



2010 Wounded Warrior Project Survey

FINAL REPORT

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EXECUTIVE SUMMARY

This executive summary includes a brief description of the survey purpose, content, and administration as well as top-line findings from the collected data.

ABOUT THE SURVEY

SURVEY OBJECTIVE. WWP plans to conduct this survey annually over 5 years to first establish baseline data on its Alumni membership and then to identify trends among WWP Alumni, to compare their outcomes with those of other military populations, and to measure the impact and mix of WWP services and programs. The survey is NOT intended to measure the impact of individual WWP programs. WWP will use the data to determine how it can better serve its members.

SURVEY CONTENT. The survey measures a series of outcome domains within the following general topics about WWP Alumni: Background Information (military experiences and demographic data), Physical and Mental Well-Being, and Economic Empowerment.

SURVEY ADMINISTRATION. The survey was fielded via the web to 3,461 Alumni in WWP's member database from February 5 to March 22, 2010. Email communications included a prenotification message, a survey invitation, and five weekly thank you/reminder messages. In addition, from March 8 to March 14, telephone interviewers attempted to call 2,604 nonrespondents to remind them to complete the survey. The final response rate was 32.4 percent (1,121 respondents).

TOP-LINE FINDINGS

ALUMNI BACKGROUND INFORMATION

SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Most respondents to the 2010 Wounded Warrior Project Survey sustained serious injuries and health problems during their post-September 11 military service. Almost three-fourths are receiving VA disability benefits, and another 12.5 percent have a VA claim pending or on appeal. Nearly one-half have a VA service-connected disability rating of 80 percent or higher.

The most commonly reported injuries and health problems include: Post-traumatic stress disorder - 76.3 percent, other severe physical injuries (other than amputation, spinal cord injury, burns, and visual impairments) - 55.5 percent, and traumatic brain injury - 52.5 percent.

Injuries and health problem were experienced primarily in Iraq (75.9%) and Afghanistan (11.5%). Just over two-thirds were hospitalized because of wounds or other injuries. More than one-third (36.4%) were treated in Walter Reed Army Medical Center. About 40 percent were assigned to a Warrior Transition Unit (WTU) or a Wounded Warrior Battalion (WWB) for treatment. Length of stay in the WTU/WWB ranged from less than 6 months (8.7%) to more than 2 years (21.8%). One-third reported they need the aid and attendance of another person because of their post 9-11

injuries and health problems; among these, nearly one-fourth said they need more than 40 hours of aid per week.

MILITARY PROFILE. Respondents represent all four Services, the Coast Guard, and the National Guard/Reserves. Nearly two-thirds served in the Army (65.5%). Most survey respondents were enlisted service members (88.1%). Two-thirds of them achieved the rank of Sergeant or above. Only 1.4 percent of respondents were never deployed. More than one-third (36.6%) were deployed once, 28.4 percent twice, and 33.6 percent were deployed three or more times. (Some deployments may have included deployments to noncombat areas.) Primary types of current health insurance include Veterans Affairs (58.4%) and other governmental health plans (includes TRICARE/CHAMPUS; 54.5%).

DEMOGRAPHIC PROFILE. Most respondents are male (93.1%), about half (52.2%) are younger than 35 years old, and more than half are currently married (61.1%). Three-fourths are White, 13.5 percent are Hispanic, 7.4 percent are Black or African American, 4.2 percent are American Indian or Alaska Native, 2.3 percent are Asian, and 0.4 percent are Native Hawaiian or other Pacific Islander. One-fourth live in the South Atlantic region, with the others broadly distributed across the remaining states.

EDUCATIONAL ATTAINMENT. A relatively high percentage of respondents reported having an associate degree (11.7%) or some college credit but no degree (45.0%), but only 20.9 percent have a bachelor's degree or higher.

EMPLOYMENT STATUS. Not quite half of the respondents are employed (46.6%). Among those who said they were unemployed or not in the labor force, just over one-fifth said they could have accepted a job in the previous week or returned to one if recalled. Three-fifths of those who were not in the labor force said they could not accept such offers for work in the previous week because of their disabilities. The remaining one-fifth said they could not accept a job or return to work if recalled because of other reasons, such as being in school or a full-time homemaker.

PHYSICAL AND MENTAL WELL-BEING

HEALTH AND DAILY ACTIVITIES. Respondents' reports on their health and how their health problems limit their activities reflect their daily challenges. Their assessments of their own health varied, but nearly half rated their health as fair or poor:

- Excellent - 4.7 percent
- Very good - 11.4 percent
- Good - 32.0 percent
- Fair - 37.7 percent
- Poor - 14.2 percent

About 6 of 10 respondents said their health limits them a lot regarding vigorous activities, and more than 40 percent are limited a little for three types of activities: moderate activities; bending, kneeling, or stooping; and lifting or carrying groceries. Slightly more than two-thirds can bathe or dress themselves.

HOW THEY HAVE BEEN FEELING. Many respondents' military experiences are still affecting them in seriously adverse ways. They reported on problems they experienced during the 2 weeks prior to the survey. Among the findings:

- Almost half (46%) said they either had trouble falling or staying asleep or they slept too much nearly every day.
- One-third said they felt tired or had little energy nearly every day.
- Four out of 10 said that more than half the days or nearly every day they felt bad about themselves—or felt that they were a failure or had let themselves or their family down.
- Again, for more than half the days or nearly every day, about 45 percent had little interest or pleasure in doing things; 39 percent said they felt down, depressed, or hopeless; half had either a poor appetite or overate; and just over half said they had trouble concentrating on things such as reading the newspaper or watching television.

In addition, many respondents said they had a military experience that was so frightening, horrible, or upsetting that they had not been able to escape from memories or the effects of it.

HEALTH-RELATED MATTERS. Respondents reported on the use of alcoholic beverages, smoking, and the importance of a healthy diet:

- About three-fourths either do not drink alcoholic beverages at all or do so less than 4 times a month. Just over one-fourth said they have at least 2 or more alcoholic beverages a week.
- About one-fourth of the drinkers, though, said they used more alcohol than they meant to in the past 4 weeks.
- About one-third of the respondents smoke cigarettes, just over one-fifth said they use smokeless tobacco products, about 17 percent use cigars, and about 4 percent smoke pipes.
- About 8 of 10 respondents said it is moderately important or very important to maintain a healthy diet and good nutrition.
- The average height and weight of respondents who reported that information is 5'10" and 205 pounds. The average BMI index is 29.9, at the high end of being overweight. Forty percent have a BMI in the obese range (30.0 or higher). The highest obesity rating is 49.9.

As noted earlier, respondents have sustained physical injuries that limit their physical activity and the amount of exercise they can do. Nearly 60 percent said they do moderate-intensity physical activity or exercise less than 3 days a week, including 41.1 percent who do so less than once a week.

Sleep is a problem for many respondents. During the 4 weeks prior to the survey:

- Fewer than one-fourth (22.8%) said they got enough sleep to feel rested upon waking in the morning a good bit of the time, most of the time, or all of the time.
- A similar low percentage (23.6%) said they got the amount of sleep they needed at least a good bit of the time.

HEALTH CARE SERVICES. Many respondents have on-going needs for health care services, but sometimes have difficulty getting services. When asked if they had difficulty getting mental health care, or put off getting such care, or did not get the care they needed, about one-third of

respondents said yes. The most commonly reported reasons they selected from a list provided in the survey were:

- Inconsistent treatment or lapses in treatment – 28.8 percent
- Did not feel comfortable with existing resources within the DoD or VA – 25.8 percent
- Other reasons – 32.7 percent

The top three resources and tools used since deployment for addressing their mental health concerns were:

- VA Medical Center – 60.6 percent
- Talking with another OEF/OIF veteran – 58.0 percent (considered by about 25 percent to be the most effective in helping them)
- Prescription medicine – 49.5 percent

SOCIAL SUPPORT. On a more positive note, the majority of respondents perceive their current relationships to be strong. Seventy percent or more of the respondents gave positive answers to 8 of 10 statements about their current relationships with friends, family members, co-workers, community members, and others. The three statements with the highest positive scores were:

- There are people I can depend on to help me if I really need it – 87.3 percent agreed or strongly agreed.
- There is a trustworthy person I could turn to for advice if I were having problems – 84.2 percent agreed or strongly agreed.
- If something went wrong, no one would come to my assistance – 82.0 percent disagreed or strongly disagreed.

CURRENT ATTITUDES. Two survey questions addressed current attitudes about resilience in the face of changes or hardships. A majority of respondents answered positively:

- About 56 percent said it is often true or true nearly all the time that they are able to adapt when changes occur.
- A similar percentage said that is often true or true nearly all the time that they tend to bounce back after illness, injury, or other hardships.

A third question asked respondents to assess the extent to which 13 statements are true in describing their feelings now. Half or more answered positively for 10 of the 13 statements.

ECONOMIC EMPOWERMENT

The survey data indicate many employment and education challenges for WWP Alumni in strengthening their economic situations. The data also indicate that lowering debt levels and increasing personal savings will be additional challenges for many of them. Most have not experienced recent improvements in their financial situations; in fact, about a third feel they are worse off than a year ago. But the data also show ways in which some respondents are addressing those challenges.

PURSUING MORE EDUCATION. As noted earlier, almost 80 percent of the respondents to the survey have less than a bachelor's degree. But about a third of respondents are now enrolled in school—two-thirds of the enrollees are pursuing a bachelor's degree or higher; about 19 percent, an associate degree; and about 4 percent, business, technical, or vocational school training leading to a certificate or diploma.

The two primary benefits they are using to finance their educational pursuits are the Post 9-11 GI Bill (used by about 38%) and the VA's Vocational Rehabilitation and Employment Program (VR&E; used by about 37%). Of the 131 respondents using the VR&E benefit, nearly 6 in 10 are using Employment Through Long Term Services – Training/Education.

EMPLOYMENT INFORMATION. Fewer than half the respondents are currently employed for pay or profit: 41.5 percent are employed full-time and 5.1 percent, part-time. Among those who are employed, the median income is \$800/wk for full-time employees and \$200/wk for part-time employees. Average hours worked is 39 hr/wk for full-time employees and 25 hr/wk for part-time employees.

Respondents reported working in many different industries, but the highest proportions work for the military (32.9%), the federal government (21.4%), and state and local government (8.6%).

JOB SATISFACTION. Full-time employees are more satisfied with their employment than are part-time employees. About 60 percent of full-time employed respondents are satisfied, very satisfied, or totally satisfied with their jobs, compared with about 35 percent of part-time employees.

BARRIERS TO EMPLOYMENT. Respondents reported many factors for why it is difficult for them to obtain employment or change jobs. The top 6 of 17 possible factors listed in the survey were:

- Not physically capable – 29.1 percent
- Not qualified – lack education – 26.8 percent
- Other reasons – 25.2 percent
- Pursuing an education – 25.1 percent
- Not enough pay – 19.8 percent
- No one will hire me because of my injury or disability – 19.6 percent

PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP). To improve their opportunities for employment and better jobs, some respondents have participated in various programs providing employment-related assistance—for example, almost one-third of the

respondents participated in TAP; 4.6 percent cited the Department of Labor Employment Workshop as the most beneficial component in assisting them with their transition to work or school. About 38 percent said the Veterans Benefit Overview was the most beneficial component of TAP.

INCOME. Respondents reported on income they received from work (a category including wages, salary, bonuses, overtime, tips, commissions, profit, second jobs), military reserves, and rent from roomers or boarders. During the past 12 months, 14.7 percent of them received \$20,000 to \$24,999 from those sources of income, with half of the remaining respondents earning less than that amount and the other half earning more. For 40.3 percent of the respondents, reported income from those sources was less than \$10,000.

Respondents also reported on money received in the last 12 months from various benefit, cash assistance, and disability programs. Nearly 30 percent received \$20,000 or more in income from these sources.

DEBT. Excluding mortgage debt on primary residence, the total amount of outstanding debt currently held by respondents ranges from none (4.3%) to \$20,000 or more (42.9%). Car loans and credit card debt are the most common forms of debt, followed by home loans/mortgage debt and other household debt.

CURRENT LIVING ARRANGEMENT. About one-half of respondents currently own their own homes, with an outstanding mortgage. About one-third rent their homes.

OVERALL ASSESSMENT OF FINANCIAL STATUS. Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago. Slightly more than 1 in 5 respondents said it is better now:

- Same – 37.0 percent
- Worse – 36.6 percent
- Better now – 21.8 percent
- Don't know – 4.6 percent

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WOUNDED WARRIOR PROJECT

Wounded Warrior Project (WWP) plays an important role in improving the lives of severely injured service members through efforts to increase public awareness about this population's needs, to bring about legislative and policy changes to address those needs, and to augment the services available to them through the Department of Defense (DoD), the Veterans Administration (VA), and other agencies. WWP offers many services, including benefits counseling, support for caregivers, coping services such as post-traumatic stress disorder seminars, peer mentoring, and career guidance. WWP also administers the Transition Training Academy, which provides wounded warriors with the necessary training to transition into IT careers in the civilian work force. WWP's work in the legislative arena led to the creation of the Traumatic Injury Protection program, which provides much-needed financial support for severely injured service members. The ultimate goal of the WWP is to foster the most well-adjusted generation of American warriors by supporting their mental health, promoting their physical health, and encouraging their economic empowerment.

2010 WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

WWP maintains a database of wounded warriors registered as WWP Alumni. WWP designed its survey to assess current Alumni demographics, mental and physical well-being, and economic empowerment across a number of outcome domains. WWP plans to conduct this survey annually over 5 years to first establish baseline data on its Alumni membership and then to identify trends among WWP Alumni and compare their outcomes with those of other military populations. The survey is NOT intended to measure the impact of individual WWP programs.

SURVEY DEVELOPMENT AND CONTENT

DEVELOPMENT PROCESS. WWP worked with RAND to develop the outcome domains and survey items. Westat appraised the draft survey to identify potential problems for respondents in understanding and answering the questions, and WWP subsequently approved various revisions to the questionnaire. WWP then recruited four of its Alumni and one caregiver for a WWP member to participate in cognitive interviews to pretest selected items from the revised draft survey. Experienced cognitive interviewers at Westat conducted the interviews (three in-person interviews at WWP's Washington, DC, offices and two telephone interviews). WWP and a RAND representative discussed the interview findings and recommendations during a conference call with Westat, and WWP decided on final changes to the survey.

SURVEY CONTENT. The survey measures a series of outcome domains related to the following general topics:

- Background Information about WWP Alumni
- Physical and Mental Well-Being
- Economic Empowerment

WEB INSTRUMENT. Westat used WebSurveyor (Enterprise Feedback Management) to program the web survey. Project team members tested the web instrument across two platforms, multiple browsers/browser versions, and screen resolutions and designed the survey to meet 508 accessibility standards.

SURVEY ADMINISTRATION

Westat administered the survey to 3,464 Alumni in WWP's member database. Data collection continued for about 6 weeks, from February 5 to March 22, 2010. Most communications with the wounded warriors were via email and included a prenotification message, a survey invitation, and five thank you/reminder messages that were sent weekly to survey nonrespondents (see Appendix A for copies of the email communications).

In addition to the email communications, from March 8 to March 14, Westat telephone interviewers attempted to call 2,604 nonrespondents to remind them to complete the survey. Westat's WWP Survey Help Center provided technical assistance to sample members throughout data collection. The final response rate was 32.4 percent (1,121 respondents among the 3,464 eligible Alumni in the survey population). Appendix B includes more details on survey methods and administration.

CAREGIVER ASSISTANCE WITH SURVEY. Ninety-eight caregivers (10.4%) helped responding Alumni to complete the survey, and 12 caregivers (1.3%) completed the survey themselves. Caregivers included primarily spouses (65.1%) but also parents (19.3%), sons/daughters (6.4%), significant others (5.5%), siblings (1.8%), and a friend. Of 98 caregivers who assisted a wounded warrior, 62 read the questions, 43 entered the warriors' answers, and 55 helped in some other way. More than two-thirds of the caregivers (68.9%) assisted with about half or more of the survey questions.

REPORTED DATA

WWP SURVEY. The percentages provided in the findings section of this report are unweighted data reflecting the responses from the 1,121 Alumni whose surveys were included in the analytic data set (the data set includes all submitted surveys as well as additional surveys in which at least the first 35 questions were completed). Also, the percentages were calculated by removing missing responses from the denominators. Denominators thus vary across questions because not all questions were answered by all respondents in the analytic data set (because of both missing data and programmed skips in the questionnaire).

U. S. BUREAU OF LABOR STATISTICS COMPARISON DATA. The U. S. Bureau of Labor Statistics (BLS) collects data on veterans as part of the Current Population Survey (CPS)—a monthly survey of about 60,000 households—as well as through a monthly supplement on special topics, such as veterans with disabilities. Prior supplements were administered every 2 years, but as of 2010, the supplement will be administered annually (in July in 2010 and in August in the following years). Veterans are identified by their service period in the BLS data and reports. In various sections of this report, we include 2009 BLS data on Gulf War-era II veterans—defined as those who have served in the military since September 2001—as well as some BLS comparison data for Gulf War-era I veterans (served August 1990–August 2001), all veterans, and nonveterans. Veterans who served in more than one service period are classified in the most recent one. Various BLS presentations and reports on veterans are cited in the References in this report.

We also include BLS data on employment statistics for persons with and without a disability in the civilian noninstitutional population, ages 16–64.

COMPARISON DATA FOR PHYSICAL AND MENTAL HEALTH SCALE SCORES. The primary sources of comparison data on physical and mental health status cited in this report are publications related to RAND's Invisible Wounds of War study (the study population included returning service members from Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]), the Department of Defense Millennium Cohort (MC) study (the initial Cohort population included U.S. service members, many of whom had never been deployed), and the Post-Deployment Health Assessment/Reassessment (PDHA/PHDRA) study (study population results are reported for Army soldiers who had served in the Iraq War or been deployed to other locations). Other sources of comparison data are cited as well.

RAND provided information on the scales used in the WWP survey, including instructions or code for calculating scores, and provided information on sources of comparison data. Caveats are sometimes included in the discussion of scale results to emphasize differences between the scales used in the WWP survey and corresponding scales in the other studies. Citations and references are included for sources of comparative data, which also provide information about study populations and sampling/research methods.

ORGANIZATION OF REPORT FINDINGS

The remainder of this report contains the survey results. The results for survey respondents are presented as follows:

Overall Alumni Background Information

- Demographic Profile
- Military Service Experiences
- Offenses/Convictions Since First Deployment
- Internet Use

Physical and Mental Well-Being

- Health and Daily Activities
- How Have You Been Feeling?
- Health-Related Matters
- Health Care Services
- Social Support

Economic Empowerment

- Education
- Employment Status
- Participation in the Transition Assistance Program
- Income
- Debt
- Current Living Arrangement
- Financial Accounts
- Overall Assessment of Financial Status

The report closes with an overall summary of findings and conclusions. Report appendixes include:

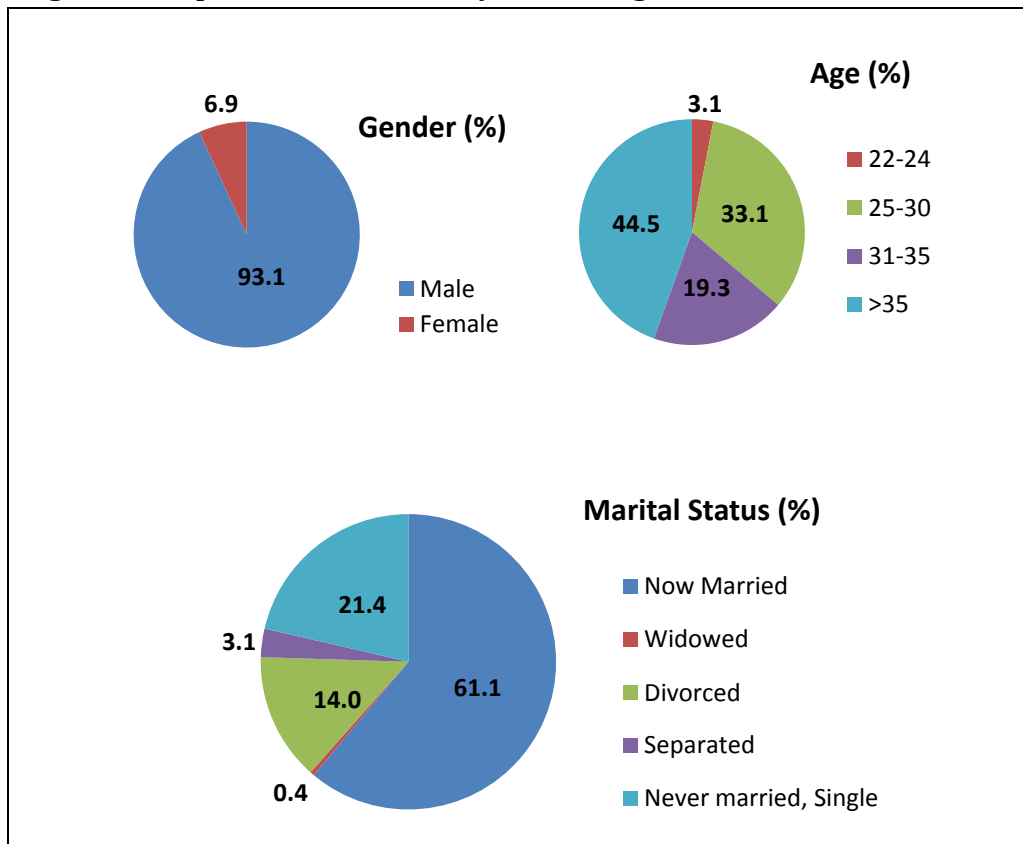
- Appendix A: Copies of Email Communications
- Appendix B: Survey Methods Details

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. Most survey respondents are male (93.1%); their mean age is 36 years, with 36.2 percent younger than 31 and 52.2 percent younger than 35; 61.1 percent are currently married, while 21.4 percent are single (Figure 1). Among the 17.1 percent who are divorced or currently separated ($n = 91$), about three-fourths (76.6%) said they became legally separated or divorced from their spouses after deployment.

Figure 1. Respondent Breakouts by Gender, Age, and Marital Status



BLS, Current Population Survey, Annual Averages 2009

Gulf War era II veterans: Served since September 2001

- 82 percent are male
- 65 percent are younger than 35 years old

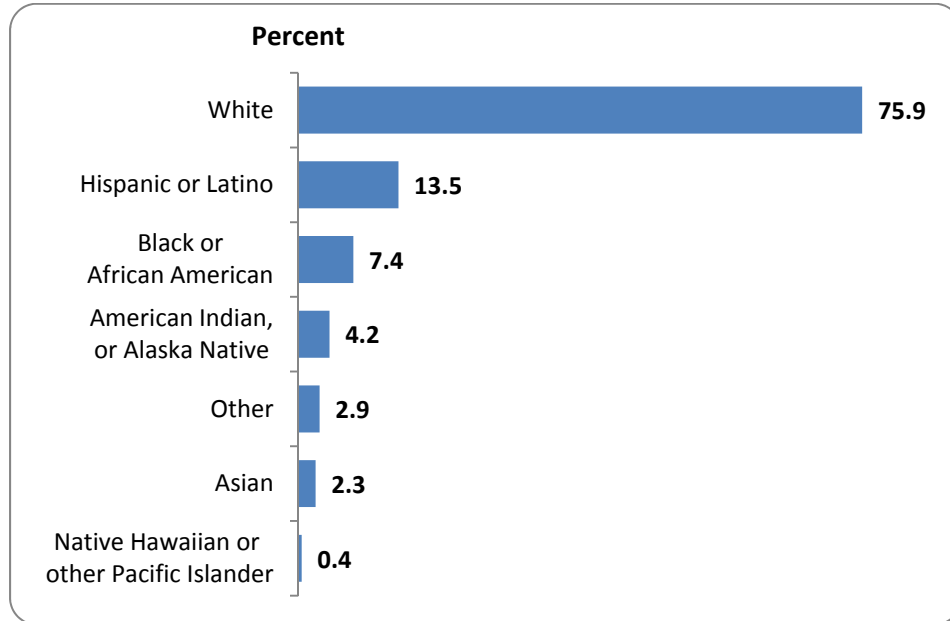
Gulf War era I veterans: Last served August 1990 to August 2001

- 85 percent are male
- 35 percent are younger than 35 years old

Source: <http://www.bls.gov/news.release/vet.nr0.htm>

RACE. Most respondents are White (75.9%; Figure 2). Sixty-two respondents (6%) checked more than one race/ethnic category.

Figure 2. Respondent Breakout by Race/Hispanic Ethnicity



Note: Percentages do not sum to 100% because respondents could mark more than one race/ethnicity category.

BLS, Current Population Survey, Annual Averages 2009

Gulf War-era II veterans: Served since September 2001

- 79 percent—White
- 15 percent—Black
- 10 percent—Hispanic

Gulf War era I veterans: Last served August 1990 to August 2001

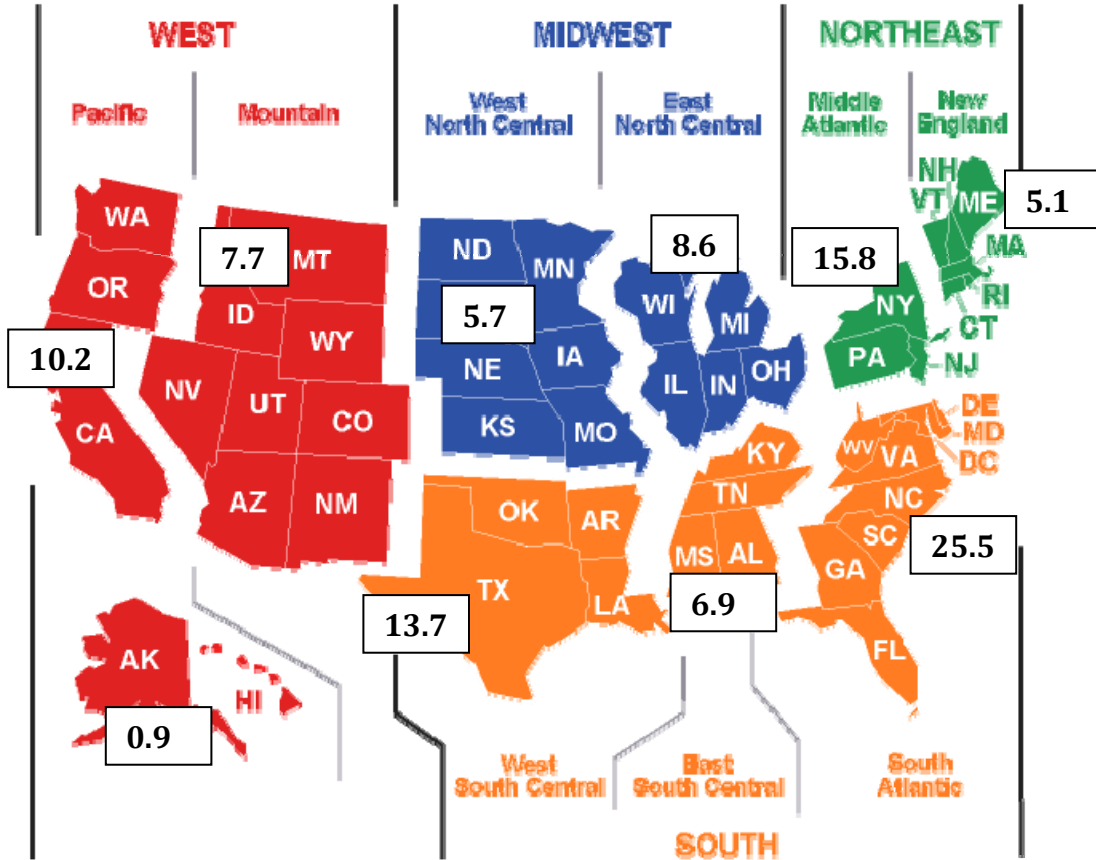
- 80 percent—White
- 16 percent—Black
- 9 percent—Hispanic

Note: Persons whose ethnicity is identified as Hispanic or Latino could be of any race.

