



WOUNDED WARRIOR PROJECT

Statement Of
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On
Wounded Warrior Project's 2018 Legislative Priorities

March 6, 2018

Chairmen Isakson and Roe, Ranking Members Tester and Walz, members of the committees – thank you for inviting Wounded Warrior Project (WWP) to submit the following written testimony on our legislative priorities for 2018. Over the next ten months, we are hopeful that we can assist your work to improve the lives of veterans and their families and build upon the remarkable success and momentum that defined 2017.

Since our inception in 2003, WWP has grown from a small organization delivering comfort items in a backpack at the bedside of wounded warriors here in our nation's capital, to an organization of nearly 600 employees in more than 25 locations around the world delivering over a dozen direct-service programs to warriors and families in need. Through our direct-service programs, we connect these individuals with one another and their communities; we serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and live life on their own terms. We communicate with this community on a weekly basis and are constantly striving to be as effective and efficient as possible.

Over 111,000 veterans and service members are currently registered with WWP, and the need is great and growing. Thus far in Fiscal Year 2018, we are averaging more than 1,200 new registrations per month. As these needs grow, however, so has the foundation of support for our mission. More than 6.5 million donors and 3.5 million social media followers are invested in the work we are doing and helping us care and advocate for post-9/11 wounded warriors.

Over the course of our 15-year history, we have witnessed remarkable growth and our impact over that time has changed thousands of lives for the better. Since our inception, WWP has invested \$1.3 billion in life-changing programs and we are on pace to spend nearly \$200 million in 2018. This continued investment reflects our commitment to connect, serve, and empower warriors and build on the successes of the last fifteen years. Over the last five years alone, our impact has been substantial:

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- **Mental Health:** Through offerings including Warrior Care Network, Project Odyssey, and WWP Talk, WWP has served 17,822 warriors and family members through interactive programming, rehabilitative retreats, and other professional services to address their mental health needs.
- **Physical Health and Wellness:** Programs to provide goal-setting, coaching, skill-building, physical training, cycling, and other opportunities have helped 61,643 warriors and family support members to identify and improve on their health, mobility, fitness, and nutritional challenges.
- **Benefits Services:** To help injured veterans, their family members, and caregivers successfully transition to life after injury, the WWP Benefits Service program provides the tools needed to navigate the complexities of the Department of Defense and Department of Veterans Affairs. Working closely with each agency, the Benefits Service team assists with every step of the transition process, ensuring claims are filed and processed correctly – the first time. Over the last five years, the WWP Benefits Service program has made a financial impact of \$329,419,373.
- **Social Engagement:** The WWP Alumni Program offers assistance, communication, and camaraderie for injured veterans, their families, and caregivers as they continue life beyond injury. WWP provides opportunities to participate in outdoor activities, educational sessions, collegiate and professional sporting events, and recreational outings with more than 4,000 connection events being delivered annually. Over the last five years, more than 329,000 participants have been served through the Alumni Program.

While WWP has many successful direct programs serving needs of warriors and their families, we alone cannot meet every need this generation of wounded service members and veterans face. As such, WWP also invests in forward-thinking and innovative organizations to work with us. From lessons learned through our collaborative efforts with communities, partner organizations, direct service providers, and grant recipients over the years, we recognize the value that comes with working with others to harness subject matter expertise, reach a greater number of injured veterans, and provide a more comprehensive network of support.

Since 2012, WWP has invested \$49.9 million in 123 military and veteran-connected organizations, and in 2018, WWP will invest \$13.6 million in community partnership grants and an additional \$22.2 million in partnerships to deliver mental health programs, support to overseas military treatment facilities, and emergency financial assistance. Together with our partners we represent the 2.9 million (and growing) veterans who have served since 9/11, along with the 2.2 million active duty, reserve, and National Guard members and their families¹. And we stand together with our legacy VSO colleagues to collectively represent over 20.8 million living veterans in the United States. Some examples of our community funded partnerships include:

¹ Sources: Department of Veterans Affairs at https://www.va.gov/vetdata/veteran_population.asp, and Department of Defense at https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp.

