



Severely Injured & Disabled Veterans Livable Homes Initiative

This is not a political issue. It is not about the rights or wrongs of America's involvement in wars and conflicts. It is about helping our sons and daughters who have come back tattered and torn, regain their independence, self-sufficiency, and self respect.

It is about providing new accessible homes and modifying existing homes to help those who have lost limbs, or have become paralyzed, or suffered brain injuries, maximize their ability to perform daily living tasks and activities in their own homes...and regain their dignity and self-worth.



Shared Solutions America

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Injured & Disabled Veterans Livable Homes Initiative

The Issue

Thousand of our severely injured and disabled servicemen and women are returning home without limbs, or paralyzed, or with brain damage, and will be unable to gain entry into their homes or apartments. Inside, they will be unable to freely move about and perform daily living tasks and activities due to existing physical barriers that will prevent free movement. Many will not be able to get up their front stairs to get into their place of residence. Inside, narrow hallways, doorways, stairs, and many room elements will prevent access and movement. The way that homes are traditionally built will not accommodate the accessibility needs of individuals in wheelchairs, or with other physical and developmental impairments. Homes for physically or developmentally challenged individuals have to be built differently, incorporating "adaptable" or accessible features to allow the successful performance of everyday tasks and activities.

The Problem

Many architects, homebuilders, and remodelors have little or no experience or understanding of how to design and build fully accessible living environments for people with severe disabilities. In addition to many thousands of severely disabled servicemen and women, there are over 54 million Americans of all ages with some form of permanent disability...and many millions more who incur an unexpected accidental injury resulting in a temporary disability that can last for weeks, months, or years.

The Challenge

National education and training programs are desperately needed to teach and guide the professionals who design and build new homes, those who remodel or renovate homes, occupational and physical therapists, and especially the people with the disabilities...how to build living environments that are fully accessible and will accommodate the needs of many millions of disabled Americans of all ages.

Building new homes today using traditional "on-site" construction is quite costly, takes considerable time, and unfortunately is often accompanied by the use of inferior materials, many unforeseen delays, jobsite pilferage, expensive cost overruns, and numerous costly change orders. Fully accessible high quality, energy efficient manufactured and modular homes can be built in a fraction of the time required to design and build traditional "site-built" homes, often for considerably less money, and all but eliminating jobsite pilferage and cost overruns. Best of all, incorporating most of the needed accessible features when building new homes should add very little to the overall cost of the home.

The Solution

We are teaching and showing architects, designers, homebuilders, occupational and physical therapists, and people with severe disabilities, how to correctly design and build new living environments incorporating the needed accessible or adaptable features that will help maximize the performance of daily living tasks and activities in the home for individuals with disabilities.

Since 2002, we have been working with a number of manufactured and modular home-building companies, corporations, and organizations throughout the country guiding them in the successful design and building of fully accessible universal design featured “Livable Homes”.

Numerous members of MBSA, National Modular Building Systems Association and MHI, National Manufactured Housing Institute homebuilders, have agreed to participate in this new ***Disabled Veterans Livable Home Ownership Initiative***. These participating national homebuilding corporations have agreed to work with Shared Solutions America and to design and build fully accessible, very reasonably priced, beautiful, comfortable, functional, and energy-efficient universal design featured “Livable Homes” throughout the United States to meet the special housing needs of our severely injured and disabled servicemen and women, along with millions of other individuals with disabilities.

Shared Solutions America is a non-profit organization with over four decades of successful experience in the design and construction of new and remodeled living and working environments. Our goal is to become a Resource Center to help our deserving severely injured and disabled service men and women obtain fully accessible new homes by connecting them with numerous “initiative qualified” national homebuilders and community developers who have made the commitment to provide the very reasonably priced, fully accessible homes to meet the needs of our deserving disabled veterans.

We will endeavor, by general administration, to protect our disabled servicemen and women from deficiencies in the design and construction work, and help prevent omissions, error billings, and overcharges, to help assure that the homes are built correctly with established set discounted prices, within strict pre-established parameters, on time, and with no extra charges. We want to insure that our disabled servicemen and women obtain the very best homes at the lowest possible prices from homebuilders, community developers and product suppliers.