Source: Table 1 (<http://www.bls.gov/news.release/vet.t01.htm>)

GEOGRAPHIC RESIDENCE. Respondents live across the United States, with the highest proportion in the South Atlantic states (25.5%). The regions shown in Figure 3 are the 10 Census regions (this map crosswalks to the map/regions in the WWP strategic plan except for one state—Montana).

Figure 3. Regional Distribution (%) of WWP Survey Respondents



The 10 states with the highest numbers of WWP survey respondents are presented in Table 1. More than half of the respondents (55.9%) live in these 10 states.

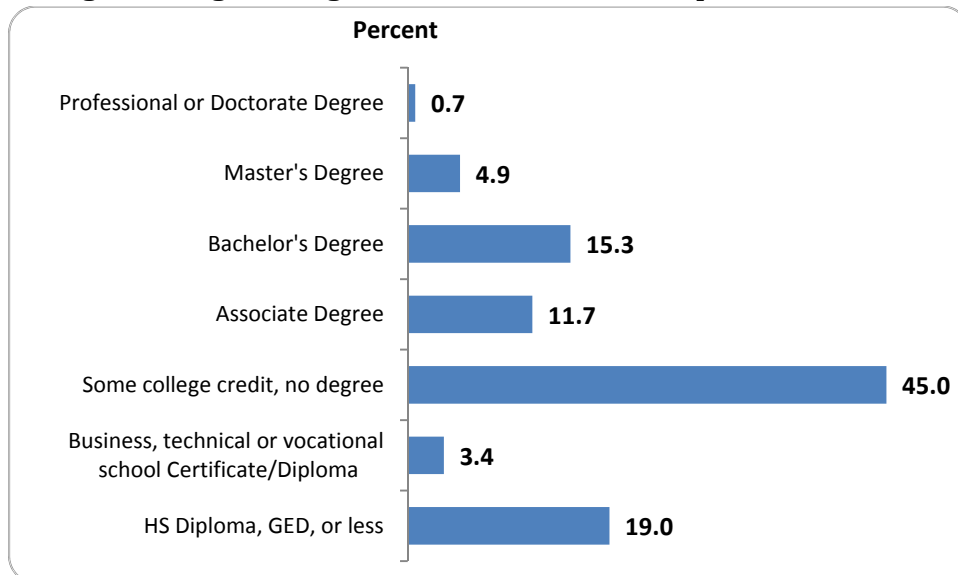
Table 1. Top 10 States With WWP Survey Respondents

State	Count
Texas	108
Florida	91
New York	88
California	77
Virginia	57
North Carolina	52
Pennsylvania	48
New Jersey	39
Georgia	35
Tennessee	32

EDUCATION. Current level of educational attainment varies among the warrior respondents (Figure 4):

- 20.9 percent have a bachelor’s degree or higher,
- 56.7 percent have an associate degree or some college, and
- 22.4 percent have no college credit (but 3.4% of these have a business, technical, or vocational school certificate/diploma)

Figure 4. Highest Degree or Level of School Completed



BLS, Current Population Survey, Annual Averages 2009

Gulf War-era II veterans: Served since September 2001

- 23.4 percent—college degree or higher (nonveterans: 27.2%)
- 45.9 percent—an associate degree or some college (nonveterans: 27.6%)
- 30.7 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 45.1%)

Gulf War-era II veterans, 25 to 34 years old

- 19 percent—college degree (nonveterans: 33 percent)*
*This college graduation gap nearly disappears in the 35 to 44 age group.” (Rones, P., April 15, 2010:
http://www.bls.gov/cps/statement_veterans_apr2010.pdf)

Gulf War-era I veterans: Last served August 1990 to August 2001

- 29.1 percent—college degree or higher
- 41.4 percent—an associate degree or some college
- 28.0 percent—no college credit—had a high school diploma, GED, or less

Source: <http://www.bls.gov/spotlight/2010/veterans>

EMPLOYMENT STATUS/VOLUNTEER ACTIVITIES. Among 1,102 warriors answering about current employment status, 46.6 percent reported they are employed: 41.5 percent full-time and 5.1 percent part-time. More than half (589; 53.4%) reported they are either unemployed or not in the labor force. One hundred thirty-three of the 1,102 respondents (12.1 percent) are not currently employed but are looking for work and could have accepted a job in the previous week. (Those 12.1 percent represent a proxy for the unemployed among WWP respondents – the questions in the WWP survey do not match those used by BLS in the Current Population Survey. Thus, comparisons between the WWP respondents with the BLS unemployment rates included in this report should be interpreted with caution.) More than one-third of the respondents currently participate in unpaid volunteer activities in their communities (34.9%).

BLS, Current Population Survey

Annual Averages 2009 (Civilian noninstitutional population, 18 years and over)

Gulf War era II veterans: Served since September 2001

- 83.5 percent—labor force participation rate
- 10.2 percent—unemployed
 - 21.1 percent—unemployment rate for those 18–24 years old
 - 10.6 percent—unemployment rate for those 25–34 years old

Gulf War era I veterans: Served August 1990 - August 2001

- 87.7 percent—labor force participation rate
- 7.6 percent—unemployed

Source: BLS, March 2010, USDL-10-0285: <http://www.bls.gov/news.release/pdf/vet.pdf>

Gulf War era II veterans with disabilities (about 21 percent reported having a Service-connected disability)

- 80.5—labor participation rate (without disabilities: 87.2%)
- 11.8 percent—unemployed (not statistically different from the rate for veterans without disabilities—12.7%)

Gulf War era I veterans with disabilities (about 18 percent reported having a Service-connected disability)

- 77.8 percent labor participation rate (without disabilities: 92.8%)
- 9.3 percent—unemployed (not statistically different from the rate for nondisabled veterans—8.1%)

Sources: August 2009 Veterans Supplement (BLS, March 2010, USDL-10-0285);

http://www.bls.gov/opub/ted/2010/ted_20100317.htm

BLS, Current Population Survey – Veterans/Civilians – Disability Data

Proportion of ALL veterans who served since 1990 who were employed by service-connected disability status (denominator = civilian noninstitutional population; about 13 percent of all veterans serving since 1990 reported having a service-connected disability)

- Overall , for veterans with a reported disability: 70.7 percent
 - Less than 30 percent disabled: 77.3 percent
 - 30 to 50 percent disabled: 75.7 percent
 - 60 percent disabled or higher: 55.8 percent
- Not disabled: 81.9 percent

Source: August 2009 Veterans Supplement (<http://www.bls.gov/cps/demographics.htm#vets>)–Click on BLS Deputy Commissioner’s Statement on Veterans’ Employment (April 2010) ([PDF](#)) ([Slides, including charts](#))

Proportion of Gulf War era II veterans who were employed, by service-connected disability status (denominator = civilian noninstitutional population; about 21 percent of Gulf War era II veterans reported having a service-connected disability)

- Overall, for veterans with a disability: 71.0 percent
 - Less than 30 percent disabled: 77.9 percent
 - 30 to 50 percent disabled: 76.3 percent
 - 60 percent disabled or higher: 64.1 percent
- Not disabled: 76.1 percent

Proportion of Gulf War era I veterans in the civilian noninstitutional population who were employed, by service-connected disability status (denominator = civilian noninstitutional population; about 18 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 70.5 percent
 - Less than 30 percent disabled: 77.0 percent
 - 30 to 50 percent disabled: 74.9 percent
 - 60 percent disabled or higher: 48.6 percent
- Not disabled: 85.3 percent

Source: Table 5 (<http://www.bls.gov/news.release/vet.nr0.htm>)

Civilian noninstitutional population, 16 years and over (May 2010)

Persons with a disability:

- Employment-population ratio = 19.1 percent
- Unemployment rate = 14.7 percent

Persons without a disability:

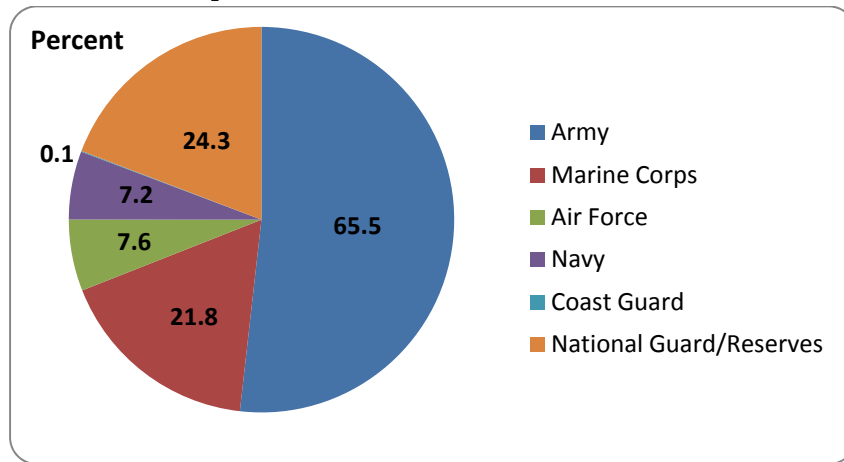
- Employment-population ratio = 63.7 percent
- Unemployment rate = 9.1 percent

Source: Table A-6 (<http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t06.htm>)

MILITARY SERVICE EXPERIENCES

SERVICE BRANCH. Figure 5 shows the distribution of survey respondents across Service branches and National Guard/Reserves. Approximately two-thirds (65.5%) of the respondents have served in the Army, and 21.8 percent are Marines. Almost one of four respondents (24.3%) have served in the Reserve Component. About 23 percent of respondents ($n = 258$) have served in more than one branch or component.

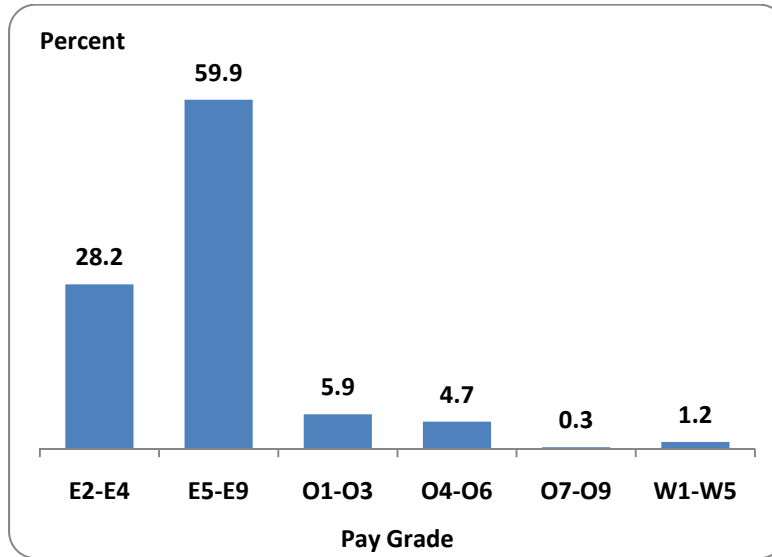
Figure 5. Distribution of Respondents by Service Branch or Reserve Component



Note: Percentages do not sum to 100% because respondents could mark more than one Service branch/Reserve Component.

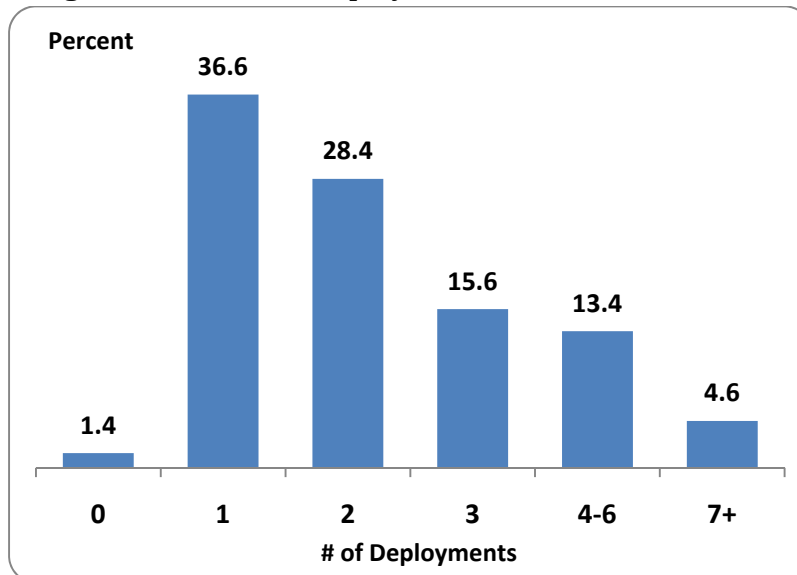
HIGHEST PAY GRADE. Enlisted personnel make up 88.1 percent of WWP survey respondents, and two-thirds of them have achieved the rank of Sergeant or above (E5-E9; Figure 6). Approximately 11 percent of the respondents are commissioned officers, and 1.2 percent are warrant officers.

Figure 6. Highest Pay Grade Attained



TOTAL NUMBER OF DEPLOYMENTS. Nearly two-thirds (65.0%) of responding Alumni have deployed once or twice, and less than 2 percent have never deployed (Figure 7). Please note that the survey question does not specifically ask about post 9-11 **combat** deployments. Thus, responses most likely reflect training deployments as well as other worldwide deployments in addition to those in support of OIF/OEF.

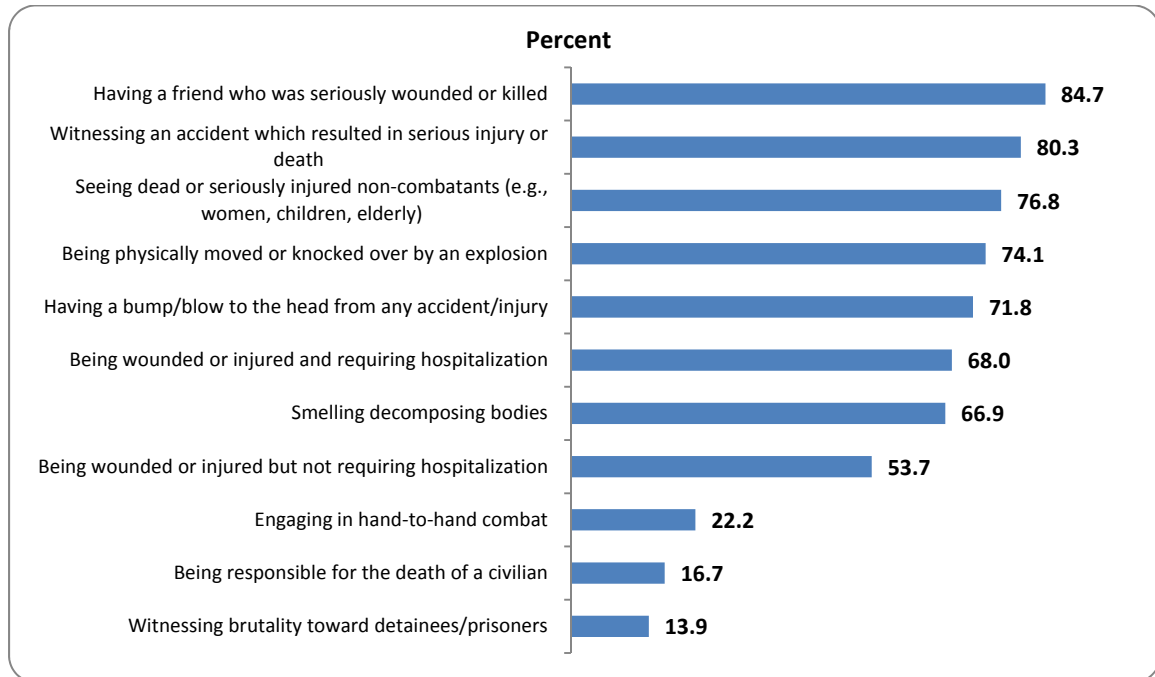
Figure 7. Number of Deployments



EXPERIENCES DURING DEPLOYMENT. After September 11, 2001, deployed respondents experienced or witnessed many of the harsh realities of war-time service. Among those

reporting they had experienced/witnessed at least one of the situations described in Figure 8 (97.1%: $n = 1,088$), more than half (62.3%) had experienced six or more of the situations. More than two-thirds of all respondents (68.0%) were hospitalized because of wounds or other injuries.

Figure 8. Experiences During Post 9-11 Deployments



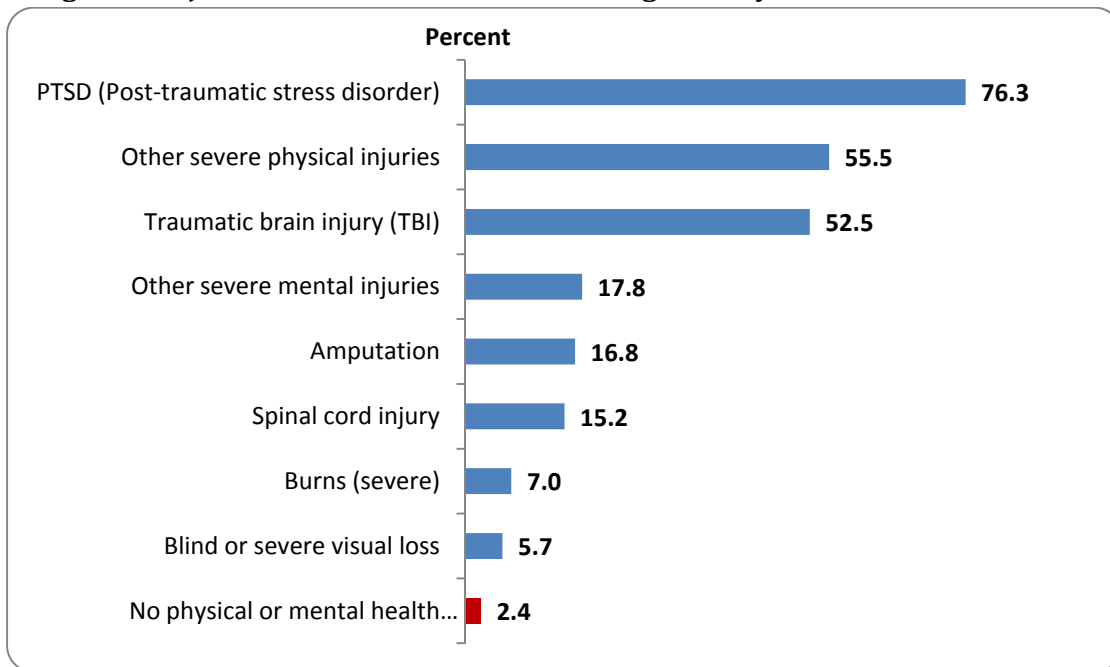
RAND's Invisible Wounds study administered the same trauma exposure items to service members returning from OEF and OIF, although the wording in a few items was changed slightly in the WWP survey. Any differences in results attributable to the wording changes are likely to be minor. Weighted results from the Invisible Wounds study are presented below (Schell & Marshall, 2008):

- Having a friend who was seriously wounded or killed – 49.6 percent
- Witnessing an accident resulting in serious injury or death – 45.0 percent
- Seeing dead or seriously injured noncombatants – 45.2 percent
- Being physically moved or knocked over by an explosion – 22.9 percent
- Having a blow to the head from any accident or injury – 18.1 percent
- Being injured, requiring hospitalization – 10.7 percent
- Smelling decomposing bodies – 37.0 percent
- Being injured, not requiring hospitalization – 22.8 percent
- Engaging in hand-to-hand combat – 9.5 percent
- Being responsible for the death of a civilian – 5.2 percent
- Witnessing brutality toward detainees/prisoners – 5.3 percent

The percentages of WWP respondents reporting trauma exposures are notably higher than the percentages reported in the Invisible Wounds study.

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. Just over three-fourths of the respondents reported they experienced post-traumatic-stress disorder (76.3%) and 52.5 percent reported experiencing traumatic brain injury during their post 9-11 military service (Figure 9). Only 2.4 percent did not experience any physical or mental injuries or health problems.

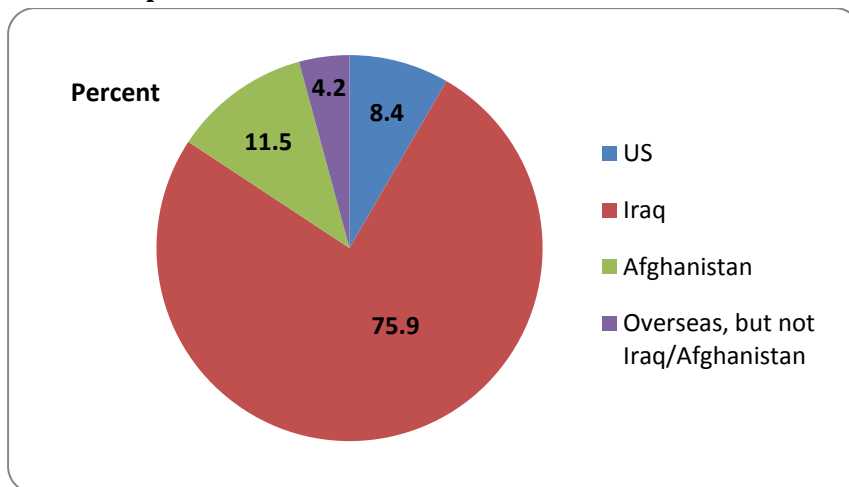
Figure 9. Injuries and Health Problems During Military Service Since 9-11



Among those reporting injuries ($n = 1,081$), multiple injuries were common—for example, 32.2 percent experienced two injuries; 28.0 percent, three injuries; and 12.8 percent, four injuries.

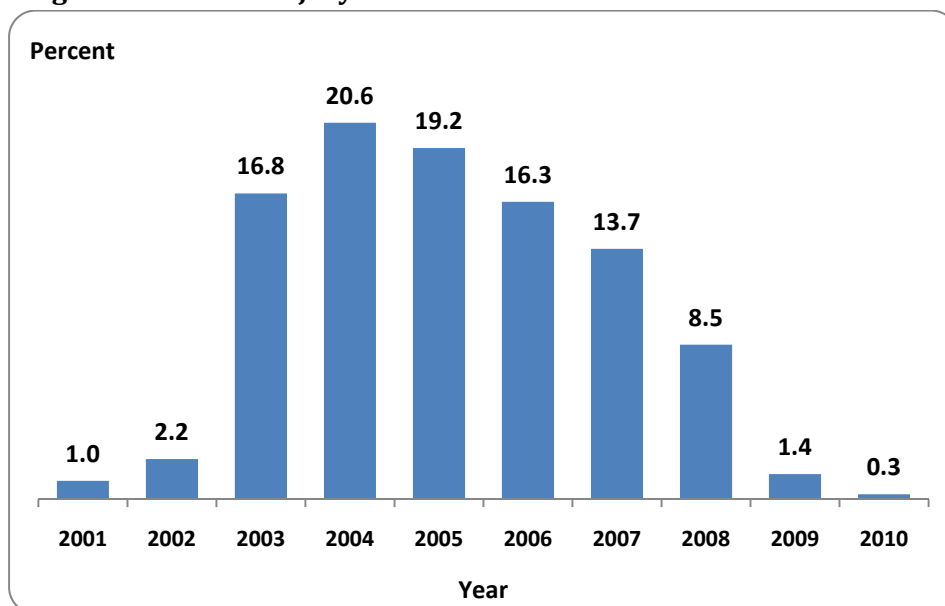
More than three of four respondents reported that their injuries occurred in Iraq (75.9%; Figure 10).

Figure 10. Place Where Injury or Health Problem Was Experienced



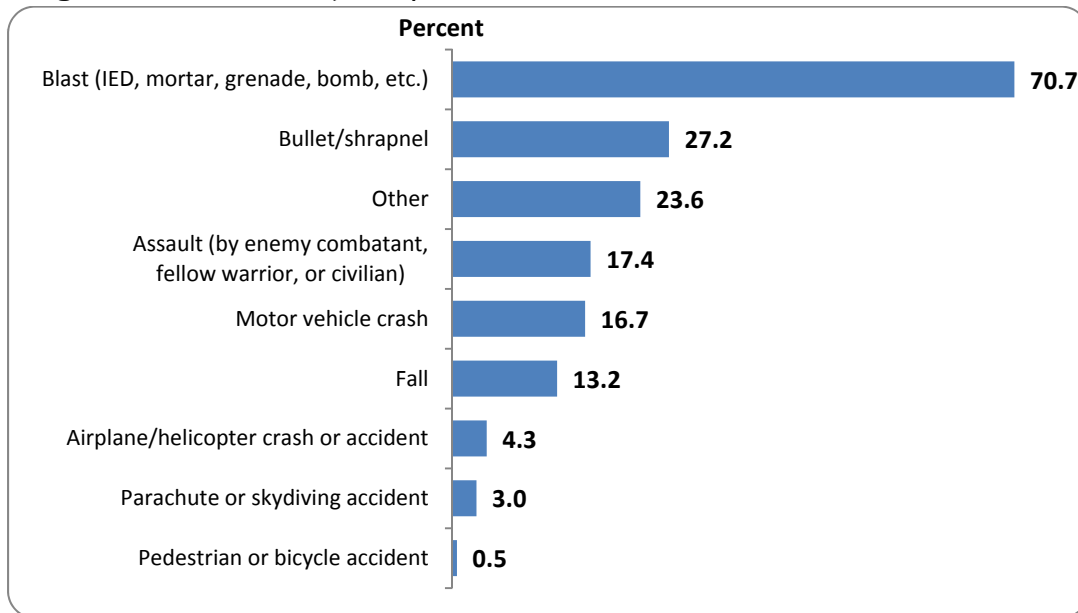
Respondents were asked to specify the year in which they experienced any physical or mental injuries or health problems while serving after September 11, 2001. About 40 percent of respondents (39.8%) cited either 2004 or 2005. The percentage of respondents specifying 2006, 2007, 2008, and 2009 declined steadily (Figure 11).