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- **Veterans of Foreign Wars (VFW)** – to support their National Veterans Service program for the purposes of providing benefits counseling and assistance to service members at Benefits Delivery at Discharge (BDD) sites around the country.
- **Vietnam Veterans of America (VVA) and Tragedy Assistant Program for Survivors (TAPS)** – to support collaborative work on toxic exposure in military service and its effects on service members, veterans, and their families.
- **Paralyzed Veterans of America (PVA) and Student Veterans of America (SVA)** – to support collaborative development of pilot program and resources related to recruiting and supporting student veterans with disabilities.
- **Travis Manion Foundation** – to support Veteran Transition Workshops (helping veterans leverage their strengths, passions, and skills to thrive personally and professionally post-military service) and Character Does Matter program (empowering veterans to develop character in future generations and connect with their communities).
- **Institute for Veterans and Military Families (IVMF)** – to support Entrepreneurship Bootcamp for Veterans, Entrepreneurship Bootcamp for Veterans’ Families and Veteran Women Igniting the Spirit of Entrepreneurship, and the Onward to Opportunity Veteran Career Transition Program.
- **America’s Warrior Partnership** – to create veteran-centric communities, collaborate to enable and engage communities to promote the overall well-being of veterans, service members and their families, and communities.
- **Elizabeth Dole Foundation** – to support the Hidden Heroes campaign and the Military Caregiver Journey Conference.
- **National Military Family Association** – to support Operation Purple Camps for children of wounded veterans and Healing Adventure Retreats for wounded military families.
- **Team Red, White, and Blue** – to support Chapter and Community programs and Eagle Leadership Development Program.
- **Team Rubicon** – to unite the skills and experiences of veterans and first responders to support emergency disaster response and connect them with communities.

Partnerships like these and others in the nonprofit community have developed to close gaps that exist in government care and support. These collaborative efforts exist across missions and generations, and are forming

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united efforts to remove duplications and amplify best practices to serve the largest number of veterans. These growing national networks will be essential for years to come, not only for the benefit of the services they provide, but also because of proximity to wounded veterans and their families who can and do inform those who advocate on their behalf.

As advocates for the needs of the post-9/11 generation, WWP gains insights from its programs, partnerships, and independent research. Since 2010, WWP has performed a comprehensive annual survey of our warriors to help the organization identify trends among this community, to compare their outcomes with those of other military and veteran populations, build a profile of the warriors we serve, refine our programs, develop new initiatives, and identify gaps in existing services and support. To measure the impact and mix of WWP programs and services – all in an effort to determine how we can better serve veterans, service members, and their families. The 2017 Wounded Warrior Project Survey is based on the results of 34,822 completed surveys and weighted to produce estimates representative of the 2017 WWP population, which stood at 106,821.

In this context, even as we inch further away from the height of armed conflicts overseas, our organization recognizes that the challenges we face at home are just as present as they have ever been, and would argue, that they may be even greater. There is no shortage of places where your committees’ efforts in Congress can make a difference. In addition to publicly available data from research, papers and studies in both the public and private sector, our synthesis of information, anecdotes, and data from the sources above have helped WWP identify the following areas for priority in 2018:

**HEALTH CARE ACCESS, QUALITY, AND COMMUNITY CARE PROGRAMMING
AT THE DEPARTMENT OF VETERANS AFFAIRS (VA)**

The warriors and families of the post-9/11 generation seek access to timely and quality health care, and a health care system that puts the interests of veterans first. Three years ago, VA’s ability to meet those standards weren’t just called into question, but were addressed head on with the launch of the Veterans Choice Program, a program whose future has become synonymous with the question of what role community-based care can and should play in a modern, high-performing, veteran-centric health system.

At WWP, we believe in empowering veterans with “responsible choice” in a strong, integrated health system. Veterans who want to receive care outside of VA – particularly when access has become an issue or when they’ve determined with their doctor that it would be in their best clinical interest – deserve that option, but system mechanics must preserve VA’s core mission and its ability to provide excellent clinical programs on a national scale, to continue performing critical veteran-focused research, and to educate professionals and non-professionals alike in the best, most-effective ways of caring for our nation’s veterans.

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Particular to the post-9/11 generation, the 2017 Wounded Warrior Project Survey has helped identify several trends that indicate how an integrated health system with VA as a coordinator of care would best serve the wounded veterans served by WWP:

- **Greater enrollment in VA health care:** Up three percentage points from the 2016 estimate, 73.6% of warriors are enrolled for Veterans Health Administration (VHA) benefits and services. This represents a three-year increasing trend.
- **Higher use of VA primary care:** More than two-thirds of (69.0%) of warriors registered with VHA use VA as their primary health care provider. These veterans may have other insurance in addition to VA coverage.
 - Among warriors that do not use VA as their primary health care provider, the leading reasons were difficulty accessing VA (43.5%), too much trouble or red tape (43.4%), and bad prior experiences at VA (43.4%).
- **Increasing severity of service-connected disabilities:** The percentage of warriors receiving VA disability benefits is 88%, up from 85% in 2016 (79% in 2015). Warriors with a VA disability rating of 80% or higher rose to 58%, up from 54% in 2016 (48% in 2015).

Additionally, WWP brings perspective to community care issues as a care provider. The Warrior Care Network® (WCN) has a critical mission to heal the invisible wounds of war by increasing access to some of the highest quality care for wounded warriors and their families. Launched in 2016 with a vision of becoming a national leader, innovator, and integrator in the delivery of treatment for warriors living with psychological injuries as well as those suffering from traumatic brain injury, the WCN has enjoyed early success due in part to collaboration with the Department of Veterans Affairs (VA).

