Improving Vocational Rehabilitation Access and Return To Work and Career Outcomes among African American Wounded Warriors, Gulf War and Vietnam War Era Veterans with Disabilities

Edited by
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Foreword

Langston University's Department of Rehabilitation Counseling and Disability Studies produced an impressive monograph in which they reviewed, discussed, and evaluated research related to improving vocational rehabilitation (VR) access and return to work rates among African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities. The purpose of the National Association of Multicultural Rehabilitation Concerns (NAMRC) is to advocate for the rehabilitation needs of multicultural persons with disabilities, ensure the provision of quality and equitable services, and enhance the development of multicultural rehabilitation professionals. As President of NAMRC, I believe that this publication will be useful for addressing service access and employment for African American veterans with disabilities as well as other veterans with disabilities who are seeking employment.

The monograph is divided into two sections. Section I contains general documents that provide a rationale for the need to address VR access and employment barriers for African American Veterans with disabilities. An important aspect of the general document section is the inclusion of the history and mission of the National Association for Black Veterans (NABVETS). The general document concluded by providing valuable resources to assist veterans in readjusting and reintegrating into the civilian world after military service. Section II contains white papers discussing research on issues faced by African American Veterans such as homelessness, Post Traumatic Stress Disorder (PTSD), and other barriers that impact their employability. Section II concluded with a discussion of the need for evidenced-based research to address barriers and identify strategies that enhance employment success for veterans.

The final observation is that this monograph contributes timely and relevant information to the literature on veterans with disabilities. As such, it should serve as a valuable resource for veterans as well as those professionals and policy makers seeking to improve VR service access and employment outcomes for veterans with disabilities.

Mona Robinson, Ph.D., PCC, CRC, President
National Association of Multicultural Rehabilitation Concerns (NAMRC)

Acknowledgements

The documents and "white papers" that are contained in this publication were presented in abbreviation at the Delta Sigma Theta Sorority Inc. Distinguished Professor Endowed Chair's (DPEC) Distinguished Lecture Series. The lecture series was funded by a Delta Sigma Theta Sorority, Inc. DPEC Award and was sponsored by the Langston University Department of Rehabilitation Counseling and Disability Studies. The event was held in Oklahoma City, Oklahoma on April 30, 2010.

The editors would like to extend their sincerest appreciation to each of the contributors and national and local rehabilitation entities that contributed to the success of the lecture series and this publication. We are especially thankful to Dr. Michael Millington, Director of the National Clearinghouse of Rehabilitation Training Materials (NCRTM), and to the following members of the Distinguished Lecture Series Planning Committee: Dr. Sharon Brown, Dr. Edward Manyibe, Dr. Phillip Lewis, Dr. Kenyotta Cross, Ms. Mary Ann Teal-Harris, Ms. Sharon Kernal and Ms. Jessica Cherry.

We are also appreciative of the support that we received from the Langston University Administration (President JoAnn W. Haysbert and Dr. Clyde Montgomery- Vice President for Academic Affairs), the School of Education at Langston University, and Delta Sigma Theta Sorority, Inc.

This publication was supported by Delta Sigma Theta Sorority, Inc.'s Distinguished Professor Endowed Chair (DPEC) Award. **Some of the contents of this monograph will not be useful only to African American Veterans with disabilities and the people who serve them, but may apply to all Veterans; specifically those in the market for employment.** The opinions expressed herein are those of the authors and should not be attributed to Delta Sigma Theta Sorority, Inc., or Langston University Department of Rehabilitation Counseling and Disability Studies*.

Additional copies of this monograph can be obtained by writing to:

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This monograph is available in alternative formats.

*The Langston University Department of Rehabilitation Counseling and Disability Studies is a component of the School of Education at Langston University.

Primary Authors' Biosketches

Dr. Corey L. Moore
Delta Sigma Theta Sorority, Inc.
Distinguished Professor Endowed Chair
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Dr. Corey L. Moore holds the prestigious Delta Sigma Theta Sorority Inc. Distinguished Professor Endowed Chair and serves as Founding Chair of the Langston University Department of Rehabilitation Counseling and Disability Studies. He is a Certified Rehabilitation Counselor (CRC) with several years of experience in rehabilitation counseling. Dr. Moore holds a Bachelor of Arts in Political Science from the University of Georgia, a Master's in Rehabilitation Counseling from the University of Kentucky and his Doctorate in Rehabilitation Counselor Education from Southern Illinois University-Carbondale. He has served as principal investigator/ project director for thirteen (13) different U.S. Department of Education grants/cooperative agreements exceeding 9 million dollars. Prior to coming to Langston University, he was employed as a Research Assistant Professor (Research Scientist) at the University of Arkansas' Rehabilitation Research and Training Center for Persons who are Deaf and Hard-of-Hearing (RT-31). He has authored or co-authored over 30 peer reviewed research publications and monographs/technical reports and has conducted numerous national and state presentations on rehabilitation topics. Dr. Moore was the 2005 recipient of the National Association of Multicultural Rehabilitation Concerns (NAMRC) Bobbie Atkins' Research Award. He was also a recipient of the 2009 Thurgood Marshall College Fund, Inc. Outstanding Leadership in Faculty Research Award, and the 2009 Oklahoma Rehabilitation Association's Hubert E. Byrd Professional of the Year Award. He also currently serves as a member of the Board of Directors of the DaVinci Institute, Oklahoma's Creativity Think Thank. He served in the Georgia and Kentucky National Guard as a medical specialist (combat medic; E-4 rank) with mechanized/light infantry units from 1990 to 1996.

Captain Francine Tyron
Battalion Human Resources Officer
Oklahoma National Guard

Captain Francine Tyron is an active duty reservist with the Oklahoma National Guard. She is a Battalion Human Resources Officer. Captain Tyron's military career started in 1989. She became a Commissioned Officer in 2002. She was promoted from Second Lieutenant to First Lieutenant in 2004. Captain Tyron was promoted to the rank of Captain in 2007. She has received two Meritorious Service medals, two Army Commendation medals and an Army Achievement Medal. In addition, Captain Tyron received the Global War on Terrorism Service Medal and Afghanistan Campaign Medal. Captain Tyron earned a Baccalaureate Degree in Accounting.

Reverend James Greenwood
Director of Region VII
National Association for Black Veterans
(NABVETS)

Reverend James Greenwood is a United States Army Vietnam War Era veteran. He currently serves as the Director of the National Association for Black Veterans (NABVETS)- Region VII (Texas, Arizona, Arkansas, Kansas, Nevada and Oklahoma), and the Pastor of New Bethel Baptist Church in Oklahoma City, Oklahoma. Reverend Greenwood is very passionate about mentoring young men and is a strong community and prison ministry advocate.

Dr. Michael O'Brien
Director of Oklahoma Department of
Rehabilitation Services

Dr. Michael O'Brien became Oklahoma Department of Rehabilitation Services (DRS) third executive director on January 1, 2009. Dr. O'Brien directs more than 1,000 state employees serving 77,500 Oklahomans with disabilities each year. Dr. O'Brien was previously employed by DRS from 1997 to 2001 as administrator of the Vocational Rehabilitation division. Dr. O'Brien is a certified rehabilitation counselor and a certified vocational evaluation specialist. He is active at the national level in several professional organizations. He serves as a commissioner for the Commission for Certified Rehabilitation Counselors, executive committee member for the Council of State Administrators of Vocational Rehabilitation and a board of director member for the Vocational Evaluation and Career Assessment Professionals.

Dr. Sonja Feist-Price
Professor of Rehabilitation Counseling
and Director of African American Studies
and Research Program
University of Kentucky

Dr. Sonja Feist-Price is a professor in the Department of Special Education and Rehabilitation Counseling at the University of Kentucky where she has served as a member of the faculty for the Graduate Program in Rehabilitation Counseling since 1992. In addition to her doctoral degree in Rehabilitation received from Southern Illinois University at Carbondale, in 2006 Dr. Feist-Price completed a Ph.D. in Counseling Psychology from the University of Kentucky. Administratively, Dr. Feist-Price is the Director of Graduate Studies in the Graduate Program in Rehabilitation Counseling, and the Director of African American Studies and Research Program. Her teaching expertise includes theories and techniques of counseling, group and family therapy, medical and psychosocial aspects of disabilities, and rehabilitation counseling strategies for ex-offenders. Dr. Feist-Price is a

Certified Rehabilitation Counselor and a Licensed Professional Clinical Counselor in Kentucky and Louisiana. Since 1996, Dr. Feist-Price has been involved in funded research in excess of $4.5 million on HIV, STI and pregnancy prevention among high risk populations in the United States and South Africa. Research findings from this work have been presented at national and international conference venues including Mexico, South Africa, Thailand, Spain, and Israel. Personally, Dr. Feist-Price is a native of Jeanerette, Louisiana. She has been married for nearly 17 years to Dr. Cleo Price, and they have two daughters, Hannah age 11 and Gabrielle age 13. Her hobbies include running, traveling, quality family time, and listening to smooth jazz and R&B music.

Dr. Bobbie J. Atkins
Professor Emeritus and
Capacity Building Project Director
San Diego State University
Interwork Institute

Dr. Bobbie J. Atkins has over 35 years of experience in teaching, research, publications, and service in rehabilitation counseling. She is a leader nationally and internationally with expertise in diversity, disability, women's issues, human resources, and leadership. The National Association for Multicultural Rehabilitation Concerns (NAMRC) research award is the Bobbie J. Atkins Rehabilitation Research Award. Dr. Atkins is a highly effective teacher, lecturer, speaker, and workshop facilitator working with diverse groups. She has also published numerous articles, book and monograph chapters. Of special note: In the 1992 Amendments to the Rehabilitation Act Section 21, Atkins' seminal research data was used to help support the significance of diversity needs in rehabilitation (disability). Atkins' other selected accomplishments include: National Institute on Disability and Rehabilitation Research Long Range Steering Committee Member, Past President of the National Council on Rehabilitation Education, member of numerous advisory committees, and numerous achievement awards. She is the 2009 recipient of the Vernon E. Hawkins Pioneer & Leadership Award, NAMRC. Atkins serves as consultant to a variety of European and American organizations and successfully acquires grants to positively impact rehabilitation and higher education.

SECTION I

GENERAL DOCUMENTS

The Occasion: Improving Vocational Rehabilitation Access and Return to Work and Career Outcomes among African American Wounded Warriors, Gulf War and Vietnam War Era Veterans with Disabilities

Corey L. Moore, Rh.D., CRC
Delta Sigma Theta Sorority, Inc. Distinguished Professor Endowed Chair
Langston University

ABSTRACT

This document provides the rationale and purpose of the distinguished lecture series. The author discusses several factors that have contributed to a drastic increase in the number of war veterans with disabilities and subsequently needing VR services. The author posed seven different (7) questions to presenters and lecturers that were addressed as a part of their respective presentations.

Good afternoon. Ms. Nkechi Uchegbu, thank you for that wonderful introduction. University administrators, distinguished guests, students, alumni, faculty and friends of Langston University, I want to thank each of you for attending our second Delta Sigma Theta Sorority Incorporated Distinguished Professor Endowed Chair Distinguished Lecture Series. The theme of this lecture is "Improving Vocational Rehabilitation Access and Return To Work and Career Outcomes among African American Wounded Warriors, Gulf War and Vietnam War Era Veterans with Disabilities".

The topic of discussion for tonight is timely and needed given the significant numbers of veterans with disabilities returning from the Iraq and Afghanistan Theaters of Operation. The need to address both current issues and emerging trends affecting the livelihood of Wounded Warriors as well as Gulf War and Vietnam War Era veterans with disabilities continues to be a focal point for disability public policy. These veterans have and continue to make a tremendous sacrifice in securing Americans' freedom. The American

society has a responsibility to assist these veterans with disabilities in their journey to obtain and retain employment. In the words of our 44th President of the United States, Barack Obama in a 2009 speech, and I quote:

> "For their service and sacrifice, warm words of thanks from a grateful nation are more than warranted, but they aren't nearly enough. We also owe our veterans the care they were promised and the benefits that they have earned. We have a sacred trust with those who wear the uniform of the United States of America. It's a commitment that begins at enlistment, and it must never end. But we know that for too long, we've fallen short of meeting that commitment. Too many wounded warriors go without the care that they need. Too many veterans don't receive the support that they've earned. Too many who once wore our nation's uniform now sleep in our nation's streets". End of quote.
> (The White House, 2009).

One of the most demanding issues of today is how to assist Wounded Warriors returning from the Global War on Terror [GWOT (Iraq and Afghanistan Theaters of Operation)] as well as Gulf War and aging Vietnam War Era veterans with disabilities. The U.S. Department of Defense estimates that a total of 50,500 injuries have been sustained by service men and women participating in the GWOT, including 20% involving the spinal cord or the brain and 18% experiencing serious wounds (Bilmes, 2007). The number of amputations (roughly 6%) already exceeds the number from the Vietnam War. Moreover, 9,432 Americans have sustained injuries that make them unfit to return to duty, and the level of disability is higher for this war than any before (Auerbach, 2006). Furthermore, aging Vietnam War Era veterans and Gulf War and GWOT veterans continue to apply for post traumatic stress disorder (PTSD) treatment and disability benefits demonstrating the increasing number of veterans with disabilities (Church, 2009). Interestingly, PTSD and PTSD-like symptoms have been found to be significantly higher among African American Vietnam Era veterans than in White Vietnam Era veterans many years after the war (Dohrenwend et al., 2007).

As reflected in Byron Pitts' January 3, 2010 CBS 60 Minutes report entitled "Delay, Deny and Hope That I Die", two wars and the recession have significantly increased disability claims handled by the U.S. Department of Veterans Affairs (VA). According to the report, too many veterans are frustrated with delays in the VA's disability claims decisions. Furthermore, the report indicates that the VA has a backlog of one million claims, and that 400,000 claims have come from veterans of the wars in Iraq and Afghanistan since 2003. Many of these veterans with service-connected disabilities will subsequently turn to the VA's Vocational Rehabilitation and Employment Program (VR&E or Chapter 31 program) and in some cases to state VR agencies and other community rehabilitation programs for assistance in finding employment and living independently.

Furthermore, the report indicates that the VA has a backlog of one million claims, and that 400,000 claims have come from veterans of the wars in Iraq and Afghanistan since 2003. Many of these veterans with service-connected disabilities will subsequently turn to the VA's Vocational Rehabilitation and Employment Program (VR&E or Chapter 31 program) and in some cases to state VR agencies and other community rehabilitation programs for assistance in finding employment and living independently.

This Distinguished Lecture Series seeks to address the needs of these veterans through our Distinguished Professor Endowed Chair's research agenda. As part of our initial phase of this research agenda, we will be conducting focus groups involving Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities, to include those who are or who have been homeless. Focus groups will be convened during the National Association for Black Veterans, Inc. (NABVETS) 2010 Annual Convention in Oklahoma City. The overall purpose of the focus group is to identify barriers to employment experienced by African American veterans. Subsequent evidence-based research will be needed to establish promising practices:

1. What post-deployment VA sponsored readjustment services are available to Wounded Warriors?

2. What are some of the challenges facing Wounded Warriors as they attempt to reintegrate into the American civilian workforce?

3. What role should State VR agencies play in assisting African American veterans to become gainfully employed?

4. What are some of the barriers that impede African American homeless veterans from obtaining and maintaining employment?

5. What factors contribute to homelessness among African American veterans?

6. What are the employment needs of African American Wounded Warriors, Gulf War and Vietnam War Era veterans with Post Traumatic Stress Disorder (PTSD)?

7. What policy recommendations might be considered in an effort to enhance employment opportunities among African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities?

We are pleased to be joined by various professionals on our expert panel in the persons of Reverend James Greenwood- Region VII Director for the Oklahoma State Command- National Association for Black Veterans (NABVETS), Captain Francine Tyron- Oklahoma Active Guard Reserve Battalion Human Resources Officer, and Dr. Michael O'Brien- Director of the Oklahoma Department of Rehabilitation Services. We are likewise pleased to have our two Eminent Guest Lecturers on hand whose expertise, research, and publications on African American VR issues have truly impacted the field. Our first Eminent Guest Lecture is in the person of Dr. Sonja Feist-Price who is my long-time primary mentor who encouraged me as a master's level student to pursue the doctorate at Southern Illinois University and has collaborated with me on several research projects. The other Eminent Guest Lecturer is Dr. Bobbie Atkins, who served as last year's Eminent Guest Lecturer as well.

My hope is that this Distinguished Lecture Series will facilitate a scholarly dialogue that highlights this need, stimulates intellectual discussion about potential policy implications among state and national disability public policy makers, rehabilitation counselor education faculty/scholars and disability researchers in general, and inspires our students to better serve this target population. Once again, thank each of you for attending the event.

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Bilmes, L. (2007). *Soldiers returning from Iraq and Afghanistan: The long-term costs of providing veterans medical care and disability benefits*. Harvard University, John F. Kennedy School of Government, RWP07-001.

Church, T. E. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability,* 22(1), 224-232.

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The National Association for Black Veterans (NABVETS): A Brief History and the Mission

Reverend James Greenwood
Region VII Director for the Oklahoma State Command
National Association for Black Veterans (NABVETS)

ABSTRACT

This document discusses the role of the National Association of Black Veterans (NABVETS) in assisting veterans to become employed and independent. The author, a Vietnam War Era veteran, also provides a brief personal account of his post traumatic stress disorder (PTSD) diagnosis and its implications.

