Volunteering with Veterans

David Ramos

California State University, Monterey Bay

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Volunteering With Veterans

David Ramos

Santa Cruz Veterans Memorial Building

Dave Brown, Chris Cottingham

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

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Author Note

David Ramos, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by the Santa Cruz Veterans Memorial Building. Correspondence concerning this article should be addressed to David Ramos, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: DavRamos@csumb.edu.
Abstract

Military veterans face unique challenges and hardships when reintegrating to a routine day to day life after military service. The Santa Cruz Veterans Memorial Building is a hub of resources, events, and community for area veterans and family members that helps ease transitional challenges and removes barriers to services and medical care. As fraternal organizations like the VFWs and American Legions begin shutting down due to lack of involvement and participation, the Santa Cruz Veterans Memorial Building is increasing its visibility and efforts to provide muchly needed assistance to Veterans of all generations. In efforts to better serve the population and provide an opportunity for involvement, the Santa Cruz Veterans Memorial Building started a volunteer program aimed at getting Veterans more involved with their community and improving upon skills for employment. A capstone project was started to create a Volunteer Manual to give direction and guidance to the program. The document is to be a living document and frequently updated to keep in time with new policies, new positions, new guidelines and personnel changes. A first version was completed and a global pandemic put an abrupt stop to the internship. The project will be further developed as the national Stay-In-Place orders are lifted.

Keywords: veteran transition, volunteer, veteran, homeless veterans, service
Agency & Communities Served

The Santa Cruz Veterans Memorial Building is a historical landmark offering more than camaraderie for military persons and rental space to the broader community. Their mission is to protect and serve the Veteran Community and preserve the historical Veterans Memorial Building for the future (Santa Cruz County Veterans Memorial Building, 2019). The vision is to provide an innovative community space for all within the Santa Cruz County community to enjoy. They will leverage the success of the space to continue to grow their resources along with the ability to support past, present, and future Veterans. Seated in downtown Santa Cruz, the building is host to veteran organizations, numerous meetings, public and private events, workshops, receptions, and concerts. Every Wednesday, the building is home to a service fair of same-day and walk-in services to all veterans and family members. The service providers range from VA medical personnel, housing, education, and employment specialist, to Congressional representatives and homeless outreach. In addition, there is a food pantry and hot lunch provided for veterans each week.

On Wednesdays, the building usually sees between 60 and 80 veterans seeking services. During the week, public events and rented spaces host roughly 280 people. Some organizations are present without fail each week, such as Yoga, tango classes, and veteran support to name a few. It is not uncommon for dance troops or musical performers to use the hall for rehearsals. Every so often the building is host to larger productions reaching hundreds of people. The building’s maximum capacity with every room being utilized is 560.
Problem Description

Veterans are at a higher risk for physical and mental health complications than their civilian counterparts. The veteran who recently got out of the military is faced with a fresh and unrelenting gauntlet of familiarity. That familiarity is found in family, neighborhoods, and routines left years ago, distant and now confrontational with the reintegration of new tasks and maintenance. Many veterans find themselves homeless or housing insecure.

The strongest and most consistent risk factors [of homelessness] were substance use disorders and mental illness, followed by low income and other income-related factors. There was some evidence that social isolation, adverse childhood experiences, and past incarceration were also important risk factors. Veterans, especially those who served since the advent of the all-volunteer force, were at greater risk for homelessness than other adults. (Tsai & Rosenheck, 2015)

Transition out of the military and into civilian life is navigated with veiled understandings of what to expect “on the other side,” and due to a convoluted Transitional Assistance Program and reintegration challenges, our country’s warfighters fall victim to homelessness, substance abuse, and suicide at a higher rate than their civilian counterparts.

Contributing Factors

Iraq And Afghanistan Veterans Are Not Engaged With Veterans Programs

In recent years multiple long standing veteran organizations have had to close their doors permanently due to low membership numbers and loss of business. The majority of VFW members have served in Vietnam and are dying so membership rates are dwindling. It has been difficult to attract younger veterans to be members of these establishments. The Veterans of
Foreign Wars post in New Hyde Park closed in April 2019 due to a steady decline in membership enrollments and an inability to attract younger veterans (Brooks, 2019). Georgetown VFW Post 7608 has closed its restaurant, bar and function hall due to a lack of business (Galen, 2019). Butch Brewer of Lima VFW Post 1275 attributes that the decline in memberships are due to the fact that over 400 of his members have died and younger veterans are not joining the VFWs due to other commitments (Peryam, 2019). Today’s Veterans not being interested in joining longstanding organizations is resulting in a weakening of those services’ presence and efficacy.