At its core, the WCN is delivering care to veterans by the work of WWP and four of the nation’s leading academic medical centers (University of California, Los Angeles’s (UCLA) Operation Mend, Massachusetts General’s (MGH) Home Base Program, Rush University Medical Center’s Road Home Program, and Emory Healthcare’s Veterans Program). Support from VA through a Memorandum of Agreement between the Veterans Health Administration (VHA) and WWP/WCN plays a supplementary, but vital role. Embedded VA Liaisons facilitate access to care and coordinate continued VA services.

In FY17, the partnership has provided 3,707 hours of transition services, 2,612 professional consultations, 383 briefings, and 401 referrals into VA care. As the need for professional mental health treatment for Veterans and their families is great (and growing), the WCN is committed to expanding its efforts in the coming years and we wish to continue the collaborative partnership with the VA. In the next five years, the WCN will invest over \$160 million to the care of approximately 5,000 Veterans and family members in the intensive outpatient program

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and approximately 6,500 in traditional outpatient care where the partnership with the VHA will be even more critical for the continuity of care.

Wounded Warrior Project believes that WCN is a great example of how public-private partnerships can merge VA resources with community offerings to build care continuums that achieve the best outcomes for veterans. While there are obstacles to seeking fees for service and challenges to bring endeavors like this to scale, collaborative projects like WCN illustrate an effective approach to care that rely on a strong VA and coordinated efforts from community providers.

In conclusion, WWP is among the many veteran service organizations that support the *Caring for Our Veterans Act*, and we appreciate the work of both committees in crafting bills in both chambers. We are encouraged by the progress that has already been made and are hopeful that the momentum from the last several months will ultimately result in a system of care that serves the best interests of the brave men and women who served and sacrificed for our country.

MENTAL HEALTH

Another priority for the committees' consideration aligns with WWP's investments to strengthen mental health care and drive progressive efforts to deliver world class care and community support. The warriors we serve have earned and deserve access to first-class mental health care designed to meet them wherever they are in their recovery process. According to the 2017 Wounded Warrior Project Survey, many post-9/11 veterans are looking for that care at VA:

- **VA top-cited resource for mental health care:** Wounded warriors utilize various resources and tools to help address their mental health issues. VA was the most frequently cited resource (70.6%), continuing its trend as the most commonly used resource (66.1% in 2016).
- **Quality:** In addition to being the most frequently used resource, VA care was also cited as the most effective (20.3%). Talking to another OEF/OIF/OND veteran (14.9%) was second. Prescription medicine was third (10.8%), and service dogs/pets/other animals was fourth (9.0%).

While these trends are encouraging, there is also data to support that community-based care is a necessary complement:

- **Mental health care services – Access/Resources:** Among warriors, 51.7% had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems in the past three months, but access to care remains an issue. More than one-third of warriors (34.1%) had difficulty getting mental health care or did not get the care they needed.

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- **VA scheduling:** Over one-third of warriors (34.8%) indicated that conflicts between their personal schedules and hours of operation of the VA sites were the reason they had difficulty getting mental health care – the most frequently cited reason in the survey.
- **Geography:** There was a slight decrease from the 2016 estimate in the percentage of warriors mentioning a lack of resources in their geographic area as reason for difficulties in getting mental health care (24.7%, compared to 26.0% in 2016).
- **Specialists:** Warriors seeking mental health care from a specialist – such as a psychiatrist, psychologist, social worker, or counselor – averaged 5.7 visits (3.0 mean) over a three month period.
- **Encouraging trends:** While 34.8% of warriors indicated scheduling conflicts with VA as an impediment to receiving care, that percentage has declined from 37.5% in 2015 and 36.4% in 2016. Similarly, the percentage of those citing difficulty in scheduling appointments has decreased from 31.5% in 2015, to 30.9% in 2016, to 29.3% in 2017.

We believe that these figures illustrate a clear need for Congress to ensure VA has resources to maintain – and grow – its capacity to deliver mental health care, but also to continue leveraging non-VA care to expand options and improve outcomes for veterans. Adequately funded VA programming would continue encouraging trends such as the Secretary’s Other Than Honorable Emergent Mental Health Initiative and the rollout of new regional Telemental Health hubs, and bills like the *Peer-2-Peer Counseling Act* (H.R. 4635) and the *Veterans Treatment Court Improvement Act* (S. 946, H.R. 2147) are just two examples of bills that have identified successful programs that can benefit even more veterans at larger scale. Additionally, we feel optimistic about the collaboration spurred by the President’s recent Executive Order on mental health access for transitioning service members, and applaud Secretary Shulkin for making suicide prevention VA’s top clinical priority.

Wounded Warrior Project’s positions on mental health are highly informed by the work we are performing in the field. Our comprehensive approach to mental health care is focused on improving the levels of resilience and psychological well-being of warriors and their family. We’ve structured a Mental Health Continuum of Support built around six programs and designed to complement one another to foster momentum in the healing process. Through the implementation of the Connor Davidson Resiliency and VR12 Rand Quality of Life scales, WWP measures outcomes of services and provides the most effective programming based on the needs of warriors and their families.