Good evening, I'm Pastor James Greenwood from New Bethel Baptist Church and I'm also the regional director of NABVETS. Dr. Moore spoke a little bit about NABVETS. I will just try and make you aware of who NABVETS is and a little bit about who I am. I have a love/hate relationship with the United States military. I say that because I served for nine years in the military. I also served in Vietnam as a combat veteran. I had this feeling of doing something for the country, and then I'm reminded of the times when I came back when I was failed for serving my country. It took me twenty years after serving in Vietnam to recognize that I was suffering from PTSD. My wife called me Dr. Jekyll and Mr. Hyde. This really just ticked me off because I could never relate to what she was talking about. But through God's hand, I can reflect back and know that it was God that directed me towards the program for Vietnam veterans that spoke to mental health issues.

When they told me about PTSD, I had no idea what they were talking about. This was fifteen years later, after I had served in Vietnam; I had lost my first marriage and my children. So, that love/hate relationship with the United States military still exists. It's just a little bit harder today because I recognize that the young men and women that are coming back from the wars in Iraq and Afghanistan will be part of those folks who will fall between

the cracks and for years they will not find any help. You can go to any part of the State to include Oklahoma City, Tulsa, and Lawton and across this country and find homeless, mentally disabled veterans. It seems to me that the United States Government just doesn't get it. You send us over to fight for your freedoms, we come back and there's nothing here for us; nobody seems to see us, we're kind of pushed to the background.

It's just a little bit harder today because I recognize that the young men and women that are coming back from the wars in Iraq and Afghanistan will be part of those folks who will fall between the cracks and for years they will not find any help. You can go to any part of the State to include Oklahoma City, Tulsa, and Lawton and across this country and find homeless, mentally disabled veterans.

The National Association for Black Veterans (NABVETS) came out of the struggle in 1969. Seven Black veterans out of Milwaukee, Wisconsin recognized the need for veterans, especially minority veterans. African American veterans in Milwaukee, Wisconsin had no place where they could go and get services they needed. No one was talking to them about services. When they did go to get services, they were treated a little bit less than other veterans. So, out of this need NABVETS arose. Now, let me stop here and say that, NABVETS provides services for all veterans; we do not look at color, that's not part of it, we help all veterans. When I was in Vietnam, I was in par tow with Black, White, and Chicano. So it made no difference at that time what color you were, we were trying to stay alive.

I moved here in 2002 from Los Angeles, California where I was made aware of NABVETS. Oklahoma City, this is my home. I was born and raised in Wynnewood, some of ya'll might know where that big city is. But when I came back home, I recognized that there was nothing here to help veterans seek and understand their benefits, and housing and jobs and the list goes on and on and on. And so, I started the Oklahoma City Chapter of NABVETS in 2003. Today we serve more than 600 veterans here in Oklahoma City alone. We do not advertise because we cannot afford it. We serve by mouth to mouth and what we do is help veterans with their claims

against the United States Government. We also help the homeless, we help them to try and seek and get jobs. It would be awesome if we understood that we as a community need to learn how to create jobs for ourselves other than expecting other folks to create them for us.

So NABVETS' mission is to "provide strategic advocacy on behalf of its membership to Congress, the Federal Administration, State Administrations and other agencies and organizations. NABVETS will provide personal advocacy on behalf of veterans seeking claims against the United States Department of Veterans Affairs; advocacy for youth in all matters required for successful passage into adulthood; advocacy on behalf of families; with community involvement, provide advocacy in creating positive lifestyles for veterans; and to generate and preserve the historical record." NABVETS seeks to ensure that all veterans are taken care of honorably. With that, God bless you.

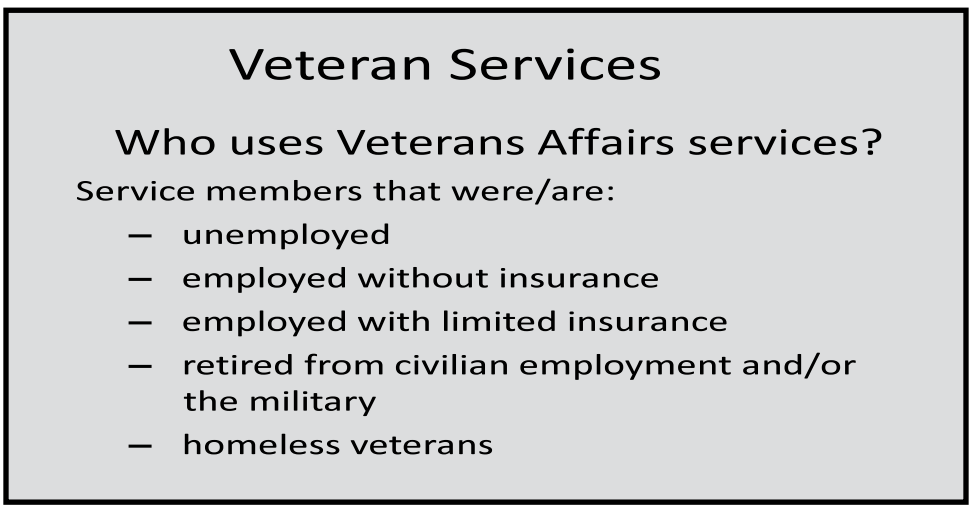
Stateside Readjustment and Reintegration Services Available to Wounded Warriors

Captain Francine Tyron
Oklahoma Active Guard Reserve Battalion Human Resources Officer

ABSTRACT

This document discusses reintegration programs and readjustment services available to assist Wounded Warriors and their family members to successfully reintegrate into the American civilian workforce. Several of the challenges that veterans experience once gaining employment are discussed as well as solutions for addressing such problems. The author provides a list of employer resources that can be used to assist veterans in obtaining and maintaining employment.

Good Evening. Today I would like to talk about the following three topics: veterans' access to reintegration services; veterans that are adjusting back to the civilian workforce; and veterans that have difficulties readjusting back into the civilian world. Here are some of the veterans that basically utilize the services.



What I found is a lot of those that are employees in the private sector and have insurance usually go to their primary physicians. They usually never use the VA services.

Post Deployment Health Assessment

Post Deployment Health Assessment (PDHA) is a part of the force health protection program. It enhances and extends deployment related continuum of care by providing education, screening, assessment and access to care for a wide range of questions and concerns service members may have about their health after they return from a deployment.

Post-Deployment Health Assessment (PDHA). PDHA is a program that the military's made mandatory during pre and post deployment. This program basically enhances and has an extended post deployment range of care to service members by providing them education, medical screening and also health assessment, basically addressing their health concerns. I'm telling you, most owners basically do not utilize their TRI-Care benefits upon return from their deployment within in the 90-180 days.

Timing of the Post Deployment Health Assessment

- Most Soldiers fail to seek medical assistance within 90-180 days through military channels or even their civilian healthcare providers after returning from a combat zone
- Access care through military health benefits, including Veterans Affairs
- Deployment-related health concerns aren't apparent upon redeployment

Again, for a lot of these soldiers, their combat related issues are not apparent until past the 180 days. Then again there are some services out there that will find us some assistance. The military has basically organized multiple military personnel, have one top priority during that depot-organization process and that is going home.

Post Deployment Health Assessment after Reintegration

- The Army recognizes that soldiers top priority is focused on going home, so they are reluctant to report their concerns at demobilization.
- Readjustment issues may not emerge until a soldier re-enters the workforce and their family environment.

I was one of those. And again, a lot of those issues are not apparent until after the 180 days. And here are some of the related issues that soldiers deal with in the three months time are PTSD, the suicide and then the relationship conflicts.

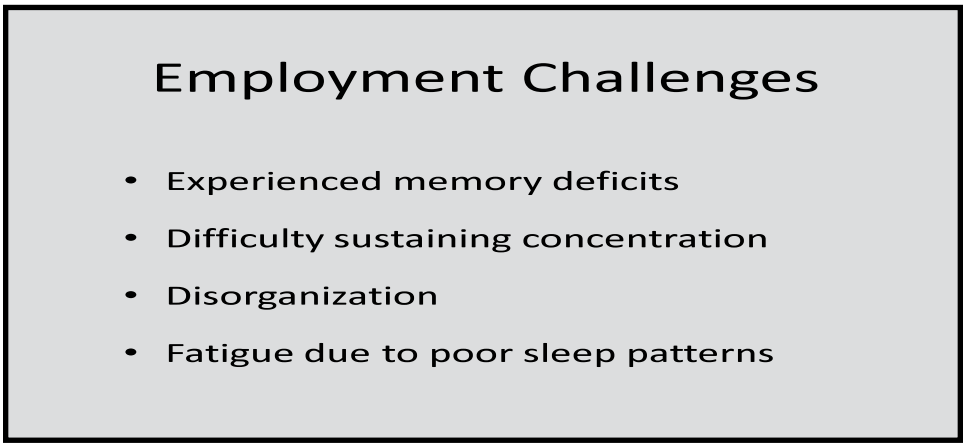
Deployment Related Issues

- Physical and/or persistent injuries
- Symptoms related to mild traumatic brain injury (mTBI)
- Possible Post-Traumatic Stress Disorder (PTSD) or related affects
- Severe depression
- Suicide thoughts
- Substance abuse risk factors
- Relationship Conflicts

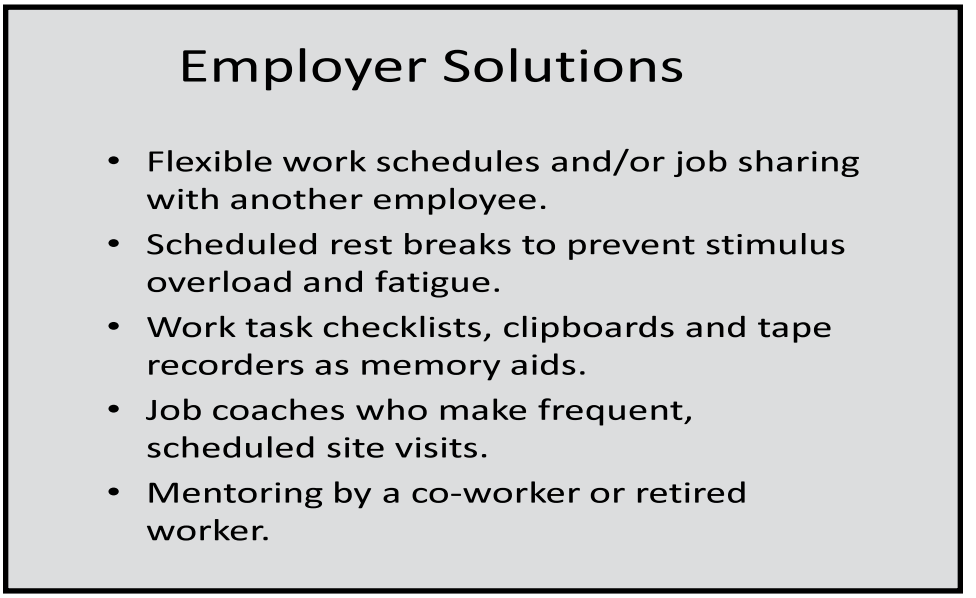
Here are some reintegration programs that have been implemented by the military to kind of assist the service member and their families, basically adjust to being a civilian again.

For most service members, it's the short term memory and also the poor sleep patterns that they experience that cause some of the issues relating to employment.

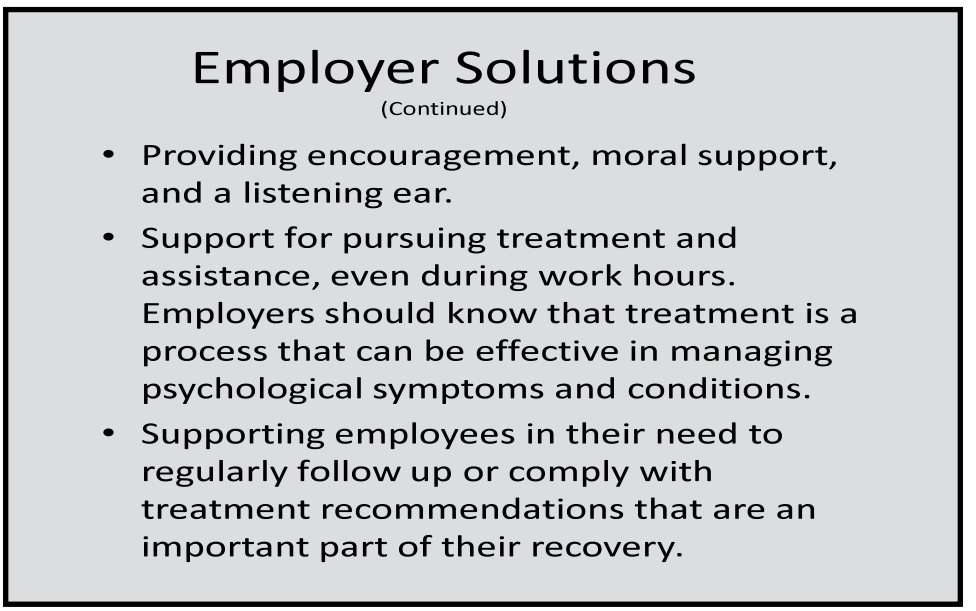
Employment Challenges:



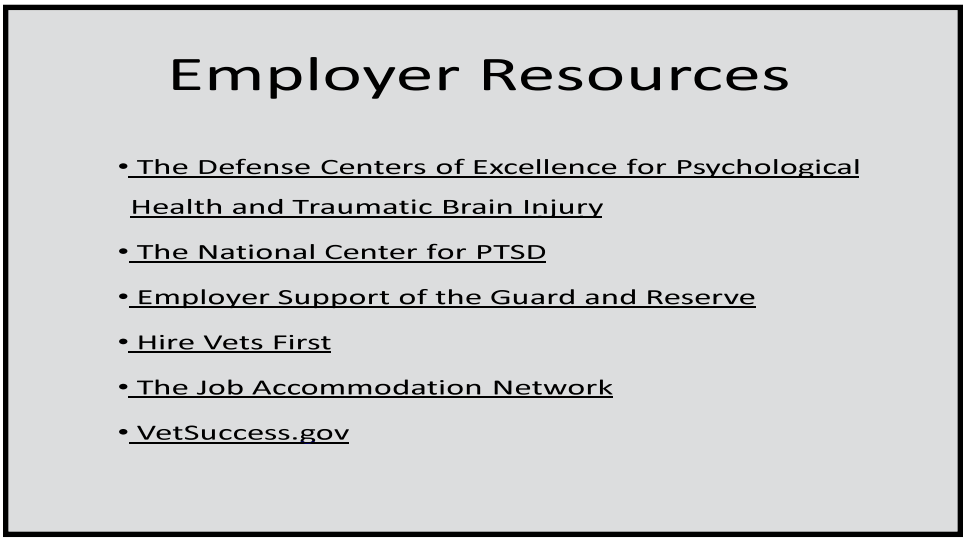
Here are some Employer Solutions that can be used to address the problems.



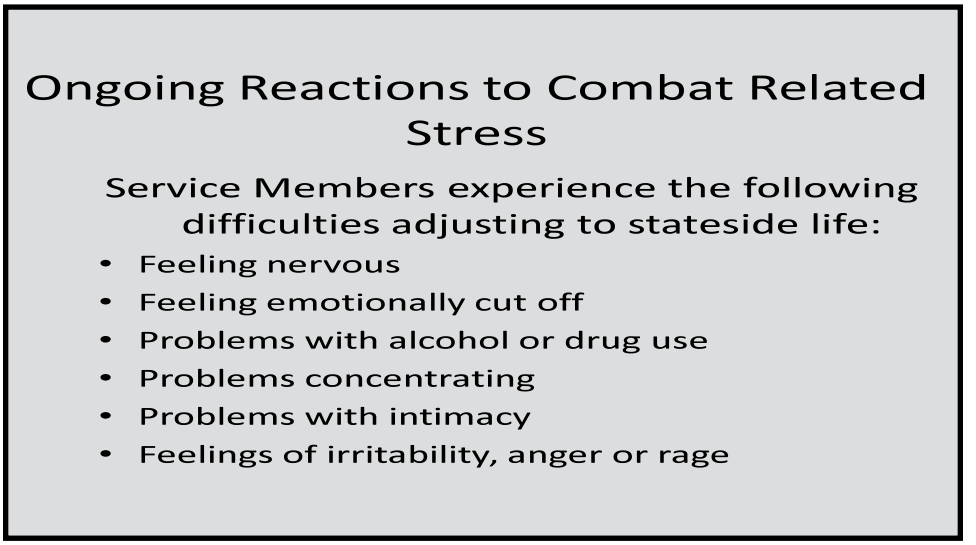
Here are some other employer solutions.



Just some of the ways you can probably help those service members get through that period of basically wanting to retire early, and here are some more solutions, employer resources:



Here are some of the ongoing reactions to combat related stress.



Ongoing Reactions to Combat Related Stress

(Continued)

Other difficulties adjusting to stateside life include the following:

- Startled responses
- Flashbacks
- Nightmares or difficulty sleeping
- No sense of future
- Emotional numbing
- Feelings of shame or guilt

Basically, soldiers have a hard time concentrating. The most common difficulty is the anger and rage and it's usually with the family members. The three most common here are the: stern responses, the nightmares and the emotional numbing.

Here are some sources for the service member.

