felt abandoned. The transition program was a joke—three days of very little information. I am trying to create my own transition and am finding it very difficult.”—Veterans

There are hundreds of thousands of adults over 55 with disabilities who have the time and the expertise to volunteer and to serve. Many of those interviewed expressed an interest in working with children or in helping nonprofits in their areas of expertise. These older adults could answer a great need in our country by serving in our schools—teaching reading, working in homework programs after school, and providing an adult presence in children’s lives. With all of the budgetary cuts forcing schools to cut staff, school time, and programs, these older adults could provide a much needed workforce to fill in the gaps. There are many nonprofits which have faced massive budget cuts. Many of these older adults could provide support in critical areas. Service has been shown to help older adults exercise their cognitive skills and engage in both physical and social activities which have healthful effects on older people. Schools and nonprofits could benefit from these “encore careers” at a time when additional support is most needed.

An educated citizenry is the cornerstone of a healthy democracy. This is why a strong public school system is vital to the future of our country. While many worthy issues have been the focus of educational reform during the past three decades, not enough attention has been paid to the development of the whole student so that our youth can enter adulthood prepared to fully accept the responsibility of citizenship. Over the past two decades, a large number of students have been diagnosed with physical, mental, or developmental disabilities as diagnostic tools have become more sophisticated and readily available. However, many directors of school-based disability programs interviewed for this report emphatically stated that they believed that there is not enough funding to diagnose all the children that they believe have disabilities. If there was enough funding, many more students would likely qualify for an Individual Educational Profile (IEP) and the resulting services.

Many of the 71 students, teachers, and administrators interviewed for this report felt that service learning is proving to be one of the most effective and powerful means to educate our students both academically and as citizens, according to interviews with students, teachers, and administrators. By applying academic study in direct and meaningful ways towards addressing real needs in the community, service learning plays a pivotal and transformational role in the lives of students and revitalizes community life at all levels. There are many different ways to serve, and this works to the advantage of students with disabilities. For college-aged students, service learning can provide skills that can be used in the workplace, thus preparing them for the world after school. Most students enjoy the opportunity to serve: they learn about themselves; they learn how to work with others; and they learn how to solve real world problems.
It is important for students with disabilities to be strong and independent. We are afraid that soon there will be no funds for them to be otherwise. Service learning is the most effective methodology to produce strong and independent people. Everyone needs to know that their life has meaning. Service learning provides the validation for someone with disabilities that their life has meaning and purpose.

—Cynthia McCauley, Director of the Chautauqua Learn and Serve Charter School, Panama City, Florida

Engaging the disabled in national service provides significant benefits to not only the individuals and communities served but to those who are performing the service as well. Service has beneficial impacts for veterans with disabilities, adults over 55 with disabilities and students with disabilities. It can be both emotionally and physically therapeutic; help in brain growth and development; help people to succeed academically; and can help to enhance the quality of life.

Disability is part of the human condition. Most of us will experience disability at some point in our lives. The numbers of disabled are growing as the population ages. Disability is a complex issue, and it requires interventions which must be systemic if we are to succeed in becoming a society that is truly inclusive. It is important to provide an opportunity for everyone to fully participate.

National service is a perfect vehicle for inclusion. It provides a way for people with disabilities to participate equally and to remove the many barriers to full participation in society. We should do this by mainstreaming people with disabilities into existing services and programs as much as possible. This will require investing in the training and education of staff at all levels as well as providing technical assistance to programs. This could be done at the local level by partnering with existing organizations which serve the disabled or with organizations which can provide information, training, and peer support and by accessing resources at community colleges and universities. The National Service Inclusion Project, a Corporation for National and Community Service partnership, is an effort to ensure that more disabled Americans of all ages are included in service and volunteer activities. We need to include people with disabilities in the design of these trainings because disability is a human rights issue, and the disabled deserve full representation. We should support research to help program operators strengthen program design.

We have an opportunity to make our society inclusive through national service. Involving more people with disabilities in service will support the American ideals of citizenship, responsibility, and concern for the common good. Service can be the catalyst to realize the ideal that all of us are resources and are needed to participate if America is truly going to reach its goal of being a just society.
Appendix A: Research Methodology and Interview Questions