Based on trends we have identified from our work through direct mental health programming and partnerships in the community, WWP strongly believes that more can be done to address the invisible wounds of war, most particularly PTSD, TBI, depression, and other related conditions – and that more can be done with the help of nongovernment providers. WWP encourages Congress to encourage and facilitate VA’s ability to increase innovative public-private partnerships. Among particular actions that may be helpful would be to conduct an

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environmental scan of existing community-based models – including Touchstone, Centerstone, Bastion Community of Resilience, Armed Forces Retirement Home, and others – to identify gaps and opportunities.

Specific to TBI, there is a need for improved long-term care solutions. More than 40,000 moderate to severe TBIs have been incurred in the Armed Services since 2000². Mild TBIs, which can manifest symptoms that worsen over time, are calculated at over 300,000 over that same period³. Too often, veterans needing long-term care for TBI are placed in a geriatric nursing home-setting. This solution is wholly inappropriate for post-9/11 veterans, many of whom are in their 20s and 30s with long lives ahead of them. To date, VA’s best effort to address this problem – the Assisted Living for Veterans with Traumatic Brain Injury (AL-TBI) pilot program – has been allowed to sunset. VA’s final report to Congress on AL-TBI program is forthcoming, and we encourage your committees to take a critical review of its contents to help inform your next steps towards addressing the need for specialized assisted living services and comprehensive rehabilitative care that are no longer available at VA.

PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

As a crucial component of delivering on our mission to honor and empower wounded warriors, WWP has been proud to advocate for benefits for seriously injured post-9/11 veterans’ caregivers. In addition to organizing in support of enacting the *Caregivers and Veterans Omnibus Health Services Act of 2010*, WWP has worked closely with VA to ensure that the Program of Comprehensive Assistance for Family Caregivers (the Program) is carried out as effectively as possible. We hope to take a similar role with Congress as your committees consider expanding the Program.

Wounded Warrior Project’s advocacy in the caregiver space is largely informed by the community support we provide through our Independence Program. The Independence Program is a long-term support program available to warriors living with a moderate to severe traumatic brain injury, spinal cord injury, or other neurological condition that impacts independence. WWP has partnerships with specialized neurological case management teams at Neuro Community Care and Neuro Rehab Management to provide individualized services. These teams focus on increasing access to community services, empowering warriors to achieve goals of living a more independent life, and continuing rehabilitation through alternative therapies. Services are highly individualized and supplement VA care, including: case management, in-home care, life skills coaching, traditional therapies (physical, occupational, speech, etc.), alternative therapies (art, music, equine, etc.), and community volunteer opportunities. In 2018, the Independence Program will deliver more than 200,000 hours of care to the nearly 700 warriors enrolled.

² Source: DoD Numbers for Traumatic Brain Injury – Defense Medical Surveillance System and Theater Medical Data Store, [2017](#).
³ Source: DoD Numbers for Traumatic Brain Injury – Defense Medical Surveillance System and Theater Medical Data Store, [2017](#).

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Most of the warriors and caregivers we support through the Independence Program are among the post-9/11 community that has been able to take advantage of caregiver laws that provide stipends, health insurance access, and enhanced training, counseling, and respite benefits beyond what is available to earlier generations. We share the greater community’s support for expanding the program to include all generations who are no less deserving of praise, recognition, or access to vital services and benefits provided by the program, and we support legislation that would improve the lives of pre-9/11 caregivers without diminishing access to critical resources for caregivers of the post-9/11 generation. As we consider proposals to expand the program, we are mindful of the need to be objective about issues surrounding the program as it currently exists, such as staffing shortages, IT needs, inconsistencies in eligibility and implementation across the country, and the feeling shared by many participants that revocations and tier reductions are more a reflection on budgetary constraints than care needs.

In addition, WWP has taken particular care to identify the needs of post-9/11 veterans and caregivers who currently use or are eligible for the Program. Of the wounded warriors that responded to our 2017 survey, 7.9% indicated they were permanently housebound. All the survey participants were asked to indicate their current requirements for personal assistance for a range of daily living activities. We found that four activities require more assistance than others. This included performing household chores, managing finances, taking medication properly, and preparing meals. Among warriors who needed assistance, 61.8% needed help with three or more activities. The breakdown is as follows:

- One to two activities – 38.2%
- Three to four activities – 28.1%
- Five to eight activities – 24.6%
- Nine to all eleven activities – 9.1%

On average, almost one-fourth (24.7 percent) need help for 10 or fewer hours per week, while a similar percentage (25.4 percent) need more than 40 hours of aid per week. As such, the majority of survey respondents who reported a need for assistance with ADLs require between 10 and 40 hours of assistance per week from their caregiver.