Figure 11. Year of Injury



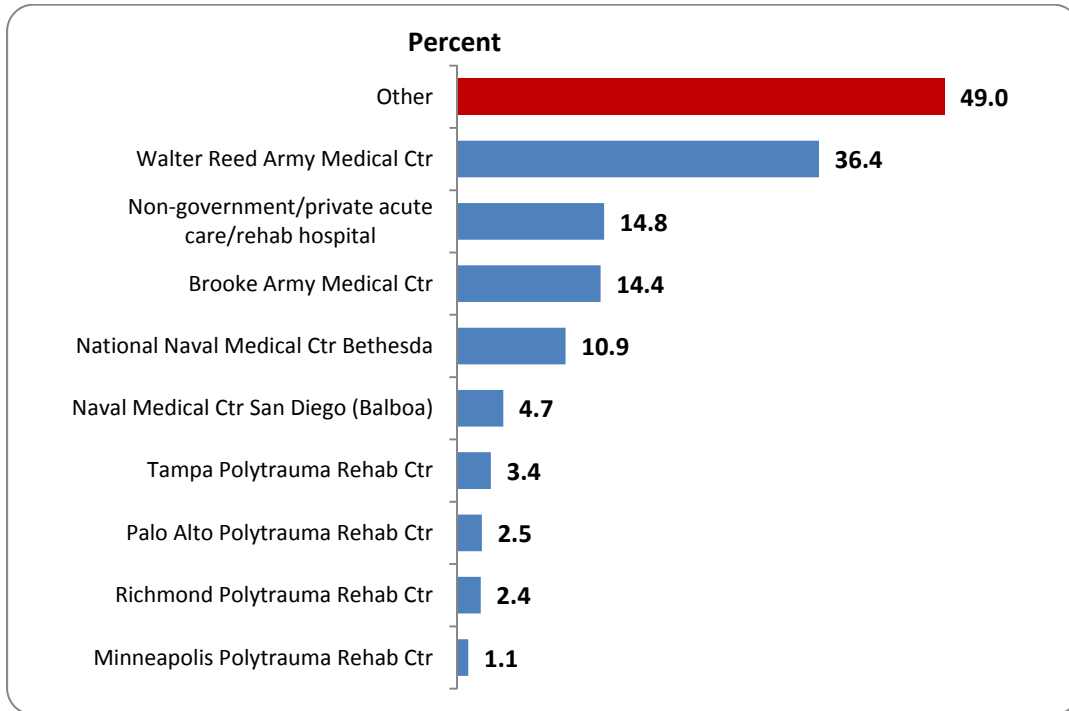
Blasts were the most commonly reported cause of injury/health problems (70.7%), with bullet/shrapnel next in prevalence (27.2%; Figure 12). Among warriors reporting causes ($n = 1,085$), about half (51.8%) reported two or more causes of injuries/health problems.

Figure 12. Causes of Injuries/Health Problems



Nearly four-fifths of the responding Alumni were hospitalized as a result of their injuries (77.8%). Figure 13 shows where the warriors were hospitalized during their care and recovery. Among those who were hospitalized, about 3 in 10 were hospitalized in more than one location (30.5%).

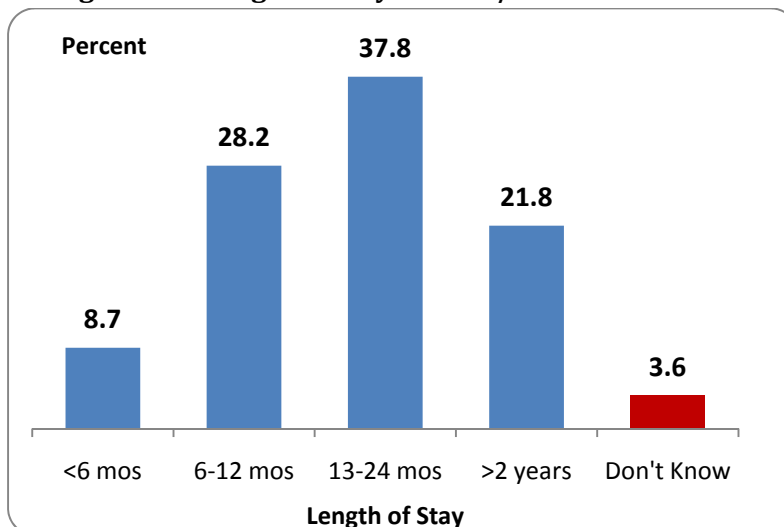
Figure 13. Sites Where Hospitalized



ASSIGNMENT TO A WARRIOR TRANSITION UNIT (WTU) OR A WOUNDED WARRIOR BATTALION (WWB). About 40 percent of the responding Alumni were assigned to a WTU or WWB because of their medical condition. The three WTUs most frequently reported by respondents were Walter Reed Army Medical Center ($n = 54$), Brooke Army Medical Center WTU, ($n = 47$), and Ft. Bragg WTU ($n = 39$).

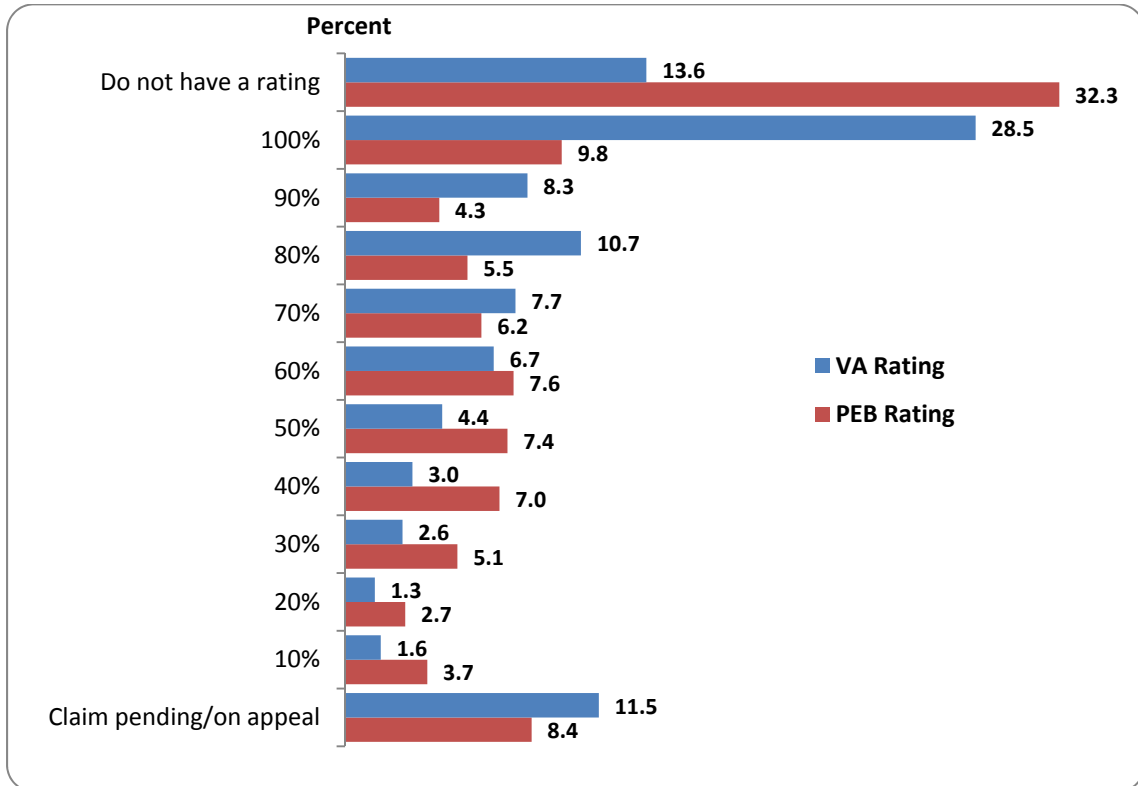
The reported length of WTU/WWB assignments ranged from less than 6 months to more than 2 years (Figure 14). The most commonly reported length was 13 to 24 months (37.8%)

Figure 14. Length of Stay in WTU/WWB



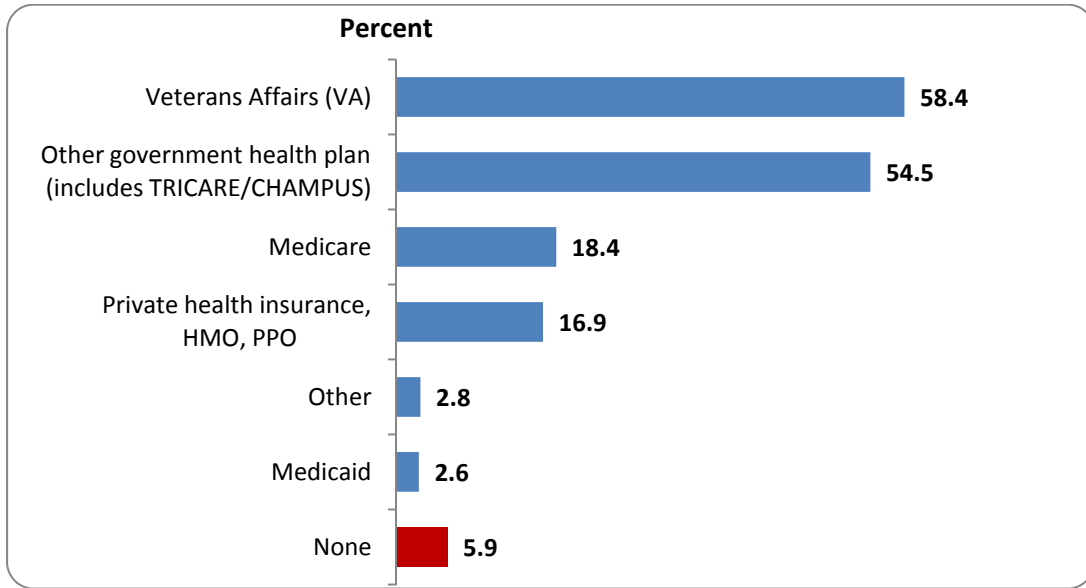
DISABILITY BENEFITS AND RATINGS. Almost three-fourths of the survey respondents are receiving VA benefits (72.1%), and 12.5 percent have a VA claim pending or on appeal. Nearly one-half have a VA service-connected disability rating of 80 percent or higher (47.4%); 28.5 percent reported a rating of 100 percent (Figure 15). More than twice as many warriors do not have a PEB disability rating, compared with a VA rating. PEB ratings tend to be lower than VA ratings; only 19.6 percent of Alumni have a PEB disability rating of 80 percent or higher.

Figure 15. Disability Ratings (VA Service-Connected and Military’s PEB)



TYPE OF HEALTH INSURANCE. The most common types of health insurance among the respondents are VA health insurance (58.4%) and other government health plans such as TRICARE, CHAMPUS, or ChampVA (54.5%; Figure 16). About 6 percent have no health insurance. Among those who do have health insurance ($n = 1,055$), 44.6 percent have two or more types of health insurance.

Figure 16. Current Types of Health Insurance



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. Eight percent of respondents are permanently housebound as a result of injuries or health problems related to their post 9-11 military experience. Alumni were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 2). Two activities that appear to require more assistance than others are managing money and taking medications.

Table 2. Level of Assistance Needed With Daily Activities (Average Week)

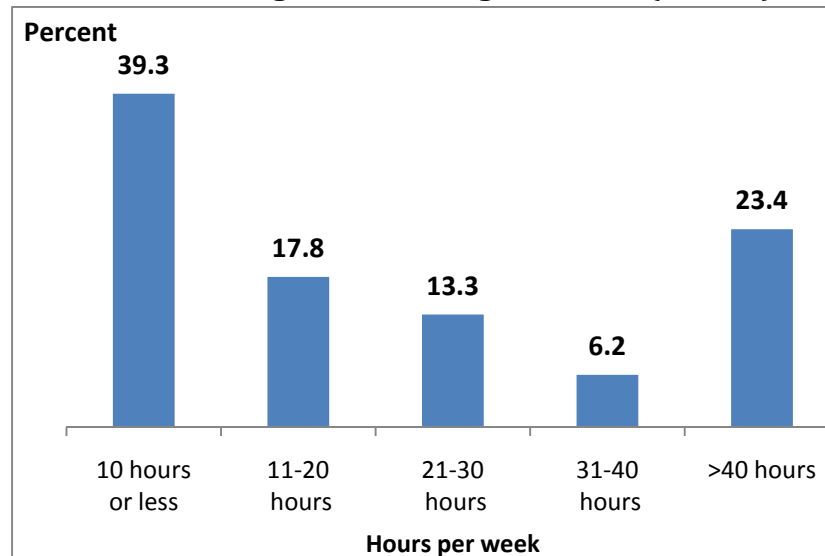
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Bathing	84.2	12.2	3.2	0.5
Eating	91.0	6.0	2.5	0.5
Transferring from a bed or chair	88.5	7.2	3.2	1.2
Using the toilet	91.5	4.5	3.1	0.9
Walking around your home	83.4	11.3	2.5	2.8
Dressing	81.5	15.5	2.8	0.3
Preparing meals	69.2	20.8	6.6	3.4
Managing your money	57.7	23.3	15.7	3.3
Doing household chores	55.3	32.0	7.7	5.0
Using the telephone	90.1	5.8	3.0	1.2
Taking medications properly	61.8	25.6	9.7	3.0

Among those who reported needing assistance, nearly half needed assistance with only one daily activity (48.0%), almost a fourth needed help with two activities (23.4%), and about one-tenth needed help with three activities. Ten warriors reported needing help with all 11 activities (3.9%).

Current level of assistance with daily activities (in an average week) was crossed with year of injury (2001 to 2009). Respondents injured in 2009 currently require more assistance than respondents injured in other years. For the first six activities in Table 2 (bathing, eating, transferring from a bed or chair, using the toilet, walking around your home, and dressing), the percentages of respondents reporting they *can do without assistance* usually ranged from about 80 percent to 95 percent for all listed years of injury except for 2002 and 2009. Among respondents who were injured in 2002, 70.8 percent reported they can do without assistance for dressing and 75.0 percent said the same for walking around the home. Among respondents who were injured in 2009, the percentages reporting they can do without assistance range from 53.8 to 78.6 for all six activities.

In a separate overall question about current need for the aid and attendance of another person because of post 9-11 injuries or health problems, 341 of the respondents (30.6%) said yes, they need such help. Almost 40 percent of this group (39.3%) need the help for 10 or fewer hours per week, on average; however, 23.4 percent need more than 40 hours of aid per week (Figure 17).

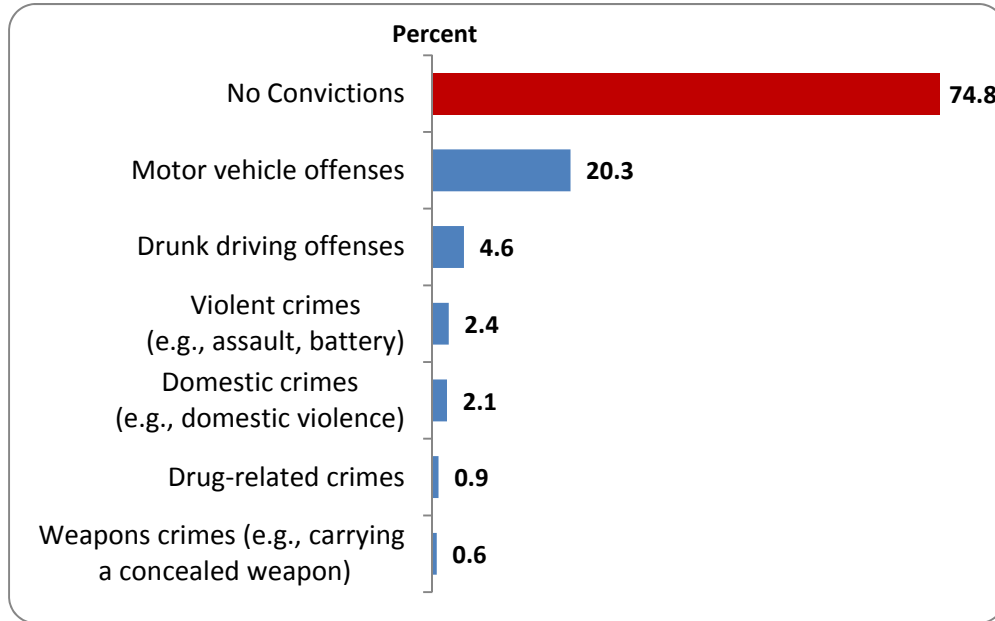
Figure 17. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance (N = 338)



OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

WWP alumni were asked if they have been convicted of six types of offenses/crimes since their first deployment. About three-fourths (74.8%) said they had not been convicted of any of the offenses (Figure 18). One-fifth of respondents overall (20.3%) said they had been convicted of motor vehicle offenses. Of those who reported any conviction ($n = 269$), 79.2 percent reported only one conviction and 16.4 percent reported two convictions.

Figure 18. Convictions Since First Deployment for Offenses/Crimes

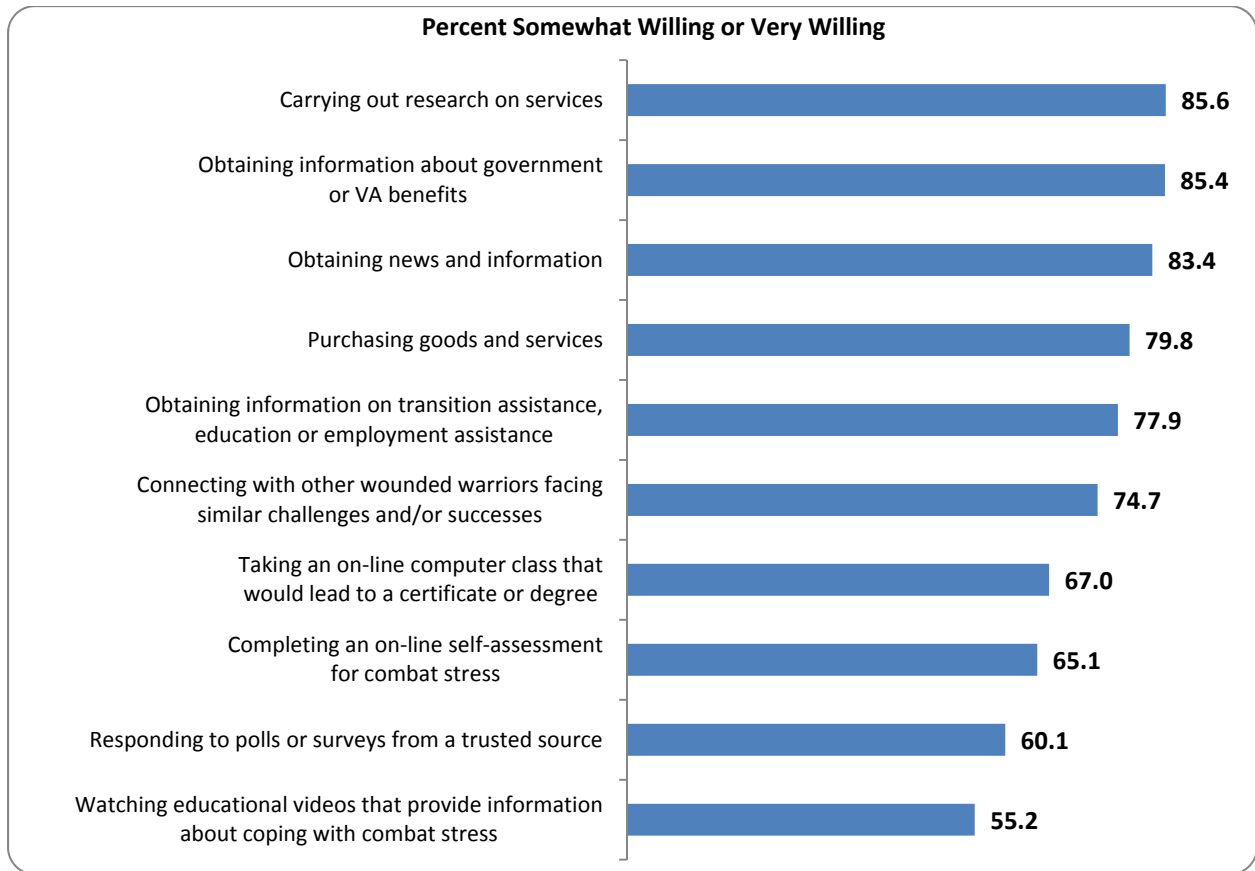


INTERNET USE

The Internet is used by most WWP survey respondents at least occasionally (98.6%); 86.0 percent use it at least once a day, and another 12.6 percent use it at least once a day but not every day. They access the Internet primarily at home (78.7%), via mobile devices (33.7%), and at work (28.5%).

Figure 19 shows the percentage of responding Alumni either *very willing* or *somewhat willing* to use the Internet for the following activities:

Figure 19. Respondents Who Are *Somewhat Willing* or *Very Willing* to Use Internet, by Activity



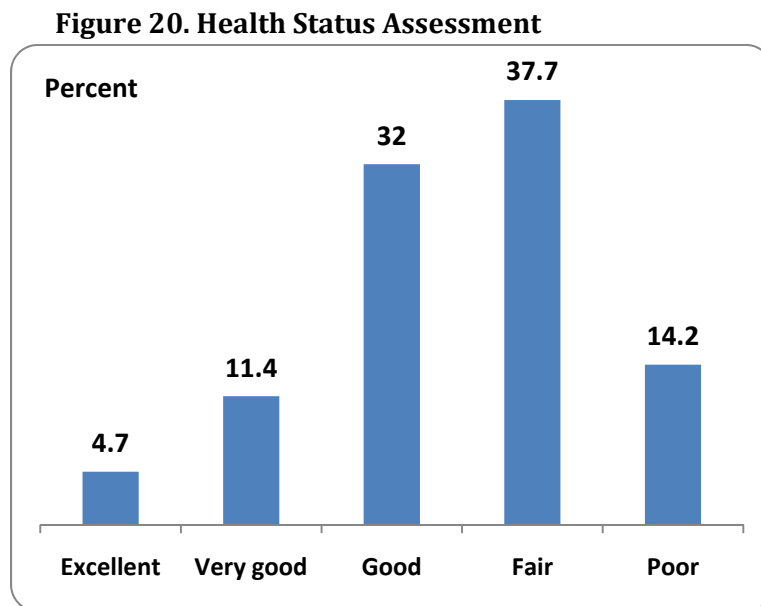
PHYSICAL AND MENTAL WELL-BEING

This section of the report addresses respondents' views about their health.

HEALTH AND DAILY ACTIVITIES

Alumni were asked a series of questions about their health and how it affects their daily activities. The questions are taken from the *RAND-36 Health Status Inventory* (also known as SF-36), a widely used health-related quality of life survey. The 36 items in the RAND instrument assess eight health functional areas: physical functioning, role limitations caused by physical health problems, role limitation caused by emotional problems, social functioning, emotional well-being, energy/fatigue, pain, and general health perceptions (Hays, 1998). The scale score findings are presented after descriptions of responses to individual items.

HEALTH ASSESSMENT. Slightly more than half the respondents (51.9%) reported their health as being fair or poor, and just under half said it is good, very good, or excellent (48.1%; Figure 20).

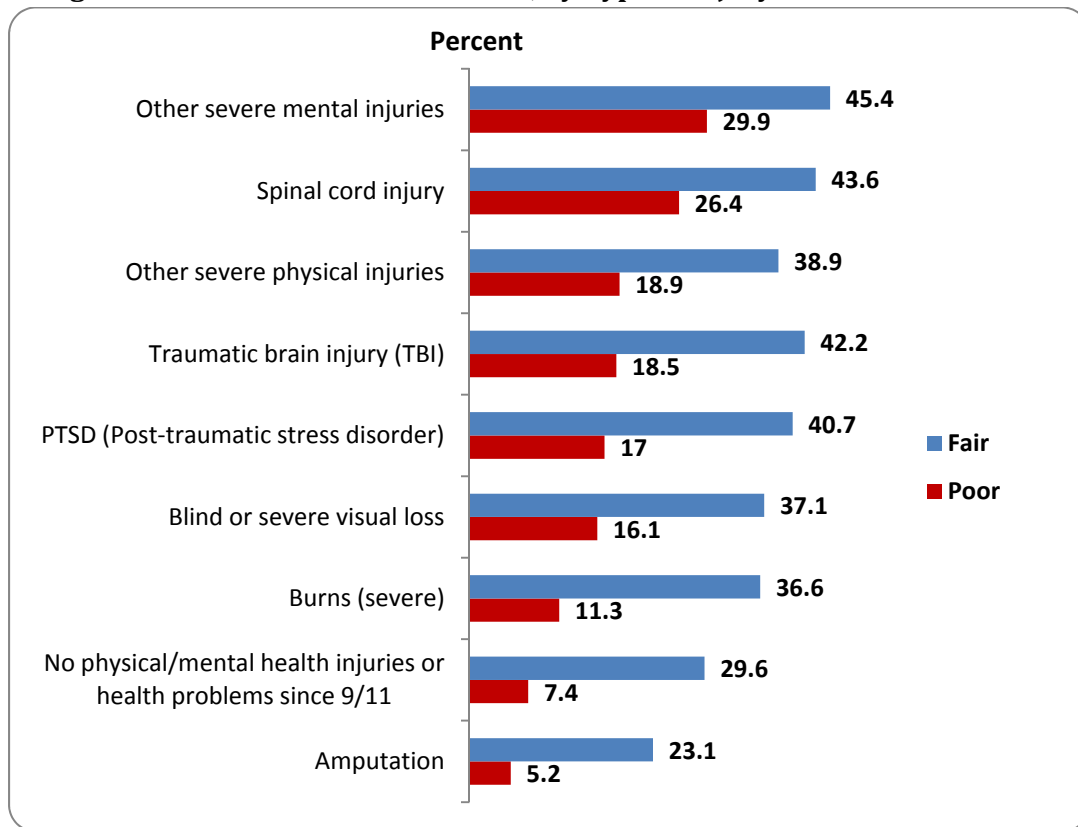


Baseline ratings for the Millennium Cohort were much more positive than those for the WWP respondents (Ryan et al., 2007):

- Excellent – 20.1 percent
- Very good – 40.7 percent
- Good – 31.3 percent
- Fair – 7.1 percent
- Poor – 0.8 percent

When health assessments were crossed with type of injury for WWP respondents, there were clear differences in response percentages. The two injury groups with the highest percentages assessing their health as poor or fair were those with other severe mental injuries (75.3%) and those with spinal cord injuries (70.0%; Figure 21).