Interviews were conducted over a four month period from April through July 2011. A total of 237 people with disabilities were interviewed. They included 160 veterans (144 men, 16 women), 35 students, and 42 adults over 55 of whom 15 were veterans. A total of 135 programs were interviewed, with multiple people in each program answering questions. A total of 42 medical personnel were interviewed, including neurologists, psychiatrists, neuropsychologists, and social workers among others. The interviews were conducted over the phone or in person. Three questionnaires were used as templates—one designed for individuals with additional questions for veterans; one designed for programs; and one designed for medical personnel. After an explanation of the project, interview subjects were asked to share information about themselves and their backgrounds. In speaking to veterans in particular, the interviewer asked them why they enlisted and in what branch of the armed forces they served; how serving fit into their life goals; what were the good and bad things about their service; did service meet their goals and better prepare them for their lives; what have been the challenges since they separated from the armed forces, etc. Most of these interviews led to the sharing of highly personal and confidential information, and it became necessary to promise complete confidentiality as a pre-condition for using the interviews. This was also the case when interviewing staff in or associated with the military. In addition, most of the interviews went on for 45 minutes to an hour or longer and were far ranging in scope.
Questionnaire for Veterans, Older Adults, Students

Veteran
Older Adults
Student

Name/age/contact info__________________________________________________

1. Is domestic service something you have ever considered?
2. If so, have you been able to find programs you’re interested in?
3. Have you applied to any service programs?
4. Have you not been accepted due to disability? Why?
5. What type of accommodations do you need to be able to do service work?
6. What types of service would you be interested in?
7. Working in schools
8. Working with older adults
9. Working in the environment
Other

Additional questions for veterans

1. Why did you enlist in the armed forces? In what branch did you serve?
2. What did you like most about serving in the military? What did you like the least?
3. Did you get injured? Can you describe your injuries?
4. Did your injuries force you to leave the military? Would you have stayed in the military and made it a career if you had not been injured?
5. How important to you was your service in the military?
6. Were you enrolled in any kind of a transition program before you left the military? If so, was it adequate and did you understand what services were available to you?
7. Were there differences between how men and women were treated in the armed forces?
Questionnaire for Programs

Name______________________________________________________________
Program_______________________________________________________________
Contact Information_____________________________________________________

1. Do you accept people with disabilities (mental, emotional, or physical) into your program?

2. If so, what types of opportunities do you offer them?

3. What are the barriers to hiring people with disabilities?

4. What kinds of support services and/or accommodations are needed to run an effective program for people with disabilities?

5. How is this support paid for?
Questionnaire for Medical Personnel

Name______________________________________________________________
Program___________________________________________________________
Contact Information_________________________________________________

1. Do you think that engaging in service could have a positive effect on brain rehabilitation?
2. Do you think that there is any possibility that engaging in service could physically change the brain in a positive way, especially in the pre frontal cortex of the brain?
3. Do you think that service has the potential to be both emotionally and physically therapeutic for those suffering from traumatic brain injuries, post traumatic stress, Alzheimer’s, dementia, multiple sclerosis and other brain conditions?
4. If we find that service has the potential to effect positive change in the brain, would this affect the way that medical personnel look at brain rehabilitation and could this advance the field of neuroscience?
5. What do you think are the most important things needed to keep the brain healthy?
6. Is there any possibility that retirement hastens cognitive decline in older people? Do you think that service could slow down cognitive decline?
Appendix B: Bibliography


Appendix C: Relevant Organizations Included in Research

Allen Institute for Brain Science
American Association of Retired Persons
American Legion
American Veterans
American Veterans with Brain Injuries
Association on Higher Education and Disability (HEAD)

Be the Change: Mission Serve
Bill and Melinda Gates Foundation

California Association of Local Conservation Corps
California Charter Schools Association
California Conservation Corps
California Department of Veterans Affairs
California Volunteers
California State University, Humboldt
Chautauqua Charter School, Florida
Civic Enterprises
Civic Ventures
Cleveland State Buddy Program
Columbia University School of Medicine
Coming Home Project
Corporation for National and Community Service
Corps Network
Council on Exceptional Children

Denver Options
Disabled American Veterans

East Bay Regional Park District
Election Assistance Commission
Emory University
Encore Careers
Environmental Alliance for Senior Involvement - Projects by State
Environmental Protection Agency Aging Initiative
Environmental Travelling Companions
Experience Corps

Fisher House Foundation
Florida State Commission; Florida Learn and Serve
Fort Campbell
From Boots to Books, Sierra College
Garden Mosaics Program, Cornell University

Habitat for Humanity
Habitat Intergenerational Program
Headstrong for Life
Hidden Valley Ranch Rehabilitation, Ramona, CA

Independent Living Centers
Intergenerational Citizens Action Forums
Intergenerational Landed Learning Project
Intergenerational School, Cleveland, Ohio
Intrepid Fallen Heroes Fund
Iraq and Afghanistan Veterans of America
Johns Hopkins University
Joining Forces