Wounded Warrior Project will remain diligent in addressing the needs and concerns of today's caregiver community. We encourage your committees to take a deliberate approach to reviewing any proposals to expand the Program and are pleased to offer our help in that process. WWP maintains relationships with thousands of post-9/11 caregivers through our direct programs and community partnerships, and we would be pleased to help convene members of this community to assist your efforts.

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TOXIC EXPOSURES

For thousands of service members who served in the post-9/11 generation, environmental and chemical hazard exposures carried real and potential health risks. Accordingly, WWP has a strong interest in your respective committees' work on studying and addressing any harm to veterans that may have been caused by toxic exposure in service.

Whether through burn pits, depleted uranium, toxic fragments, or some other hazards typically seen on overseas deployment, toxic exposures are emerging as a common thread among post-9/11 veterans who are sick, dying, or already deceased from uncommon illnesses or unusually early onset of more familiar diseases like cancer. While debates in scientific and medical communities may not have reached consensus on the relationships between certain toxic exposures and health outcomes, presumed or actual exposure among this generation is more certain. As an example, there are more than 110,000 veterans enrolled in the Department of Veterans Affairs' (VA) Burn Pit Registry – all of whom served on or after 9/11 and were deployed to a base or station where an open burn pit was used. While alarming in their own right, these numbers pale in comparison to the population of service members who were exposed to other toxins for which there is no registry.

These concerns were the impetus behind a new partnership between WWP, the Tragedy Assistance Program for Survivors (TAPS), and Vietnam Veterans of America (VVA) to bring public awareness and to investigate the harmful effects of toxic exposures in the military. Our current efforts are focused on gathering research and data that will help us all better understand the risks and effects of toxic exposure so that we may work to ensure service members, veterans, and survivors have access to the care and benefits they need. To drive results, our initiative requires additional support.

For these reasons, WWP is committed to helping guide and remain apprised of any policy changes regarding toxic exposure and the VA Burn Pit Registry. We request that WWP is included in any future discussions on this important issue between Congress, VA, and veteran service organizations to ensure that all generations of veterans are represented as the community works to address the alarming trends among those who may have had toxic exposures in service.

STREAMLINING AND IMPROVING HEALTH INSURANCE FOR MEDICAL RETIREES

Like regular military retirees who leave the service after twenty years or more, medically retired veterans have earned the benefit of being able to enroll in low-cost TRICARE health insurance plans for the rest of their lives. This is a meaningful benefit gained from serving the country. Unlike these traditional military retirees, however, medically retired veterans with injuries so severe they cannot return to work must enroll in Medicare Part B in order to maintain access to TRICARE.

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Consequently, these veterans must pay an annual premium/enrollment fee for health insurance that is five times the amount that regular military retirees pay for their TRICARE benefits. Even for those medically retired veterans who return to work, Medicare laws are structured to extend eligibility for the program an additional eight and a half years, thereby extending the inability to access a traditional, low-cost TRICARE plan even longer. As a result, seriously injured retirees are paying nearly \$1,300 more than typical military retirees to carry health insurance.

For these reasons, WWP worked with Senator Bill Nelson and Representative Susan Davis to introduce legislation to streamline and improve health insurance options for medical retirees. The *Fair Access to Insurance for Retired (FAIR) Heroes Act* (S. 2117, H.R. 4571) is designed to help medically retired veterans – and future medically retired veterans – who are unhappy with their current health insurance. Generally speaking, this is a veteran who would prefer a traditional, low-cost TRICARE plan rather than Medicare Part B, with TRICARE for Life as wraparound.

The FAIR Heroes Act does not abridge a medically retired veteran’s access to Medicare Part B. Rather, it allows an option of remaining enrolled in a traditional, low-cost TRICARE plan if such a plan works better to address a particular veteran’s health and financial needs. The FAIR Heroes Act includes also an educational component to help ensure that a veteran’s health care insurance choice is as informed as possible.

WWP encourages members of the committees to co-sponsor the FAIR Heroes Act and end health insurance premium discrimination against the most seriously injured medical retirees, and we look forward to working with you, and with your colleagues on the Armed Services, Ways and Means, and Finance Committees, to fix this situation.

WOMEN’S HEALTH CARE AND BENEFITS

Women comprise 8.7 percent of the veteran population and are the fastest-growing demographic in the military⁴. At WWP, nearly 16 percent of our registered alumni are women and as an organization dedicated to honoring and empowering wounded veterans and service members who have been injured in both mind and body since 9/11, we particularly aware of the growing contributions of women in our armed services – and the need for programs and services tailored to their needs.

In our experience, peer-to-peer support is critical to recovery for many warriors. According to the 2017 Wounded Warrior Project Survey, more than half of those surveyed, or 51.6 percent, used talking with another Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn veteran as a resource to address mental health issues. The only more frequently utilized resource was VA Medical Centers.