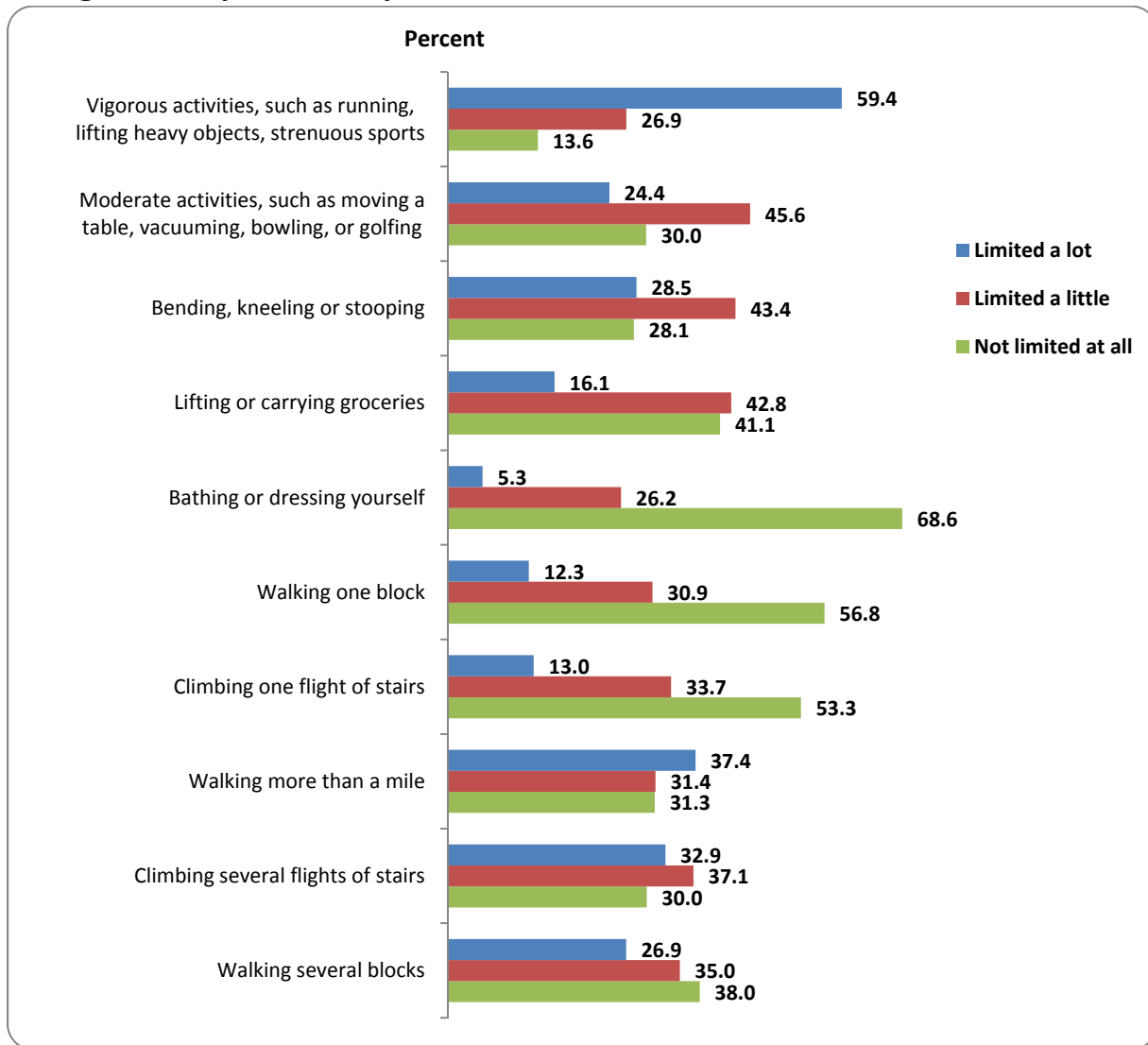
Figure 21. Health Status Assessment, by Type of Injury



Health assessments of poor or fair were highest for respondents injured in 2002 (66.7%), 2003 (59.9%), and 2009 (64.3%).

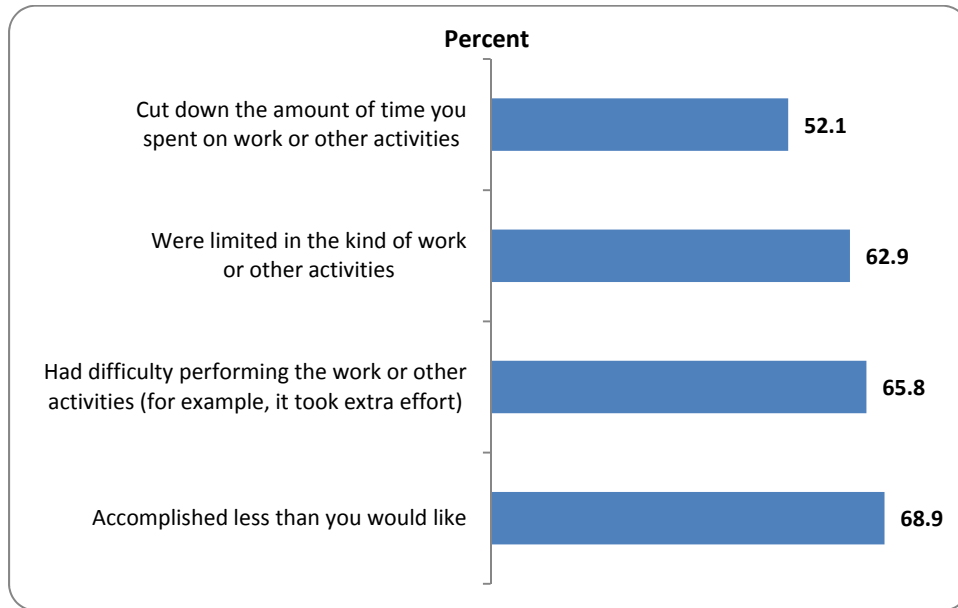
LIMITATIONS IN PHYSICAL ACTIVITIES. WWP alumni were asked to assess how their health now limits them in a range of typical daily activities—Does their health limit them a lot or a little, or are they not limited at all? About 6 of 10 respondents (59.4%) reported that their health currently limits them a lot regarding vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports (Figure 22). More than 40 percent are currently limited a little for three types of daily activities: moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf) (45.6%); bending, kneeling, or stooping (43.4%); and lifting or carrying groceries (42.8%). More than half the respondents said they are not limited at all in bathing or dressing themselves (68.6%), walking one block (56.8%) or climbing one flight of stairs (53.3%).

Figure 22. Physical Activity Limitations



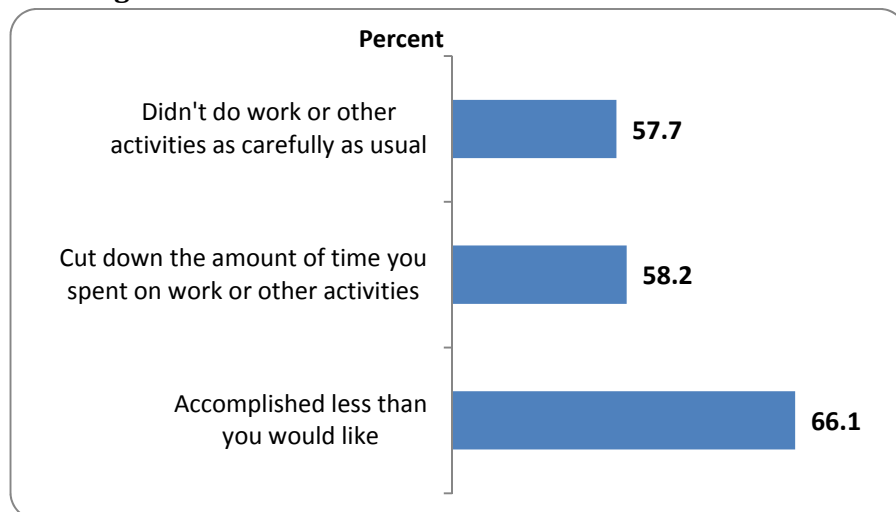
PHYSICAL HEALTH AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES (YES OR NO). Just over half the respondents reported *yes*, they have had problems during the past 4 weeks with their work or other regular daily activities as a result of their physical health (52.1%; Figure 23). Almost 70 percent said they had accomplished less than they would like.

Figure 23 . Percentages of Respondents Reporting “Yes”—Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



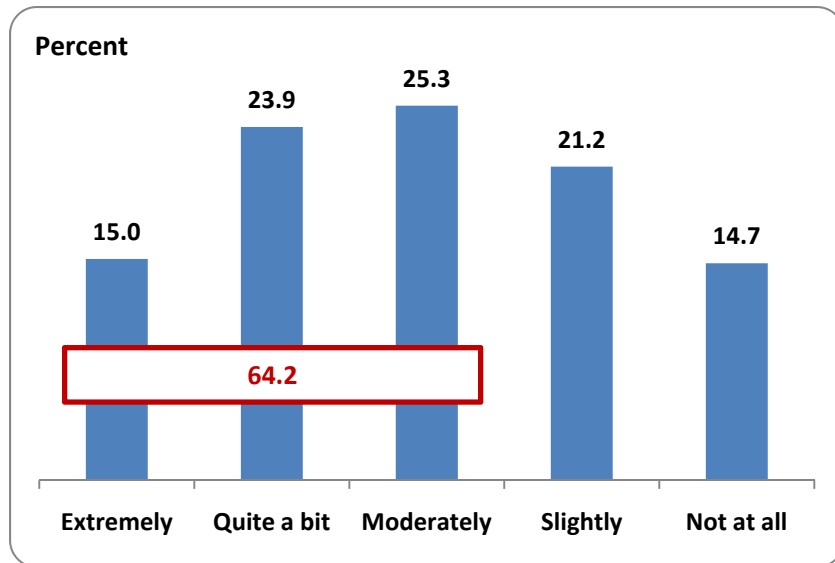
EMOTIONAL PROBLEMS AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES (YES OR NO). More than half the respondents reported that emotional problems (such as feeling depressed or anxious) contributed to each of three types of problems with their work or other regular activities during the past 4 weeks (Figure 26).

Figure 24. Percentages of Respondents Reporting “Yes”—Emotional Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



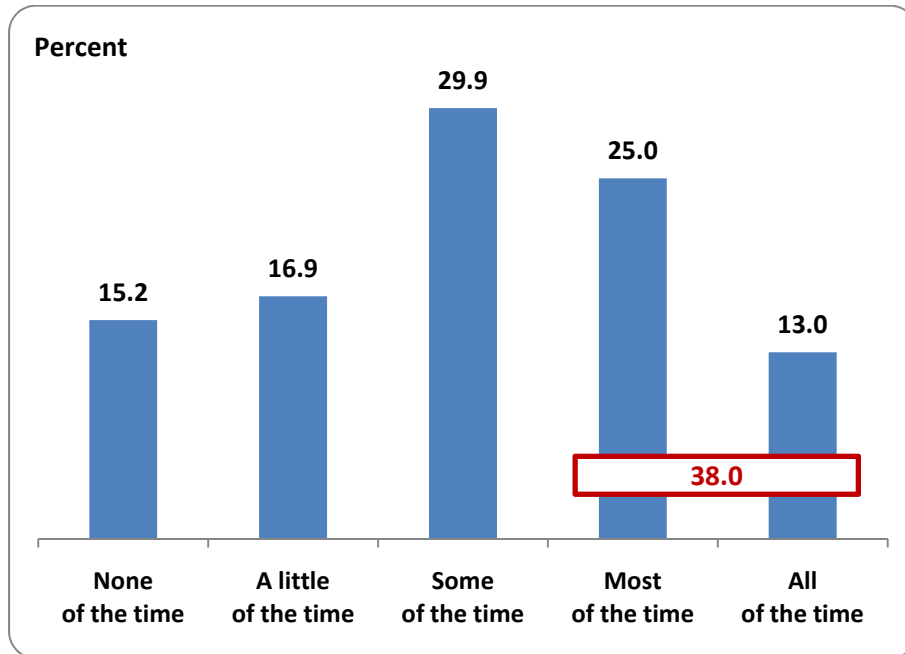
INTERFERENCE OF PHYSICAL HEALTH OR EMOTIONAL PROBLEMS ON RECENT SOCIAL ACTIVITIES. WWP Alumni were asked to what extent physical health and emotional problems have interfered with their normal social activities with family, friends, neighbors, and groups during the past 4 weeks. Close to two-thirds (64.2%) of the respondents reported that such problems interfered moderately, quite a bit, or extremely with normal social activities (Figure 25).

Figure 25. Extent to Which Physical Health and Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



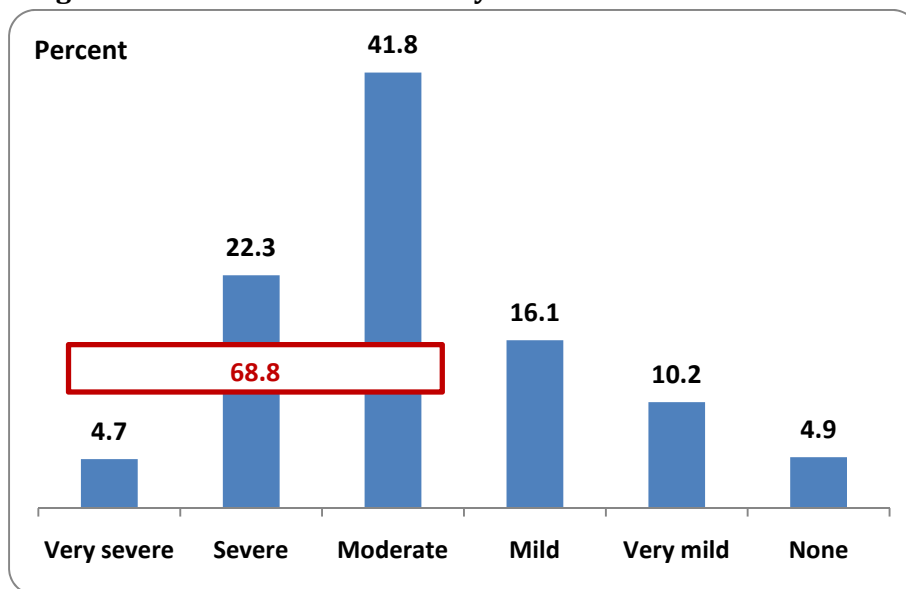
WWP Alumni were also asked how much of the time during the past 4 weeks their physical health or emotional problems interfered with their social activities (like visiting with friends, relatives, etc.). For more than a third of the respondents (38%), these problems interfered with their social activities during the past 4 weeks either most of the time or all of the time (Figure 26).

Figure 26. Amount of Time Physical Health and Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



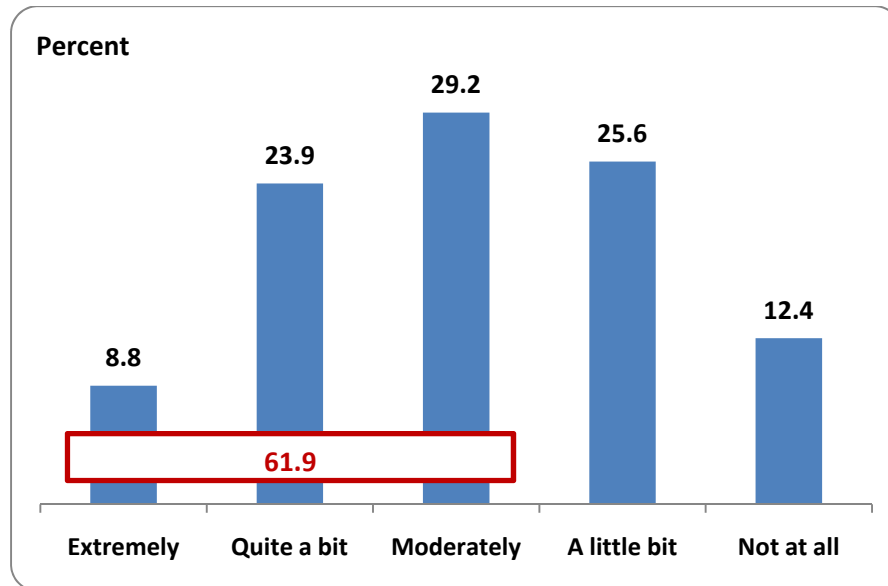
RECENT BODILY PAIN AND INTERFERENCE OF PAIN WITH NORMAL WORK. More than two-thirds of the respondents (68.8%) said they had moderate, severe, or very severe bodily pain during the past 4 weeks (Figure 27).

Figure 27. Extent of Severe Bodily Pain in the Past 4 Weeks



Just over 6 in 10 respondents (61.9%) said their bodily pain interfered with their normal work more than a little bit—including work outside the home and housework (Figure 30).

**Figure 28. Extent to Which Pain Interfered With Normal Work
(Work Outside the Home and Housework)**



FEELINGS DURING THE PAST 4 WEEKS. Feeling tired and worn out were common feelings among nearly all the respondents during the past 4 weeks (Table 3). About 45 percent said they feel nervous all the time, most of the time, or a good bit of the time. Also, more than 60 percent said they felt worn out all the time, most of the time, or a good bit of the time. Only 16.7 percent said they have not felt downhearted or blue at all during the past 4 weeks.

Table 3. Frequency of Feelings During the Past 4 Weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?	1.8	10.7	11.4	24.6	30.2	21.3
Have you been a very nervous person?	10.2	16.3	18.7	19.1	18.0	17.6
Have you felt so down in the dumps that nothing could cheer you up?	7.5	12.1	16.6	17.9	21.4	24.4
Have you felt calm and peaceful?	1.9	12.7	13.8	23.1	29.4	19.1
Did you have a lot of energy?	2.5	9.9	11.9	24.3	29.2	22.2
Have you felt downhearted and blue?	7.7	15.3	15.0	22.1	23.2	16.7
Did you feel worn out?	17.0	22.5	21.3	20.0	14.5	4.8
Have you been a happy person?	4.9	17.2	15.3	28.2	24.1	10.3
Did you feel tired?	23.1	24.0	20.3	18.8	11.1	2.7

ASSESSMENT OF OWN HEALTH. Respondents assessed how true or false four statements are about their health. Nearly 6 of 10 do not think they seem to get sick a little easier than other people (58.0%). A similar percentage (60.2%), however, do not think their health is excellent, and more than half (55.5%) do not think they are as healthy as anybody they know (Table 4). Also, 42.8 percent expect their health to get worse.

Table 4. Assessment of Own Health

	Definitely True	Mostly True	Mostly False	Definitely False	Don't Know
I seem to get sick a little easier than other people	12.2	16.4	25.7	32.3	13.4
I am as healthy as anybody I know	10.3	26.8	22.0	33.5	7.5
I expect my health to get worse	15.1	27.7	20.0	19.1	18.1
My health is excellent	6.2	28.0	18.9	41.3	5.6

NUMBER OF DAYS POOR PHYSICAL OR MENTAL HEALTH RESTRICTED ACTIVITIES. About three-fourths of the respondents said they experienced restrictions on their usual activities (such as self-care, work, school, volunteer, or recreation) during the past 4 weeks because of their physical or mental health. The mean number of days their health kept them from doing their usual activities during that period was 14 (range was 1 to 28).

Slightly over half of the employed respondents (51%) said they had missed work because of their poor health during the same 4 weeks. The mean number of days they reported being unable to get to work was 15 (range was 1 to 28 days).

RAND-36 ITEM SHORT FORM SCALE SCORES. Scale scores for the RAND-36 items were calculated as follows: First, item values were recoded according to RAND's scoring key; second, total scores were calculated for each item making up a health functional area; third, item scores were averaged together to produce a final mean score for that health functional area. The maximum score for each health functional area is 100. Higher scores represent a more favorable health status. Mean scale scores for the WWP respondents are presented below:

- Physical Functioning = 56.6
- Bodily Pain = 48.0
- Energy/Fatigue = 35.8
- Emotional Well-Being = 50.5
- Social Functioning = 49.2
- General Health Assessment = 44.8
- Role Limitations Due to Physical Health = 37.6
- Role Limitations Due to Emotional Problems = 39.4

For comparison with the WWP results, mean scores on the RAND Medical Outcomes Study Short Form for Veterans (SF-36V) are presented for the initial Cohort of the Millennium Cohort study sponsored by the Department of Defense (Ryan et al., 2007). The response scales for role limitations due to physical health and role limitations due to emotional problems differed for the two survey populations—a 5-point scale was used in the Millennium Cohort study, whereas a 3-point scale was used in the WWP survey. Thus, the two sets of scores for role limitations are not directly comparable.

- Physical Functioning = 91.0
- Pain = 75.4
- Energy/Fatigue (Vitality) = 62.1
- Emotional Well-Being (Mental Health) = 78.6
- Social Functioning = 87.1
- General Health Assessment = 76.9
- Role Limitations Due to Physical Health = 82.2
- Role Limitations Due to Emotional Problems = 83.7

The comparison indicates less favorable physical and mental health status for WWP respondents. As noted earlier, most of the initial Cohort in the Millennium Cohort study had not been deployed at the time baseline data were collected.

HOW HAVE YOU BEEN FEELING?

The survey included one question on problems that may have bothered Alumni in the past 2 weeks and another question on frightening military experiences that affected them in the past month. Responses indicate that their military experiences are currently affecting them in adverse ways.

HOW OFTEN PROBLEMS BOTHER THEM. Among problems bothering respondents nearly every day, the most common are various types of sleeping problems (46.2%) and feeling tired or having little energy (34.0%; Table 5). Many other problems bothered them as well during the 2 weeks prior to the survey.

Table 5. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	24.8	30.2	24.7	20.2
Feeling down, depressed, or hopeless	28.0	33.7	20.2	18.1
Trouble falling or staying asleep, or sleeping too much	11.8	21.6	20.3	46.2
Feeling tired or having little energy	11.2	28.0	26.8	34.0
Poor appetite or overeating	26.1	23.2	25.1	25.7
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down	33.8	25.1	19.1	22.0
Trouble concentrating on things such as reading the newspaper or watching television	22.6	25.7	23.8	27.9
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	38.8	26.9	18.2	16.1

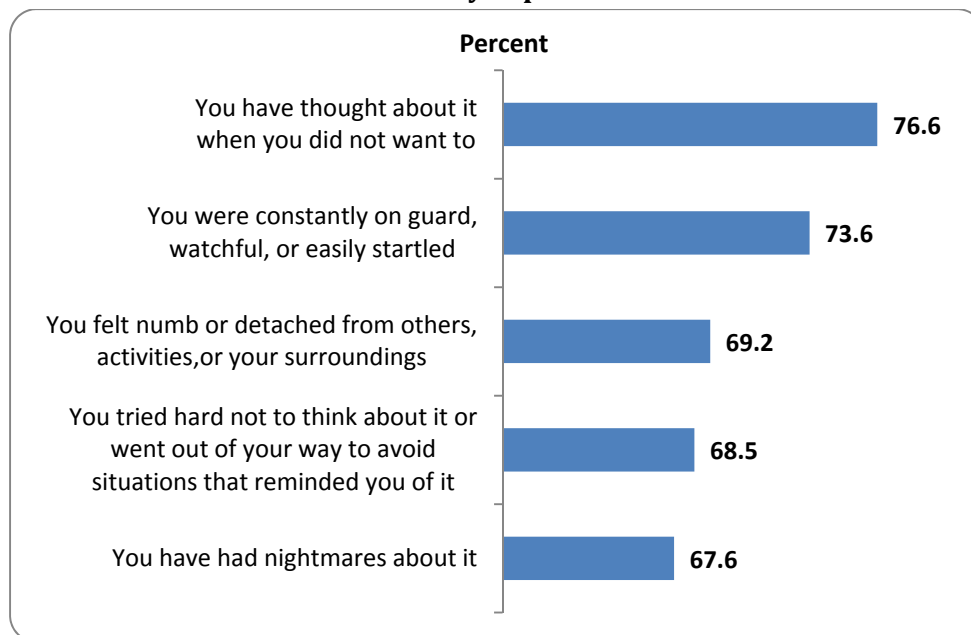
The items in this question make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that 62 percent of the respondents are experiencing current depression, represented by a scale score of 10 or higher:

- No significant depressive symptoms (score of 0 to 4) – 19.4 percent
- Mild depressive symptoms (score of 5 to 9) – 18.8 percent
- Moderate (score of 10 to 14) – 23.5 percent
- Moderately severe (score of 15 to 19) – 19.5 percent
- Severe (score of 20 to 24) – 18.8 percent

In the general population, the comparable percentage for persons experiencing current depression is 8.6 percent (Kroenke et al., 2009). RAND used the same scale in its Invisible Wounds study and reported that nearly 14 percent of returning service members met the criteria for depression (RAND, 2008).

LINGERING EFFECTS OF FRIGHTENING, HORRIBLE, OR UPSETTING MILITARY EXPERIENCES. More than two-thirds to three-fourths of the respondents said they had a military experience that was so frightening, horrible, or upsetting that in the past month they have not been able to escape from memories or effects of it (Figure 29).

Figure 29. Percentages Reporting “Yes” to Lingering Effects in the Last Month of Traumatic Military Experiences



The survey items in Figure 29 were taken from a scale designed to screen for post-traumatic stress disorder: Primary Care PTSD Screen (PC-PTSD). This is a four-item screen designed for use in primary care and other medical settings and is currently being used by the Veterans Administration to screen for PTSD in veterans. Generally, the results of the PC-PTSD are considered “positive” for PTSD if a patient answers yes to any three of the four items (Prins, Quimette, Kimerling, et al., 2003).

In the WWP survey, the first item in the scale was revised as two items because the item asked about two possible situations (original item: You have had nightmares about it or thought about when you did not want to?). Responses to those two items were combined (included respondents who answered yes to either of the items) when the PC-PTSD scale score was calculated for WWP respondents. The WWP survey results indicate that 69.3 percent of the respondents tested positive for PTSD.

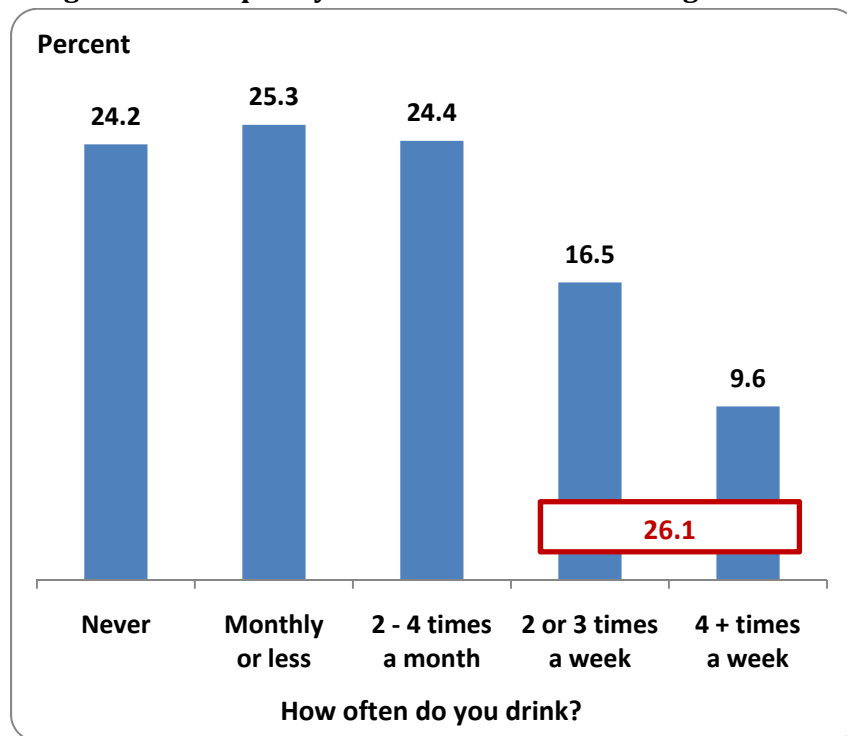
In comparison, data from the Post-Deployment Health Assessment (PDHA: Hoge, Auchterloine, & Milliken, 2006) indicate that 4.8 percent of OIF veterans and 2.1 percent of OEF veterans answered yes to at least three items. In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, and Hoge (2007) reported that 40.8 percent of Army Active Component soldiers and 52.2 percent of those in Reserve and National Guard Components screened positive for PTSD.