**Transition Is Difficult To Navigate**

With the multifaceted conditions of PTSD, traumatic brain injury and patterns of self-destructive behavior, access to care from the VA becomes a convoluted and difficult process for the veteran to navigate. The Transition Assistance Program, required upon discharge from service, is a concentrated dose of lecture and workshops that, while in-depth and thorough, is overwhelmingly complex and fast paced, leaving many feeling more exasperated than prepared. With an unpredictable civilian landscape, the program is constantly being revised and updated to ensure it meets the needs of separating service members. On average, the workshop classes are around 6 to 8 hours a day for five days. During this time, separating service members are briefed and given information on family adjustments, personal finances, military occupational skills translation, education goals, vocational training, entrepreneurship, career planning, resume building, federal employment programs, interview skills, and navigating the Veterans Administration. This is a daunting and mundane curriculum on its own and aptitude becomes more complex when layers of fatigue, anticipation, intimidation, and uncertainty are
incorporated. This course is arguably the most important block of instruction any service member will receive, but the concentration of content and expectation of understanding is overwhelmingly potent.

"Almost half of the veterans we've surveyed claim their transition into the civilian workforce was 'more difficult' than expected," says Brian Niswander, an Air Force veteran, Reservist, and the chief architect of a comprehensive transition study…

Generally speaking, more than 70 percent of the veterans who have taken the survey agreed with the statement "my transition was stressful." Roughly half of the veterans surveyed agreed that their transition was "confusing" or "painful," and less than half of veterans surveyed agreed with the statement "my transition was smooth (Military.com, 2019)."

The Transition Assistance Program is frequently equated to taking a sip of water through a fire hose, leaving the recipient flooded with overstimulation.

**Military Service**

Military service in itself is a contributing risk factor for negative behaviors and life circumstances like homelessness, substance abuse, and suicide. “Veterans, especially those who served since the advent of the all-volunteer force, were at greater risk for homelessness than other adults (Tsai & Rosenheck, 2015).” In today’s global climate, service in the military almost guarantees that a recruit will deploy in support of combat operations. Combat gives rise to physical and behavioral complications and leaves casualties scarred inside and out. Enemy forces have become notoriously deceptive with improvised exploding devices and tactics, creating an increasing population of casualties with missing limbs, disfiguring wounds, and
traumatic brain injuries. Enemies within the ranks cause additional traumas by committing sexually aggressive assaults and perpetuating the presence of Military Sexual Trauma among service members.

“Among the sample, 4.8% of male and 40.6% of female veterans reported experiencing [Military Sexual Assault]. Men who experienced MSA had approximately 4 times the odds of physical health symptoms, and probable PTSD and depression, compared with those without. Male veterans also had significantly increased odds of taking unnecessary health risks, risking a sexually transmitted disease, driving while intoxicated, taking unnecessary life risks, and using tobacco in the last year if they had experienced MSA. Women who experienced MSA had approximately double the odds of physical health symptoms, 3 times the odds of depressive symptoms, and almost 7 times the odds of probable PTSD. Female veterans with MSA also had significantly greater odds of taking unnecessary health risks, taking unnecessary life risks, and using tobacco in the last year than those without MSA (Schuyler, Kintzle, Lucas, Moore, & Castro, 2017).”

The Transition Assistance Program, required upon discharge from service, is a concentrated dose of lecture and workshops that, while in-depth and thorough, is overwhelmingly complex and fast paced, leaving many feeling more exasperated than prepared. Transferring military training, experience, and skills to civilian employability is not easy for all veterans, especially those whose military occupational specialties were exclusive to combative roles or global operations.