Donation Involvement

We shall also endeavor to obtain corporate and private sector donations of needed services, materials, products, and labor to further reduce the final purchase cost of the new homes. All benefits will be passed on to the homebuyer!

Our Mission

This Program is part of Shared Solutions America’s mission to teach people of all ages with disabilities, regardless of income level, how to build new, or modify their existing living environments to help improve their quality of daily living, better perform everyday living tasks and activities, and maintain a high degree of individual independence, dignity, and safety. Simple changes or modifications can make the home more user-friendly and also prevent one-third of all home accidents. These changes will provide a more comfortable, functional, and safe living environment for all family members, and increase our ability to remain independent throughout the years....from childhood, through parenthood, and on through retirement.

Laurence A. Weinstein

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VA Palo Alto Health Care System – Rebuilding Injured Lives

While serving in Iraq and Afghanistan, military service members are sustaining multiple severe injuries as a result of explosions and blasts. Improvised explosive devices, blasts, landmines and fragments account for 65% of combat injuries. Of these injured military personnel, 60%-62% may also have some degree of traumatic brain injury. Congress recognized this newly emerging pattern of military injuries and VA responded by establishing four Polytrauma Rehabilitation Centers in April 2005, one of which is at the VA in Palo Alto. The other three are located at Minneapolis, MN; Richmond, VA, and Tampa, FL.,

Palo Alto VA Hospital Polytrauma Rehabilitation Center provides both inpatient and outpatient services in specialized rehabilitation programs including: traumatic brain injury, spinal cord injury, blind rehabilitation and post traumatic stress disorder.

Since the U.S. led invasion in March, 2003, more than **15,000 American** service members have been wounded in combat in conflicts in Iraq and Afghanistan, according to the Defense Department. Facilities in Palo Alto provide mission critical treatment for returning wounded soldiers, sailors and Marines. Treatment is painfully arduous and rehabilitation agonizing.

The state of many injured soldiers at Walter Reed Army Medical Center and Palo Alto VA Hospital clearly indicates that modern medical techniques meant that a far higher percentage of wounded service members now survived who would have died in previous wars. The use of Kevlar body armor has also reduced deaths. The result, however, was that many of the wounded were left with debilitating injuries, particularly amputated limbs.

U.S. troops injured in Iraq have required limb amputations at twice the rate of past wars and as many as 20% have suffered head and neck injuries that require a lifetime of care. The picture is a grisly flipside improvement of battlefield medicine that has saved many combatants who have died in the past. Only one in ten U.S. troops injured in Iraq has died, the lowest rate of any war in U.S. history. Those who survive have much more grievous wounds.



Visit to Walter Reed Hospital



Washington, DC -- In the dining hall is a family of three. The mother's shirt says "Thank a Soldier," the father's hat says "Vietnam Veteran," and the son's T-shirt says "Seattle Sonics." A normal family, except the son has no legs.

I see in the halls of Walter Reed hospital soldiers with leg braces and neck supports, soldiers with faces slashed by bombs and stitched up by doctors. Soldiers with legs terribly mangled, soldiers with no legs -- amputees with short stumps, with long stumps, without any stumps since entire limbs are missing. A young man walks by without an arm. I suddenly travel back in time to another war, to another hospital when I was one of those young men without a limb. But the human carnage and waste in Walter Reed is too overwhelming to escape for more than a flash of time.

With spirits high -- hey, they just "cheated" death -- surrounded by fellow soldiers day and night, with family and friends visiting and attentive, life is not bad. But this is the easy middle, coming after the initial shock of being seriously wounded and before the tortuous work of transforming one's identity to accept the new reality. The easy middle is relatively easy.

When discharged from the hospital, their tight support network disappears and the strong optimism in the wake of a close call begins to wane. There is now time and space to think, and to ask questions. Sitting alone in an apartment, probably a spartanly furnished apartment, the questions start. They always do, for those severely wounded. Those "for what" questions: for what do I have to put on an artificial limb every morning? For what must I live with this horrible pain every day? For what did my buddy die? For what was all the horror for?