⁴ Source: National Center for Veterans Analysis and Statistics: Profile of Veterans: 2016: Data from the American Community Survey. 2016.

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Within the context of female veterans, peer-to-peer support is a particularly important tool to break through seclusion and isolation. As the Committee is aware, shifts in perception of military demographics are slow-moving, and many on either side of the civilian-military divide still think of members of the Armed Forces as male. Particularly when combined with injuries to mental health sustained in service, these preconceived notions can be harmful to reintegration and recovery. VA’s 2016 suicide data report found that the risk of suicide was 2.5 times higher among female veterans when compared with civilian adult females⁵. By connecting female veterans with one another, peer-to-peer assistance can empower female veterans to connect with each other and their communities. At WWP, we’ve increased our commitment to offering more all-female peer support groups and all-female alumni workshops based on demand and overall satisfaction.

In this context, WWP is highly supportive of permanently authorizing reintegration and readjustment counseling services for women in group retreat settings. Not only has VA’s pilot program been highly successful, WWP has seen similarly encouraging results in its own programming. At WWP, we have held 69 female-only single and multi-day rehabilitative retreats for over 700 female veterans with mental health challenges. 95% of participants reported that the retreats were a catalyst for receiving or continuing mental health support, and 96% were satisfied with their overall experience. Additionally, the Warrior Care Network offers a military sexual trauma (MST) track through Rush University’s Road Home Program for veterans who experienced MST and reported a sexual trauma.

For the reasons above, WWP supports legislation including the *Women Veterans Peer Counseling Enhancement Act* (S. 2402) and the *Deborah Sampson Act* (S. 681, H.R. 2452). We encourage your committees to support these measures and give strong consideration to proposals that would increase VA investments in female-focused programming.

IN VITRO FERTILIZATION AND ADOPTION REIMBURSEMENT

The *Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017*, and *Zika Response and Preparedness Act* (Public Law 114-223) provided new hope to veterans wishing to start or grow their families after service. For veterans and spouses who cannot have children as a result of a service-connected disability, VA’s new authority to cover infertility treatment and counseling, including assisted reproductive technology such as in-vitro fertilization, represents a life-changing benefit.

Although VA’s capacity to cover infertility treatment has developed over the past several months, the legislation authorizing VA to provide these services was temporary; it expires at the end of fiscal year 2018. This year, along with a broad coalition of veterans’ organizations, we will advocate for the committee to make this

⁵ *Source*: Office of Suicide Prevention, Department of Veterans Affairs, *Suicide Among Veterans and Other Americans 2001-2014*, 4 (August 2016).





legislation permanent. We will also oppose any attempts to backtrack on this coverage or alter the standard of care.

Moreover, Section 260 of Public Law 114-223 authorized VA to reimburse qualifying veterans and spouses for adoption fees. Although this measure became law more than 16 months ago, VA has, to the best of our knowledge, yet to implement rules or internal guidance to make this new benefit a reality. WWP has requested an update from VA on its efforts to carry out the new law allowing the agency to reimburse covered veterans for adoption-related expenses, and we encourage members of these committees to do the same.

OTHER ITEMS OF INTEREST

Education (Title 31 – Voc Rehab): Vocational rehabilitation is an educational program within VA that has the ability to assist those most in need of economic assistance. According to a 2016 VA longitudinal study, 81.2%, or 111,270 individuals, participating in Chapter 31 educational benefits are OEF, OIF or OND veterans⁶. The total amount of appropriated funds for FY16 was around \$1.5B. Given this information, Wounded Warrior Project sees Vocation Rehabilitation (Chapter 31 – VocRehab) as a vehicle to empower wounded warriors of the post-9/11 generation and assist in the transition from military to civilian life. We have seen that veterans who can obtain a college education or specialized training have fewer issues transitioning into the civilian workforce.

Chapter 31 educational benefits also assist veterans who are unable to find employment due to their disability by utilizing a career counselor who takes a hands-on approach in assisting veterans into a new job. This starts with education through university or trade school classes. Although the program has helped many, we still receive stories of deficiencies within the system.

The process to enroll in Chapter 31 educational benefits can vary drastically between locations. Additionally, there have been complaints of unclear guidelines for Vocational Rehabilitation counselors in processing and approving potential candidates into the program. There are also anecdotal stories of applicants being told to apply to cheaper online programs, denial of approval with little explanation, and the refusal in utilizing the program for a graduate level degree. Lastly, we have heard from Vocational Rehabilitation counselors that inappropriate staffing is a continual issue, especially in large population locations, and counselors are continually pushed to lower the cost of each applicant.

Given that the vast majority of the WWP alumni qualify for Chapter 31 benefits, this will be a major area of focus for our organization in 2018 and beyond. We would welcome the opportunity to work with Congress in increasing funding for Vocational Rehabilitation staffing, increasing data collection on the program, and developing clear guidelines regarding applicant approval.