Consequences

Suicide
Being more prone to PTSD and a slew of other diagnosis, the likelihood of suicide is higher for veterans who feel left behind and forgotten about. As it sits, the VA estimates 16.8 service members are committing suicide each day (Office of Mental Health and Suicide Prevention, 2019). The Veterans Administration is charged with caring for veterans and their family members by providing multiple layers of services and benefits. When the VA is operating up to standard and expectation, veterans enjoy benefits of education and training, healthcare, home ownership, financial assistance, and emergent services for many unexpected shortcomings. When the VA is not fulfilling their promise, veterans die. Whether it be due to issues arising from access to care, claims being denied, mistreatment and disrespect, or outright negligence, the veteran and their families are the ones who suffer the injustices. Recently, these stories have caught media wildfire as veterans have been committing suicide on VA property because of service malfunctions.

**Substance Abuse**

Chronic physical pain is a common symptom felt by war trauma survivors that can inhibit daily operational functions and a veteran’s quality of life. Physical deformities, amputations, physical behaviors as a result of traumatic brain injuries and psychiatric diagnosis have some veteran patients taking literal handfuls of medication on a daily basis. Selective serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors, benzodiazepines, and opioids are frequently employed by the VA to treat major symptoms of mental, behavioral, and physical ailments. As tolerance is built to treatments and medications lose their efficacy, PTSD, TBI, and physical symptoms increase and the sufferer will concoct their own plans of self-care
and medication. Alcohol, tobacco, and drug use are widely used in the military and civilian world. According to the VA:

More than 2 of 10 Veterans [27%] with PTSD also have [Substance Use Disorder]. War Veterans with PTSD and alcohol problems tend to be binge drinkers. Binges may be in response to bad memories of combat trauma. Almost 1 out of every 3 Veterans seeking treatment for SUD also has PTSD. The number of Veterans who smoke (nicotine) is almost double for those with PTSD (about 6 of 10) versus those without a PTSD diagnosis (3 of 10). In the wars in Iraq and Afghanistan, about 1 in 10 returning soldiers seen in VA have a problem with alcohol or other drugs. (Department of Veterans Affairs, 2015)

With multiple diagnoses per individual veteran, over prescription of pharmaceutical medications by VA providers and substance abuse is not uncommon among the veteran community and has gained much attention as our country continues to fight through a national opioid crisis.

The U.S. Department of Veterans Affairs has realized that America’s military veterans are particularly prone to what’s become a national epidemic of addiction to prescription medications — especially a class of opium-based painkillers known as opioids. For veterans of the Iraq and Afghanistan wars, the amount of chronic pain and mental-health problems they report upon coming home from the combat zones has led to the combination of high prescription levels and greater likelihood of overdoses. (Steele, 2017)
When the VA and veteran’s treatment plans fail to fulfil their function, veterans find themselves faced with the option to accept defeat or continue their mission. More often than not, the veteran will bear through physical pain and attempt to survive and thrive in life post-service, despite their symptoms.

**Problem Model**

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Problem</th>
<th>Consequences</th>
</tr>
</thead>
</table>
| ● Iraq and Afghanistan Veterans are not engaged with veterans programs  
● Veterans Affairs and other systems available for veterans are difficult to navigate  
● Military Service | Veterans are at higher risk for mental health concerns | ● Suicide  
● Substance Abuse |
Capstone Project Description and Justification

Capstone Project

In an effort to assist with services and events, generate revenue, increase personnel frequenting the building, and to generate community buy-in, a volunteer program was created at the Santa Cruz Veterans Memorial Building. The program is geared to be inclusive to people from Colleges, military families, community members, and veterans through the Veterans Treatment Court. This gives veterans an opportunity to become more involved with their community and gain a sense of purpose while building employability skills. A volunteer program will greatly help benefit the Santa Cruz Veterans Memorial Building as well, by increasing the amount of personnel who frequent the building, assist with its marketing and outreach, and have assistance with events and larger productions.

Project Purpose

It has been stated above that younger generation veterans from the Iraq and Afghanistan wars are less and less involved with the older generation’s fraternal organizations. A volunteer program at the Santa Cruz Veterans Memorial Building will bring veterans together, old and new, with a common purpose and a clear goal of service. The SCVMB holds bigger events frequently and can benefit greatly from a volunteer force that can operate sound and lighting equipment and provide inhouse security. Many events are military centric and bring veterans of all eras to one location and hold the opportunity for camaraderie and communion. Moreover, the volunteers will be exposed to the community organizations that they may otherwise not be familiar with. This opportunity brings with it the ability to meet and make connections with the
network of people from the community. These connections have the potential to be life changing, as they could lead to further volunteering and/or career opportunities.