Resources for the Service Member

Army PDHRA Web Site: http://fhp.osd.mil/pdhrainfo

Wounded Soldier and Family Hotline: 1-800-984-8523

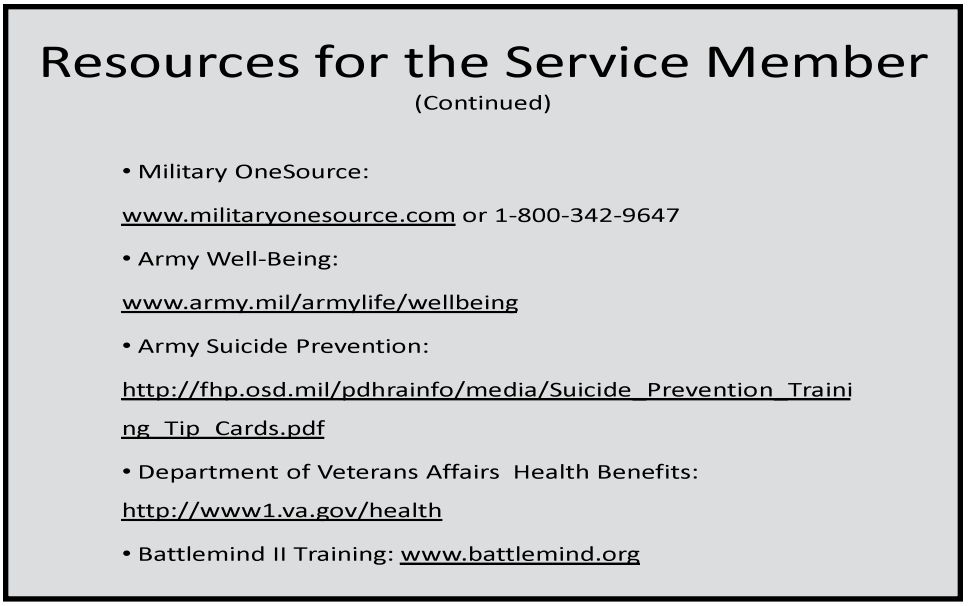
Army G-1 PDHRA Web Site: http://www.armyg1.army.mil/hr/pdhra

Army National Guard PDHRA Web site:

http://www.virtualarmory.com/mobiledeploy/PDHRA/

U.S. Army Reserve PDHRA Web Site:

https://www.hrc.army.mil/site/Reserve/soldierservices/medical/pdhra.htm



They may be familiar with the Military One Source. Thank you for having me….

SECTION II

WHITE PAPERS

The Role of State VR Agencies in Assisting African American Wounded Warriors, Gulf War and Vietnam War Era Veterans with Disabilities to Obtain Competitive Jobs

Michael D. O'Brien, Ed.D., CRC
Director
Oklahoma Department of Rehabilitation Services

ABSTRACT

This article discusses the role that a State vocational rehabilitation (VR) service agency is playing in assisting African American veterans with disabilities to become gainfully employed and independent. The author identifies barriers [e.g., homelessness, prominence of post traumatic stress disorder (PTSD) and presence of other service connected disabilities] that sometimes limit employment and career opportunities for members of this target population. He also presents several policy recommendations to be considered in an effort to enhance the employability of African American veterans with disabilities.

As the father of a soldier serving in Afghanistan, I am personally touched by the issue of returning veterans. As the uncle of three nephews who served in Iraq and Afghanistan and who came home with disabilities, I have been personally touched by veterans who come home with disabilities. As the brother of a career soldier who had to leave the military because of disability, I have been further touched by veterans with disabilities changing careers and building new lives. As the executive director of a state agency providing vocational rehabilitation services, I am in a strong position to understand the service needs of veterans in our state and to determine actions that can make a difference. This paper will review the status of African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities from both an Oklahoma and national perspective. Specific concerns will be highlighted and specific actions for potential solutions will be proposed.

The role of the public rehabilitation program in returning African American veterans to the civilian workforce will be discussed.

The Problem

The United States Department of Veteran Affairs [USDVA] (2003) reported that the region encompassing Oklahoma has over 8,000 veterans that are homeless at any given time. Although it is difficult to get accurate numbers regarding homelessness, national figures indicate that at any given time, one-third of all homeless are veterans (Foster, 2008; National Coalition for Homeless Veterans [NCHV], 2010). Current estimates indicate that there are between 500,000 to 800,000 homeless individuals in this country. Vietnam veterans represent the largest group of veterans who are homeless. It is estimated that 18% of homeless veterans may have served in Iraq or Afghanistan. About 1.5 million additional veterans are considered at risk for homelessness because of extreme poverty, lack of social supports, poor housing conditions and sub-standard housing (NCHV, 2010).

Perhaps the most disturbing statistic is the overrepresentation of African American and Hispanic veterans among homeless populations (Foster, 2008; NCHV, 2010). It is estimated that 56% of all homeless veterans are African American or Hispanic. In the U.S total population, African Americans represent 12.8% of the total population and Hispanics represent 15.4% of the total population (NCHV, 2010). Additionally males are disproportionally represented; 98% of homeless veterans are male (Foster, 2008; NCHV, 2010). For many veterans, a good job and stable income would solve many problems.

Contributing Factors and Barriers

There are a number of factors that contribute to unemployment of veterans and ultimately to the ever increasing problem of homelessness. The shortage of affordable housing, drug and alcohol use, physical or mental disability related to combat or military service, lack of family and social supports and prominence of Post Traumatic Stress Disorder (PTSD) all contribute significantly (Foster, 2008). Individuals with physical or mental disabilities

face additional discrimination and restrictions in the workplace (USDVA, 2003). The prominence of PTSD and co-occurring disorders both contribute to poor interpersonal interaction skills and frequent job loss (Foster, 2008).

At least 8% of all Gulf War veterans will receive a lifetime diagnosis of PTSD (African American Post Traumatic Disorder Association, 2007). PTSD is an equal opportunity disability affecting many African American veterans. The USDVA (2003) reported that this creates additional unique cultural aspects that require professionals to respond differently. In addition to the risks of discrimination, the potential for abuse is increased. The USDVA has recognized that it cannot serve all homeless veterans (NCHV, 2010). Obviously, other public and private agencies have to become effective partners to assure all veterans are getting the services they need to live and work independently. Skill development, effective treatment of physical and mental disabilities and development of social networks are all issues that interfere. Specifically, there are substantial needs for job assessment, training and career placement.

PTSD is an equal opportunity disability affecting many African American veterans. The USDVA (2003) reported that this creates additional unique cultural aspects that require professionals to respond differently. In addition to the risks of discrimination, the potential for abuse is increased.

Oklahoma Public Rehabilitation's Current Role

A comprehensive review of the Oklahoma Department of Rehabilitation Services' (ODRS) data base revealed a number of significant pieces of data. As of April 2010, ODRS had 19,493 active consumers receiving services. Of these, 3,361 were African Americans (a little over 17% of the total service group). The data base also revealed that 791 veterans were currently being served. Of these, 153 were African Americans (19.3% of the total service group). When the diagnostic categories are reviewed regarding the veterans being served, mental illness (particularly depression), substance abuse and physical disability from injury were the largest service categories. Serving only a few hundred veterans in the state agency suggests that a minimal

number of veterans are being served in the state of Oklahoma. There is clearly an opportunity for greater service.

ODRS currently partners with several Veteran Affairs (VA) counselors in the state; however, both VA counselors and ODRS counselors agree much greater co-service is needed. Both parties also independently serve veterans which means that in many cases the veteran is not receiving the full list of services they might deserve. ODRS has the capacity to help with a number of vocational options. The agency can provide vocational evaluation, counseling and guidance, training, education, on-the-job training, clothing, tools, referral for mental health and medical services, and in some cases independent living skills. Often there is an overlap in what the VA and ODRS can provide. Effective coordination to assure the most effective outcome is needed. ODRS has a number of partnerships that can also help veterans. There are currently eight American Indian Rehabilitation programs in the state of Oklahoma. Additionally ODRS currently has six benefit planners working with the Oklahoma Employment Security Commission (OESC) and many of the One Stop Centers in the state. Conflicts in policy and large case load sizes may also interfere in how well these services are coordinated. The services exist, but may not be getting to the people that need them.

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Policy Recommendations

African American veterans are overrepresented among homeless people in this country. In general people with disabilities continue to be underrepresented in the workplace and underemployed when they are in the work force. As noted earlier, PTSD and other disabilities add to the discrimination that African American veterans face. When these factors are combined, employment for African American veterans takes a large

As noted earlier, PTSD and other disabilities add to the discrimination that African American veterans face. When these factors are combined, employment for African American veterans takes a large hit.

hit. State and federal public agencies could be more effective if services were better coordinated, if better partnerships occurred in both the public and private sector, and if a number of policies were changed to reflect the real needs and services of our returning veterans. I propose the following policy changes to improve services specifically for returning African American veterans.

1. At a state level in government, a veteran's council for employment needs to be mandated through the legislative process with the support of the Governor. It should include a representative from ODRS, OESC, both state and federal VA representatives, the private rehabilitation community, and the two state universities offering rehabilitation training programs (Langston University and East Central University). Its role will be to develop a coordinated state plan of services for returning veterans with disabilities. The committee will have the specific task of assuring culturally appropriate services.
2. ODRS needs to dramatically increase services to veterans. As such, immediate establishment of a new MOU with both OESC and the VA is needed.
3. The State Independent Living Council should initiate an immediate effort to increase services to veterans with the expectation of reducing homelessness before it happens.
4. Annual statewide training regarding employment issues and PTSD needs to be established for ODRS and OESC professional staff.
5. The federal government needs to increase the number of counselors hired by the VA to provide VA rehabilitation services. Additionally federal policy needs to be changed to allow the VA to purchase services through the public rehabilitation program and thus increase the number of counselors available to provide services.
6. Federal policy must be changed to increase coordinated services between the public rehabilitation program and the VA.

7. A new agency specifically focused on housing needs of veterans must be established. Rules must be put in place that allow the agency to act quickly and prevent homelessness among veterans.
8. Rehabilitation counselors must receive additional training regarding culturally appropriate services for veterans. They must also receive additional training in the unique needs of veterans.
9. A national public campaign is needed to garner the full support and effort of the public in helping our veterans with disabilities achieve employment and independence.

Our veterans have made the sacrifice to assure our freedoms. As rehabilitation professionals, we have the responsibility to assure employment and the ability to provide shelter and support. These policy changes can help assure a better future.

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Improving Vocational Rehabilitation Access and Employment Success for African American Homeless Veterans with Disabilities

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ABSTRACT

Far too many veterans are returning from war with physical and mental disabilities that limit their ability to obtain or maintain stable employment. Without adequate employment, veterans are unable to afford stable housing, which impedes their employment outcome. Thus, homelessness may be the end result. The authors provide an overview of contributing factors that lead to homelessness among African American veterans with disabilities, barriers to obtaining and sustaining employment, and requisite strategies and policies needed to overcome homelessness and unemployment among African American veterans.

Returning from war is expected to be a time of celebration and jubilation for troops returning from war, their families, and our country. However, after experiencing various traumatic events and long periods of separation, many war veterans and their families find themselves struggling to readjust into relationships, parenting, and civilian employment. Warning signs for post-combat veterans may occur as flashbacks, inability to relax or relate, restless nights and more. Also, veterans returning home from war sometimes feel unnoticed and unappreciated, and believe that no one at home could understand what they have been through.

Many African Americans enlist in the armed forces as a means of securing a better life and escaping some of the harsh realities of poverty and unemployment that are pervasive in their daily existence. Unfortunately, some of these war veterans return home with physical and mental disabilities, as well as substance abuse problems. All of these issues are further compounded due to unemployment resulting from our sagging economy, and homelessness may be the end result. This paper presents an overview of the myriad issues faced by African American veterans returning from war, and discusses services that are needed from a holistic perspective. This paper concludes with vocational rehabilitation strategies and policies needed to assist these individuals in successfully returning to productive, well-balanced lives in our society.

Returning Veterans and Homelessness

Thousands of military personnel stationed around the world return home from active duty with various mental and physical disabilities. According to the USEEOC (2008), between October 2001 and August 2010, more than 31,926 veterans returned home with service-connected disabilities, which include amputations, burns, post traumatic stress disorder (PTSD), and traumatic brain injuries. Many veterans wounded in combat experience severe disabilities with lifelong implications. Researchers believe that only a fraction of disabled combat veterans are included in these statistics (DAV, 2009).

For many reasons, a large number of veterans returning from war become homeless, and poverty and a lack of shelter form the primary reasons (Applewhite, 1997). In many cases, returning veterans can resolve one life crisis; however, homelessness most often occurs when persons are forced to deal with multiple life stressors, including various combinations of mental health

In many cases, returning veterans can resolve one life crisis; however, homelessness most often occurs when persons are forced to deal with multiple life stressors, including various combinations of mental health issues, substance abuse, domestic violence, loss of a job, loss of a loved one, loss of one's home, and so forth (Hersberger, 2005).

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Persons who are homeless are not a homogenous population, and veterans that are homeless have very different needs than other persons that experience homelessness. About one-third of the adult homeless population has served their country in the Armed Services. Current population estimates suggest that about 154,000 veterans (male and female) are homeless on any given night (US Department of Veterans Affairs, 2009), and perhaps twice as many experience homelessness at some point during the course of the year. Many other veterans are considered near homeless or at risk for becoming homeless because of their level of poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing (US Department of Veterans Affairs, 2009). Furthermore, problems related to homelessness among veterans are not limited to big cities, but include rural and wilderness areas.

A disproportionate number of homeless veterans are either African Americans or Hispanic (56%). According to the United States Department of Veterans Affairs (2009), the vast majority of homeless African American veterans are male (nearly three percent female), single and most come from poor, disadvantaged backgrounds. Additionally, homeless veterans tend to be older and more educated than homeless non-Veterans. However, similar to the general population of homeless adult males, about 45% of homeless Veterans suffer from mental illness, along with comorbid issues of substance abuse. Slightly more than 70% suffer from alcohol or other drug abuse problems.

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Although the problems affecting the general homeless population are numerous, veterans of color experience double jeopardy. In addition to the problems facing the general homeless population, they must contend

with issues of prejudice and racial discrimination. As a result of racism in the United States, homelessness is disproportionately higher for African Americans and Hispanics than for white Americans (First, Roth, & Arewa, 1988). Homelessness impacts one's ability to obtain employment; however, unemployment impacts one's ability to obtain housing.

Causes of Homelessness

Homelessness is the end result of problems that an individual cannot resolve without assistance, and can be grouped into three primary categories: health-related issues, economic hardships, and lack of affordable housing (National Coalition for Homeless Veterans, 2010). Independently, each of these issues can have a profound impact on an individual's ability to live a quality life; however, most homeless veterans experience the compounded effect of these issues.

Health-related issues pose a significant impediment to the quality of life experienced by veterans. Research has shown that up to one-third of combat veterans are likely to experience some degree of clinical depression, post-traumatic stress disorder (PTSD) or other emotional/psychological difficulties directly related to their military experience (Schnurr & Cozza, 2004). Debilitating mental and physical health problems are one of the leading causes of homelessness among combat veterans. As American troop deployments to Iraq and Afghanistan approach the 2 million mark, it is reasonable to anticipate that as many as 600,000 or more young veterans may eventually seek mental health counseling and treatment services during the next decade.

Many homeless veterans who served in the army suffer from posttraumatic stress disorder (PTSD). PTSD is an often debilitating mental condition that can produce a range of unwanted emotional responses to the trauma of combat (Resnick & Rosenheck, 2008).

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It can emerge weeks or even months following the traumatic event, and if left untreated, it can severely affect the lives of veterans and their families as well.

Family backgrounds, access to support from family and friends, and various personal characteristics (rather than military service) seem to be the stronger indicators of risk of homelessness (US Department of Veterans Affairs, 2009). Several studies have examined the relationship between PTSD and employment outside of vocational services. One study found that those with combat-related PSTD were significantly less likely to be employed than those without PTSD, and PTSD diagnosis was associated with a lower hourly wage among those in the competitive work-force (Resnick & Rosenheck, 2008). In a cross-sectional study of veterans with PTSD beginning a clinical trial, increased severity of PTSD was associated with a decreased likelihood of full-time employment suggesting that PTSD is a significant obstacle to employment, even after adjusting for potentially confounding factors including service era and service in various areas of operation.

In addition to PTSD, another commonly cited mental health problem is related to negative self-esteem (Applewhite, 1997). Veterans often express feelings of negative self-worth, which profoundly impact their ability to cope. Although veterans with self-esteem issues express a strong desire to overcome their current problems, lack of self-esteem is often a barrier that destroys one's will and determination to escape homelessness. According to veterans surveyed, their negative self-esteem was the result of a multitude of setbacks in both personal and social interactions, such as the severing of familial ties, the loss of peer support, and the loss of autonomy and self-sufficiency.

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While the VA has greatly increased the size and services of its nationwide health system, many communities are underserved by VA programs and community health services. Many low-income veterans cannot afford

health insurance, or otherwise work for small, independent businesses that do not offer health insurance coverage. These veterans and their families are one major medical problem or financial crisis removed from severe economic hardship that may, and often does, result in an increased risk of homelessness. Because of the increased demand for health services from the VA health care system, waiting times for VA medical appointments have been recorded at two months or longer. For veterans in crisis, this becomes a source of increased apprehension and frustration, and therefore can contribute to an increased risk of homelessness.