HEALTH-RELATED MATTERS

The WWP Survey included questions about drinking, smoking, dieting, exercise, and sleep habits. Several of these items represent short-form scales. Information on scale scores is presented at the end of each set of questions.

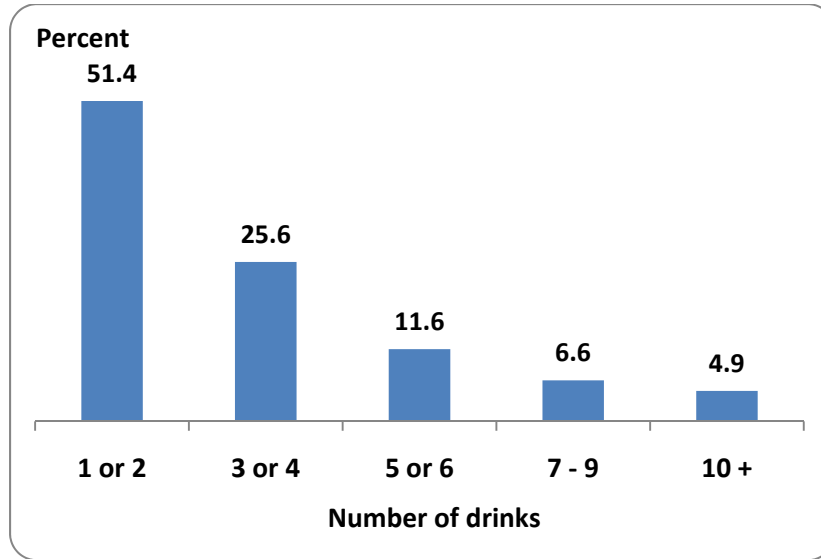
USE OF ALCOHOLIC BEVERAGES. Use of alcoholic beverages (i.e., beer, wine, or hard liquor) varies among respondents. About one-fourth (24.2%) do not drink at all and another one-fourth (25.3%) drink less than monthly; 26.1 percent reported having drinks containing alcohol more than two times a week (Figure 30).

Figure 30. Frequency of Use of Alcoholic Beverages



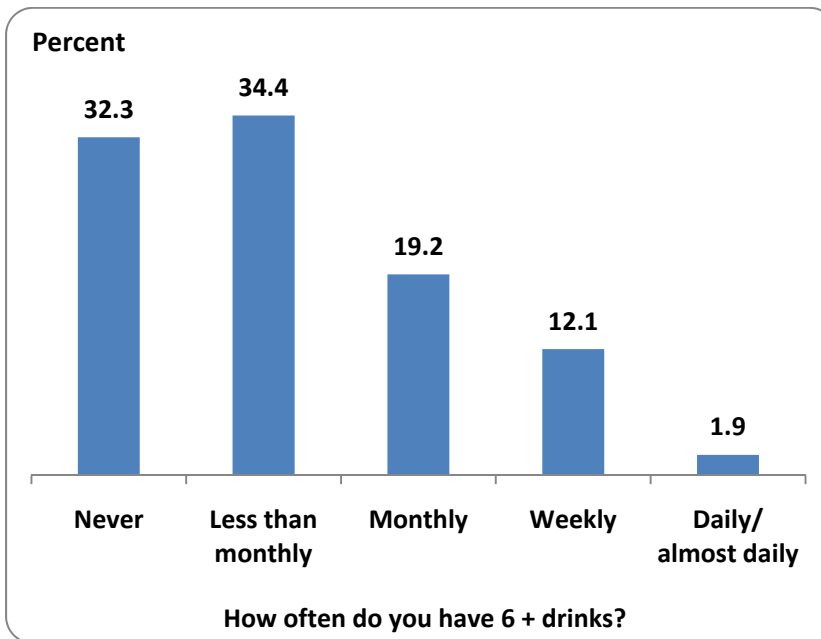
Also, on a typical day when respondents do have a drink with alcohol, just over half of the 759 Alumni answering this question (51.4%) said they have one or two drinks (Figure 31). The remaining respondents reported varying numbers of drinks on a typical day.

Figure 31. Number of Alcoholic Drinks Consumed on a Typical Day



Relatively small percentages of these respondents reported that they have six or more drinks weekly or daily/almost daily (Figure 32).

Figure 32. Frequency of Having Six or More Drinks With Alcohol on One Occasion



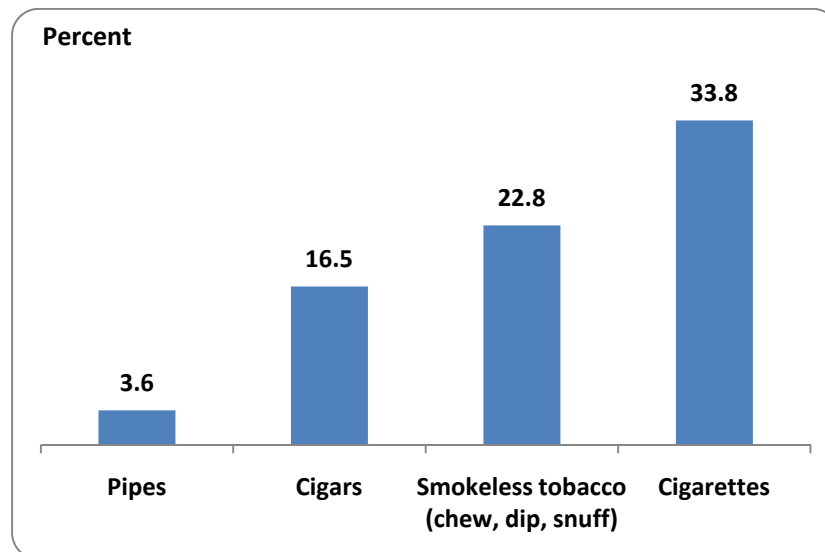
The first three questions about alcohol in the WWP survey are from the AUDIT-C scale. Note, however, the reference period of “in the last 12 months” was inadvertently missing from the statement introducing the questions in the WWP survey. Thus, the following scale scores should be interpreted with some caution for the WWP respondents. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at risk drinking for males, and a

score of 3 or higher is positive for females (Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male respondents is 4.3, and the mean score for WWP female respondents is 3.1.

Nearly one-fourth of drinkers (24.0%) said they used alcohol more than they meant to in the past 4 weeks. Also, 18 percent of them said that in the past 4 weeks they have felt they wanted to or needed to cut down on their drinking. These two alcohol questions are from the Post-Deployment Health Assessment/Post-Deployment Health Reassessment (PDHA/PDHRA) alcohol screen. An answer of yes to both questions is coded as a positive alcohol screen. The percentage of WWP respondents who said yes to both questions is 13.0 percent.

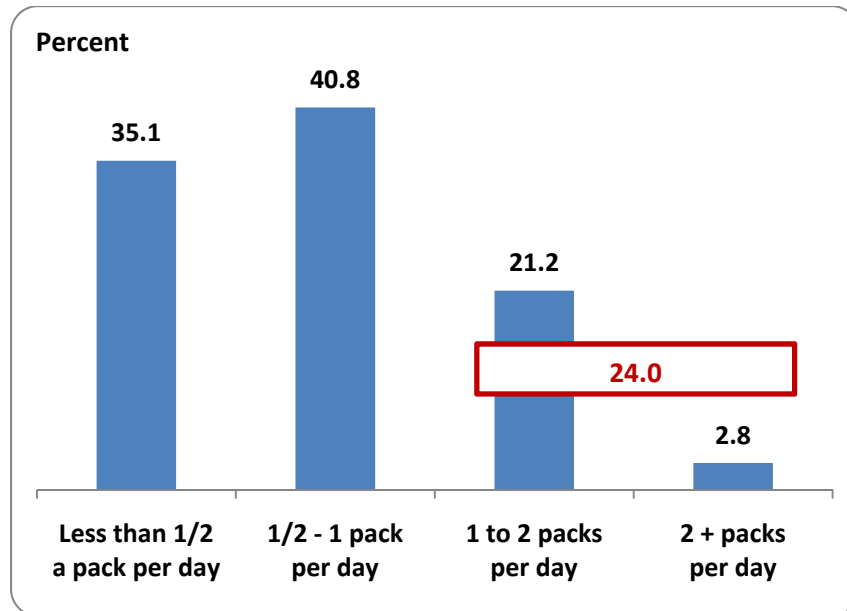
USE OF TOBACCO PRODUCTS. Except for cigarettes (used by one-third of respondents), relatively low percentages of respondents used tobacco products during the past 12 months (Figure 33).

Figure 33. Percentages Using Tobacco Products in the Past 12 Months



More than half of the respondents (57%) have smoked at least 100 cigarettes (5 packs) in their lifetimes (baseline data from the Millennium Cohort Study indicate that 40.8% smoked more than 100 cigarettes in their lifetimes; Ryan et al., 2007). When asked about how many packs per day did they or do they smoke, just over two-fifths of WWP respondents said they have never smoked. Among the remaining respondents to that question—those who have ever smoked ($n = 598$), 24 percent smoke 1 pack or more per day (Figure 34). Among that same group of “ever” smokers, 91.2 percent had tried to quit, including 60.5 percent who succeeded in doing so.

Figure 34. Packs per Day Smoked by Those Who Have Ever Smoked

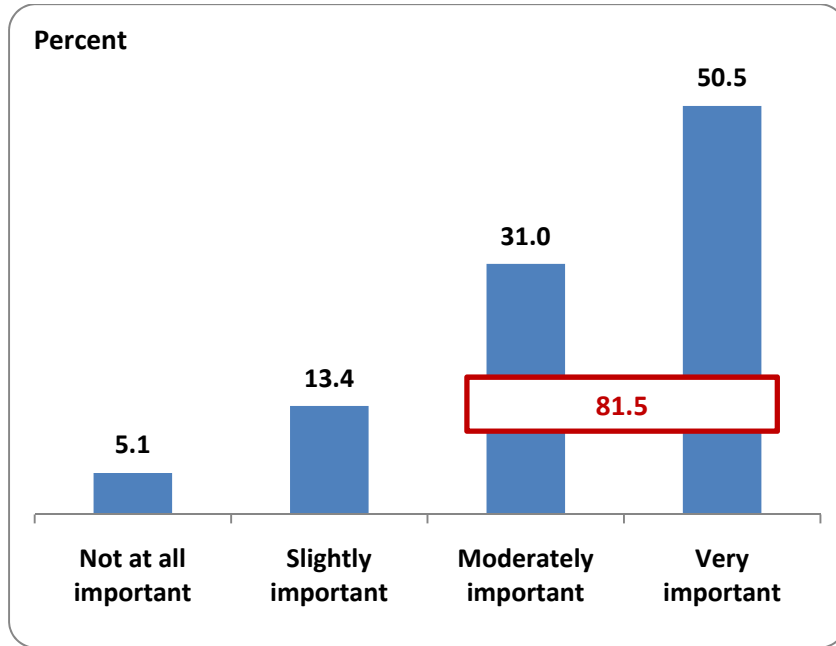


Respondent data were used to calculate Millennium Cohort Smoking Scale scores. The score results indicate that among the respondents:

- 45.6% - nonsmokers
- 35.8% - past smokers
- 18.6% - smokers

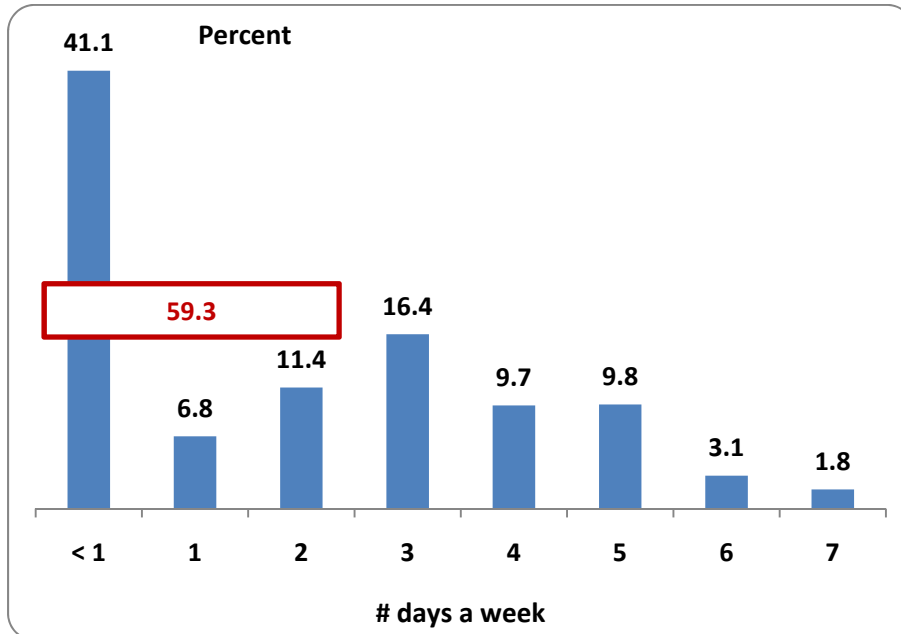
IMPORTANCE OF HEALTH DIET AND GOOD NUTRITION. Most respondents (81.5%) said it is either very important or moderately important to them to maintain a healthy diet and good nutrition for their overall health and wellness (Figure 35).

Figure 35. Importance of Maintaining a Healthy Diet and Good Nutrition



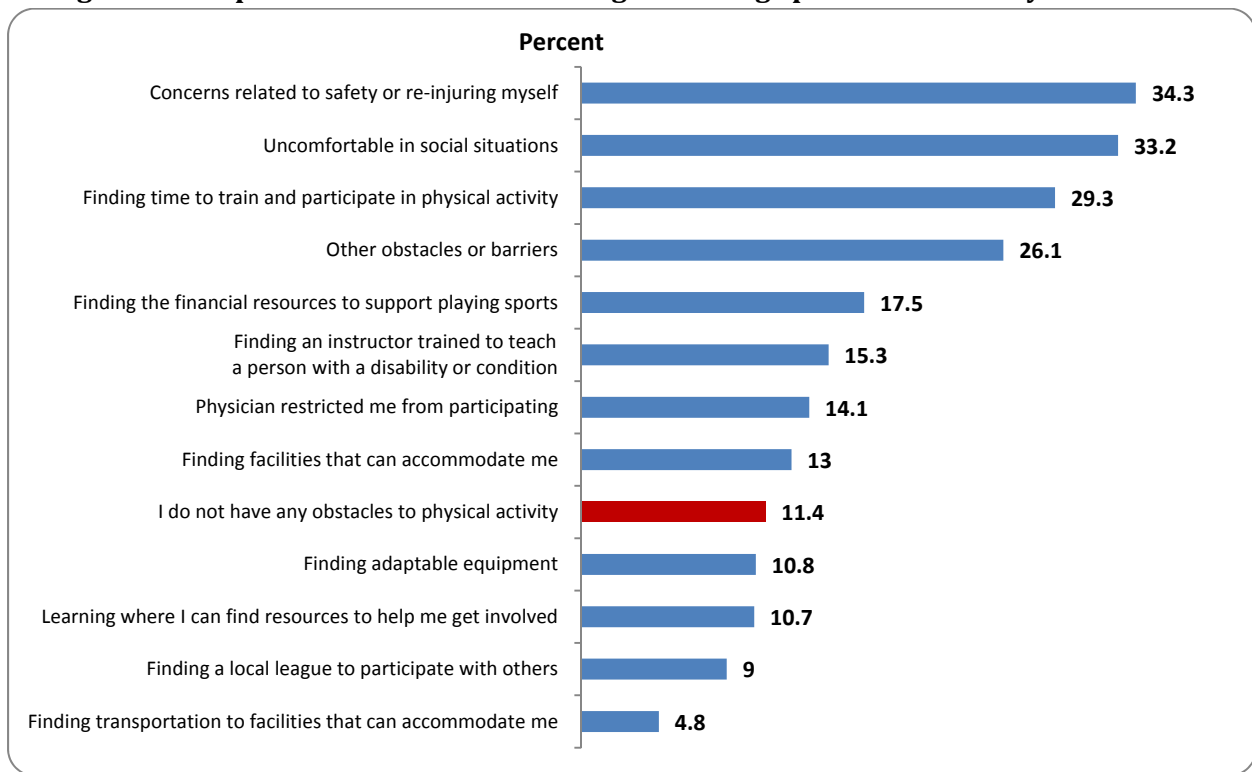
PHYSICAL ACTIVITY AND EXERCISE. Nearly 60 percent of the respondents said they do moderate-intensity physical activity or exercise (such as a brisk walk, jog, cycle, play adapted sports, swim...) less than 3 days a week, including 41.1 percent who do such physical activity less than once a week (Figure 36).

Figure 36. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week



Alumni were presented with a list of 13 possible reasons that make it difficult for them to exercise or do sports or other physical activities. They were instructed to choose all that apply. The top three reasons chosen were (1) “concerns related to safety or re-injuring myself”(34.3%), (2) “uncomfortable in social situations”(33.2%), and (3) “finding time to train and participate in physical activity” (29.3%;Figure 37). Only 11.4 percent said they had no obstacles to physical activity.

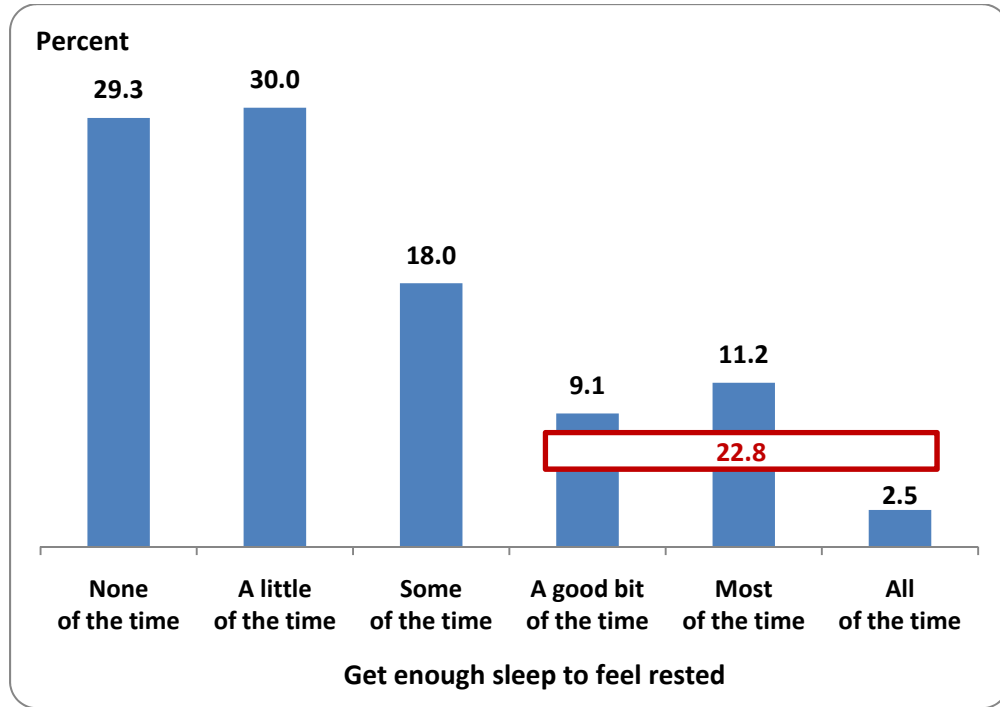
Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



Among those who did report barriers, 36.9 percent reported 1 barrier, 22.9 percent reported 2 barriers, 15.4 percent reported 3 barriers, 9.6 percent reported 4 barriers, and lower percentages reported 5 to 12 barriers.

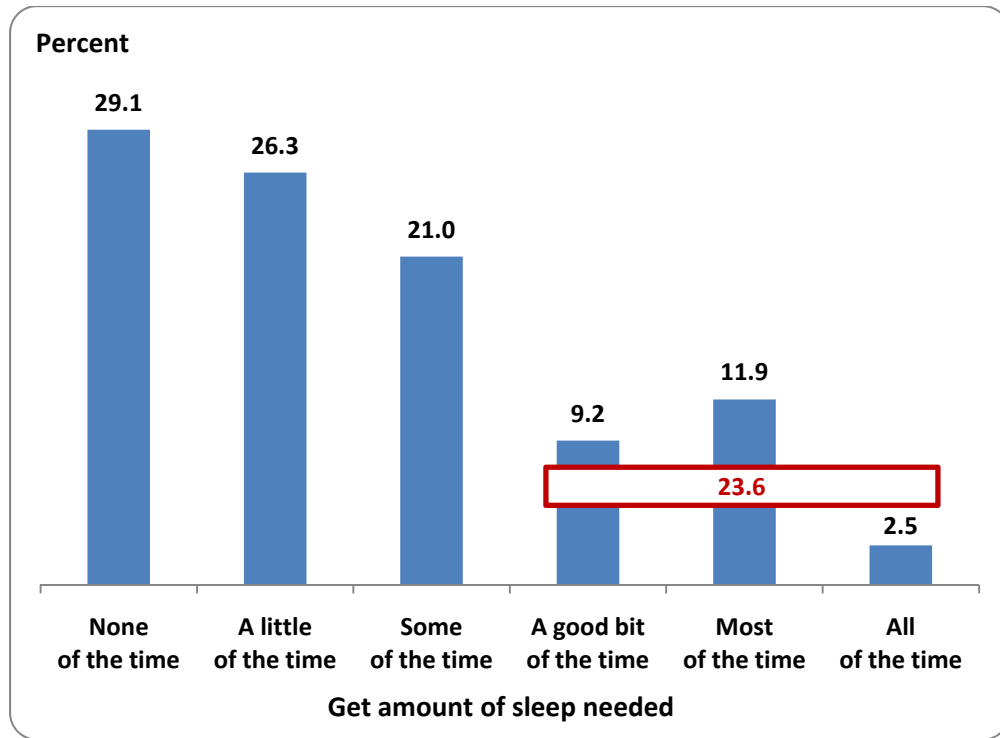
AMOUNT OF SLEEP. Many respondents reported getting insufficient sleep. When asked if they got enough sleep during the past 4 weeks to feel rested upon waking in the morning, fewer than a fourth of the respondents to this question ($n = 1,001$; 22.8%) said they did a good bit of the time, most of the time, or all of the time (Figure 38).

Figure 38. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested



Among 987 of them, a similar low percentage said they got the amount of sleep they needed at least a good bit of the time or more during the past 4 weeks (Figure 39).

Figure 39. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed



The two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study Sleep Scale. The mean score for the WWP respondents is 30.6 (median score = 20.0). The range of possible scores is 0 to 100, with higher sleep scores representing less of a problem sleeping (Hays & Stewart, 1992). The mean score for a nationally representative sample is 60.5 percent (Hays et al., 2005).

HEIGHT AND WEIGHT. The average (mean) height and weight among respondents is about 5'10" and 205 pounds. The average body mass index (BMI) for respondents is 29.24, which is at the high end of the range for being overweight (BMI = 25 to 29.9). The BMI range for obesity is 30 or greater. Forty percent of respondents fall in the obesity range. The highest BMI among respondents is 49.9.

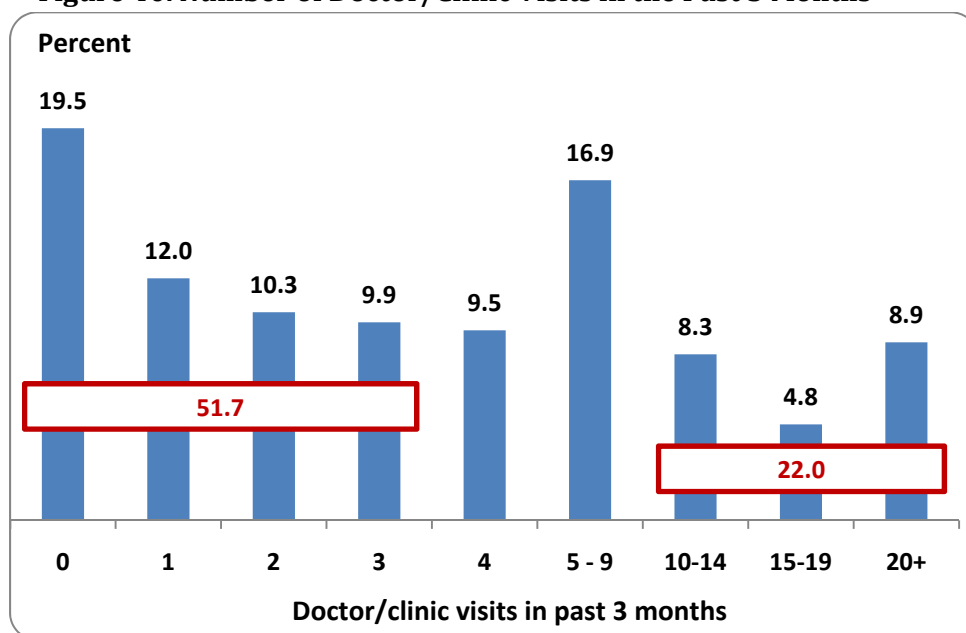
According to age-adjusted data from the 2003–2006 and 2007–2008 National Health and Nutrition Examination Survey (NHANES), 33.8 percent of U.S. adults age 20 and older are obese. The obesity rate for adult women is 35.5 percent; the corresponding rate for men is 32.2 percent (National Institute of Diabetes and Digestive and Kidney Diseases, 2010). Baseline data from the Millennium Cohort study indicate that 50.9 percent of the Cohort were overweight and 10.9 percent were obese.

HEALTH CARE SERVICES

WWP Alumni were asked questions about the kinds of medical and mental health services they have received.

HEALTH CARE VISITS FOR SELF. WWP alumni were asked to report how many times they went to a doctor's office or clinic to get health care for themselves (not counting times they went to emergency rooms) during the past 3 months. Just over half of the 1,005 respondents (51.7%) reported three or fewer visits (including almost 20% who had had no visits). Frequency of visits was relatively high (10 or more visits) for about one of five respondents (22.0%; Figure 40).

Figure 40. Number of Doctor/Clinic Visits in the Past 3 Months



HEALTH CARE VISITS TO ANY PROFESSIONAL FOR MENTAL HEALTH/EMOTIONAL PROBLEMS. Respondents were then asked if they had visited any health care professional (such as a doctor, a psychologist, or a counselor) in the past 3 months to get help with issues such as stress, emotional, alcohol, drug, or family problems. Among 1,006 respondents, 57.2 percent said yes. Nearly 80 percent of those responding yes said they had visited a regular medical doctor or primary care physician for those problems. In the past 3 months, about half (50.8%) had visited their doctors one to four times about mental health issues. Some respondents, however, reported many more visits, raising the mean number of visits during the past 3 months to 8.79. For example, 17 respondents reported 20 visits and 12 reported 25 to 50 visits.