**Project Justification**

The benefits of volunteering extend beyond the individual’s altruistic feelings from contributing to the organization. Volunteering at the Veterans Memorial Building can bring many facets of benefit to the individual and community. In addition to providing much needed services, a volunteer would get the experience of hearing stories from living history and have networking opportunities with a wide variety of community leaders. Volunteering is good for the individual’s health while it increases the quality of society. According to Mark Horoszowski of MovingWorlds.org “More than 68% of those who volunteered in the past year report that volunteering made them feel physically healthier. 29% of volunteers who suffer from a chronic condition say that volunteering has helped them manage their chronic illness. 89% of volunteers agree that volunteering improved their sense of well-being. 73% of volunteers feel that volunteering lowered their stress levels. 92% of volunteers agree that volunteering enriches their sense of purpose in life (Horoszowski, 2012).”

It reduces stress, keeps you active, and helps with improving mental illness.

Volunteering provides many levels of value to the SCVMB. The economic value of volunteer hours in a nonprofit organization is equivalent to paid work hours. “The replacement cost method assumes that volunteers and paid labor are interchangeable. Stated in formal economic terms, their placement cost method assumes that volunteers and paid labor are perfect one-for-one substitutes (Bowman, 2009).” The economic impact of having a volunteer force at the Veterans Memorial Building will be a great benefit to the personnel budget.
Project Implementation

The intention of this project was to create a volunteer program manual that can be handed off to the newly appointed Volunteer Coordinator for application. Due to the abrupt ending to the internship and project, the Volunteer Coordinator position was never appointed and fell onto the current Building Manager and not all of the scope of work was completed. This document shall be a living document, subject to frequent updates and information changes. Many forms and policies needed to be created or acquired. A simple needs assessment needed to be distributed to the building’s service providers asking where volunteers are needed most and what jobs they would perform. In addition to the forms that needed to be created, training and orientation checklists needed to be drafted, radio commercials needed to be recorded and publication advertisements needed to be written and sent out. The final packet of documents was supposed to be organized and ready for consignment.

The first step was to create the scope of practice and outline each of the tasks. Research was done to find out what all goes into starting and running a volunteer program and that went into the task list. Low hanging fruit was approached first and the first forms that were created were the application, liability waiver, and the volunteer position descriptions. As the project unfolded, due dates in the scope of work were not met and tasks changed dramatically. Volunteers began working at the building before the manual was completed. For weeks, the only task was to continue working on the manual and building its sections. No surveys were conducted to find out where volunteers were needed because volunteers were already in circulation. No radio commercials were made; however, the building’s director was a guest on the Veterans Take Charge Radio Show to discuss the building’s vision and direction. The
training and orientation checklist will be integrated into the volunteer onboarding process. A draft of the manual was printed out and given to the building director for review and editing. Implementing a first usable draft felt rushed because the volunteers that were already working at the building before the manual was completed. When the national shutdown occurred, there was still much to be done. In the beginning of the semester, a meeting was held with the intern, instructor, building manager, and mentor with the intention to discuss the role and scope of work for the intern and the potential for a volunteer program. Communication between the intern and mentor could have been a lot better. The mentor was off site and frequently busy and unable to respond to emails or texts immediately. The building director was a good asset to resolve problems and answer questions. He was a positive influence on how the manual unfolded.

**Assessment Plan & Expected Outcomes**

The assessment plan was to start with all forms being submitted to the building director, reviewed, edited, and finalized, ready for use. Access to the volunteer information was supposed to be up on the SCVMB website, with links to the necessary forms. A simple needs assessment survey was supposed to be distributed to service providers who use the building to understand where volunteers are needed and what strengths are desired. The volunteer program’s outreach capabilities were supposed to be measured on social media, news print advertisements, and by the number of volunteers engaged over time.