Some will attempt to evade these questions, but that's not possible. They paid too high a price. Some will turn to stock replies, such as, "It was for God, country, and family." To the degree this works is the degree that they cut themselves off from reality. Korea and Vietnam was not for God, America, and family, and neither is Iraq. Most of the wounded will learn this, and then they will demand a real answer to, "For what?"

The only satisfactory answer is for defense of our country. Nothing else justifies the sacrifices, sacrifices Americans quickly forget but endure a lifetime for these men and

women. The other answers, to rebuild another country, to stay the course so others won't perceive America as weak. "For what?" is too strong for weak answers. Whether the "For what?" is answered with a closed mind, or with an honest answer, many seriously disabled veterans will in time turn bitter and cynical. But others will swallow hard, refusing to let the injustice crush them, and move on in life. But all will be deeply scarred. If their sacrifices were truly for the defense of our country, that helps a lot. That cause can justify the sacrifices, but an unworthy cause justifies nothing. It is up to all Americans to reach out and show our appreciation by helping these thousands of mostly young service men and women in whatever ways we can! Most of them are in their late teens and early twenties. They are our sons and daughters! Yours and mine!
Stewart Nusbaumer, editor of Intervention Magazine



By Anita Manning, **USA TODAY**

RICHMOND HILL, Ga. — Even though he's in pain every day, it doesn't seem to occur to U.S. Army Capt. Jonathan Pruden to feel sorry for himself.



Tim Dillon, USA TODAY

The bones in his right foot were shattered by a bomb in Iraq. He has no feeling in his left leg below the knee. He can get around on crutches, but that irritates his leg and shoulder injuries, so he spends 90% of his waking hours in a wheelchair. But if you ask him, he'll tell you how much better off he is than the other guys.

"A lot of guys in my unit and other units are more severely injured," he says. "They've lost limbs, their eyesight. Unfortunately, it seems like hundreds of guys are coming back now that are paralyzed. I'm fortunate."

Pruden, 27, was driving an unarmored Humvee that was caught in a roadside bomb attack in Baghdad on July 1, 2003. He took 173 pieces of shrapnel and one AK-47 round that passed through his left knee. A piece of shrapnel the size of a golf ball shattered his shoulder blade and lodged near his spinal cord. His arms and legs were shredded. He doesn't remember feeling pain at the time, but as he tried to maneuver the vehicle, he realized his legs didn't work. He couldn't see, couldn't hear and couldn't feel his left arm.

"I saw a spray and thought it was the hydraulic line on the truck, but it was the artery on my leg," he says. "I started yelling to get a tourniquet. I was bleeding out."

Pruden is among more than 12,000 American military men and women injured in Iraq since combat operations began in March 2003, according to the Department of Defense. About half sustained injuries serious enough to prevent their return to duty. Many of them, such as Pruden, are treated initially in combat hospitals or by doctors on the field, then sent to the U.S. Army hospital in Landstuhl, Germany, where injuries are stabilized and assessed. From there, they may go to one of several specialized military hospitals in the USA for treatment that can take weeks to months before returning home to continue recovery.

It is so difficult at first. You return home and both physically and emotionally don't know how you are going to live with this wound, but you just keep trying, just keep waking up to this frightening reality every morning. *"My God, what has happened to me?"* But you somehow get up, you somehow go on and find a way to move through each day. Even though it is impossible, you go on. Maybe there will be a day years from now, if you are lucky to live that long, when it will get better and you will not feel so overwhelmed. You must have something to hope for, some way to believe it will not always be this way. This is exactly what many of them are going through right now.

They are alone in their rooms all over this country, right now. This is the agonizing part, the lonely part, when you have to awake to the wound each morning and suddenly realize what you've lost, what is gone forever. They're out there and they have mothers and fathers, sisters and brothers, husbands and wives and children. And they're not saying much right now. They're just trying to get through each day. Trying to be brave and not cry. They still are extremely grateful to be alive, but slowly, agonizingly they are beginning to think about what has really happened to them.