Economic Hardship. No issue is more important to troops returning to civilian life than finding a good job; however, issue related to employment is especially problematic for young veterans returning from war. While veterans desire to return to a live of normalcy and economic self-sufficiency, they often experience incredible economic pressure. These individuals consistently suffer higher unemployment rates than non-veterans of the same age, service connected disabilities and a dismal economy that further complicates matters.

During active duty, servicemen exist in situations where stable housing, monthly income and other necessities are provided. However, they transition into environments where everything has a price tag, and costs associated with civilian housing often prevents veterans from living independently. For example, the cost of housing in most communities makes it unlikely for a single-wage earner to be able to afford a comfortable and safe place of residence. Persons earning minimum wages are able to take home about $1,160 a month and would need to find an apartment for $348, which is extremely rare. Additionally, persons must have enough money for food, utilities, transportation and other necessities. Even if one is fortunate enough to find a low-rent apartment, there is little money remaining for food, clothing, education, insurance, and recreation. During times of economic hardship, even such small issues of resources for bus tokens or gas for an automobile can pose a major impediment to employment.

Unless veterans returning home from war were able to save money as they plan for their futures, situations can easily become problematic, as these veterans are already at a higher risk of becoming homeless than their more

securely rooted civilian counterparts. National Guards and other reservists also face significant economic pressures, even though most return to their pre-deployment occupations. Often their income while on active duty is lower than what they earned as civilians, which may lead to a depletion of savings or increasing their debt during military service. This is especially true for families that depend on a single primary wage earner's income.

Unemployment and under-employment are two critical issues affecting the economic success and independence of homeless veterans. Particularly for younger veterans, many military occupational specialties during wartime – weapons specialties, munitions handlers, door gunners on helicopters and infantrymen – are not transferable to their civilian sector (NCHV, 2010). The occupation of infantryman is problematic because although law enforcement is a great option for some veterans returning from war, availability of these jobs is insufficient compared to the large number of job-seeking combat veterans returning from Iraq and Afghanistan. Additionally, many law enforcement positions require college credits to be eligible for consideration. Many transferable military occupations of younger veterans like warehousemen, clerical and food service workers, health care assistants and lower level workers with limited experience are on the low end of the wages scale. In many markets, veterans may be competing for rare employment opportunities with civilians who have more site-based training or more personal contact with potential employers and their crews or staff (NCHV, 2010).

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For individuals who must rely solely on their own incomes to support themselves and their families, economic pressures are compounded by the difficulty of paying for and attending educational programs to improve their earnings potential. For single heads of household, the issue of paying tuition and fees is often not as feasible as child care and other necessary

expenses associated with going back to school. Research studies show that gainful employment at a livable wage with opportunities for advancement is the foundation for maintaining economic stability and reducing the risk of homelessness (Nakashima et al., 2004; Ratcliff & Shilito,1996; Schutt & Hursh, 2009). Market factors such as layoffs, plant closings, high unemployment rates, and changes in a region's commercial base that alter the nature of available jobs usually affect younger, less experienced workers the most. According to Agnew (1992), issues related to unemployment may increase an individual's motivation to commit crime to overcome financial difficulties. Also, unhappiness with one's current financial situation is seen as key to dissatisfaction that leads many to crime and other stressful situations. The strain of being unemployed can lead to various affective states, including the critical emotion reaction of anger.

Economic hardship and ***housing affordability*** are important interconnected issues related to homelessness among veterans. These factors are particularly important because persons applying for jobs are expected, if not required, to have a stable place of residence when they apply for employment; however, without employment, residential stability becomes extremely difficult to achieve, especially when financial and social support from family members and significant others are unavailable. In a study that surveyed homeless veterans, study participants attributed homelessness to the lack of jobs and lack of housing (NCHV, 2010). In discussing housing options, veterans identified the lack of affordable, decent housing that is accessible without stringent requirements such as a one-month security deposit, evidence of permanent employment and a credit history. In addition, veterans addressed the limitations that exist with temporary housing such as shelters and private single-room-occupancy hotels that allow individuals to rent a room on a daily basis. However, when veterans are unemployed or become unemployed, as is often the case, and fall behind on rent, they are quickly evicted, and other tenants are eagerly waiting such vacancies.

Veterans who are unable to obtain adequate housing sometimes have problems accessing adequate facilities to maintain adequate hygiene. Poor hygiene can cause major problems for veterans seeking employment, as employers may form negative impressions of these individuals and overlook them for employment opportunities. According to many veterans, the

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stigma associated with homelessness often results in homeless people being victimized and blamed by the general public for their circumstances in life. According to Ryan (1971), veterans who are homeless exist in a society that blames the victim for their misfortunes and at best offers the false generosity of paternalism through acts of kindness that does little to raise them out of poverty and despair (Freire, 1993). Veterans who are homeless described themselves as victims who have few rights or privileges and who are often perceived as lazy, violent, or addicted and as having a greater desire to remain on the streets than to escape homelessness (Freire, 1993). Veterans also described themselves as victims of distorted public perceptions that most Vietnam veterans suffer from psychological problems and pathological disorders or are angry about not being recognized for fighting an unpopular and undeclared war. They characterized such public attitudes and behaviors as hateful, stereotypical, untouched and degrading.

The Provision of VA Services

The Veterans Administration (VA) is a federally funded agency that provides assistance to veterans, and serves as a national safety net for impoverished and uninsured veterans (DAV, 2009). VA health care services are particularly important for many veterans who experience such health problems as obesity, asthma, other respiratory and gastrointestinal complaints, somatic symptoms, diabetes, and myocardial infarction (DAV, 2009). Veterans with service-connected disabilities, injuries incurred in the line of active duty and are documented, usually receive compensation for their impairment. These individuals also receive priority for enrollment into the VA health care system.

For some veterans, service connection represents the difference between access to VA health care facilities and no access (USDVA, 2010). Even among impoverished veterans, lack of service connected disabilities may limit access to VA care. In a study of veterans who were poor and homeless, although all were eligible for VA care on the basis of low income, lack of service connection reduced the likelihood that veterans would receive VA services. Service connected veterans take priority over low-income veterans without service connected disabilities, and persons without service connected disabilities may experience long waits to receive essential services. Given the number of veterans that require services and the amount of resources that are available at the VA, even the most severe veterans run the risk of being denied access to VA health care facilities altogether (Murdoch et al., 2003).

The extent of VA service access and utilization is an important issue for African American veterans. According to a study by Murdock, Hodges, Cowper, Fortier and Ryn (2003), the rate of service connected disabilities for African American veterans with PTSD was substantially lower than other veterans even after adjusting for differences in PTSD severity and functional status. Other studies examining the availability of VA services for African American veterans with disabilities showed that even in a supposedly equal access system, African American veterans are less likely than their White counterparts to be referred for cardiac revascularization procedures, minimally invasive laparoscopic cholecystectomies, or carotid imaging studies (Murdock et al., 2003). The possibility that racial discrimination exists in the provision of services that determine service connected injuries could act as a filter to exclude severely ill African American veterans from VA services. This is clearly an issue that requires further research and exploration.

Veterans who are homeless experience many hardships that are not adequately addressed by the VA. Such issues as

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housing needs, unemployment, and lack of social and community supports are among the resources that are important to regaining self-sufficiency among veterans who are homeless. These factors are especially important when they are combined with chronic medical problems and mental illness, all of which perpetuate homelessness among veterans. The VA system cannot do it all. Given the number of persons that have been in active duty over the last five years, the needs are far too great and the resources that are at their disposal are limited. Thus, state and other federally funded programs are required to assist veterans.

Additional Resources for Veterans

There are many services that must be put into place to adequately assist veterans with disabilities. Some of the past research efforts on homelessness have articulated several daily needs. According to Hersberger (2005), veterans returning from war require information and assistance regarding the following: finances, relationships with others, childcare, housing, health and healthcare (for self and for others), employment, education (for self and for others), transportation, and public assistance. It is important to note that persons require information across multiple areas. For example, some veterans who are homeless may request job seeking information; however, simply providing information on available jobs is not always enough. If public transportation is not near the workplace, efforts may be futile.

Requisite strategies and skills are needed from rehabilitation professionals to adequately meet the needs of homeless African American veterans. One out of five veterans shows symptoms of combat-related stress, according to a recent report by the RAND Corporation. With 30,000 to 50,000 veterans returning from Iraq and Afghanistan, there is a pressing need for mental health services. Rehabilitation counselors can provide individual and family counseling to help provide a smoother transition at home. Cognitive behavior therapy is the model used to help veterans with the healing process from combat trauma. The healing process starts when veterans learn to co-exist with painful memories, which over time reduces their emotional suffering.

Providing holistic rehabilitation services to veterans who are homeless

should be a top priority. Rehabilitation Counselors and the Office for Vocational Rehabilitation are among the agencies that can best assist homeless veterans with disabilities. The Vocational Rehabilitation and Employment (VR&E) Program is authorized to help veterans with service-connected disabilities to prepare for, find, and keep suitable jobs (VR&ES, 2010). For veterans with service-connected disabilities so severe that they cannot immediately consider work, VR&E offers services to improve their ability to live as independently as possible. Services that may be provided by VR&E include:

- Comprehensive rehabilitation evaluation to determine abilities, skills, interests, and needs
- Vocational counseling and rehabilitation planning
- Employment and services such as job-seeking skills, resume development, and other work readiness assistance
- Assistance finding and keeping a job, including the use of special employer incentives
- On the Job Training (OJT), apprenticeships, and non-paid work experiences
- Post-secondary training at a college, vocational, technical or business school
- Supportive rehabilitation services including case management, counseling, and referral
- Independent living services

Job training offers a means to break the cycle of homelessness via employment and eventual emotional stability, financial independence, and housing. Rehabilitation counselors need to focus on job readiness skills, including resume preparation, active job seeking strategies and interviewing techniques. The client's success in securing employment and their personal wellbeing depends upon their own abilities and motivation, staff assistance and support, and on-the-job experience (Ratcliff & Shilito, 1996).

Securing and maintaining employment are important goals in psychosocial rehabilitation programs, but they are neither often nor readily achieved. Between one-tenth and one-third of the individuals with severe and persistent psychiatric disabilities are competitively employed at any

given time; the fraction employed falls in the lower end of that range for persons who are also homeless and/or who abuse substances (Schutt & Hursh, 2009). Research has shown that the key to successful transition to long-term employment is support services provided over an extended period of time within a community context. What is critical for persons with histories of homelessness, mental illness and/or substance abuse is developing a package of supports while they are in a vocational rehabilitation program that they can continue to access after leaving the formal program. These supports can be garnered through service staff, family and friends, or directly in the workplace, but they are critical for most individuals who are recovering from homelessness.

Implications for Practice and Policy

The problems and needs of homeless veterans are not unlike those affecting the general homeless population and are largely associated with poverty, unemployment, social isolation, substance abuse, and chronic mental illness. Some problems, however, are more specific to veterans, such as war-related posttraumatic stress, readjustment problems, and feelings of victimization related to unmet expectations about war service recognition. Addressing these problems require specialized programs serving homeless veterans exclusively that emphasize psychiatric, medical and residential treatment services. There is the need to provide specialized services, many of which can best be offered through the Department of Veterans Affairs and the Office of the Vocational Rehabilitation. The adequate provision of services for veterans who are homeless focus on three major themes: community-based services, mental health interventions, and social service systems.

Community-Based Services. Community-based services represent a primary resource for veterans attempting to reintegrate into society as productive, contributing individuals and family members. Unfortunately, many homeless veterans continue to encounter problems in securing the most basic of human needs and services or in finding advocates to assist them in securing services and benefits. One strategy with proven effectiveness involves case management. Particularly effective are on-site shelter

services offered by "shelter advocates" (Ziefert & Brown, 1991), who work with individuals and families to secure long-term and short-term services including permanent and transitional housing, child care, transportation, services for children, employment counseling and vocational training, family skills building, and family assistance such as Aid to Families with Dependent Children. From this perspective, a comprehensive system of "multidisciplinary, networked services" (Hutchison, Searight, & Stretch, 1986) combined with a base of public entitlements (for example, Supplemental Security Income, Medicaid, and public assistance) coordinated by case management advocates (vocational rehabilitation counselors) may help promote self-sufficiency of, stabilize family relations for, and provide supportive services to veterans and their families to better integrate them into the community. Also of particular value are community-based rehabilitation and treatment services for homeless veterans that have proved to be effective (Center for Mental Health Services, 1994).

From this perspective, a comprehensive system of "multidisciplinary, networked services" (Hutchison, Searight, & Stretch, 1986) combined with a base of public entitlements (for example, Supplemental Security Income, Medicaid, and public assistance) coordinated by case management advocates (vocational rehabilitation counselors) may help promote self-sufficiency of, stabilize family relations for, and provide supportive services to veterans and their families to better integrate them into the community.

Interrelated with community-based services is the need to secure transitional and affordable permanent housing for veterans and their families involved in the process of stabilization and reintegration. Successful efforts to create housing options that should be replicated or expanded include the community block grants in New York that acquired housing property for renovation or construction; the Cleveland Housing Network, which restores houses and offers renters an opportunity to become homeowners through lease-purchase agreements (Weicksnar, 1992); the Department of Housing and Urban Development-Department of Veterans Affairs Supported Housing Program (HUD-VASH), which provides permanent housing for veterans

through HUD rental assistance vouchers; and the HUD Section 8 program, which provides rental subsidies for low-income families based on fair market rental rates and veterans' personal incomes. Nationally and locally, greater emphasis must be placed on creating community-based services in tandem with viable housing options that involve the private and public sector and federal agencies in joint ventures (Johnson & Castenegra, 1994; Rosenheck & Leda, 1991; Stegman, Quercia, McCarthy, Foster, & Rohe, 1991).

Mental Health Intervention. For veterans suffering from mental illnesses such as depression, schizophrenia, and posttraumatic stress disorder, the Veterans Affairs Medical Centers and the Homeless Chronically Mentally 111 (HCMI) veterans program help veterans break the cycle of homelessness. For example, the HCMI program provides extensive outreach, intake assessment, medical and psychiatric examinations, treatment, residential treatment, referrals, and ongoing case management to veterans with mental health and substance abuse problems. Other programs to assist homeless veterans such as the Compensated Work Therapy/Therapeutic Residence program, the Social Security Administration — VA Joint Outreach Initiative, and HUD-VASH also exemplify the need for new programs that integrate case management, rehabilitation, long-term housing, and residential treatment. Non-VA clinical programs that provide integrative treatment services to veterans and their families experiencing varying levels of stress and dysfunction are equally essential as second lines of defense and are a necessary part of a comprehensive, integrated network of clinical and social services (Phillips, DeChillo, Kronenfeld, & Middleton-Jeter, 1988).

Social Service Systems. Veterans often perceive health and social service systems such as the VA as bureaucracies that deliver the same treatment or service to all veterans who enter the agency without regard for their individual needs and preferences. This perspective has had a negative effect on veterans, many of whom become disillusioned with existing resources and refuse services that they think have little effect on improving the quality of their lives. In addressing this issue, attention to current levels of efficiency (the degree to which an agency makes optimal use of its resources) and effectiveness (the degree to which homeless services meet the identified needs of client) in serving clients is critical (Netting, Kettner, & McMurtry, 1993). Johnson and Cnaan (1995) concluded that needs assessments should

focus on basic needs, stabilization needs, emergency needs, change-oriented needs, economic needs, educational needs, and other professional service needs.

Another issue related to service delivery is veterans' feelings of powerlessness and victimization. For many veterans, feelings of powerlessness and 'being used' by a government and society that abandoned them after the war continue to be a powerful sentiment. For those who express feelings of resentment and anger, community-based counseling programs may help persons move beyond their feelings of victimization and disempowerment to develop a critical awareness of their human potential and their significant role in and appreciation by society. Empowerment-centered practice may be especially useful in helping veterans overcome feelings of oppression by focusing first on the development of personal and interpersonal power through self-awareness about victimization, development of concrete skills for survival and social power, and finally the development of cognitive and behavioral strategies for dealing with stressful negative events (Gutierrez, GlenMaye, & DeLois, 1995).

Conclusion

Clearly, the issue of African American homeless veterans with disabilities is very important and calls for creative planning and policies across different levels. Even with the development of highly effective strategies for improving service delivery, unfortunately, homelessness continues to be a way of life for far too many veterans, some of whom have little hope or expectation of breaking this cycle of isolation and poverty. From this standpoint, vocational counselors can play a pivotal role in reversing the downward spiral of homelessness and hopelessness because many of these veterans can be reached through sound rehabilitation practice and advocacy. This outreach demands an integrated approach to addressing individual and group problems combined with aggressive rehabilitation practice at the federal, state, and local levels. For many veterans, time is of the essence. Thus, it is time for vocational counselors to not only work toward fundamental changes in the provision of services for veterans who are homeless, but also to help reverse this national problem. Poverty, housing

shortages, unemployment, low income jobs, and a growing population of homeless veterans with disabilities have resulted in a national problem that threatens to escalate.