Seven respondents reported either 99 or 100 visits during the past 3 months. Although these high numbers were included in the calculation of percentages and the mean for this item, it may be prudent to be cautious in accepting them as accurate counts for the reference period of 3 months.

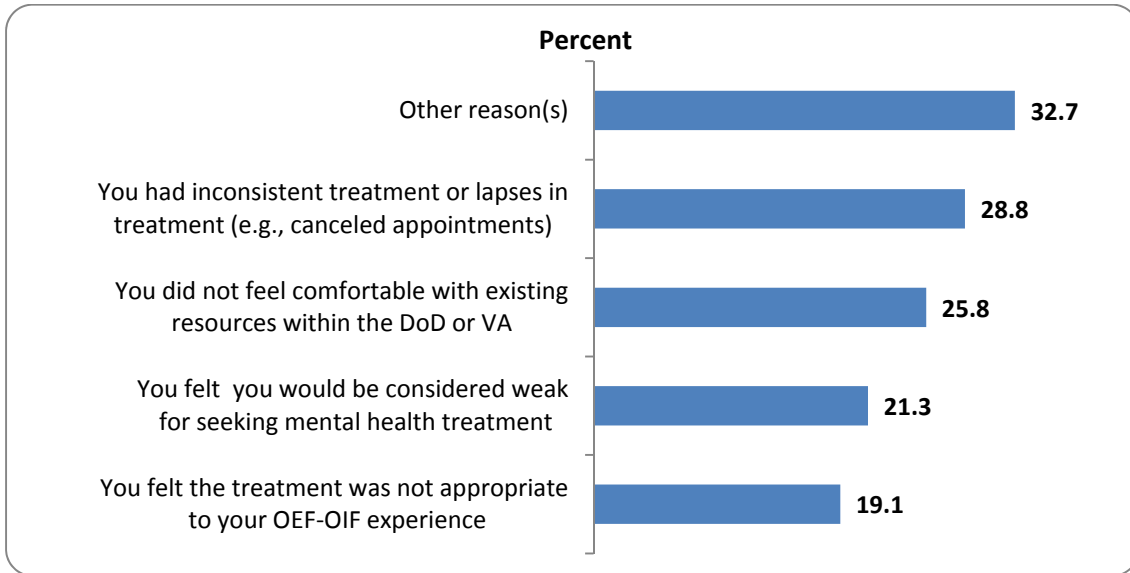
HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS. Respondents who said yes to visits to any health care professional about issues with stress or emotional, alcohol, drug, or family problems also reported on visits to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor, in the past 3 months. Among 571 respondents, 92.3 percent said they had made such visits. The pattern of responses about number of visits was similar to that about visits to any health care professional about mental health problems. About half (50.4%) had visited a specialist in such issues 1 to 5 times in the past 3 months. The mean number of visits was 9.25. Five respondents reported 100 visits—again, caution is advised in accepting this as an accurate count for the reference period of 3 months.

MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among 569 respondents who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 440 (77.3%) said they had been prescribed medication for a mental health or emotional problem. Most of them (87.8%) took the medications for as long as their doctor wanted them to.

COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among the respondents who reported visiting any health care professional in the past 3 months, 79.3 percent said they had received counseling—individual, family, or group—for a mental health or emotional problem. Just over half of them (53.5%) had made 7 or fewer visits in the past 3 months. The mean number of visits was 9.6. Less than 6 percent made more than 20 visits during that time.

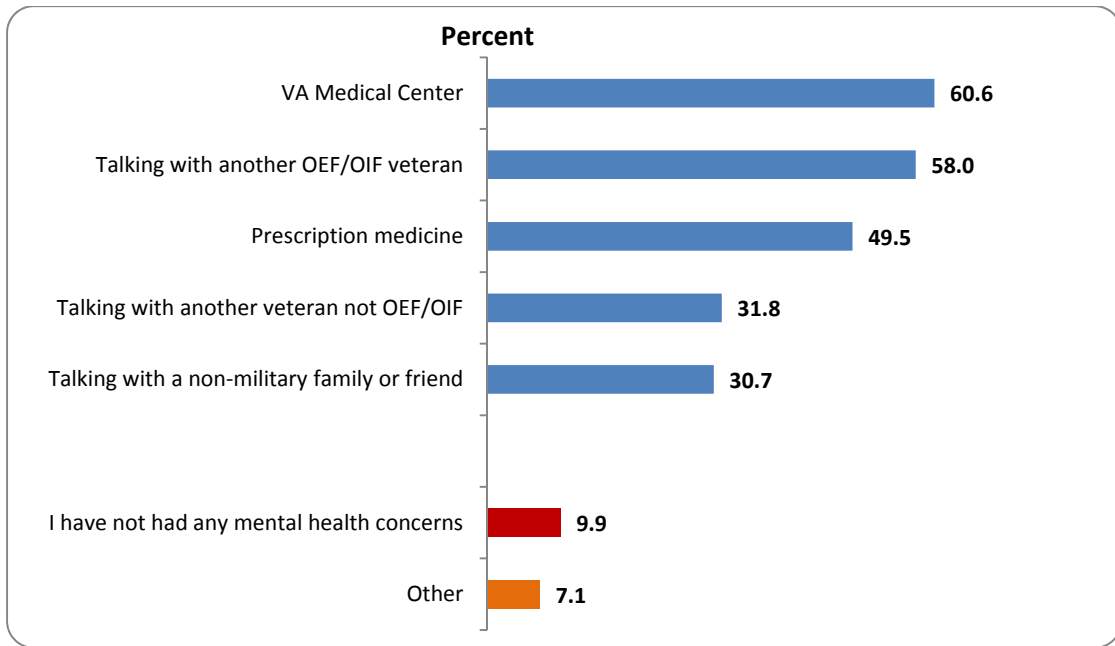
DIFFICULTY IN GETTING MENTAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. All WWP alumni were asked if they had difficulty getting mental health care, or put off getting such care, or did not get the care they needed during the past 12 months. Among the 997 respondents to this question, about one-third (34.2%) answered yes. The yes respondents were then asked about a list of possible reasons for their difficulties in not getting mental health care. No single reason for their difficulty is dominant. The three most common responses were “inconsistent treatment or lapses in treatment (e.g., canceled appointments, had to switch providers)”—28.8 percent, “did not feel comfortable with existing resources within the DoD or VA”—25.8 percent, and “other reasons”—32.7 percent (Figure 41).

Figure 41. Top 5 Reasons for Difficulties in Getting Mental Health Care



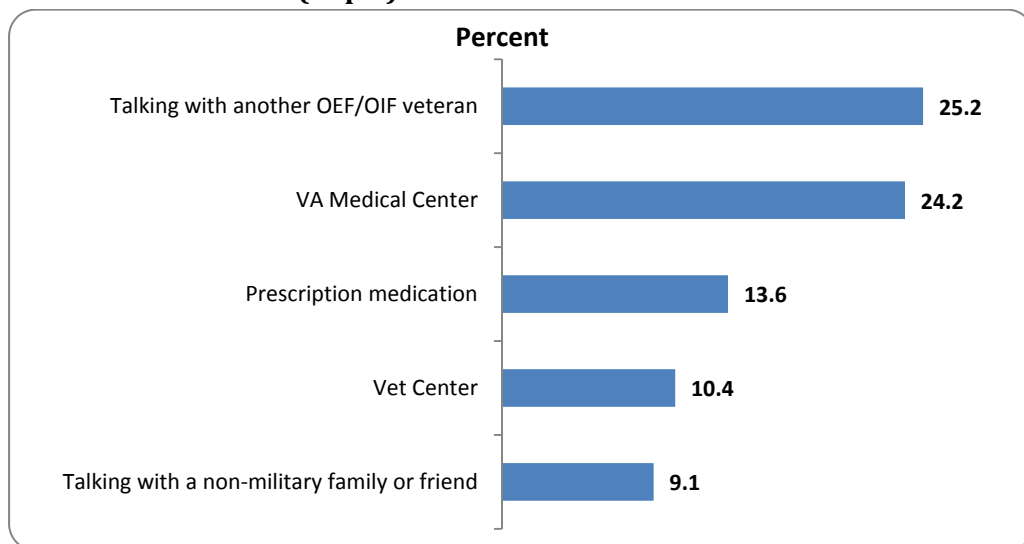
RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. One of 10 respondents reported they have not had any mental health concerns since deployment. Among respondents with concerns, the top three resources and tools used since deployment were the VA Medical Center (60.6%), talking with another OEF/OIF veteran (58.0%), and prescription medicine (49.5%; Figure 42). The mean number of tools selected by respondents was four. Sixty-two respondents specified an “other” response for this question. Some of their responses may be appropriate in future administrations of the survey—for example, faith/Church and helping others/volunteer work.

Figure 42. Top 5 Resources and Tools for Coping With Stress or Concerns



The respondents who identified resources they had used were asked which ONE has been the most effective in helping them. Talking with another OEF/OIF veteran was selected by 25.2 percent, and the VA Medical Center was selected by 24.2 percent (Figure 43). One-fourth of the 60 respondents who specified an “other” response said nothing had been effective in helping them.

Figure 43. Most Effective Resources and Tools for Coping with Stress or Concerns (Top 5)

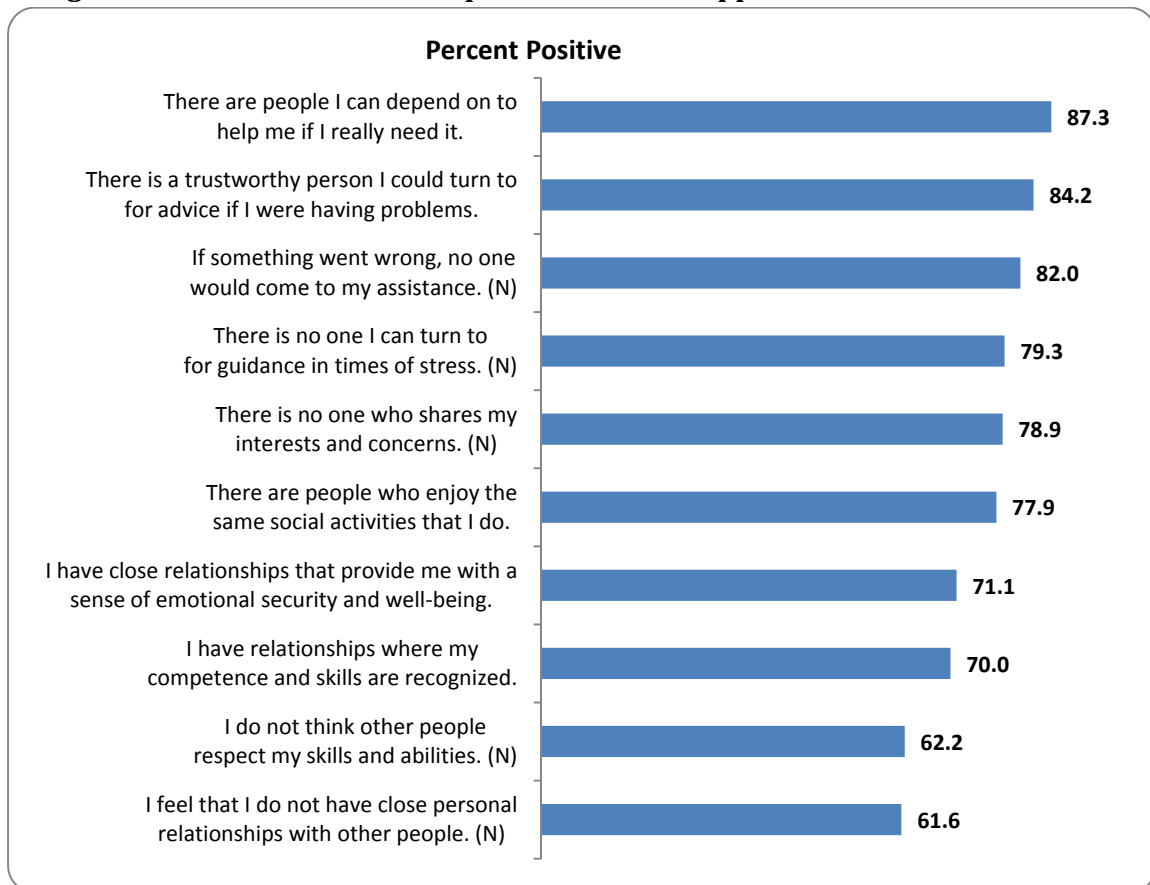


Social Support

WWP Alumni were asked to state to what extent they agree or disagree with 10 statements about their current relationships with friends, family members, co-workers, community members, and others. These statements, which reflect what individuals receive from relationships with other people in their current social network, make up a short version of the Social Provisions Scale developed by Russell and Cutrona in 1984 (Cutrona & Russell, 1987). Survey response frequencies are highlighted first, then information about scale scores is presented.

RESPONSE FREQUENCIES. Seventy percent or more of respondents gave positive answers to 8 of the 10 statements—that is, they agreed or strongly agreed with positively worded statements and disagreed or strongly disagreed with negatively worded questions (Figure 44). The two statements with the lowest percentages of positive responses were: “I feel that I do not have close personal relationships with other people (61.6% positive) and “I do not think other people respect my skills and abilities” (62.2% positive).

Figure 44. Percent Positive Responses to Social Support Statements



Note: (N) indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who disagreed or strongly disagreed with the statement.

SCALE SCORES. The statements from the Social Provisions Scale—Short Version used in the WWP survey assess five provisions and can also be used to develop a total social provision score (Cutrona & Russell, 1987). Mean scores for the five provisions could range from 2 to 8, and the range for the total score is 10 to 40. Higher scores indicate a greater degree of perceived support. The WWP mean survey scores for these five provisions and the total score are as follows:

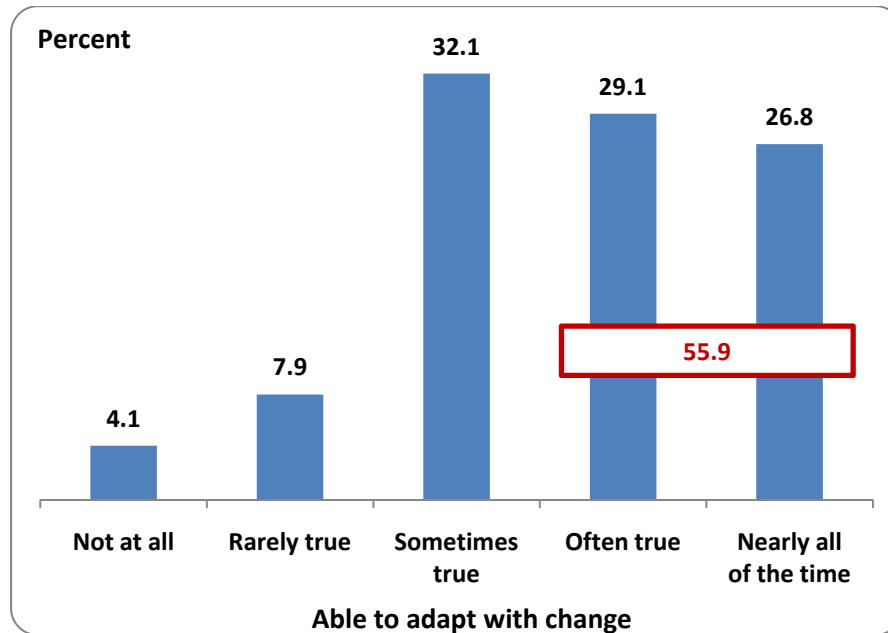
- Guidance (advice or information): 6.25
- Reassurance of Worth (recognition of one’s competence, skills, and value by others): 5.53
- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities): 5.97
- Attachment (emotional closeness from which one derives a sense of security): 5.64
- Reliable Alliance (assurance that others can be counted on in times of stress): 6.43
- Total Social Provision Score: 29.05

ATTITUDES

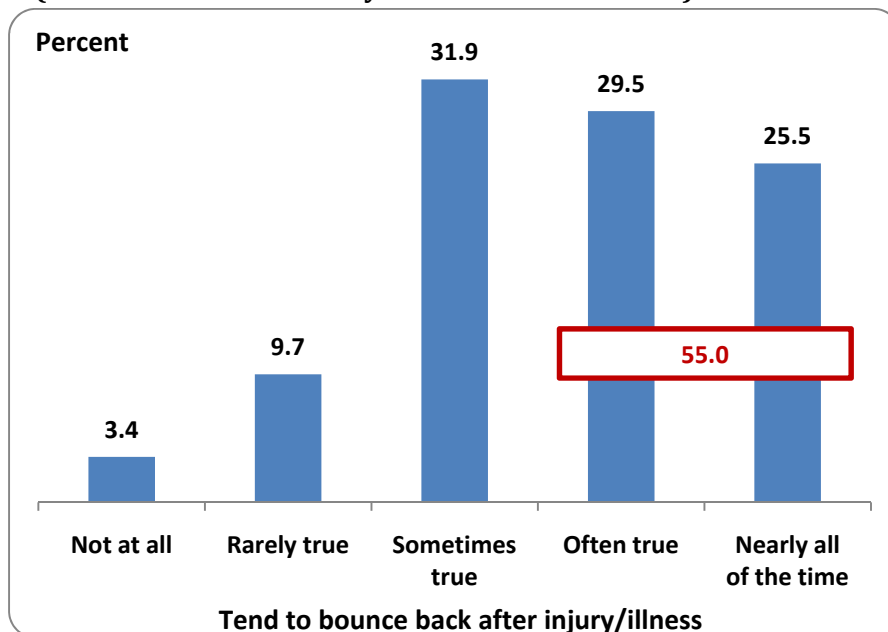
Three survey questions addressed current attitudes among Alumni—two about resilience in the face of changes or hardships (Connor-Davidson two-item Resilience Scale) and one about more general aspects of their lives.

RESILIENCE. More than half the respondents (55.9%) think it is often true or true nearly all the time that they are able to adapt when changes occur, and 55.0 percent said it is often true or true nearly all the time that they tend to bounce back after illness, injury, or other hardships. Low percentages of respondents think those statements are rarely true or not at all true (Figures 45 and 46).

**Figure 45. Ability to Adapt When Changes Occur
(How True Is It That They Can Adapt to Change?)**



**Figure 46. Ability to Bounce Back After Illness, Injury, or
Other Hardships
(How True Is It That They Tend to Bounce Back?)**



The Connor-Davidson 2-Item Resilience Scale mean score for WWP respondents is 5.3. In the general U.S. population, the average score is 6 to 7, but 4.7 among PTSD patients (Vaishnavi et

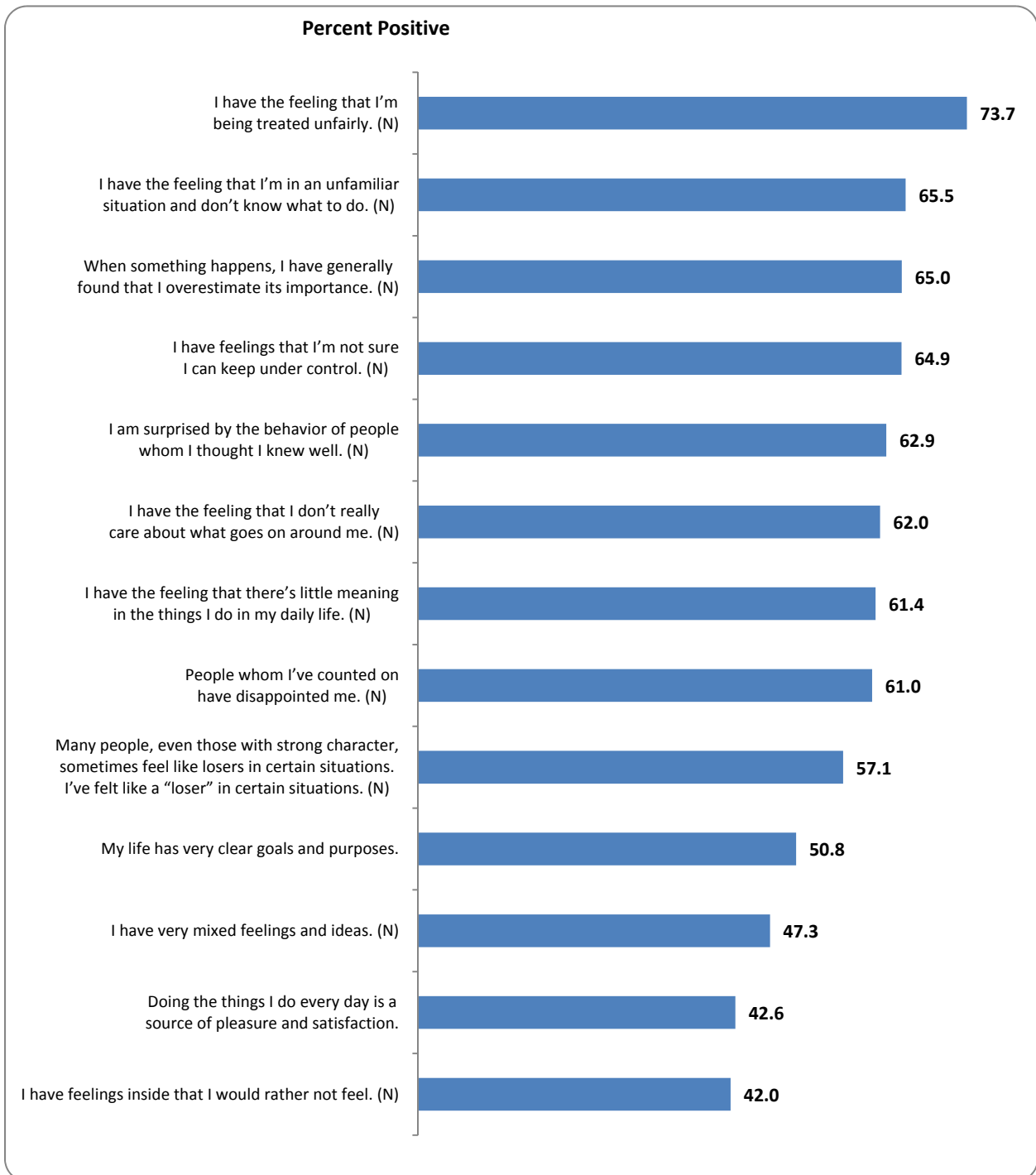
al., 2007). A score of 4 or lower is often found for individuals suffering from post-traumatic stress disorder.

CURRENT FEELINGS. Alumni were asked to assess the extent to which 13 statements are true in describing their feelings (“their way of seeing the world”). These statements are from the 13-item version of the Orientation to Life Questionnaire (OLQ; Antonovsky 1987), which provides another measure of an individual’s resilience in coping with daily stressors.

Some minor adjustments were made to the WWP survey to address several problems that surfaced during pretesting of the OLQ statements. Pretest participants asked if they were supposed to respond for *now* or for before their injuries—they said their answers would differ for the two time periods. Respondents were instructed in the WWP survey to answer for how they were feeling *now*, and items 2 and 4 were revised to refer to *now*. In addition, the last response option was changed from “mostly true” to “almost always true” because the revised response fits better with the other response options (frequency scale).

Percent positive responses to the statements are presented first, followed by OLQ scale scores. Figure 47 displays positive responses—that is, the percentage responding *Often true*, *Usually true*, or *Almost always true* to positively worded statements and the percentage responding *Rarely true* or *Occasionally true* to negatively worded statements. At least half the respondents answered positively for 10 of the 13 statements. The 2 statements with the lowest positive response percentages are “I have feelings inside that I would rather not feel” (42.0%) and “Doing the things I do every day is a source of pleasure and satisfaction” (42.6%).

Figure 47. Percent Positive Responses to Descriptions of Feelings



Note: (N) indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who disagreed or strongly disagreed with the statement.

Scale scores for respondents were calculated for the Overall score 13-item version of the OLQ Scale (maximum possible score = 65), as well as for three subscales: Meaningfulness (maximum possible score = 20), Manageability (maximum possible score = 20), and Comprehensibility

(maximum possible score = 25). Given the minor adjustments to the scale when it was incorporated into the WWP survey, users of the data should be aware that comparisons of the following scale score results with other reported OLQ scores may be problematic.

OLQ mean scores for WWP respondents follow:

- Meaningfulness – 12.30
- Manageability – 11.36
- Comprehensibility – 13.96
- Overall OLQ Scale – 37.64

ECONOMIC EMPOWERMENT

One of the primary goals of WWP is to promote the economic empowerment of wounded warriors. The survey included sets of questions to measure the current economic status of WWP Alumni as well as questions about some of the ways wounded warriors are pursuing more education and marketable job skills, both on their own and with the assistance of VA- and WWP-sponsored programs.

Comparisons with data collected and reported by the Bureau of Labor Statistics (BLS) indicate that, in general, the more serious economic empowerment challenges for younger WWP warriors include lowering their unemployment rates and raising their educational attainment levels. As the economy improves, their unemployment rates should improve. The recession has contributed to a near doubling of the jobless rates for 18- to 24-year-old males in both veteran and nonveteran groups from 2007 to August 2009 (Rones, P. April 15, 2010). Nevertheless, an improving economy will be insufficient to empower them economically unless they also acquire more education that leads to higher paying jobs with good benefits.

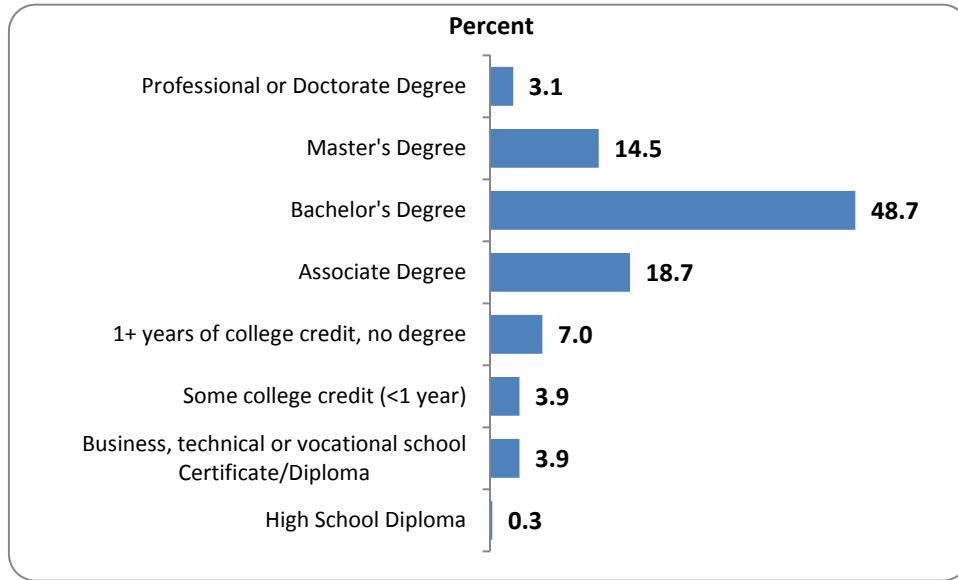
Although 2009 BLS data indicate that young veterans between 25 and 34 years old are less likely than nonveterans of the same age group to be high school dropouts (2% versus 12% for nonveterans), they are also less likely to have a college degree (19% versus 33% for nonveterans). As they pursue more education, that gap in college degrees is expected to disappear, as it has among veterans in the 35 to 44 age group (Rones, P. April 15, 2010).