⁶ Vocational Rehabilitation and Employment (VR&E) Longitudinal Study (PL 110-389 Sec. 334), [2017](#).



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Electronic Health Records: Improvements are needed to ensure a smooth patient transition from Department of Defense (“DoD”) health systems to VA health systems. The new electronic healthcare record system (EHR) should include a smooth transition of DoD medical records to the VA. This will create a full circle seamless transition from the military to civilian life. WWP shares Secretary Shulkin’s insistence on high levels of interoperability and data accessibility between VA, DoD, and commercial health partners.

Education: Representing the largest investment in veterans’ education since World War II, the Post-9/11 G.I. Bill is an important benefit to veterans of the Iraq and Afghanistan conflicts. The “Forever G.I. Bill,” the newest iteration of the Post-9/11 G.I. Bill, removes the delimitation date veterans utilizing the benefit. Unfortunately, unscrupulous educational providers have used a variety of deceptive and sometimes fraudulent tactics to recruit and enroll students in programs that do not lead to advertised jobs and salaries. Where possible, policies should be crafted to prevent these schemes. To that end, WWP supports the *Military and Veterans Education Act* (S. 2109, H.R. 4632). WWP also supports the continuation of transferability of Post-9/11 G.I. Bill to dependents and opposes changes to stipends for room and board, books, and supplies.

Military Transition: The Transition Assistance Program (“TAP”) provides important skills that allow separating service members to be career ready in the civilian world. While improvements have been made to this program in recent years, policymakers should continue to update the TAP program to make it relevant and useful to separating service members. WWP is currently working in collaboration with VA, DoD, the Department of Labor, and other veteran and military service organizations to develop improvements to TAP and would be pleased to share more about our efforts and any formal recommendations once they have been prepared.

Veterans Treatment Courts: While many men and women return from combat stronger and empowered, research shows that some returning from conflict are at risk of becoming ensnared in the justice system. Veterans’ treatment courts (VTCs) have emerged as an encouraging alternative to traditional courts for veterans suffering from mental health issues or substance abuse. In many cases, these courts utilize veterans as peer mentors, empowering these individuals to give back to their community. WWP encourages states and localities to adopt VTCs and appreciates the Uniform Law Commission’s efforts in drafting a model law. To that end, WWP supports the *Veterans Treatment Court Improvement Act* (S. 946, H.R. 2147).

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CONCLUDING REMARKS

In closing, I would like to acknowledge the bipartisan and inclusive spirit that guides the work of these committees. Your work in 2017 to expand educational benefits, modernize the appeals process, and improve mental healthcare access, among others, has been inspirational. Regardless of which side of the dais, panel, or aisle we sit, we share a sacred obligation to ensure that our veterans and their families get the support and care they have earned, and the success they deserve. At Wounded Warrior Project we are committed to that mission, and we are constantly striving to be as effective and efficient as possible. We look forward to working with you and your fellow lawmakers in the weeks, months, and years ahead.

Sincerely,

René C. Bardorf
Senior Vice President of Government and Community Relations

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Appendix A

Wounded Warrior Project Impact Sheet and Program Highlights



WE HONOR AND EMPOWER WOUNDED WARRIORS

★ WHO WE SERVE



We serve the:
2.9 million post-9/11 veterans;
2.1 million active duty, reserve,
and National Guard members;
and their families

OUR REGISTERED ALUMNI



85%
Male



15%
Female



20%
Family support
member

ALUMNI AVERAGE AGE 39

★ WHAT WE DO

In the past 15 years, invested **\$1.3 billion** in programs and services including:



\$327 million in mental health support programs



\$152 million in physical health and wellness programs



\$181 million in benefits counseling and individualized career placement services



\$293 million in connection events and programming



Spearheaded legislative initiatives that paid out at least **\$2.6 billion** in benefits to veterans, service members, and their families.

★ WHO WE REACH



Over **3.5 million** followers on social media



Since 2004, **6.74 million** individuals have donated to Wounded Warrior Project



National brands currently partnered with include

- Hershey
- Harley Davidson
- Stanley Black & Decker
- NFL



Since 2015, garnered **3.2 billion** media impressions



Communicate weekly with **111,000** warriors and caregivers via email



★ DIRECT SERVICES & PROGRAMS



All of Wounded Warrior Project's services and programs are **100% free** to injured service members, veterans, and their families. This includes:

Mental Health Support

Combat Stress Recovery Program

Project Odyssey

Warrior Care Network

Talk Program

Independence Program

Long-Term Support Trust

Health & Wellness

Physical Health & Wellness Programs

Soldier Ride

Benefits, Employment & Education

Benefits Service

Warriors to Work

Community Connection

Alumni & Family Support

Operation Outreach

Peer Support

★ PARTNER PROGRAMS



Since 2012, granted to **123 military and veteran connected organizations** totaling **\$49.9 million** in investments



In 2018, will invest **\$13.6 million** in community partnership grants and an additional **\$22.2 million** in partnerships to deliver mental health programs, support overseas military treatment facilities, and provide emergency financial assistance.