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AFRICAN AMERICAN VETERANS, POST TRAUMATIC STRESS DISORDER (PTSD) AND EMPLOYMENT

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ABSTRACT

With the numerous challenges within our economy and joblessness at an ongoing high rate, returning veterans with disabilities such as PTSD will need specialized approaches that will challenge the rehabilitation and veteran systems. This paper will provide a working definition of PTSD; identify needs of African American Veterans with PTSD related to employment; explore opportunities for rehabilitation to emerge as leaders through the development of holistic employment/educational plans; specify policy recommendations for both the Veterans Administration (VA) and the rehabilitation system; plus provide selected resources that can support the success of African Americans with PTSD who are **Wounded Warriors, and Gulf War and Vietnam War Era Veterans.**

"For their service and sacrifice,
warm words of thanks from a grateful nation
are more than warranted,
but they aren't nearly enough…"
President Obama, March 19, 2009

There is an **escalating** need within the rehabilitation arena and the nation to concentrate on how to more appropriately respond to the increased number of Veterans of color who have disabilities, especially PTSD. Current information cites PTSD for African American Vets as an **extensive challenge**

that impacts all aspects of the Vets life-most especially employment. Notably, lack of employment has been identified as a form of trauma that has characteristics similar to PTSD. With the numerous challenges within our economy and joblessness at an ongoing high rate, returning veterans with disabilities such as PTSD require **specialized approaches** that will challenge the rehabilitation and veteran systems.

This paper provides a working definition of PTSD; identifies some of the needs of African American Vets with PTSD related to employment; explores opportunities for rehabilitation to emerge as leaders through the development of holistic employment/educational plans; offers some policy recommendations for both the Veterans Administration and the rehabilitation system; plus provides selected resources that can support the success of African Americans with PTSD who are **Wounded Warriors, and Gulf War and Vietnam War Era Veterans.**

Many of the insights that I acquired while doing research for this paper came from my Interview with Mr. Urban Miyares who is a Veteran with a disability including PTSD. In addition, he is CEO of the Disabled Businesspersons Association (DBA) and its National Disabled Veterans Business Center. Miyares (2010) relates work to opportunities for continuing service as a civilian upon completion of military duties.

The African American Vet with PTSD can find healing through meaningful employment. The trauma of unemployment can be the source of a trigger for the Vet that serves as an alert to rehabilitation and the VA regarding the vital importance of employment.

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According to a RAND Corporation study (2008): One in Five Iraq and Afghanistan Veterans suffer from PTSD or Major Depression and almost 20 percent of military service members who have returned from Iraq and Afghanistan report symptoms of posttraumatic stress disorder or major depression. Yet, only slightly more than half have sought treatment.

It is evident that African American Vets with PTSD will need the best and the brightest working to ensure that their service to America is not lost through the impact of their disability and /or employment status. To better partner with Vets who are African American with PTSD, an **insightful** and **useful** definition of PTSD is important.

Definitions of PTSD

While there is growing focus on the definitions and impact of PTSD, it is clearly a complex disorder. Any viable definition notes that PTSD occurs following a traumatic event. This traumatic event involves a situation that the person experiences or witnesses that is an actual or perceived threat of death or serious injury to self or others. Similarly, intense fear, helplessness and or horror are experienced.

It should be noted that fear, helplessness or horrors are key factors. Family, communities, education, rehabilitation, and related groups will need to learn more about the "fall-out" of these factors and how they manifest in each African American Vet with PTSD seeking assistance.

Some African American Vets may experience these events in their neighborhoods. These similar experiences and events can include:

- Involvement in actual or threatened death or serious injury
- Threat to self or others physical integrity
- Seeing someone you did not know killed
- Seeing kids, women or other Americans or civilians killed or wounded.

These are some of the events that are part of the lives of many Americans of color who have limited economic, education, and employment opportunities.

Schwartz, Bradley, and Sexton (2005), found that African Americans receiving service as out- patients in an urban area "experienced a high rate of severe trauma and despite the potential high rate of PTSD in the urban population, trauma is likely under recognized and PTSD is often under diagnosed" (p. 3-4).

Miyares (2010) underscores these realities when he stated "I grew up in New York City where violence was a constant…you saw death on the street, we saw beatings…blood". While these realities are powerful, the Veterans Administration, rehabilitation, education, and employers can be sources of hope and needed resources.

Not only is a working definition of PTSD important, the Veterans for Common Sense (VCS) view on understanding deployment is also vital. They reported "The … literature on deployed vs. non-deployed veterans yielded sufficient evidence of an association between deployment to a war zone and psychiatric disorders, including post traumatic stress disorder (PTSD)" (p. 3).

The VCS also cites a major issue when it stated "the definition of **deployment** needs to be expanded to not only include engaged in combat with the enemy because in the current wars, every service person is a potential enemy target. In Iraq and Afghanistan, there are no front lines (VCS, 2009, p. 3).

In order to assist in the development of appropriate strategies and positive outcomes for African American Vets with PTSD, we need information on the prevalence of Vets with this disability.

All data report that more soldiers are surviving and experiencing more disabling results. The Vets Commission in 2007 reported that PTSD was the second most prominent disability. With a significant increase in survival rates for Vets with disabilities, the impact on both veteran and civilian workforce and medical systems is a major challenge (Frain, Bishop, & Bethel, 2010).

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It should also be noted that Robinson and Mu'min (2008) report that approximately 30% of Vets seeking services from the VA receive a mental health diagnosis. In addition,

according to the Veteran's Administration: 1 in 5 soldiers returning from Operation Iraqi Freedom and Enduring Freedom are being diagnosed with PTSD, depression, substance abuse, and/or traumatic brain injury. Plus, discriminatory practices lead to greater exposure to traumatic stress (Robinson & Mu'min, 2008). The data on Vietnam era veterans is similar but it should be remembered that PTSD was not as well diagnosed, reported or documented as it is today.

It is critical that we explore the implications of these data related to suicide. Miyares (2010) stated the he had attempted suicide following his return from Vietnam. In addition, he reported that suicide might feel like the only way of relief for many Veterans.

Thus, Suicide and Soldiers needs to be an area of great concern for rehabilitation and the VA.

All of these data clearly note that PTSD is a major issue for returning Vets. For African American Vets with PTSD, these complexities tend to be enlarged (Miyares, 2010). Robinson and Mu'min (2008) reporting on findings of the National Vietnam Veterans Readjustment Study (NVVRS) found that African American Vets had higher rates of PTSD than Whites and that the onset tended to be delayed.

For African American Vets with PTSD, these complexities tend to be enlarged (Miyares, 2010). Robinson and Mu'min (2008) reporting on findings of the National Vietnam Veterans Readjustment Study (NVVRS) found that African American Vets had higher rates of PTSD than Whites and that the onset tended to be delayed.

For the current Vets, it seems clear that there is need for **follow-along** for African American Vets with PTSD. This **follow-along** service would need to be carefully coordinated among key collaborators (VA, rehabilitation, employment services, and others). As rehabilitation prepares to work in collaboration with Veterans who are African American with PTSD, it needs to be remembered that not all will need or require extensive support, services and or employment assistance. Additionally, not all African American Vets with PTSD will experience the disability to the degree that

they will not be able to successfully return to civilian life. Yet, for those Vets who do need and require extensive support, including employment assistance, all viable opportunities need to be explored and utilized.

African American Veterans who experience PTSD are difficult to assess. While there are numerous reasons for the lack of organized and useful data, all indications are that PTSD among this group is significant.

Thus, the data specific to African Americans is at best inadequate. Yet, Michael (2007) reported that:

> "while there are perhaps no racial genetic predispositions to the development of PTSD, ethno-cultural factors which are often associated with race play a significant role in the etiology and treatment of PTSD and therefore are important to consider when working with this [veterans of color] population". (p. 1)

The National Association of Black Military Women (NABMW) has listed on their website research that is currently being conducted on Black women Vets and those in active duty. This is a resource that can help to gather needed data and rehabilitation could benefit from partnering with them.

The importance of research is also noted by Frain, et al. (2010) when they stated, "We therefore also encourage the prioritizing of rehabilitation counseling research aimed at addressing the rehabilitation needs of veterans." (p. 19). I also recommend that the needs of African American veterans with PTSD become a priority with special attention to women. The value of research that includes consideration of African Americans and other Vets of color is warranted and supported by numerous authors (Bramsen as cited by Loo, 2010; Rebhahn, 2000).

Bramsen makes a salient point with the following: a better understanding of what causes PTSD might help to protect soldiers and others sent into harm's way. But, "I think we will never be able to prevent PTSD. It is a normal reaction to an abnormal situation". (p. 1) All of these

authors agree that race needs to be a consideration as we work with African American Vets with PTSD.

Similarly, women Veterans represent an *under explored* group especially when it comes to their mental health needs (Atkins, 2006). Miyares (2010) cites the plight of Women Veterans as an area of limited understanding plus an area of great need. It appears that the issues faced by women Vets differ in some ways from their fellow male Veterans.

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Frain et al. (2010) points out that "in 2007, women were approximately 14% of the overall military force and others report that between 12-23% of women are exposed to trauma in combat areas". (p. 14) Since the Civil War, African American women have served in the military. Yet, movies and the awareness of the public about this reality is not reflected (National Association of Black Military Women [NABMW]).

Overall, African American Vets and those on active duty are an important aspect of the military, civilian population and human resources. Those with PTSD (female and male) need the expertise of rehabilitation.

Rehabilitation and Employment

Note: There is no one size fits all.
The uniqueness of each Vet and their situation
must be assessed and addressed.

Frain et al. (2010) point out that "the need for rehabilitation services for individuals returning from military service has perhaps never been greater" (p. 13). The hallmark of rehabilitation is its "holistic" approach. The African American Veteran with PTSD is clearly in need of holistic

methods. Frain, et al. (2010) makes it clear that rehabilitation has a vital role to play as we partner with African American Vets with PTSD when they stated: "Rehabilitation counseling should take a central role in the services provided to military personnel discharged with disabilities." (p. 13)

Rehabilitation counselors have extensive experience working with individuals who have felt devalued and stigmatized. Their expertise can provide some insights into the situation some African American Vets with PTSD may find themselves.

The "holistic" approach that is proposed has the aim of promoting inclusion of the African American Vet with PTSD success in rehabilitation includes: clear assessment; Vet as partner; individual education and employment plans; Vet teams; outreach; and continuing education for service providers.

• Clear assessment of the Vets deployment, physical and psychological status is needed

To be effective in the assessment of African American Vets with PTSD, working as a team is **CRITICAL.** Rehabilitation counselors are **committed** to teamwork as they acquire assessment information that can foster the success of consumers. These same techniques can be employed to assist the Vet. Overall, rehabilitation counselors have extensive successful experiences in sharing resources and cost effective strategies.

Assessment tools that target the **realities** of Vets from their perspective could add to our understanding and offer cues for assistance. For example, Thorp, Happener, Simmons, and Baker (2008) note the use of the **Combat Exposure Scale (CES). Examples of Questions include:**

- Were you ever under enemy fire?
- How often did you fire rounds at the enemy?
- How often did you see someone hit by incoming or outgoing rounds?
- How often were you in danger of being injured or killed?

Rehabilitation counselors, educators, VA personnel and community mental health providers would benefit from training regarding tools such as the CES and other useful assessment tools and techniques. Additionally, use of the CES provides an excellent opportunity for research and collaboration among rehabilitation, VA, Vets who are African American and other key players. Similarly, understanding the Vets use and needs regarding technology will be valuable assessment information.

Rehabilitation counselors, educators, VA personnel and community mental health providers would benefit from training regarding tools such as the CES and other useful assessment tools and techniques.

Thorp et al. (2008) underscore the importance of effective assessment when they stated that there is need for **both quantitative and qualitative** assessment of treatment and employment expectations, preferences and outcomes.

• ***Involvement of the Veteran in his/her success***

The literature on returning Vets alerts us to the need to be clear about the time of service and the mood of the country during their deployment period. Central to this issue is **readjustment** and **reintegration**.

It is critical to utilize assessment data as a resource to facilitate the **readjustment** for African American Vets with PTSD. Return to work without attention to **readjustment** to civilian life is domed for disappointment. Consequently, ensuring that the Vet is a key partner in her/his **readjustment** is critical.

Frain et al. (2010) cited "a Department of Veterans Affairs Office of Research and Development Working Group (2006), report that **reintegration** to occupational function and prevention of job loss as perhaps the most important aspect of success for veterans with PTSD and other disabilities, independent of other variables." (p. 17)

Rehabilitation counselors have the knowledge and skills that can facilitate the **reintegration** of veterans into employment and education.

Rehabilitation counselors' long standing history of working with employers and those who have a disability also adds to the skills that they bring to the veterans.

• ***Individual Education and Employment Plans*** **(IEEP)**

In order to actualize an effective assessment of skills that can be transferred to civilian life, the IEEP must be flexible and reflect the talents and interests of the African American Vet with PTSD. Online education opportunities are an excellent way for African American Vets to matriculate. Most higher education institutions offer online courses, certificates and degrees that expand the options for African American Vets with PTSD.

President Obama (2009) stated:
"This Administration is committed to providing the
resources to effectively implement the
Post-9/11 GI Bill – providing every returning
service member with a real chance to
afford a college education." (p. 2)

Academic Impressions in the article "Exploring the Psychological Needs of Returning Veterans" underscores the role of education.

"Over forty-six thousand veterans have
recently returned from Iraq and Afghanistan
and are eligible for GI educational benefits.
Many of them will start or return to college". (p. 1)

Herein lies a great opportunity for higher education especially rehabilitation programs around the country. Rehabilitation can be positively poised to lead the inclusion of African American Vets with PTSD as educational participants.

It is critical that rehabilitation and the VA remind African American Vets with PTSD that they have assets. As early as 1988, Atkins brought our attention to the importance of an "Asset Oriented" approach where

rehabilitation counselors focus on the strengths of the consumer. This strategy continues to be needed as rehabilitation counselors and educators interact with African American Vets with PTSD.

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What are the assets of the African American Vet?

Miyares (2010) cites the following as only a few of the assets that Veterans possess:

- People skills
- Ability to follow directions (orders)
- Discipline
- Leadership
- Persistence
- Communication
- Teamwork

The National Association for Black Veterans (2010) provided a similar list of assets as their **Ten great reasons to hire a veteran!**

- Accelerated learning curve
- Leadership
- Teamwork
- Diversity and inclusion in action
- Efficient performances under pressure
- Respect for procedures
- Technology and globalization
- Integrity
- Conscious of health and safety standards
- Triumphs over adversity

Through effective assessment and collaboration, the assets that Vets may possess can be transformed into success in the civilian arena. With the already effective methods that are utilized in rehabilitation, these assets become vital resources for employment success.

Miyares (2010) is a strong advocate of **Self-Employment** for Vets and his life reflects the impact that **Self-Employment** can have not only on the Vet but on others as well. As a Vietnam Veteran with a disability who is self employed, he is able to speak from experience. He not only has his own knowledge but his work with other Vets with disabilities makes him a truly credible advocate. He is able to address the link between PTSD and employment success. For example, when the Vet cannot sleep, **Self-Employment** can become an asset. If you own your own business, you can work anytime you desire.

Miyares (2010) provides training to Vets and others with disabilities on how to be successful in **Self-Employment**. Because he has had some business ventures not succeed, he is able to be an example of the qualities that Vets possess as a tool for getting back in the game.

As a Vet with a disability, Hispanic and a successful **Self-Employed** civilian, Miyares is able to impact Veterans and their families in ways that only serve the greater good of our nation. He has developed numerous strategies that can assist the African American Veteran with PTSD in being successfully **Self-Employed**. Miyares (2010) makes it clear that Self-Employment is not a panacea and not for everyone. It is, however, a choice that can be a part of an IEEP where appropriate.

• **Develop Vet Teams** (support system, family)

Work with families is yet another hallmark of the skills of the rehabilitation counselor and African American Veterans with PTSD will need a viable support system. Networking, open and honest communication plus relationship building offer many possibilities for African American Vets with PTSD to be successful. Frain et al. (2010) recommend use of the Family Resiliency Model to assist the veteran and their families. This "theory provides a conceptual model for understanding family influences and

how they may be utilized in the facilitation of success in the rehabilitation counseling process". (p. 18)

Clearly this theory opens up opportunities for research to determine if African American Veterans with PTSD and their families can benefit. The definition of family may need to be expanded in the African American veterans' case as often non- biological persons are considered "family".

Clearly this theory opens up opportunities for research to determine if African American Veterans with PTSD and their families can benefit. The definition of family may need to be expanded in the African American veterans' case as often non- biological persons are considered "family". The importance of providing support to Vets' families is so crucial that our **First Lady Michelle Obama** has made this group one of her top priorities. What are the assets of the support system/ family of the African American Veteran within a social, political and cultural perspective? Assessment of current levels of problem solving skills and resourcefulness is warranted. Non- traditional methods of survival and success will need to be addressed.

Miyares (2010) believes that support is essential for all in regular contact with the African American Vet with PTSD. His DBA provides support to families as a central part of teamwork. Similarly, **Vet Centers** provide readjustment counseling and outreach services to all veterans who served in any combat zone and family members can receive this free assistance with military related issues. Partnerships with these Vet Centers could produce viable connections to assist African American Vets with PTSD related to employment and/or higher education. This type of teamwork would demonstrate to the Vets that their challenges could be turned into opportunities when the effective connections are made with their input. Many Vets are distrustful of the Veterans Administration and the **Vet Center** provides a valuable alternative.