Veterans with serious disabilities face greater challenges. For them, labor force participation rates, not unemployment rates, are the more informative data. In this section of the report, more data from the WWP 2010 survey and from BLS help to describe the challenges facing wounded warriors and some of the ways they are addressing them.

EDUCATION

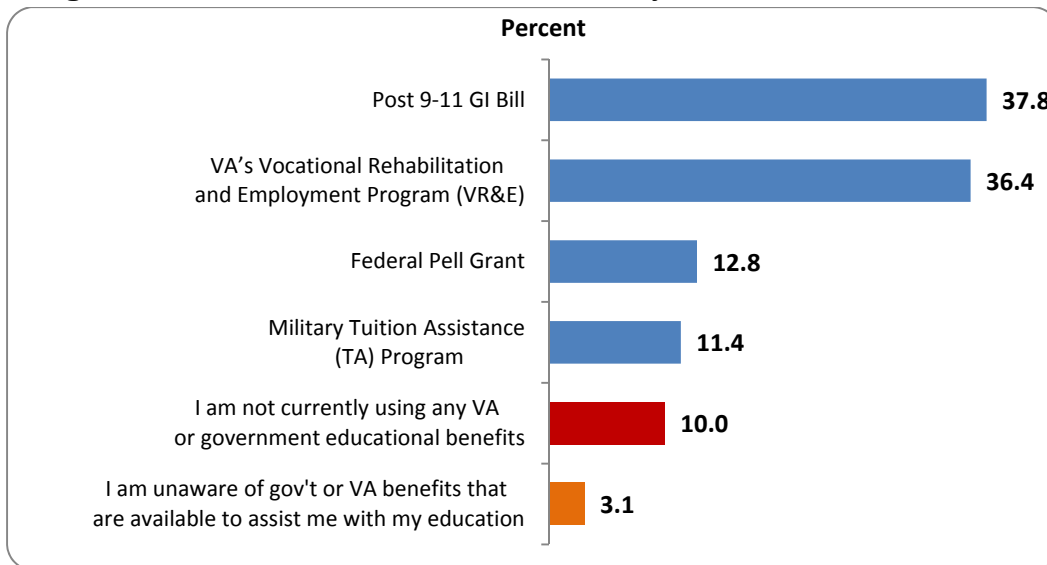
As noted earlier in this report, almost 80 percent of the Alumni who responded to the survey have less than a bachelor's degree. But about a third of these Alumni—32.1 percent (359 wounded warriors)—are now enrolled in school. Among them, 66.3 percent are pursuing a bachelor's degree or higher; 18.7 percent, an associate degree; and 3.9 percent, business, technical, or vocational school training leading to a certificate or diploma (Figure 48).

Figure 48. Degree or Level of Schooling Pursued by School Enrollees



The warrior respondents pursuing more education are using various government benefits to advance their education, with 37.8 percent using the Post 9-11 GI Bill and 36.4 percent using the VA’s Vocational Rehabilitation and Employment Program (VR&E). Of the 131 warrior respondents enrolled in the VR&E program, 58.0 percent are using “Employment Through Long Term Services – Training/Education” (Figure 49).

Figure 49. VA or Government Benefits Used by School Enrollees



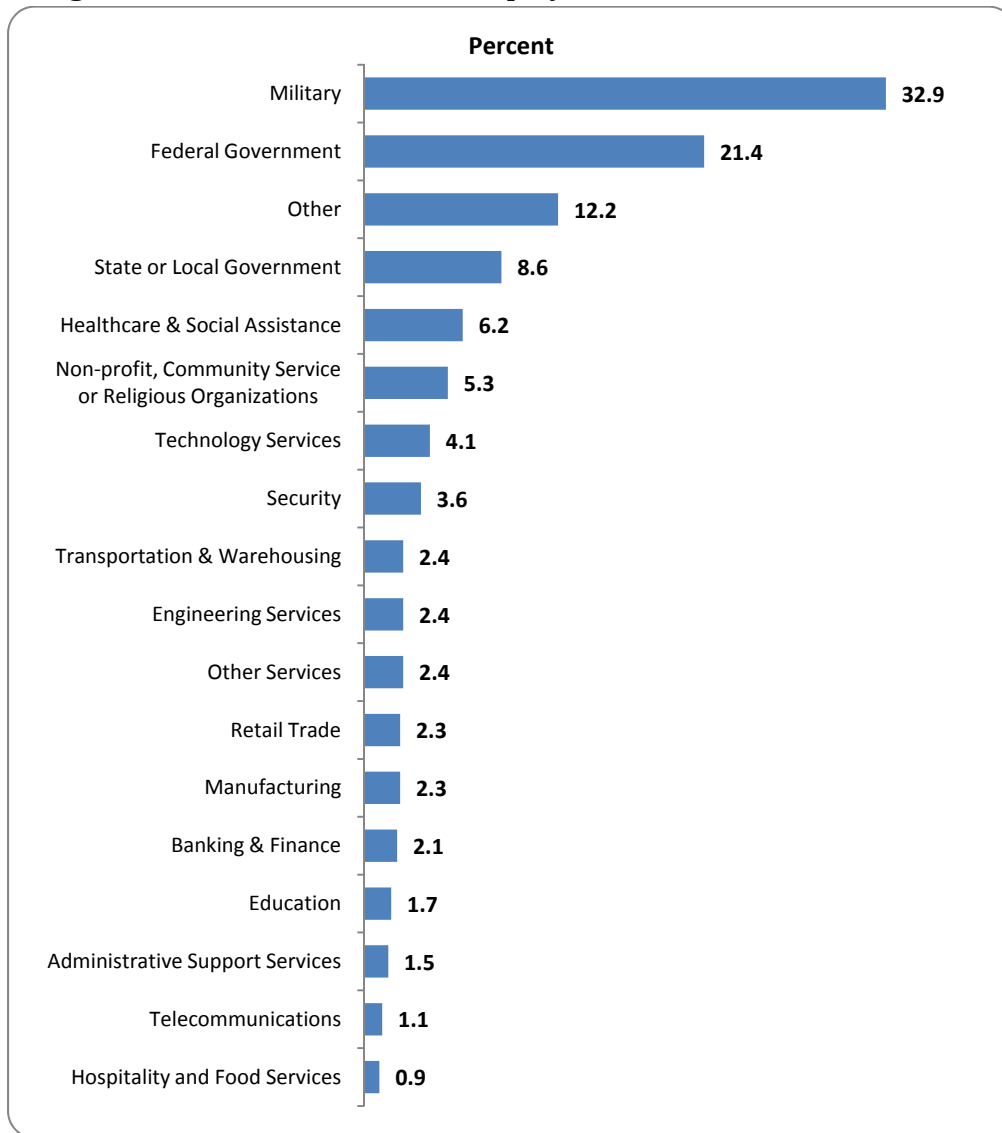
EMPLOYMENT STATUS

UNEMPLOYED/NOT IN THE LABOR FORCE. Slightly more than half the WWP respondents are either unemployed or not in the labor force (53.4%). Among this group, 31.2 percent ($n = 186$) are looking for work and have been doing so, on average, for 28 weeks. About half of them have been seeking employment from 21 to 100 weeks.

Among those who are unemployed or not in the labor force, 22.6 percent could have accepted a job the previous week if offered one or returned to work if recalled. However, most could not do so either because of their disability (55.8%) or for other reasons (such as being in school or a full-time homemaker; 20.4%).

EMPLOYED. Among the wounded warriors working either full-time or part-time, 5.2 percent are self-employed. Figure 50 shows the distribution of employed wounded warriors by industry. The most common “industries” are the Military (32.9%) and the federal government (21.4%). A total of 30.0 percent work in the public sector (federal, state, and local government). Of those reporting which industry(ies) they currently work in ($n = 498$), most reported only one industry (84.5%), 10.4 percent reported two industries, and the remaining 4.4 percent reported three industries.

Figure 50. Industries in Which Employees Work



BLS, Current Population Survey, Annual Averages 2009

Gulf War era II veterans: Served since September 2001

- Similar occupational profile to nonveterans; highest proportion in management and professional occupations:
 - About one-third of men (both Gulf War-era II and nonveterans)
 - 45 percent of women (Gulf War-era II) vs. 41 percent of female nonveterans

Source: BLS, March 2010, USDL-10-0285:

<http://www.bls.gov/news.release/pdf/vet.pdf>

BLS, Current Population Survey, Annual Averages 2009

Gulf War era I veterans: Last served August 1990 to August 2001

Similar occupational profile to male nonveterans but somewhat different for female veterans and nonveterans; highest proportion in management and professional occupations:

- Again, about one-third of men (both Gulf War-era I and nonveterans)
- 52.1 percent of women (Gulf War-era I) vs. 41 percent of female nonveterans

Source: Table 3 (<http://www.bls.gov/news.release/vet.t03.htm>)

BLS, Current Population Survey, Annual Averages 2009

Gulf War era II veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 28.4 percent vs. 14.3 percent of nonveterans
- Much more likely than nonveterans to work for the federal government:
 - 12.6 percent vs. 2.1 percent of nonveterans

Gulf War era II veterans with a service-connected disability:

- 31.8 percent worked in federal, state, or local government, compared with 27.2 percent of veterans without service-connected disabilities
- 16.7 percent worked for the federal government, compared with 11.8 percent of veterans without service-connected disabilities

Source: Table 4 (<http://www.bls.gov/news.release/vet.t04.htm>)

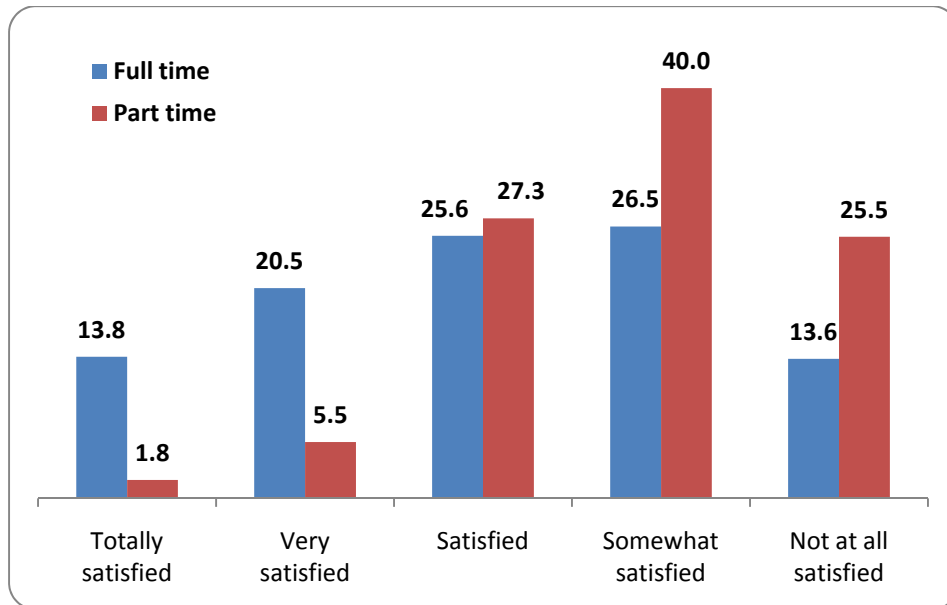
The median wage of part-time employees is one-fourth that of full-time employees even though they work, on average, more than half as many hours per week as full-time employees (Table 6).

Table 6. Summary Employment Information, by Full-Time and Part-Time Work Status

	Mean	Median
Employed Full Time (n = 457)		
During the past 12 months, how many weeks did you work?	42 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?	39 hr/wk	
How much is your current weekly wage?		\$800/wk
Employed Part Time (n = 56)		
During the past 12 months, how many weeks did you work?	31 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?	25 hr/wk	
How much is your current weekly wage?		\$200/wk

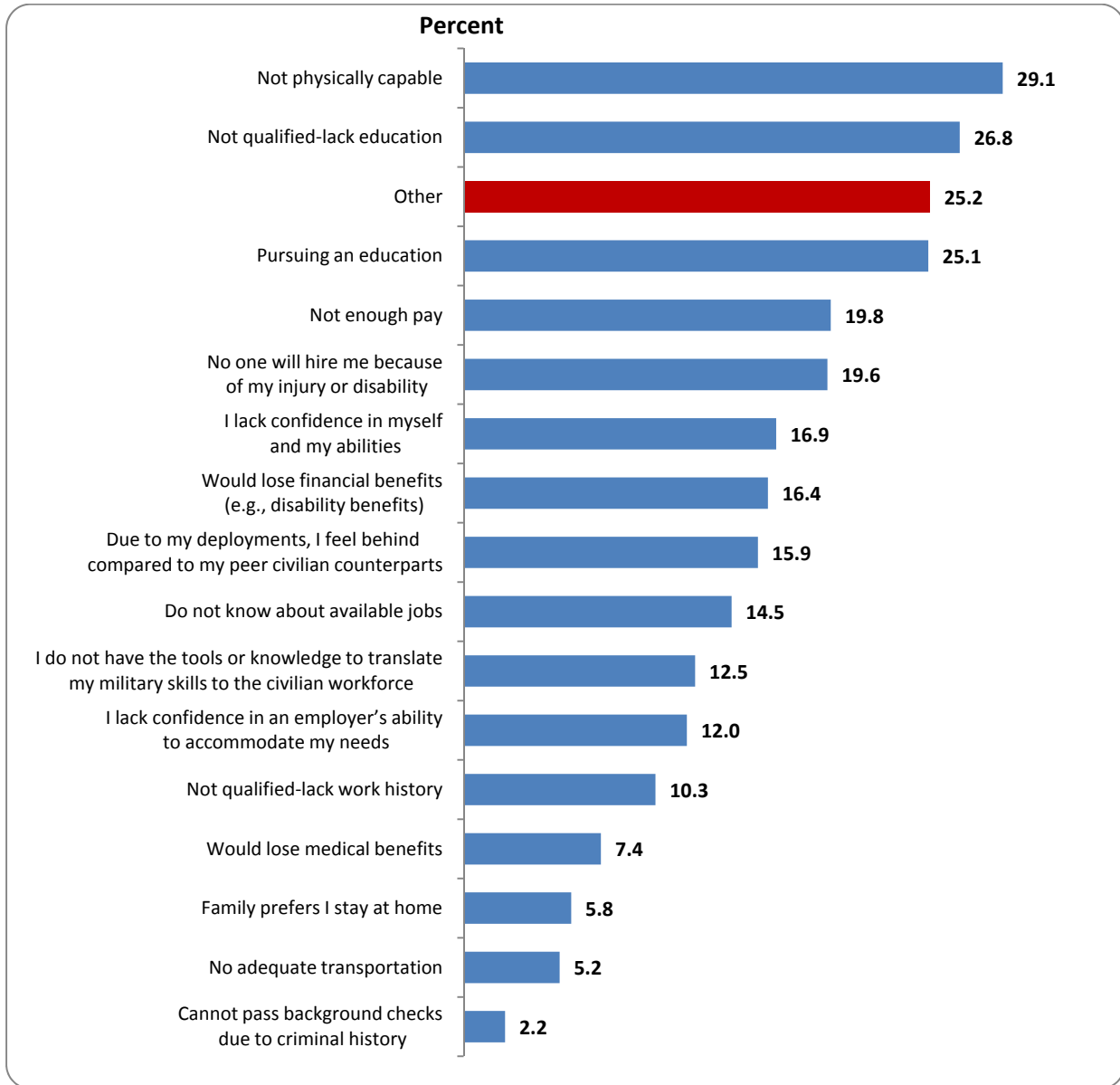
More than half (59.9%) of the full-time employed respondents are satisfied, very satisfied, or totally satisfied with their employment, compared with 34.6 percent of part-time employees (Figure 51). The proportions of part-time employees reporting they are only somewhat satisfied or not at all satisfied are notably higher than those for full-time employees.

Figure 51. Level of Satisfaction With Employment, by Full-Time and Part-Time Status



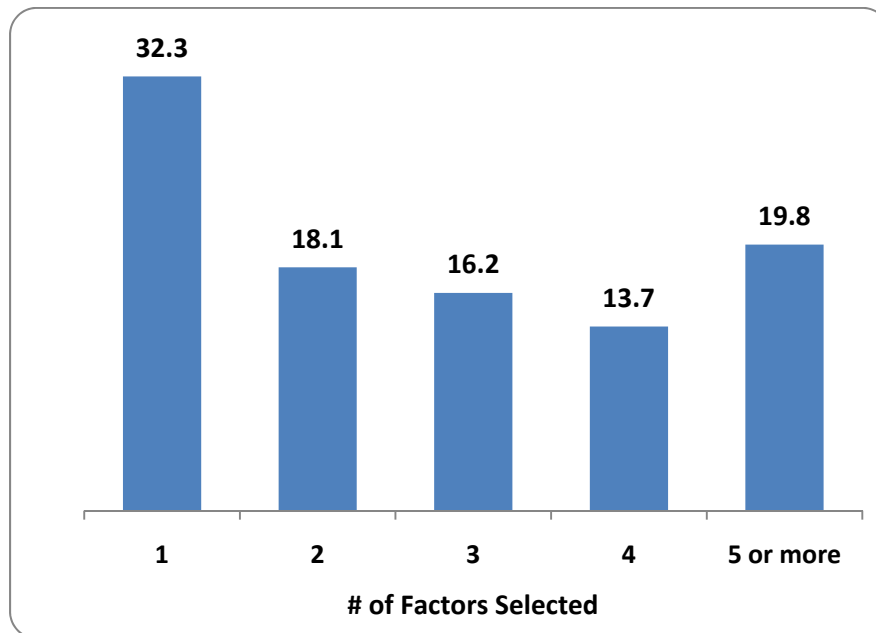
ALL RESPONDENTS. All respondents were asked which of a list of factors make it more difficult for them to obtain employment or change jobs. They were instructed to check all that apply. The results are presented in Figure 52. One-fourth or more of all respondents checked “not physically capable,” “not qualified—lack education,” and “pursuing an education.” One-fourth also checked “Other,” including 60.6 percent of those who are unemployed or not in the labor force. Three typical “other” responses included: still under treatment, medical/mental health problems, and anger/impatience.

Figure 52. Factors Making It Difficult to Obtain Employment or Change Jobs



Among the 989 respondents who reported factors, slightly more than two-thirds checked two or more factors (67.7%; Figure 53); the mean number of factors checked was three. Almost one-fifth of respondents (19.8%) checked five or more factors that make it difficult for them to obtain employment or change jobs.

Figure 55. Percentage of Respondents by Number of Factors Selected



The results for reported factors were crossed by employment status. The two factors checked by the largest number of respondents in each employment status group follow:

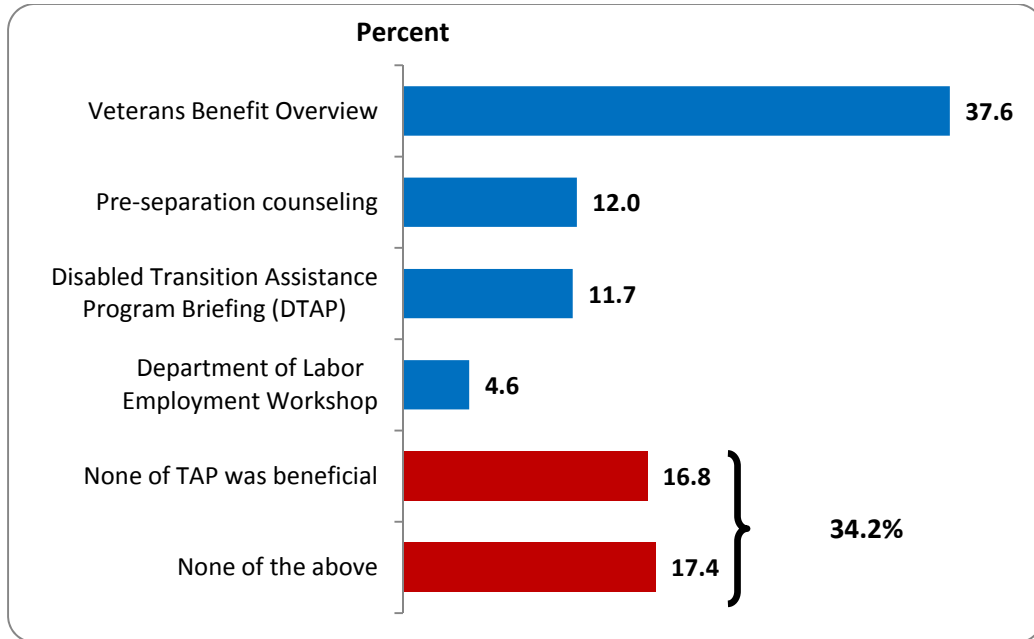
- ❑ Employed full time: “not qualified-lack education” ($n = 121$) and “not enough pay” ($n = 100$)
- ❑ Employed part time: “pursuing an education” ($n = 24$) and “not qualified – lack education” ($n = 21$)
- ❑ Unemployed or not in the labor force: “not physically capable” ($n = 241$) and “pursuing an education” ($n = 188$)

PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP)

The Transition Assistance Program (TAP) was established to meet the needs of separating service members during their period of transition into civilian life. The program, which offers job-search assistance and related services within 180 days of separation or retirement, is jointly administered by the Departments of Defense, Veterans Affairs, Transportation, and the Department of Labor’s Veterans’ Employment and Training Service (VETS).

WWP survey respondents were asked if they used TAP and, if so, which part of TAP was most beneficial to them. Nearly a third said they did participate in TAP (32.8%; Figure 54). Of those TAP participants, more than one-third (37.6%) said that the Veterans Benefit Overview was the most beneficial part of the TAP. Unfortunately, another one-third (34.2%) said that none of the TAP program was beneficial or at least none of the four components of TAP that were specifically asked about.

Figure 54. Parts of TAP That Were Most Beneficial to Respondents



INCOME

Respondents were asked to report two types of income received in the past 12 months: income they earned from work (includes wages, salary, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, second jobs), military reserves, and rent from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs.

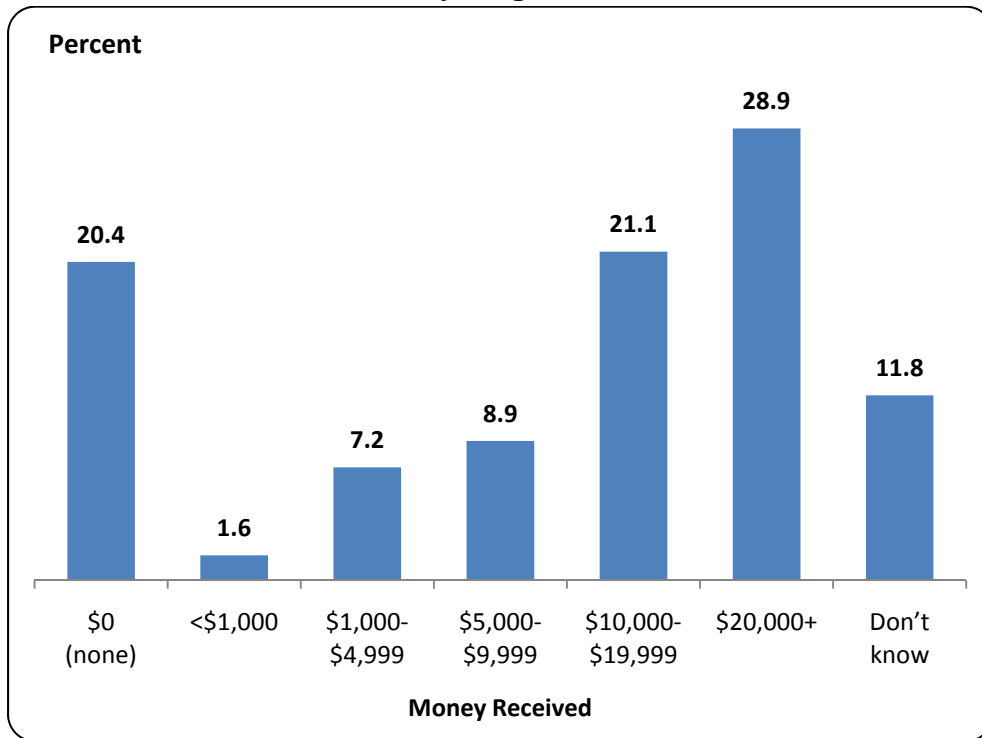
INCOME FROM WORK. During the past 12 months, 14.7 percent of the respondents earned \$20,000 to \$24,999 in income from work; half of the remaining respondents earned more than that amount and half earned less. For 40.3 percent of the respondents, reported work income was less than \$10,000. For 16.8 percent of them, work income ranged from \$50,000 to \$99,000. in the past 12 months.

Among those who reported they were currently employed full time, 10.4 percent earned \$40,000 to \$44,999 in income from work; half of the remaining full-time employees earned more than that amount and half earned less. For those currently working part time, 17.8

percent earned \$10,000 to \$19,999, with half of the remaining part-time employees earning less than that amount and half earning more.

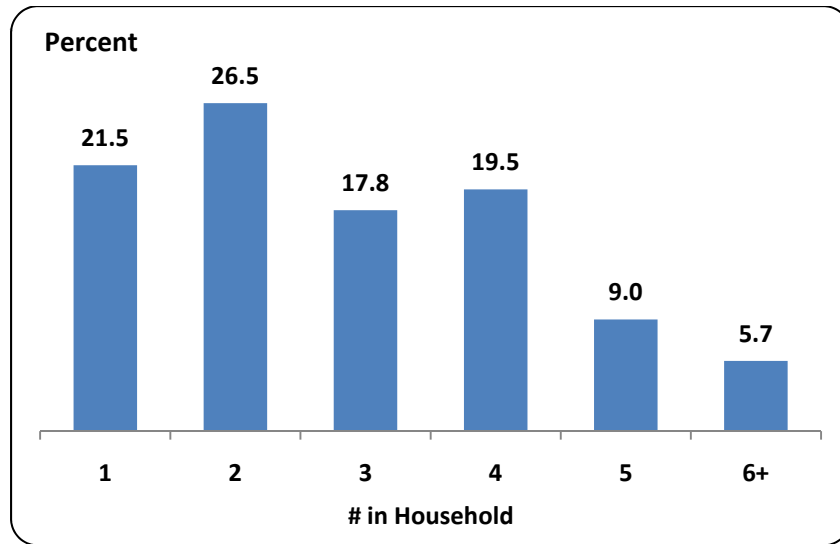
OTHER INCOME. Respondents were asked to report money received in the past 12 months from various benefit, cash assistance, and disability programs. Nearly 30 percent received \$20,000 or more (28.9%) in income from those sources, and about a fifth (20.4%) received no income from those sources (Figure 55).