Invested **\$100 million** in groundbreaking Warrior Care Network mental health program, and committed to investing an additional **\$100 million** over the next 5 years

Some of our current partners include:



TAPS



★ WHERE WE'RE GROWING

MENTAL & BEHAVIORAL HEALTH



3 in 4 wounded warriors report living with PTSD (per the 2017 Annual Warrior Survey)

We care as much about the hidden wounds of war as the physical. We are committed to expanding our mental health programs, like Warrior Care Network, to provide warriors with access to the cutting-edge care they need and deserve.

FEMALE SERVICE MEMBERS & VETERANS



Approximately **19%** of post-9/11 veterans are women (per the the National Center for Veterans Analysis and Statistics)

We are continuing to expand our female-centric services including providing female-only mental health programs, supporting legislative initiatives to improve care for women, addressing the mental health and wellness needs of women, and providing employment support.

Appendix B

2017 Wounded Warrior Project Alumni Survey Highlights



★ 2017 ★ ANNUAL WARRIOR SURVEY

Every year, Wounded Warrior Project® (WWP) conducts a survey of our registered wounded warriors. Data received from this comprehensive survey allows us to identify trends, compare outcomes, and determine how WWP and other organizations can best meet current and future needs of warriors, their families, and caregivers. The Annual Warrior Survey will pave the way for healthier and more successful wounded warriors for generations to come. Here are a few of the statistics from this year's 34,822 respondents:

2017 WWP WARRIOR POPULATION

A SNAPSHOT



★ **84%** ★
ARE MEN



AVERAGE AGE IS
★ **39** ★



★ **66%** ★
ARE MARRIED



★ **92%** ★
ARE/WERE ENLISTED



★ **93%** ★

OF WARRIORS WHO HAVE BEEN DEPLOYED SINCE 2001 WERE DEPLOYED TO A COMBAT AREA AT LEAST ONCE



ABOUT
★ **99%** ★

OF WARRIORS SUSTAINED SERIOUS INJURIES AND HEALTH PROBLEMS DURING THEIR POST-9/11 MILITARY SERVICE



★ **46%** ★

HAVE DEPLOYED THREE OR MORE TIMES SINCE 2001



★ **52%** ★
LIVE IN THE SOUTHERN REGION



★ **58%** ★

OF WARRIORS HAVE A VA DISABILITY RATING OF 80 PERCENT OR HIGHER



OVER
★ **33%** ★

HAVE A BACHELOR'S DEGREE OR HIGHER (UP FROM 30% IN 2016) AND 27% ARE CONTINUING THEIR EDUCATION

THE **TOP FOUR** INJURIES OR HEALTH PROBLEMS THAT WARRIORS REPORT EXPERIENCING DURING SERVICE AFTER 9/11:



77%

POST-TRAUMATIC STRESS DISORDER (PTSD)



75%

SLEEP PROBLEMS



73%

BACK, NECK, AND SHOULDER ISSUES



70%

DEPRESSION

TOP THREE RESOURCES/TOOLS USED BY WARRIORS TO HELP COPE WITH FEELINGS OF STRESS AND EMOTIONAL OR MENTAL HEALTH CONCERNS:

1 VA MEDICAL CENTER **71%**

2 TALKING WITH ANOTHER OEF/OIF/NEW DAWN VETERAN **52%**

3 PRESCRIPTION MEDICATION **49%**



★ **88%** ★

OF WARRIORS ARE RECEIVING VA BENEFITS



★ **13%** ★

UNEMPLOYMENT RATE FOR THOSE IN THE LABOR FORCE WHO ARE NOT ACTIVE DUTY MILITARY



★ **87%** ★

OF WARRIORS ARE OVERWEIGHT OR OBESE



★ **28%** ★

OF WARRIORS NEED THE AID AND ATTENDANCE OF ANOTHER PERSON BECAUSE OF THEIR INJURIES AND HEALTH PROBLEMS



★ **72%** ★

OF WARRIORS REPORT THEIR HEALTH LIMITS THEM (A LOT OR A LITTLE) WHEN CLIMBING SEVERAL FLIGHTS OF STAIRS



★ **80%** ★

OF WARRIORS SAY SOCIAL SUPPORT/ ENGAGEMENT WAS ONE OF THE REASONS THEY REGISTERED WITH WWP



★ **41%** ★

OF WARRIORS REPORT BEING UNCOMFORTABLE IN SOCIAL SITUATIONS AS A BARRIER TO PARTICIPATING IN PHYSICAL ACTIVITIES

Discover more of the powerful information we learned from this year's participants by viewing or downloading the full survey.

★ **DOWNLOAD IT HERE**

woundedwarriorproject.org/mission/what-our-warriors-say