VCS, (2009) noted the need to "Work more closely with the Department of Defense (DoD) to obtain reliable, consistent, and complete information to corroborate veterans' deployment and medical conditions". (pp. 3-4) Higher Education, especially rehabilitation counseling programs, is a rich resource

to form collaborative groups to focus on PTSD and employment. These groups can be composed of Vets, families, Spiritual leaders, community, VA, employers, educators, and rehabilitation. These connections can lead to the creation of Small Business Consortium Teams that include all key players.

Employers are central members of the African American Vets with PTSD team. While **Self-Employment** is a viable option for many, other civilian work settings warrant attention. For some Vets, they will be returning to employment they held prior to deployment. The more involved the employer can become, the greater the likelihood of the Vet increasing his/her success in return to civilian work. There are no magic formulas for developing Vet Teams of support. Undoubtedly, all viable options merit exploration.

• ***Outreach Strategies***

For **Outreach Strategies** to be effective, education of the community in understanding the needs of returning Vets is critical. All components of the community needs education-family, spiritual, education, VA, DoD, business/employers, transportation, police, domestic abuse agencies, etc.

To help avoid lack of use and access to needed services and opportunities, meaningful outreach is required. In order for outreach efforts to be effective, a comprehensive, multifaceted approach must be identified, presented, and then measured to determine the most effective strategies for African American Vets with PTSD.

The Center for Minority Veterans (CMV, 2010) has an extensive model for outreach. The CMV utilizes three major outreach initiatives to ensure minority veterans concerns are addressed: *Minority Veterans Program Coordinator (MVPC)*; Advisory Committee On Minority Veterans (ACMV); and Veteran Business and Economic Development Outreach. The overall goal of these outreach programs is to increase awareness, develop effective strategies and increase involvement of the Vet in VA programs.

The CMV major outreach strategies complement the work of the Rehabilitation counselor and can be a source of collaboration and research focused on African American Vets with PTSD linked to employment.

Likewise, the DBA is a viable group for additional partnership. The DBA has a record of success in working with Vets regarding **Self-Employment** (Miyares, 2010). With the expertise of the rehabilitation counselor, assets of the Vet and success of the DBA, a powerful alliance can be forged.

• Continuing Education for Service Providers

Working as a team and developing viable IEEPs requires ongoing education for all involved. In order for continuing education to be successful and useful in assisting African American Vets with PTSD, the **attitudes** of all involved are vital.

Prior to, during and following trainings, workshops and or courses, assessment and evaluation of the attitudes of participants need to occur. There is a valuable role for the African American Vet with PTSD to be a part of the education/training team. Shaping attitudes that are positive can be a major advancement for appropriate services and success for African American Vets with PTSD.

By sharing his/her first hand experiences, the information can take on meaning as it relates to a person **not** just to the subject content. Everyone has much to learn and teach. When the assets of all are the focus, the possibilities for success increases and creativity can flourish (Leung & Atkins, 2007).

Michael (2007) reminded us that her findings specific to service providers noted that while they factored ethnocultural considerations into treatment, they also expressed a lack of training in this topic. Robinson and Mu'min (2008) noted that discrimination impacts exposure to trauma and stress that is supported by Loo, 2010 and Miyares, 2010. Thus, counselors, VA personnel and others charged with the responsibility of assisting African American Vets will need to address the life experiences not only while on active duty but prior to and following duty.

As much of the rehabilitation literature has reflected over the years, "counseling and guidance" are ongoing mainstays of the profession. Clearly, the need for "counseling and guidance' is a major priority for African

American Vets with PTSD. Research on continuing education and… [PTSD] as it relates to African American Vets awareness in the educational process is needed. The benefit of expanded training for the rehabilitation professional is likely to lead to increased opportunities and employment for consumers (Gamble, Dowler, & Orslene, 2006).

All of the following are areas where ongoing education is needed as rehabilitation counselors and the VA partner with African American Vets with PTSD.

Learn about: **"triggers"** (Lazar pointers with red lights, loud noise as car back firing, family issues of the past and present, touching, slap on back, anniversaries of all types, unemployment) (Miyares, 2010); **racism and sexism** and how these can impact PTSD; **predictability** challenges and what is stable in the African American Vets life who experience PTSD; grief as a vital issue (Kubler- Ross' work with death and dying can provide insightful clues for intervention); **anniversaries** that tend to cause trauma and memory of reliving divorce, death, plus deployment/discharge date, and **unemployment** as a vital source of trauma.

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To counterbalance these issues, ongoing education focused on meaning, self as a resource, support system/create if lost, spiritual role for African American vets with PTSD, competency, goals, recreation, helping others, etc. All of these areas of continual learning add to the resources that rehabilitation and VA staff can possess to partner with African American Vets with PTSD.

Family members could benefit from continuing education programs that address the delay effect, warning signs, resources, and related information. Similar to the recovery movement, returning Vets who are African American with PTSD could benefit from "sponsors" and family could find assistance in support groups for partners and children.

Overall, with the skills of the Vet and the Higher Education community, rehabilitation counselors, employers, community, and others, options for the Vets' success are enlarged. Specifically, ongoing education focused on the location of jobs of today and the future is needed.

Self-Employment has been found to be a vital option for Vets with PTSD (Miyares, 2010). **Self-Employment** offers numerous options that can support some of the fallout of the PTSD symptoms. As previously noted, the Vet who has challenges around sleep, could work during these times and take short naps as needed. In combating some of the other effects, working for one's self could provide avoidance of trust and related issues.

A highly valuable tool to assist with employment is the **Career One Stop-Key to Career Success and O*NET, the Occupational Information Network** which is a comprehensive database of occupational skills, knowledge, and abilities that can help align military experience, education, and training curricula with current civilian workplace needs.

President Obama's "Major Veterans Employment Initiative" holds much potential for some African American Vets with PTSD. (The White House, 2009) The News Release reported that: *Initiative Would Transform Federal Government into Model of Veterans Employment*. The Initiative underscores to federal agencies the importance of recruiting and training veterans, aims to increase the employment of veterans within the Executive Branch, and helps recently hired veterans adjust to service in a civilian capacity. Obviously, employment with the Federal and related governments warrants exploration as possible employment options.

While **Self-Employment** may hold numerous advantages for African American Vets with PTSD, all feasible options need to be explored. Veterans helping Veterans is a valuable resource that can be incorporated into an effective approach.

Kristof and WuDunn (2009) were not speaking about Vets but they offer

an innovative approach that can hold promise for African American Vets with PTSD known as "social entrepreneurs" (p. 54).

"Social entrepreneurs" create their own context that is not a part of the usual bureaucracy. African Americans have a history of working outside of bureaucracies that have often left out people of color. "Social entrepreneurs" offer yet another strategy that is worth exploring in meeting the complex needs of African American Vets with PTSD, especially those who are women.

Recommendations and Policy Considerations

The following are just a few of the policy and implementation needs related to the VA and rehabilitation.

First, research that focuses on African American returning Vets of color who are **women** with PTSD and their challenges/opportunities is considered necessary at both the VA and higher education levels. Thus, it is recommended that a **national initiative of research and services** be established within the VA to address the PTSD needs of African American women. This Initiative needs to be closely coordinated with rehabilitation higher education and service agencies.

Frain et al. (2010) stated that

> " there is not yet reliable information available about the employment status of either retired active duty personnel or the military reservists who, as a result of disability, are not able to return to their previous employment. Nor is there information about the specific vocational rehabilitation needs of such individuals, or how effectively these needs are being addressed" (p. 13).

Reliable information warrants attention at all level, especially as it may apply to African American Vets with PTSD (female and male).

Second, it is recommended that it become policy for the VA to establish **co-operative agreements with colleges and universities** to assure that Vets are able to matriculate with needed support on campus. An educated society is always an advantage to greater improvements for all citizens. Because we live in a global community, ongoing education is a must. The recommended program can be modeled after the World War II efforts in this area that gave rise to public rehabilitation and rehabilitation in higher education. If this approach was implemented throughout the US, the benefits could be tremendous.

Next, Establish a National Public Health Model that would provide "Education for the veterans and the public about PTSD as part of an overall **anti-stigma campaign**". (VCS, 2009, p. 4). The African American community will need to be targeted from a culturally relevant perspective where social, political , race, disability, gender, and cultural variables are considered.

Fourth, there is a need to create **training programs** that link veteran service providers with rehabilitation. In addition, expand cooperation with the rehabilitation profession and the veteran service providers to educate and **train future providers**. (Thorp et al., 2008)

Finally, Miyares (2010) makes the following policy recommendation regarding the need to provide returning Vets time for **readjustment**. It is therefore recommended that a **reentry program** be established that permits **Retreats** to be established where Vets could enter and receive pay for learning about: physical and mental health challenges and related resources; employment trends; sources of support within the VA and the community; plus other options related to higher education.

The issues and opportunities facing African American Vets with PTSD are indeed complex requiring multi-modal approaches/strategies. Similarly, these issues require collaboration among varied systems with the Vet at the heart of all methods.

We have a sacred trust with those who wear
the uniform of the United States of America.
It's a commitment that begins at enlistment,
and it must never end. (President Obama, 2009)

To honor this commitment will require the best and the brightest in the military and civilian communities.

Employers in the public and private sector must be fully engaged in finding and implementing solutions.

Working with African American Vets with PTSD related to employment is complicated and uncertain. It is vital that rehabilitation focus on **education, empowerment, self-advocacy, self-employment and social entrepreneurship**.

Overall, rehabilitation and higher education can offer Vets who are African American with PTSD some practical tools that can promote and support employment as a successful outcome.

In the middle of difficulty lies opportunity. - Albert Einstein

SELECTED RESOURCES

Advancing Science and Promoting Understanding of Traumatic Stress
The Center aims to help U.S. Veterans and others through research, education, and training on trauma and PTSD. The Department of Veterans Affairs **Vet Center** program operates a system of 232 community based counseling centers. The Vet Centers are staffed by small multi-disciplinary teams of dedicated providers, many of whom are combat veterans themselves. Vet Center staff are available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

African American Post Traumatic Stress Disorder Association (AAPTSDA)
9129 Veterans Dr. SW Lakewood,
WA 98498 USA
www.allbusiness.com/membership-organizations/.../4046583-1.html
(retrieved 3-1-10)

Department of Veterans Affairs
Center for Minority Veterans
810 Vermont Avenue, NW
Washington, DC 20420
Nationwide Toll Free Number (800) 827-1000
http://www1.va.gov/centerforminorityveterans/ Fact Sheet-asp
(retrieved 3-10-10)

Facts about the Center for Minority Veterans (CMV)
The Center for Minority Veterans is the Department of Veterans Affairs model for inter-and intra-agency co-operation, to ensure all veterans receive equal service regardless of race, origin, religion, or gender. First and foremost our staff is dedicated to serving all veterans regardless of race or ethnicity.

War on Many Fronts: **African American Veterans with PTSD** National ... Video: Perspectives for Veterans and Family Run Time: 34 minutes. This video is to increase clinicians' awareness of the cultural aspects of **PTSD** care when provided to **African-American Veterans**
www.**ptsd**.va.gov/professional/videos/wmf-afamvet-mhcp.asp
(retrieved 2-9-10).

Department of Veterans Affairs
Center for Women Veterans
810 Vermont Avenue, NW
Washington, DC 20420
Nationwide Toll Free Number (800) 827-1000
http://www1.va.gov/womenvet/

> ***Lioness,*** a documentary that takes an intimate look at war through the eyes of U.S. military women, follows five female Army support soldiers who served together for a year in Iraq supporting Marine Corps units in direct ground combat. Check your local listings for showtime channel and time or visit the site for the film - Lioness

Disabled American Veterans (DAV)
PO Box 14301
Cincinnati, OH 45250-0301
877-I Am A Vet
http://www.dav.org/about/Default.aspx

The 1.2 million-member Disabled American Veterans (DAV) is a non-profit 501(c)(4) charity dedicated to building better lives for America's disabled veterans and their families.

Disabled Businesspersons Association
Urban Miyares, President
San Diego State University - Interwork Institute
3590 Camino del Rio North
San Diego, CA 92108-1716
Office: (619) 594-8805
Urban@DisabledBusiness.com

Founded in 1985 by successful disabled veterans in business to assist fellow vets in self-employment. **Today, the organization is recognized as the National Disabled Veterans Business Center.**

Institute of HeartMath
14700 West Park Avenue
Boulder Creek, CA 95006
(Phone) 831-338-8500 or 800-711-6221
info@heartmath.org
www.hearthmath.org

The Institute of HeartMath is an internationally recognized nonprofit research and education organization dedicated to heart-based living. HeartMath has been researching heart intelligence, stress and emotional management and applies its findings to practical, easy-to-use tools that have been scientifically developed and tested.

National Association of Black Military Women
5695 Pine Meadows Court
Morrow, GA 30260-1053
(Phone) 404-675-0195 _
nabmw@aol.com

The **National Association of Black Military Women** (NABMW) is an association of women located throughout the country who are veterans or current members of the United States Armed Forces. It was founded under the former name of "The Black WAAC, WAC, Women in Service".

National Association for Black Veterans
PO Box 11432
Milwaukee, WI
888-nabvets
info@nabvets.com (retrieved 2-17-2010)

The RAND Corporation is a nonprofit institution that helps improve policy and decision making through research and analysis.
http://www.rand.org/

U.S. Census Bureau
American Fact Finder
http://factfinder.census.gov/

Veterans Employment Program Office
U.S. Office of Personnel Management
1900 E Street NW,
Washington, DC 20415, U.S.A.
Phone: (202) 606-5090
www.fedshirevets.gov

Veterans For Common Sense (VCS)
http://www.veteransforcommonsense.org/index.php/veterans-category-articles/1424 (retrieved 2/9/10)
VCS Submits Comments to VA on new PTSD Rules by VCS Wednesday, 14 October 2009 12:10

American war veterans inspired by the pragmatic ideals of the patriot Thomas Paine founded VCS. VCS believes that we, the people of the United States of America, are most secure when our country is free, strong, and responsibly engaged with the world.

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Veterans For Common Sense. (2009, October 14). *VCS submits comments to VA on new PTSD Rules*. Retrieved on 2/9/10 from http://www.veteransforcommonsense.org/index.php/veterans-category-articles/1424-vcs

www. Whitehouse.gov/The-press-office/president-obama-launches-major-veterans-employment-initiative. (November 9, 2009).

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Barriers to VR Service Access and Return to Work Outcomes among African American Veterans: The Need for Evidence-Based Research and Service Strategies

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ABSTRACT

The national Fiscal Year (FY) 2006 RSA-911 database was used to develop a national profile of VR access and return to work outcomes for African American and White veterans (N = 13,426) with a signed Individualized Plan for Employment (IPE). Findings indicate that 7 out of the 10 Rehabilitation Services Administration (RSA) Regions had successful return to work outcome rates for African American veterans below the national benchmark. This article discusses several factors that may limit African American veterans' access to VR services sponsored through the United States Department of Veterans Affairs' (VA) Vocational Rehabilitation & Employment Program, State VR agencies and community rehabilitation programs, and impede their successful return to work. The authors advocate for the VA and Federal funding entities to consider developing future national research and service initiatives to address barriers to VR services and successful return to work outcomes among African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities.

Introduction

Over the past 50 years, millions of American service men and women have answered the "wartime" call to duty and have consequently participated in the Global War on Terror [GWOT (Iraq and Afghanistan Theaters of Operation) (post September 11, 2001 to present)], Persian Gulf War [also referred to as the Gulf War (August 2, 1990 to February 28, 1991), and Vietnam War (August 7, 1964 to April 30, 1975)]. There are an estimated 22,915,943 veterans residing in the United States (U.S. Census Bureau, 2008). Of this total, an estimated 1,787,444 or 7.8% are GWOT veterans, 3,391,559 are Gulf War veterans and 7,745,589 or 33.8% are Vietnam War Era veterans. Korean War and World War II veterans account for the residual veteran population. African Americans comprise an estimated 10.3% or almost 2.5 million of these veterans. It should be noted that approximately 250,000 homeless veterans (25% of the homeless population) are living on the nation's streets (Church, 2009). A significant proportion of these homeless veterans suffer from mental disabilities and substance dependence.

Millions of these veterans have returned home with more than honor having sustained service-connected physical and/or mental disabilities. For instance, it is estimated that as many 25% of GWOT veterans will have hidden disabilities such as post traumatic stress disorder (PTSD), traumatic brain injury (TBI), and depression, while others will return with physical and sensory impairments (RAND Corporation, 2008). According to a RAND Corporation (2008) report, 20% of GWOT veterans have PTSD or major depression. Dohrenwend et al. (2007) reported rates of 22.5% lifetime PTSD and 12.2% current PTSD in a representative sample of Vietnam veterans from all branches of the military service.

More than 8.5 million men and women served in the U.S. Armed Forces during the Vietnam War period with more than 153,000 returning with psychiatric (e.g., PTSD) and neurological disabilities, physical disabilities and other medical conditions caused by chemical weapons (Madaus, Miller, & Vance, 2009). Higher PTSD prevalence rates among African American Vietnam War Era veterans compared to White Vietnam War Era veterans have been documented and have been attributed to African American

service personnel's exposure to war zone stressors such as younger age at entry into Vietnam, hazardous combat duties, racial slurs during physical assault and perceived discrimination (Dohrenwend et al., 2007).

Current Population Survey data (2007) indicate that 17% of veterans who served in Iraq as part of the GWOT have a service-connected disability that made them unfit to return to duty (Ruh, Spicer & Vaughan, 2009) and the level of disability is higher for this war than any before (Auerbach, 2006).