Links Project
Louisiana Tech University
Marine Corps Foundation
Marine Corps Wounded Warrior Regiment
Marines Memorial Association, San Francisco
Military Order of the Purple Heart

National Clearinghouse on Disability and Exchange
National Council on Independent Living
National Down Syndrome Congress
National Federation of the Blind
National Intrepid Center for Excellence, Bethesda, MD
National Naval Medical Center
National Service Inclusion Project
National Service Learning Clearinghouse
National Service Resource Center
National Youth Leadership Council
Naval Surface Warfare Center
New Profit, Inc.
New York University
Northern California Institute for Research in Education, Fort Miley

Office of the Secretary of Defense, the Pentagon
Operation Bravo
Operation War Fighter
Pathway Home, Yountville Veteran’s Home
Paul B. Allen Family Foundation

RAND Corporation
Respectability Project – Council on Aging
Roberts Economic Development Fund

San Francisco City College Veterans Outreach Program
San Francisco State University - Veterans and Military Services; Veteran’s Club
Santa Rosa Junior College
Senior Environment Corps
Sierra Club – Serve Outdoor Program
Special Olympics
Social Innovation Fund
Soldiers in Rural America
St. Bernard Project
Statewide Neurobehavioral Resource Project, New York State Department of Health
Student Veterans of America
Swords to Ploughshares
Syracuse University

Tarjan Center at UCLA: Disability Inclusion Project
The Association of University Centers on Disabilities (AUCD)
The Mission Continues
The Presidio Trust
The Trauma Recovery Program
Travis Air Force Base, Business Office
Traumatic Brain Injury Treatment Center, San Antonio, Texas
Troops to Teachers

U.S. Department of Defense
University of California, Berkeley, California Alumni Association; School of Journalism;
University of California, Los Angeles
University of California, San Francisco, Department of Neuroscience; Department of Psychiatry
University of San Francisco, Department of Military Science
University of Southern California, School of Social Work; Center for Innovation and Research on Veterans and Military Families; Neurocognitive Lab
University of Washington, Department of Psychology
U.S. Chamber of Commerce, Veterans Employment Initiative

VA Medical Center, Martinez, CA, Center for Integrated Brain Health and Wellness
VA Palo Alto Health Care System, Palo Alto, CA: Trauma Recovery Program;
Vocational and Rehabilitation Division, Behavioral Health Program
VA Medical Center, San Francisco, CA, Center for Imaging and Neurogenerative Research; TBI Program; PTSD Program

Veteran Green Corps
Veteran’s Innovation Center
Veterans Conservation Corps
Veterans of Foreign Wars
Veteran Navigator Program, Camp Pendleton
Veterans Research Institute
Warrior Transition Battalion, Fort Lewis-McCord
Washington Department of Veterans Affairs
Appendix D: Guides and Learning Materials

A Model for Accessibility  Using respectful language; confidentiality; access guidelines, including guidelines for Web sites and print, hiring, research, and conferences and meetings.

ADA Guide for Small Businesses

Americans with Disabilities Act (ADA) Checklist for Existing Facilities
http://www.ada.gov/racheck.pdf

ATA Recursos En Espanol  Resources in Spanish for assistive technology and the use of technology to enhance early learning experiences.
http://www.centralcoastchildrensfoundation.org/sata.htm

Disability Etiquette  Tips for interacting with people with disabilities.

Disability Inclusion Topics  Resources from the Washington Commission for National and Community Service.
http://www.ofm.wa.gov/servewa/americorps/ac_disability.asp
http://www.ofm.wa.gov/servewa

The Family Place in Cyberspace, located on the Alliance for Technology Access website, is an initiative designed to address the assistive technology needs of families of children with disabilities.
www.ataccess.org/

Government Benefits and Participation in Service Programs

Guide to Low-Cost / No-Cost Online Tools for People with Disabilities

Inclusion: Creating an Inclusive Environment: A Handbook for the Inclusion of People with Disabilities in National and Community Service Programs

Inclusive Recruitment Practices

Making Accessibility Real: A Guide to Planning Meetings, Conferences and Gatherings
http://tcsip.tarjancenter.ucla.edu/docs/HCBSAccessibleMeetings.pdf

National Service Inclusion Project’s Fact Sheet on Reasonable Accommodations
http://tcsip.tarjancenter.ucla.edu/docs/RA_fact_sheet.pdf
National Service Inclusion Project’s Step by Step Process for Providing Reasonable Accommodations

People First Language  Appropriate ways of speaking with and about people with disabilities.
http://pages.towson.edu/cholmes/similarities/peoplefirst.pdf
Appendix E: References