This program will give the community an option for volunteer service at the SCMVB. Volunteers will help increase the building’s marketability, improve internet visibility, generate attendance, advertise events, and more. The expected outcome is to have the volunteers serving at the building by the end of fall 2020. The COVID 19 pandemic put a stop to the internship
prematurely, before much could get accomplished. The intern’s mentor was off site and was not utilized properly.

The scope of work sharply narrowed and all attention was given to finalizing the manual content rather than marketing, budgeting, and conducting surveys. Without the surveys, the manual took shape without service provider input. The building director became the point of contact and final authority on manual content. The expected outcome was to have a finalized volunteer manual that will be utilized upon new volunteers’ onboard orientation. Once the stay in place orders are lifted, the expected outcome will be to have this information on the SCVMB website for easy access.

**Project Results**

The outcome began before the manual was finalized and the building had its first volunteers from UCSC. Volunteers began working at the building between the CSUMB intern’s second and third semester. Creating the volunteer manual became a matter of finishing the product faster than originally planned. The final product is an 18 page volunteer manual, complete with job descriptions, policies, and a frequently asked questions section. The manual is in a Google document file and ready for the building director to start using. Again, this is a living document so a master copy will remain in Google Docs while the latest draft will be hard copied for volunteers to read. Despite this manual being completed, it has yet to be utilized by any volunteers. A pandemic hit the globe resulting in stay-in-place orders being passed down just after the manual’s completion.
Conclusion & Recommendations

Veteran culture is constantly evolving. With fraternal organizations waning down and closing their doors, the veteran community needs more new opportunities to come together. Santa Cruz veterans and community members can come and serve their community by volunteering at the Santa Cruz Veterans Memorial Building. With veterans and community members working together with a common purpose, the factors contributing to veteran mental health issues are not as potent. The volunteer program can evolve into a fully operational system that builds camaraderie, skill for employment, and should be continued. The SCVMB already has volunteers running without the fine tuning of program completion. The recommendation is for the building director to continue to develop a fully functional volunteer program by ensuring a volunteer onboarding orientation and training is created. Each new volunteer should get well acquainted with the manual to better understand their rights and responsibilities as volunteers, policies of the institution, and general information that can aid them in conversation about the building.
References


https://blog.movingworlds.org/can-volunteering-lower-your-risk-of-heart-disease/
## Appendix A

### Scope of Work

<table>
<thead>
<tr>
<th>Task</th>
<th>Documents/Checklist</th>
<th>Deadline</th>
<th>Responsible Parties</th>
</tr>
</thead>
</table>
| Create Volunteer Documents             | • Application Form  
• Welcome Letter  
• Liability Waiver  
• Position Description | December 18                        | Dave Brown  
Chris Cottingham |
| Evaluation                             | • Evaluation Form                               | December 18                      | Dave Brown  
Chris Cottingham |
| Conduct a Needs Assessment             | • Mission Statement  
• Vision Statement  
• Simple survey | February 12                       | Dave Brown  
Chris Cottingham |
| Volunteer Position Training            | • Training Checklist                            | Feb 12                           | Dave Brown  
Chris Cottingham |
| Create Orientation Checklist           | • Orientation Checklist                         | Feb 12                           | Dave Brown  
Chris Cottingham |
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Deadline</th>
<th>Responsible Parties</th>
</tr>
</thead>
</table>
| Recruitment                 | ● Radio Commercial  
                           | ● Advertisements in local publications         | March 1        | Dave Brown  
                           |                                   |                             | Chris Cottingham               |
| Recognition of Volunteers   | ● Establish methods of recognition                | April 1        | Dave Brown  
                           |                                   |                             | Chris Cottingham               |
| Appoint Volunteer Coordinator | Appointed Person                                 | May 6          | Dave Brown  
                           |                                   |                             | Chris Cottingham               |
| Background Checks           | Interview Template                               | May 6          | Dave Brown  
                           |                                   |                             | Chris Cottingham               |
| Create Volunteer Database   | Microsoft Excel Database                         | May 6          | Dave Brown  
                           |                                   |                             | Chris Cottingham               |
| Supervision                 | Appointed Volunteer Coordinator                 | May 6          | Dave Brown  
                           |                                   |                             | Chris Cottingham               |