Other disabilities sustained historically in "war time" theaters of operation include: traumatic brain injuries (TBI), spinal cord injuries (SCI), amputations, vision related disabilities, substance dependence, limitations owing to brain and orthopedic injuries, as well as disfiguring burns and debilitating toxic exposure to chemicals such as "agent orange" in Vietnam (Church, 2009; Institute of Medicine of the National Academy of Sciences, 2008). Current Population Survey data (2007) indicate that 17% of veterans who served in Iraq as part of the GWOT have a service-connected disability that made them unfit to return to duty (Ruh, Spicer & Vaughan, 2009) and the level of disability is higher for this war than any before (Auerbach, 2006). The GWOT's protracted urban warfare has led to an unexpected high number of wounded, in no small part because of ongoing advances in both combat medicine and protective armor and have led to surprising survival rates for these wounded (Glasser, 2005). These medical and technological advances have resulted in higher numbers of soldiers who are amputees, blind or visually impaired and suffer from traumatic brain injuries (TBI). According to Woodard (2006), as of November 2006, some 508 U.S. personnel lost part of a leg or arm. In too many cases, the interface between veterans' disabilities and their environments continues to manifest barriers that prevent them from re-integrating into the American civilian workforce.

According to the Congressional Committee on Veterans Affairs (2007), the average VA VR&E rehabilitation counselor caseload exceeds 130 cases per counselor when the caseload should reflect no more than 100 cases per counselor. In light of the growing number of veterans with disabilities and the documented shortage of VA VR&E counselors available to meet their

According to the Congressional Committee on Veterans Affairs (2007), the average VA VR&E rehabilitation counselor caseload exceeds 130 cases per counselor when the caseload should reflect no more than 100 cases per counselor. In light of the growing number of veterans with disabilities and the documented shortage of VA VR&E counselors available to meet their employment transition needs, there is an obvious and immediate need to identify and address existing environmental barriers that prevent these veterans from accessing effective VA VR&E, state VR agency and community rehabilitation program (CRP) services- *to do the most with the least.*

employment transition needs, there is an obvious and immediate need to identify and address existing environmental barriers that prevent these veterans from accessing effective VA VR&E, state VR agency and community rehabilitation program (CRP) services- *to do the most with the least*. Moreover, relatively little attention has been paid to identifying and understanding barriers that impede African American veterans with disabilities from accessing VR services and achieving positive return to work outcomes. The remainder of this section will discuss several employment related issues affecting African American veterans with disabilities. These problems are organized across the following areas: (a) employment trends (b) barriers to VR service access and employment, and (c) research gaps.

Employment Trends

Work has been deemed therapeutic and desirable by veterans with disabilities (Kerrigan, Kaough, Wilson, Wilson, & Bostick, 2004; LePage et al., 2005). The VR&E program, State VR agencies and CRPs are charged with providing individualized services to veterans with disabilities that will maximize their ability to become successfully employed. Although many veterans with disabilities return with a set of skills, abilities and attitudes that contribute to obtaining employment, seeking employment can oftentimes be overwhelming (Ruh et al., 2009) due to existing barriers to employment assistance services and positive employment outcomes. The possibility

of competitive employment for African Americans with disabilities has become more realistic, however, the fact still remains that they are either unemployed or underemployed (Moore, Feist-Price & Alston, 2002a, 2002b) due to their lack of access to VR services (Capella, 2002; Dziekan & Okocha, 1993; Feist-Price, 1995; Wilson, 2000). The concomitant effects of being a member of both groups (i.e., persons with a disability and African American) place an individual at an even greater disadvantage and can be seen as a double-whammy (Moore et al., 2009). African American veterans in particular and veterans with disabilities in general experience high rates of unemployment and underemployment. The unemployment rate for African American veterans has been found to be almost twice that of White veterans. For example, Cohany (1990) investigated the employment trends of Vietnam War Era veterans and reported that the jobless rates for African American veterans and non-veterans were both around 9 percent, more than twice that of White veterans (4.3%).

Almost three decades ago, the U.S. Department of Labor investigated employment trends for veterans with disabilities in general. They surveyed 7,800 veterans with disabilities and conducted interviews with veterans and employers. Their report noted that the unemployment rates of veterans with disabilities was twice as high as veterans without a disability and pointed to the lack of training programs and college completion as the major barrier to employment for this group (Wilson & Richards, 1974). More recent longitudinal studies have reported that veterans with comorbid conditions that include posttraumatic stress disorder (PTSD) and substance dependence experience higher rates of unemployment (Ouimette & Read, 2008).

Health-related issues and the lack of access to quality medical care to mediate functional limitations contribute to high rates of unemployment and underemployment for African Americans with disabilities (Moore et al., 2009). This target population's emerging employment trends will likely be impacted by the current state of the U.S. economy. Over 2 million jobs were eliminated in 2008, and according to some economist, this number may increase to 3 million lost jobs by 2010 (Church, 2009). The growing numbers of unemployed is currently 4.4 million and the unemployment rate is 6.7%, a 15-year peak which does not take into account the large number of underemployed people and those who have stopped looking for work.

The Problem

To date, relatively little attention has been paid to evaluating African American veterans' VR service access and successful return to work outcome rates. Far too often, VR research fails to address African American veterans' unique needs. This ex-post-facto inquiry will contribute to filling this apparent void of VR research involving this **under-explored** group. The purpose of this "snapshot" analysis was to assess and evaluate these measures and subsequently develop a national profile of VR access (i.e., frequencies) and return to work outcomes for African American and White veterans with a signed Individualized Plan for Employment (IPE). The generated national profile will be broken out by state/territorial VR agency and RSA Region. In addition, we will compare successful return to work outcome rates between African American and White veterans across state/territorial VR agencies, the 10 RSA Regions, and nationally.

Research Questions

1. What is the national profile of VR service access for African American and White veterans with a signed Individualized Plan for Employment (IPE)?
2. What is the national profile of successful return to work outcomes for African American and White veterans with a signed Individualized Plan for Employment (IPE)?
3. Is there a difference in successful return to work outcome rates for African American veterans versus White veterans with a signed Individualized Plan for Employment (IPE) across each state/territorial VR agency, RSA Region, and nationally?

Method

Sample

The sample for this study consisted of 13,426 African American and White veterans with a signed IPE closed status 26 or 28 by VR agencies across the nation during Fiscal Year (FY) 2006 (October 1, 2005, through September 30, 2006). Of these 13,426 veterans, 3,286 (24%) were African American and 10,140 were White. Overall, males accounted for 11,728

(87%) of participants while there were 1,698 (13%) females in the study sample. A total of 2,788 African American male veterans (21%), and 498 African American female veterans (4%) were included in the sample. The total sample was utilized to evaluate VR service access and successful return to work and career outcomes.

Data Collection and Analysis

The national FY 2006 RSA-911 database (N = 617,149) was used in this analysis. It is important to note that this database does not differentiate between veterans by "wartime" era. For example, the "veteran" variable in the database does not distinguish between a Wounded Warrior, a Vietnam War Era, or Persian Gulf War veteran. The "veteran" variable only indicates whether the consumer was a veteran (code = 1) or not a veteran (code = 0). The data category that was labeled 3 represented one level of the return to work outcome criterion variable. This data category included status 26 only (i.e., "Exited with an employment outcome"), or those veterans who successfully returned to work. The data categories labeled 4 and 5 were combined to reflect the other level of the criterion- status 28, which indicates that a veteran was not successful in returning to work. The category that was labeled 4 ("Exited without an employment outcome, after receiving services") included statuses 14, 16, 18 and 20. The category that was labeled 5 ("Exited without an employment outcome, after a signed IPE, but before receiving services") included status 12 only. Access was operationally defined as the veteran's right to receive VR services to become employed upon signing a developed IPE (status 26 or 28 closure).

Descriptive statistics were utilized to analyze data. A series of frequency distributions were generated for African American and White veterans' access to services and their successful return to work. Successful return to work outcome percentage rates were also generated for each group. Access frequencies and return to work percentage rates were compared and reported for the two comparison groups. The desktop version of the Statistical Package for the Social Sciences (SPSS) for Windows, version 16.0 was used to calculate frequencies and percentages.

Observations

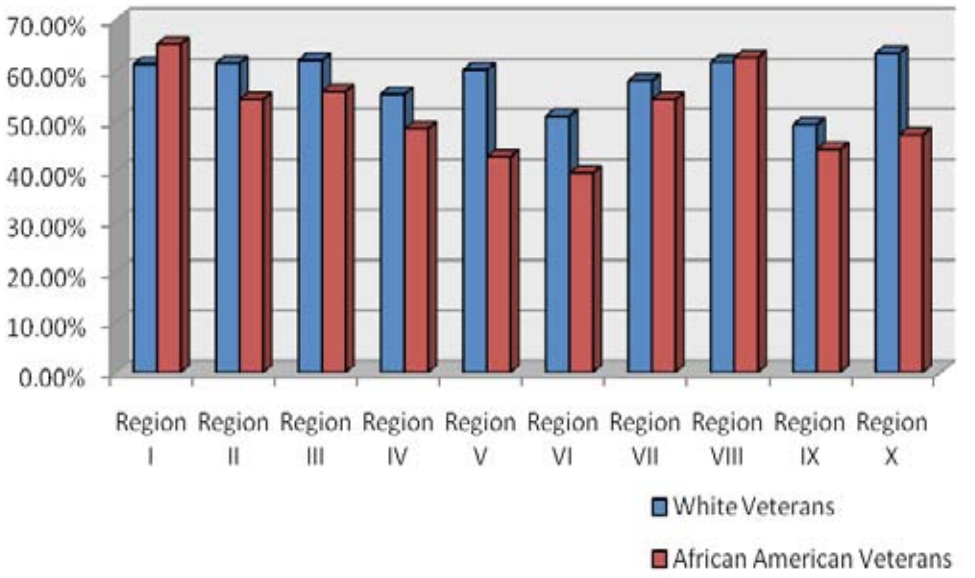
Several observed differences across state/territorial VR agencies, RSA Regions and the nation are noted as concerns and have future implications for African American veterans with disabilities, and the state-Federal VR program that serves them. Many of these differences can be observed in Table 1 and do not require additional response. As such, we will discuss only a select number of key observations. First, it appears that only a small number of African American veterans accessed state VR services across several state/territorial VR agencies. The following 12 state/territorial VR agencies failed to provide access to any (N = 0) African American veterans with a signed IPE: (1) Maine-General/Combined, (2) Maine-Blind, (3) Massachusetts-Blind, (4) New Hampshire-General/Combined, (5) Vermont-Blind, (6) Arkansas-Blind, (7) Nebraska-Blind, Colorado-General/Combined, (8) South Dakota-General/Combined, (9) South Dakota-Blind, (10) Wyoming-General/Combined, (11) Guam-General/Combined, and (12) Washington-Blind. However, this observation may be attributed to the relatively low percentage of African Americans residing in these particular states/territories. Also, many of these states' service policies may allow their counselors to work closely with VA VR&E counselors and in some cases share caseloads and outcomes. Still, due to VR state agency specific policy, VR counselors employed within other state agencies may not have the latitude to collaborate with VA VR&E counselors in delivering services to veterans.

First, it appears that only a small number of African American veterans accessed state VR services across several state/territorial VR agencies.

Second, as reflected in Figure 1, 8 of the 10 RSA Regions reflect successful African American veteran return to work outcome rates that were below such rates for White veterans with IPEs. The only 2 regions reflecting higher return to work outcome rates for African American veterans were Regions I and VIII.

Second, as reflected in Figure 1, 8 of the 10 RSA Regions reflect successful African American veteran return to work outcome rates that were below such rates for White veterans with IPEs.

Figure 1- RSA Regional Successful Return to Work Outcomes (Status 26 Closures Only)



Third, nationally, African American veterans with signed IPEs were less likely to return to work successfully than White veterans with signed IPEs. As shown in Table 1, the researchers found that only 47.6% of African American veterans with a signed IPE across the nation successfully returned to work when compared to 57.5% of White veterans with a signed IPE- an almost 10 percentage point disparity. This finding represents a **striking 9.8% national disparity** (almost 10 percentage points) in successful return to work outcome rates among African American veteran VR consumers with IPEs.

the researchers found that only 47.6% of African American veterans with a signed IPE across the nation successfully returned to work when compared to 57.5% of White veterans with a signed IPE- an almost 10 percentage point disparity.

Table 1: National RSA-911 Data on African American Veterans' Access and Return to Work Outcomes-(FY 2006, Status 26 and 28 Closures Only)

State/Territory (VR) Agency	Agency Code	AA & White Vet Access Comparison After IPE Signed- *(f)*		AA Veterans RTW Successful (N = 1,564)		White Veterans RTW Successful (N = 5,817)	
		AA	White	*(f)*	%	*(f)*	%
RSA Region I							
Connecticut (G/C)	008	5	44	3	60.0	27	61.4
Connecticut (B)	064	2	4	1	50.0*	4	100.0
Maine (G/C)	022	0	58	0	0.0*	29	50.0
Maine (B)	078	0	31	0	0.0*	22	71.0
Massachusetts (G/C)	024	10	31	7	70.0	23	74.2
Massachusetts (B)	080	0	9	0	0.0*	7	77.8
New Hampshire (G/C)	032	0	52	0	0.0*	35	67.3
Rhode Island (G/C)	044	2	21	1	50.0*	9	42.9
Vermont (G/C)	050	4	120	3	75.0	69	57.5
Vermont (B)	106	0	17	0	0.0*	12	70.6
Regional Sub-total		**23**	**387**	**15**	**65.2**	**237**	**61.2**
RSA Region II							
New Jersey (G/C)	033	179	199	85	47.5*	127	63.8
New Jersey (B)	089	3	13	2	66.7	9	69.2
New York (G/C)	035	256	522	150	58.6	307	58.8
New York (B)	091	4	31	2	50.0	25	80.6
Puerto Rico (G/C)	043	1	14	1	100.0	11	78.6
Virgin Islands (G/C)	052	1	0	1	100.0	0	0.0
Regional Sub-total		**444**	**779**	**241**	**54.2***	**479**	**61.4**
RSA Region III							
Pennsylvania (G/C)	042	90	378	51	56.7	241	63.8
Delaware (G/C)	009	18	30	9	50.0	17	56.7
West Virginia (G/C)	054	12	156	4	33.3*	102	65.4
Maryland (G/C)	023	93	59	57	61.3	34	57.6
Virginia (G/C)	051	63	94	33	52.4	52	55.3
Virginia (B)	107	3	3	1	33.3*	1	33.3
District of Columbia (G/C)	010	2	0	2	100.0	0	0.0
Regional Sub-total		**281**	**720**	**157**	**55.8**	**447**	**62.0**
RSA Region IV							
Alabama (G/C)	001	98	86	54	55.1	54	62.8
Florida (G/C)	011	104	356	50	48.1*	235	66.0
Florida (B)	067	6	36	3	50.0*	19	52.8
Georgia (G/C)	012	141	134	71	50.4*	81	60.4

Note: = AA Vet RTW Percentages below White Vet RTW Percentages
* = AA Vet RTW Percentages below National RTW Average (54.9)
AA= African American; GC = General/Combined; B = Blind; RTW= Return to Work.

Table 1: Continued

State/Territory (VR) Agency	Agency Code	AA & White Vet Access Comparison After IPE Signed- *(f)*		AA Veterans RTW Successful (N = 1,564)		White Veterans RTW Successful (N = 5,817)	
		AA	**White**	*(f)*	**%**	*(f)*	**%**
Kentucky (G/C)	020	64	229	34	53.1*	153	66.8
Kentucky (B)	076	1	17	1	100.0	14	82.4
Mississippi (G/C)	027	48	115	34	70.8	94	81.7
North Carolina (G/C)	036	325	503	120	36.9*	178	35.4
North Carolina (B)	092	4	5	0	0.0*	4	80.0
South Carolina (G/C)	045	207	199	115	55.6	123	61.8
South Carolina (B)	101	1	0	0	0.0*	0	0.0
Tennessee (G/C)	047	50	122	26	52.0*	42	34.4
Regional Sub-total		**1,049**	**1,802**	**508**	**48.4***	**997**	**55.3**
RSA Region V							
Illinois (G/C)	016	97	245	34	35.1*	133	54.3
Indiana (G/C)	017	75	693	24	32.0*	483	69.7
Michigan (G/C)	025	162	388	91	56.2	242	62.4
Michigan (B)	081	10	20	4	40.0*	15	75.0
Minnesota (G/C)	026	20	190	10	50.0*	90	47.4
Minnesota (B)	082	1	11	0	0.0*	5	45.5
Ohio (G/C)	039	161	559	69	42.9*	373	66.7
Wisconsin (G/C)	055	58	303	18	31.0*	109	36.0
Regional Sub-total		**584**	**2,409**	**250**	**42.8***	**1,450**	**60.1**
RSA Region VI							
Arkansas (G/C)	005	11	12	1	9.1*	5	41.7
Arkansas (B)	061	0	11	0	0.0*	8	72.7
Louisiana (G/C)	021	35	86	9	25.7*	54	62.8
Oklahoma (G/C)	040	89	304	17	19.1*	80	26.3
New Mexico (G/C)	034	11	174	8	72.7	122	70.1
New Mexico (B)	090	1	9	1	100.0	3	33.1
Texas (G/C)	048	348	954	155	44.5*	509	53.4
Texas (B)	104	14	66	11	78.6	42	63.6
Regional Sub-total		**509**	**1,616**	**202**	**39.6***	**823**	50.9
RSA Region VII							
Iowa (G/C)	018	9	135	1	11.1*	67	49.6
Kansas (G/C)	019	52	167	27	51.9*	81	48.5
Missouri (G/C)	028	44	229	33	75.0	156	68.1
Missouri (B)	084	4	6	4	100.0	4	66.7

Note: = AA Vet RTW Percentages below White Vet RTW Percentages
* = AA Vet RTW Percentages below National RTW Average (54.9)
AA= African American; GC = General/Combined; B = Blind; RTW= Return to Work.

Table 1: Continued

State/Territory (VR) Agency	Agency Code	AA & White Vet Access Comparison After IPE Signed- *(f)*		AA Veterans RTW Successful (N = 1,564)		White Veterans RTW Successful (N = 5,817)	
		AA	**White**	*(f)*	**%**	*(f)*	**%**
Nebraska (G/C)	030	20	119	5	25.0*	73	62.9
Nebraska (B)	086	0	8	0	0.0*	4	71.4
Regional Sub-total		**129**	**664**	**70**	**54.2***	**385**	**57.9**
RSA Region VIII							
Colorado (G/C)	007	0	7	0	0.0*	3	42.9
Montana (G/C)	029	1	41	1	100.0	25	61.0
North Dakota (G/C)	037	1	27	1	100.0	21	77.8
South Dakota (G/C)	046	0	59	0	0.0*	25	42.4
South Dakota (B)	102	0	3	0	0.0*	2	66.7
Utah (G/C)	049	6	224	3	50.0	141	62.9
Wyoming (G/C)	056	0	56	0	0.0*	40	71.4
Regional Sub-total		**8**	**417**	**5**	**62.5**	**257**	**61.6**
RSA Region IX							
Arizona (G/C)	004	34	215	13	38.2*	85	39.5
California (G/C)	006	172	52	75	43.6*	269	50.9
Hawaii (G/C)	014	1	5	0	0.0*	1	20.0
Nevada (G/C)	059	16	40	11	68.8	33	82.5
Guam (G/C)	013	0	0	0	0.0	0	0.0
Regional Sub-total		**223**	**788**	**99**	**44.3***	**388**	**49.2**
RSA Region X							
Alaska (G/C)	002	9	61	3	33.3*	32	52.5
Idaho (G/C)	015	2	143	1	50.0*	97	67.8
Idaho (B)	071	1	7	1	100.0	6	85.7
Oregon (G/C)	041	15	252	9	60.0	176	69.8
Oregon (B)	097	1	6	1	100.0	5	83.3
Washington (G/C)	053	8	87	2	25.0*	38	43.7
Washington (B)	109	0	2	0	0.0*	0	0.0
Regional Sub-total		**36**	**558**	**17**	**47.2***	**354**	**63.4**
National Total		**3,286**	**10,140**	**1,564**	**47.6**	**5,817**	**57.4**
National Benchmark/Average for Successful RTW Rate- All Veterans = 54.9							

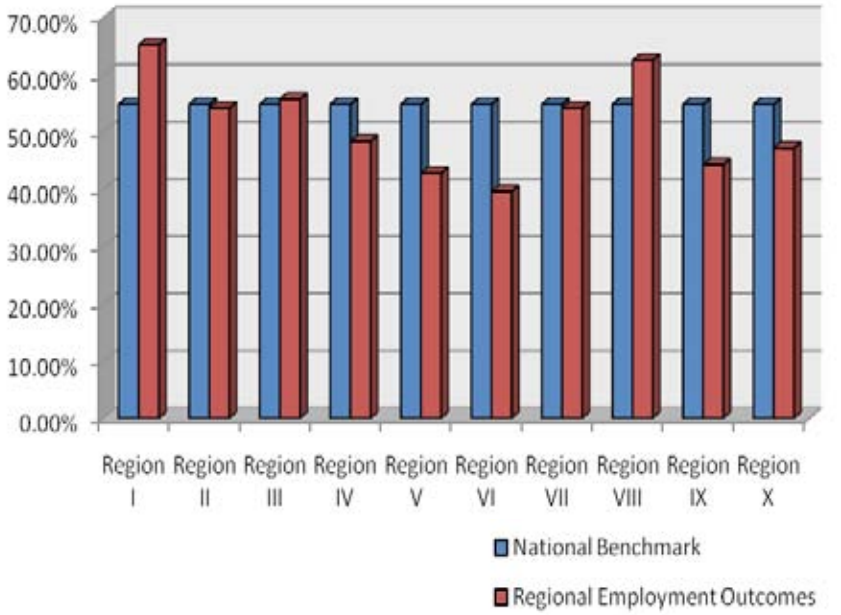
Note: = AA Vet RTW Percentages below White Vet RTW Percentages
* = AA Vet RTW Percentages below National RTW Average (54.9)
AA= African American; GC = General/Combined; B = Blind; RTW= Return to Work.

Region VI's (Arkansas, Louisiana, Oklahoma, New Mexico, and Texas) African American veteran successful return to work outcome rate was 15.3% below the national benchmark (54.9%). This RSA Region appears to reflect the greatest need area for research initiatives aimed at addressing barriers to successful return to work outcomes among African American veterans.

Fifth, 15 Blind agencies evaluated had successful return to work outcome rates for African American veterans that were below the national benchmark (54.9%).

Fourth, the **national benchmark** or national average for successful return to work outcomes for all veterans was calculated to be **54.9%**. Another **striking observation** is that 7 out of the 10 RSA Regions had successful return to work outcome rates for African American veterans with IPEs that were below this national benchmark. As shown in Figure 2, the three regions with outcome rates for African American veterans above the national benchmark included RSA Regions I, III, and VIII.

Figure 2-National Benchmark and Regional Successful Return to Work Outcomes among African American Veterans (Status 26 Only)



Fifth, RSA Region I had the highest African American veteran successful return to work outcome rate (65.2%) while RSA Region VI possessed the lowest rate (39.6%). Region VI's (Arkansas, Louisiana, Oklahoma, New Mexico, and Texas) African American veteran successful return to work outcome rate was 15.3% below the national benchmark (54.9%). This RSA Region appears to reflect the greatest need area for research initiatives aimed at addressing barriers to successful return to work outcomes among African American veterans.

Sixth, 15 Blind agencies evaluated had successful return to work outcome rates for African American veterans that were below the national benchmark (54.9%). It is important to note that African American VR consumers' lack of economic resources is a plausible explanation for disparate rates (Wilson et al., 2002). Many of these veterans may be hard to locate for follow up because of housing instability. Housing relocation makes it difficult for them to respond to letters or phone calls, and many may be consequently closed non-successful. In light of these observations, there is an evident need to address barriers to VR service access and successful return to work outcomes among African American veterans.

Barriers to VR Service Access and Employment

Research has identified several barriers to employment specific to veterans with disabilities. Such barriers include homelessness (LePage et al., 2005), lack of treatment for mental illness due to stigma (Batten & Pollack, 2008), chronic PTSD (Murdoch, van-Ryn, Hodges, & Cowper, 2005), educational and training needs (Shackelford, 2009), and need for assistive technology (Ruh et al., 2009). Although some barriers have been identified, it is worth noting that participants in these studies were predominantly White veterans. Therefore, caution must be used when attempting to generalize these findings to African American veterans with disabilities.

Research has also documented several barriers to employment for individuals with disabilities in the general population. For example, Loprest and Maag (2003) used data from the National Health Interview Survey on Disability (NHIS-D) to study barriers to work among adults with disabilities. They showed that among work-oriented nonworking adults with disabilities who reported having encountered difficulties, 52.5% cited

the lack of appropriate jobs available as the reason for difficulty. Other reasons cited were family responsibilities (34.5%), lack of transportation (29.0%), lack of appropriate information about jobs (22.8%), own training inadequate (21.6%), fear of losing health insurance or Medicaid (20.1%), and fear of losing SSI/Disability Insurance (DI)/other income (15.8%). The top four accommodation needs were accessible parking or accessible public transportation stops (18.9%), an elevator (17.4%), adaptations to workstation (14.5%), and special work arrangements, such as reduction in work hours, part-time hours, and job redesign (12.3%).

Section 21 Mandates of the Rehabilitation Act Amendments find that African Americans continue to be underserved in the Federal-State VR program. They are less likely to be accepted for VR services (Capella, 2002) and to successfully return to work (Moore et al., 2009; Olney & Kennedy, 2002) when compared to Whites. Several factors have been linked to the inability of persons of color to successfully access VR services. These barriers are: (a) lack of transportation, (b) little knowledge of rehabilitation services and benefits, (c) cultural mistrust, (d) low expectation of job placement, (e) technology, and (f) concept of time (Reed, Holloway, Leung, & Menz, 2005).

First, the lack of transportation among persons of color is particularly problematic in rural or semi-rural areas where no public transportation infrastructure exists to assist people without personal transportation to get to and from service points- VA VR offices and other needed resources. Second, the lack of knowledge of the rehabilitation process and benefits within minority communities presents an awareness barrier. In many minority communities, there is a lack of information and knowledge that VR exists as well as its role (Reed et al., 2005.). Third, cultural mistrust among these persons with disabilities may in some cases prevent them from realizing the full benefits of VR. Their personal experiences

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of cultural insensitivity encountered with VR and other social services may sometimes lead such persons to adopt an attitude of skepticism and mistrust toward agencies. Fourth, rehabilitation counselors' low expectation for racially/ethnically diverse consumers is a weakness of the current VR system. Sometimes [counselor or provider] misconceptions perpetuate stereotypes, limit options offered, and cause them to short change clients and not consider all options or opportunities (Reed et al., 2005).

Fifth, access to technology may present as a barrier to needed VR services. Reed et al. (2005) reported that some persons of color described frustrations with technology ranging from lack of access to computers and the Internet, to exasperation with automated telephone services used by agencies to handing incoming calls. Sixth, concepts of time between persons of color and their VR professional may serve as a barrier to these persons' participation in VR programs. Boyle (1997) found that many barriers that persons with disabilities encountered when attempting to re-integrate into the workforce were typically the result of prevailing attitudes. These attitudes stereotype such persons as "damaged goods" or second class citizens who are unable to make competent decisions or perform most job duties in a cost-effective manner (Boyle, 1997; Moore & Feist-Price, 1999).

One other barrier to VA VR&E Program sponsored services is the inadequate supply of qualified counselors to serve veterans. As the number of African American veterans with disabilities seeking services through the VR&E program, State VR agencies and CRPs continues to increase, so will the demand for additional VR counselors who understand the unique barriers these consumers face as they pursue competitive job and positive career outcomes. The Congressional Committee on Veterans Affairs (2007) recommended $28.5 million to fund an additional 300 professional VR counselor positions. The committee also recommended a $25 million increase to enhance the number of blind rehabilitation outpatient specialists at VR facilities as required by Public Law 109-461 and to increase access to VR services for veterans who are blind or visually impaired. The documented shortage in the supply of VR counselors to serve veterans with disabilities presents barriers to access and employment opportunities and makes obvious the need to address these barriers by developing evidence-based best practice strategies.

Research Gaps and the State-of-the-Science

Research gaps continue to exist in the current state-of-the-science- *relatively little is known about African American veterans with disabilities' VR access and return to work and the existing and emerging barriers that prevent them from returning to work*. Current research gaps can be attributed to the quantity and more importantly the quality of related research. In terms of quantity, too few studies have comprehensively examined the VR access and return to work rates of African American veterans with disabilities. Although the literature is replete with studies examining such issues for African Americans with disabilities in general (e.g., Atkins & Wright, 1980; Feist-Price, 1995; Moore 2001a, 2001b, 2002a, 2002b; Moore Feist-Price & Alston, 2002a, 2002b; Moore Alston, Donnell & Hollis, 2003; Moore et al., 2009; Olney & Kennedy, 2002), relatively little attention has been paid to African American veterans with disabilities.

In regard to research quality, the theories, methodologies and measures applied to existing studies on VR access rates specific to African American veterans with disabilities are inadequate for generating findings that can be used to benefit them. For instance, methodological issues relative to their underrepresentation in study samples are problematic and impact researchers' ability to generalize the findings to the target population (Bordens & Abbot, 1999; Huck & Cormier, 1996; Spata, 2003). An example can be found in the Flinn, Ventura and Bonder (2005) study, which investigated VR&E program use and return to work. The sample consisted of 14 veterans with severe mental illness who were provided VR services- 11 participants were White and 2 participants were African American. It should be noted that achieving African American representativeness in study samples is oftentimes difficult (Spata, 2003). First, African Americans are underrepresented in many study samples because they oftentimes avoid contact with the external world and communities other than their own. Perhaps this occurs because they mistrust

Research gaps continue to exist in the current state-of-the-science- *relatively little is known about African American veterans with disabilities' VR access and return to work and the existing and emerging barriers that prevent them from returning to work.*

others. Second, such persons may be less likely to access the systems that manifest study samples and thus their participation is likewise hampered.

There is a continuing and serious need for research in this area to fill in the gaps as to *what is known* and *what works in VR* for increasing access and return to work rates for this population. Preliminary qualitative research to include the convening of African American veteran focus groups and/or Delphi Panels could prove useful for discovering their perceptions on barriers to employment and related services as well as strategies for overcoming these obstacles. Subsequently, evidence-based research would be needed in the form of multiple randomized trials to identify practices for addressing these barriers. As noted by Corrigan, Mueser, Bond, Drake, and Solomon (2008), evidence-based practices are those that have repeatedly demonstrated effectiveness in rigorous research studies.

There is a continuing and serious need for research in this area to fill in the gaps as to what is known and what works in VR for increasing access and return to work rates for this population. Preliminary qualitative research to include the convening of African American veteran focus groups and/or Delphi Panels could prove useful for discovering their perceptions on barriers to employment and related services as well as strategies for overcoming these obstacles. Subsequently, evidence-based research would be needed in the form of multiple randomized trials to identify practices for addressing these barriers.

Previous research (e.g., Reed et al., 2005) has provided some useful information on factors that impede persons of color from accessing VR services. Researchers have also identified barriers that impede persons with disabilities in general (e.g., Loprest & Maag, 2003) and veterans with disabilities in particular (e.g., Batten & Pollack, 2008; LePage et al., 2005; Murdoch et al., 2005; Ruh et al., 2009; Shackleford, 2009) from securing employment. However, scant attention has been given to identifying barriers that hinder African American veterans with disabilities from accessing and

utilizing VR services and successfully returning to work. Determining and understanding these barriers would be extremely beneficial to increasing the successful return to work rates for African American veterans with disabilities.

Recommendations and Policy Considerations

The following recommendations are presented for consideration:

1. There is a need for the VA VR&E Program, State VR agencies and community rehabilitation programs (CRPs) to review and re-tailor, where needed, their outreach policies and practices to include new and promising strategies for more effectively "reaching into" the African American community. The development of such strategies will prove pivotal for enhancing African American veterans with disabilities' seamless access to VR service programs, where their employment transition needs can be addressed. The Federal-State VR program combined with other community resources available to veterans with disabilities will provide thousands of these veterans with opportunities to pursue their career aspirations and to live independently.

2. The VA and Federal funding entities should consider developing future national research and service initiatives to address barriers to VR services and successful return to work among African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities. Relative Federal funding entities include, but should not be limited to, the U.S. Department of Education- National Institute on Disability and Rehabilitation Research (NIDRR) and Rehabilitation Services Administration (RSA)- and the U.S. Department of Health & Human Services- National Institutes of Health (NIH). The establishment of a comprehensive research and service program in this area could lead to improved access, services and employment outcomes for African American war veterans while at the same time addressing the Rehabilitation Act Amendments- the Section 21 Mandate.

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Abstract

The purpose of this monograph is to present documents that discuss issues related to improving access to vocational rehabilitation services and return to work rates of African American Wounded Warriors, Gulf War and Vietnam War Era veterans with disabilities. This monograph also includes a review of relevant literature on barriers to employment for African American Veterans. The 7 documents in this monograph on the rehabilitation of African American Wounded Warriors, Gulf War, and Vietnam War Era veterans with disabilities include a preface and two sections organized into: (1) general documents and (2) "white papers". The two general documents are: "The National Association for Black Veterans (NABVETS): A Brief History and the Mission" (Reverend James Greenwood); and "Veterans Stateside Readjustment Services Available to Wounded Warriors" (Captain Francine Tryon). The four "White Papers are: "The Role of State VR Agencies in Assisting African American Wounded Warriors, Gulf War and Vietnam War Era Veterans with Disabilities to Obtain Competitive Jobs" (Dr. Michael D. O'Brien); "Improving Vocational Rehabilitation Access and Employment Success for African American Homeless Veterans with Disabilities" (Dr. Sonja Feist-Price & Ms. Neena Khanna); "African American Veterans, Post Traumatic Stress Disorder (PTSD) and Employment" (Dr. Bobbie J. Atkins); and "Barriers to VR Service Access and Return to Work Outcomes among African American Veterans: The Need for Evidence-Based Research and Service Strategies" (Dr. Corey L. Moore, Dr. Jean Johnson and Ms. Nkechi Uchegbu). The authors advocate for the Veterans Administration (VA) and Federal funding entities to consider developing future national research and service initiatives to address barriers to vocational rehabilitation services and successful return to work outcomes among African American Wounded Warriors, Gulf War, and Vietnam War Era Veterans with disabilities.