Figure 55. Money Received in Past 12 Months From Various Benefit, Cash Assistance, and Disability Programs



HOUSEHOLD SIZE. The number of people in the warrior's household supported by the warrior's income was usually four or fewer (Figure 56). Fewer than 15 percent of households consisted of five or more people.

Figure 56. Number in Household Supported by Respondent's Income

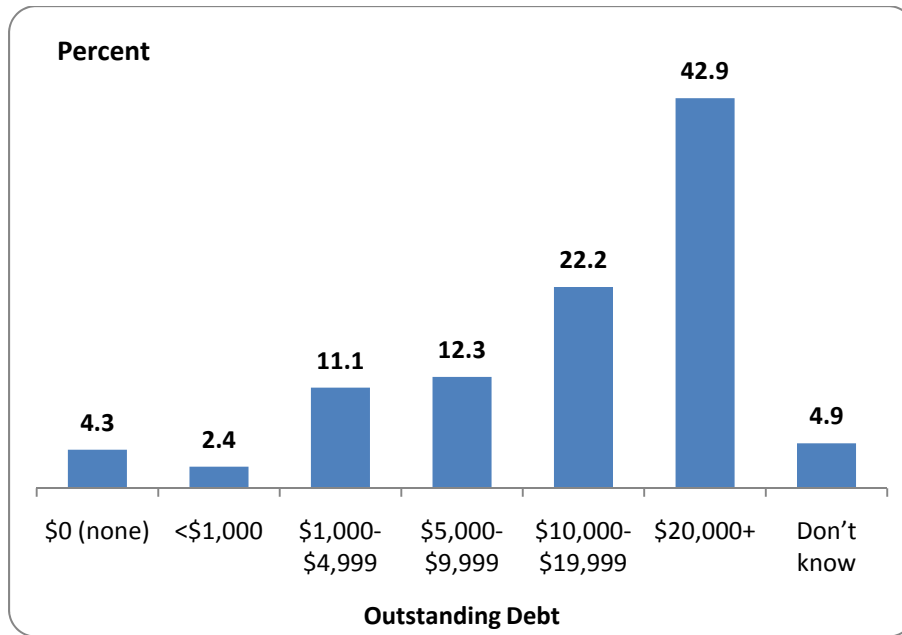


DEBT

The survey asked respondents to report their total outstanding debt and all forms of current debt.

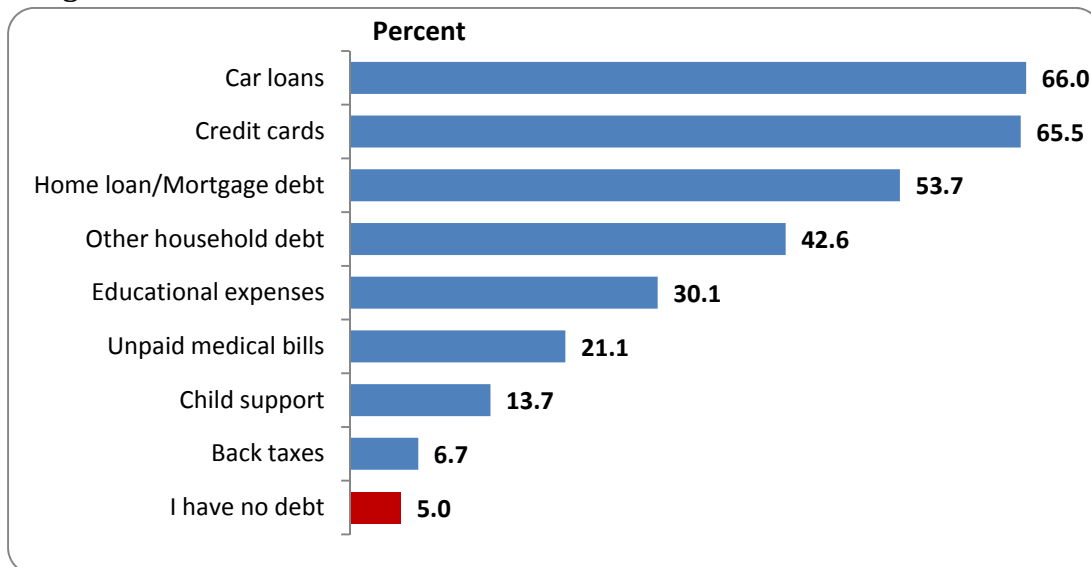
TOTAL DEBT. Excluding mortgage debt on primary residence, the total amount of outstanding debt currently held by respondents ranges from none (4.3%) to \$20,000 or more (42.9%; Figure 57). Approximately 5 percent of respondents did not know the amount of their outstanding debt.

Figure 57. Total Amount of Outstanding Debt, Excluding Mortgage Debt



FORMS OF DEBT. Car loans and credit card debt are the most common forms of debt, followed by home loans/mortgage debt and other household debt (Figure 58). Only 5 percent of the survey respondents reported they have no debt. Multiple forms of debt were common. For example, among those reporting debt ($n = 1,023$), half reported either three or four types of debt, 12.0 percent reported five types, and 6.4 percent reported six types of debt.

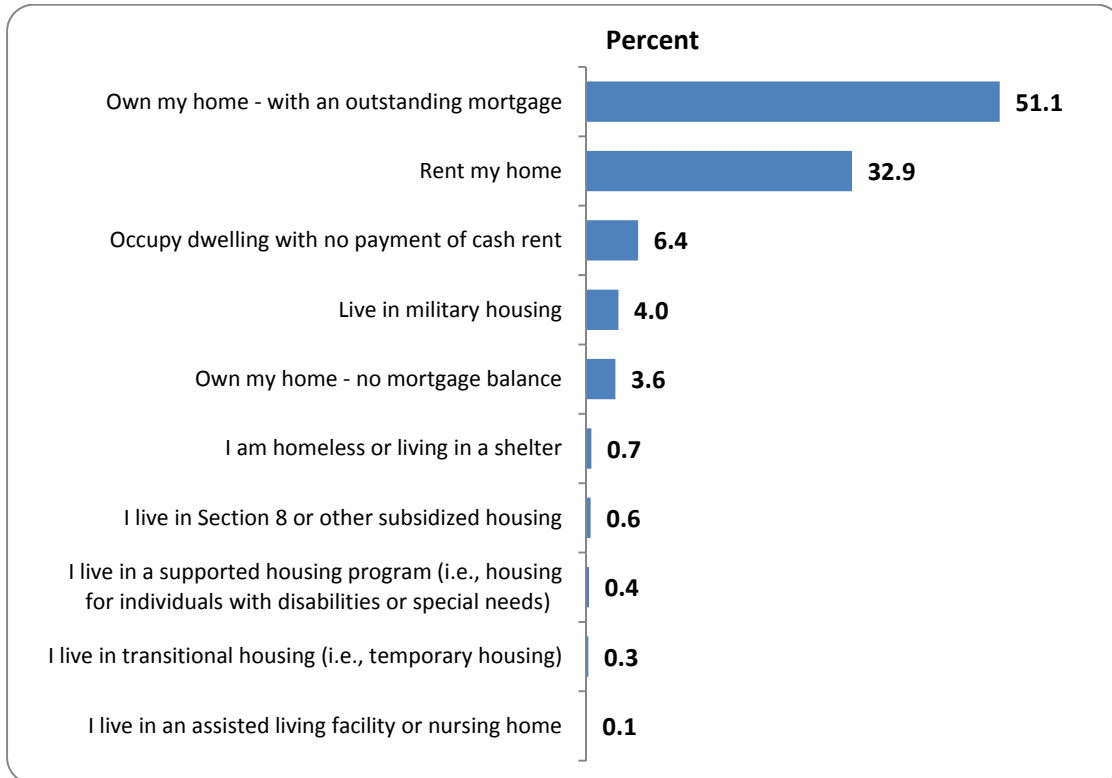
Figure 58. Current Forms of Debt



CURRENT LIVING ARRANGEMENT

About one-half of the respondents (51.1%) currently own their own homes—with an outstanding mortgage (Figure 59). Another 32.9 percent rent their homes.

Figure 59. Current Living Arrangement

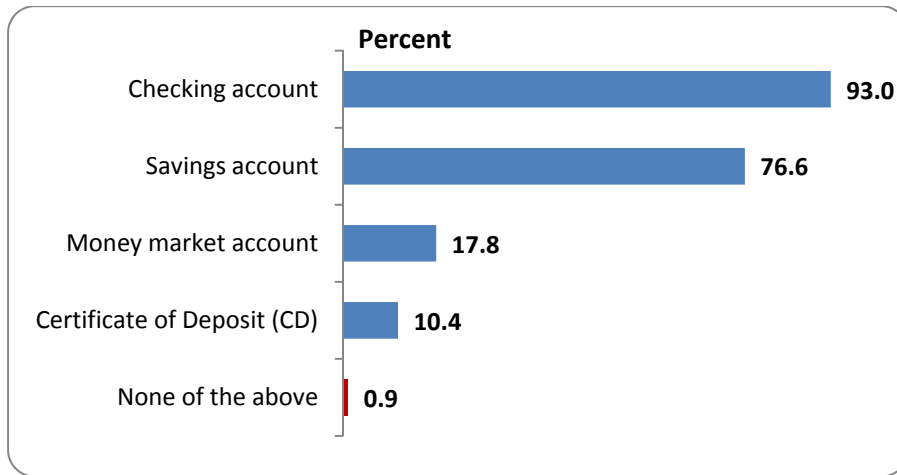


FINANCIAL ACCOUNTS

Respondents were asked about types of accounts they have with financial institutions and about their participation in saving plans.

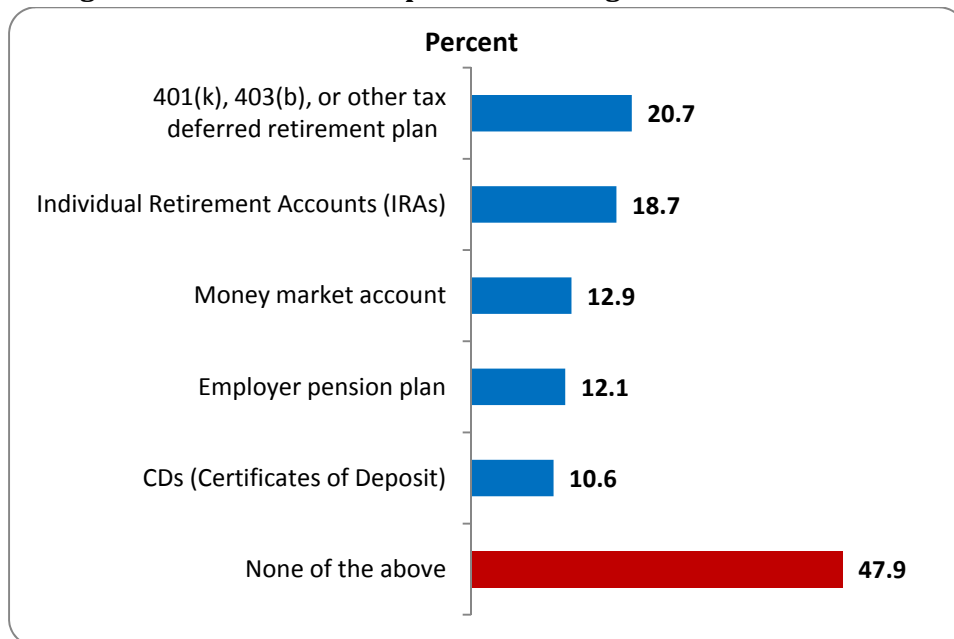
ACCOUNTS WITH BANKS OR OTHER FINANCIAL INSTITUTIONS. Most respondents (93.0%) currently have bank accounts, and about three-fourths have saving accounts (76.6%; Figure 60). Also, 17.8 percent have money market accounts. Ten respondents (0.9%) reported they have no current accounts with financial institutions. Among those with accounts ($n = 1,055$), more than half (58.8%) have two accounts and 18.8 percent have three accounts.

Figure 60. Types of Accounts With Banks or Other Financial Institutions



SAVINGS PLAN PARTICIPATION. Almost half of the respondents (47.9%) are not currently participating in any savings plans (Figure 61). Of those participating in savings plans ($n = 517$), most participate in either one savings plan (59.2%) or two savings plans (27.7%).

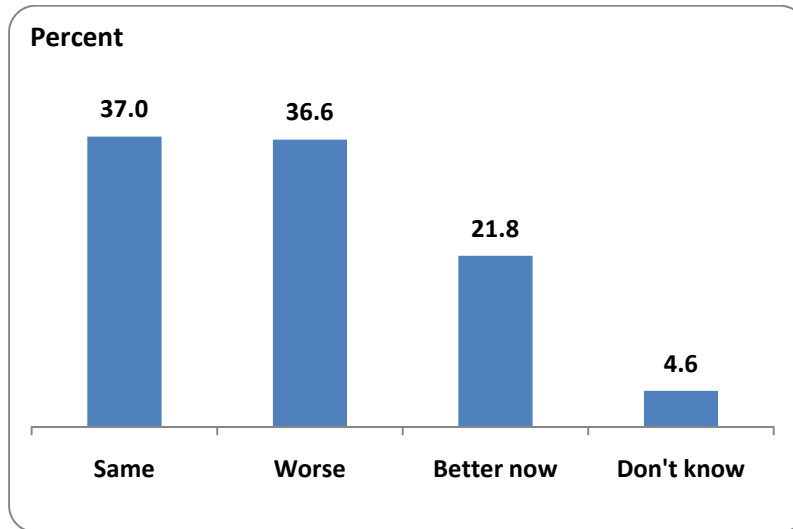
Figure 61. Current Participation in Savings Plans



OVERALL ASSESSMENT OF FINANCIAL SITUATION

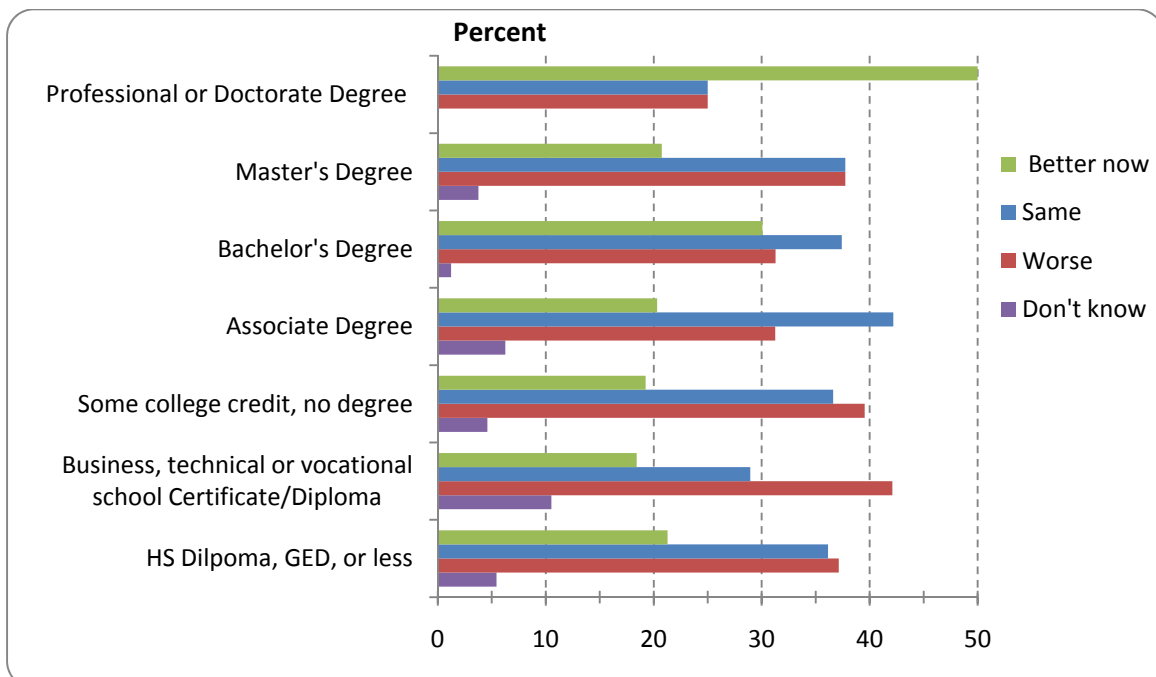
Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago. Only about one in five (21.8%) respondents reported their financial status is better now (Figure 62).

Figure 62. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



The next two figures show the results for current financial status relative to a year ago by highest degree or educational attainment and by employment status. The results suggest a mostly linear relationship between educational attainment and financial status relative to a year ago: Those with more education generally reported their financial status as better now or the same as a year ago, and those with less education reported it is the same or worse than a year ago (Figure 63).

Figure 63. Overall Assessment of Financial Status by Highest Degree/Level of Education



When the overall financial assessment data are crossed by employment status, differences appear between full-time employed respondents and others. Among respondents employed full-time, the highest percentage (41.1%) reported their overall financial status is the same as a year ago (Figure 64). In the other two groups—part-time employees and respondents who are unemployed/not in the labor force—the highest percentage in each group reported their financial status is worse than it was a year ago (44.2% and 45.4%, respectively).

Figure 64. Overall Assessment of Financial Status by Employment Status

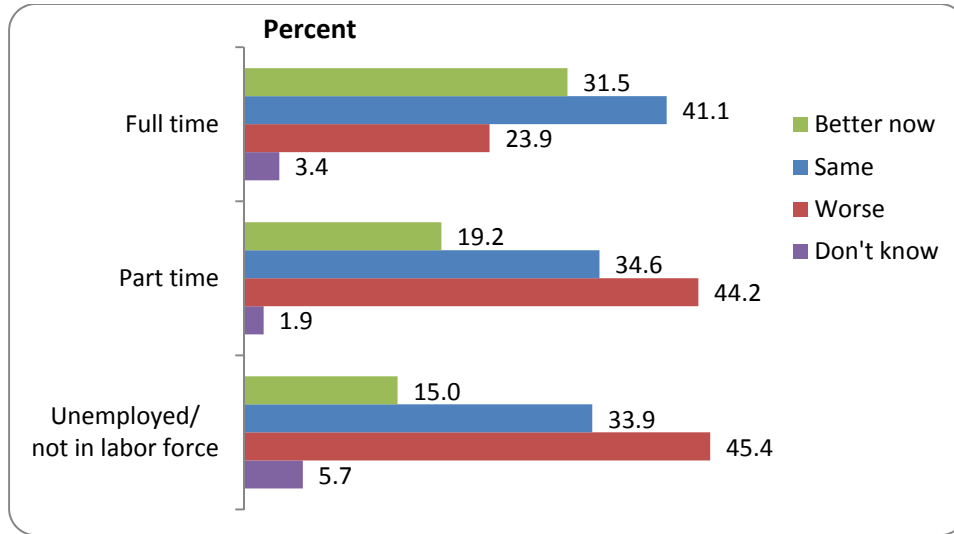


Table 7 shows the results when current financial status relative to a year ago is crossed by year of injury. For 6 of the 10 years from 2001 to administration of the survey in 2010, the percentages are highest among respondents reporting their overall financial status is worse than a year ago.

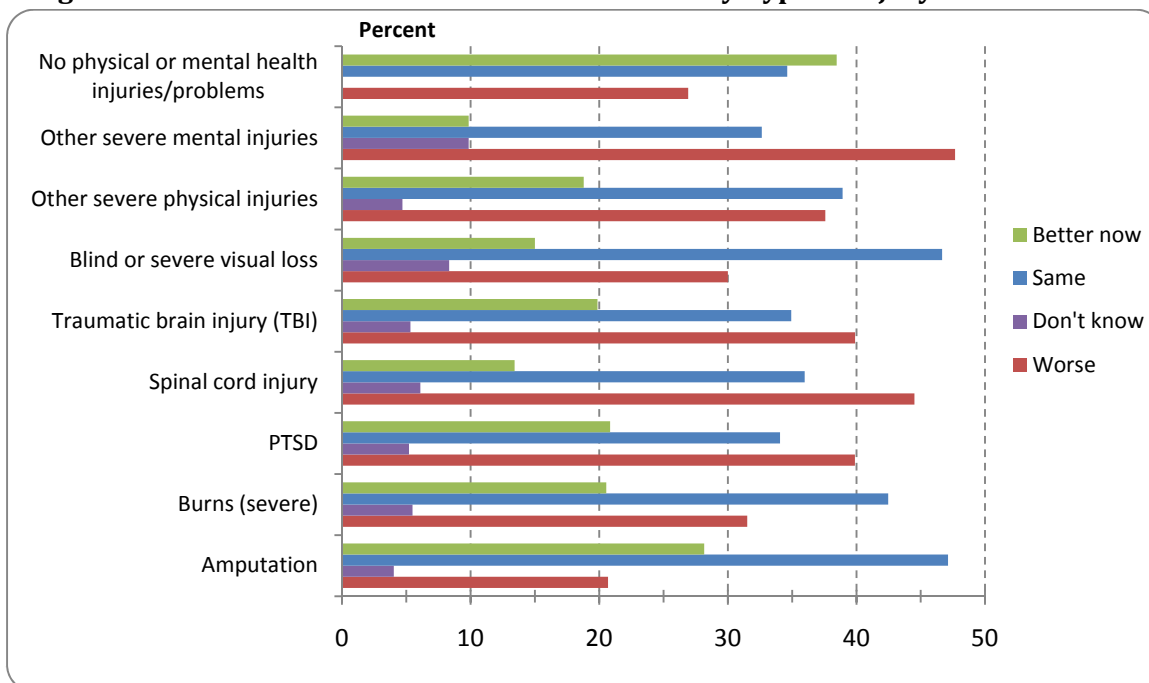
Table 7. Overall Assessment of Financial Status by Year of Injury

Year of Injury	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
2001	30.0	50.0	20.0	0.0
2002	33.3	37.5	20.8	8.3
2003	33.9	38.0	24.6	3.5
2004	37.6	34.4	21.7	6.3
2005	37.3	39.2	20.6	2.9
2006	43.6	38.2	13.3	4.8
2007	35.9	36.6	22.1	5.5
2008	31.0	31.0	32.1	6.0
2009	71.4	14.3	14.3	0.0
2010	33.3	66.7	0.0	0.0

Note: Percentages in boldface type are the highest percentage responses for the specified year. Year 2010 represents only warriors injured early in the year.

Within each injury category, the percentage of respondents saying their financial status is worse than a year ago is proportionately highest among four injury groups: other severe mental injuries (47.7%), spinal cord injury (44.5%), traumatic brain injury (39.9%), and post-traumatic stress disorder (39.9%; Figure 65).

Figure 65. Overall Assessment of Financial Status by Type of Injury



Overall assessment of financial status was also crossed by VA disability rating. Two groups of respondents—those reporting a 100 percent VA disability rating and those with no disability rating—assessed their overall financial status as being the same now as a year ago (Table 8). For nearly all other VA disability ratings groups, respondents were most likely to report their financial status as being worse than a year ago.

Table 8. Overall Assessment of Financial Status by VA Disability Rating

VA Disability Rating	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
I have a VA claim pending or on appeal	36.9	39.3	15.6	8.2
10%	38.9	61.1	0.0	0.0
20%	35.7	35.7	21.4	7.1
30%	25.0	42.9	25.0	7.1
40%	30.3	36.4	33.3	0.0
50%	32.7	44.9	18.4	4.1
60%	28.0	50.7	18.7	2.7
70%	32.1	39.3	22.6	6.0
80%	29.8	38.6	26.3	5.3
90%	33.7	48.8	16.3	1.2
100%	43.4	27.5	23.3	5.8
I do not have a disability rating	44.1	27.9	26.5	1.5

Note: Percentages in boldface type are the highest percentage responses within the specified disability rating

MAJOR THEMES IN COMMENTS

Survey respondents were given the opportunity to comment on the most challenging aspect of transitioning back into civilian life and how the Wounded Warrior Project or other Veterans service organizations can help in alleviating this challenge. The following themes were identified in the comments they provided. Open bullets represent quoted material as written on the surveys.

OVERARCHING THEME: DIFFICULTY ADAPTING TO LIFE AT HOME

- Problems adapting to civilians/civilian life (converse problem - leaving structure of the Military)
 - Civilian life itself. We are trained combatants, with no enemy to combat. We are caged lions, broken spirits and lost souls. We have done and seen things no other person would understand, and we suffer for our sacrifice. There is no easy part of civilian life, it's just another war.
 - The most challenging aspect of returning to civilian life is missing the structure, togetherness and teamwork of the military.
 - The average civilian does not understand the challenges combat veterans face, especially wounded ones, and they really do not care to learn, it seems.
 - I want nothing more than to go back and die a hero, It would be easier than dealing with civilian life.
- Need for public awareness around issues of those in military and returning vets
 - people not understanding the effect of this kind of long ongoing warfare.

OTHER THEMES

SPECIFIC DIAGNOSES/INJURIES CITED (in order of frequency):

- PTSD
 - having people understand how PTSD effects the wound warrior.
 - Most challenging is the military screwing veterans over PTSD issues. Many veterans are being pushed aside by military "psychiatrists" who have been counseled to not issue the "PTSD diagnosis" and instead are diagnosing veterans with "readjustment disorder" - help us fight this injustice!!
- TBI
 - I am classified as "locked in syndrome" from TBI, I communicate by eye blinks, unable to speak or move my body purposefully. My mother manages all my daily activities, therapies & research. I don't have visitors, my friends have abandoned me. Family & caregivers are with me 24/7, I live at home.

- Miss talking to other vets from Iraq. Due to my TBI and not talking much yet and having to rely on my parents for everything it's hard for me to go places and meet them in person and I can't access the internet yet without help from my family. I would love to meet them in person and just hang out with people the same age and same experience.
- Being 100% blind with a penetrating TBI is a daily challenge. Being blind I burn off 2-3 times more energy than a normal person. I am on medications for seizures. If I would gain too much weight too fast or too slow I could have a seizure. Weather conditions and any travel away from my living area are a challenge. I need assistance for most of my daily living. Because of the seriousness of my TBI, I am prone to infection, any infection left undetected could lead to serious brain damage or death if not taken care of immediately.
- Mental/emotional health/cognition issues
 - Feeling of isolation even when surrounded by others. Anger and frustration at feeling depressed.
- Loss of limb
 - med boards total 470%. I am paralyzed, missing my arm, other hand paralyzed, burned.
 - being an amputee (bilateral AK) my life was kind of turned upside down when I came home.
- Blindness
 - Being 100% blind with a penetrating TBI is a daily challenge

ATTITUDE/MENTAL HEALTH

Warriors mention:

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
 - not really sure, I just know I am alone and find myself not caring, I have to try not to think about taking my own life every day, I feel broken and unable to return to civilian life, My wife left me after the war my family won't talk or see me, I don't know what would make things better.
 - There's no routine anymore. There's nothing that defines you anymore. Especially when you are injured and you can't do anything anymore....you just sit at home and think about how useless you are now....you transitioned into nothing....a waste of space. I know that sounds bad...but that's how I feel most of the time.
- Apathy/Lack of Purpose/Lack of Motivation
 - My biggest and longest running challenge is apathy, I couldn't care less about things and events around me, I don't want to care for some reason, I have such a lack of desire it's scary.

- Difficulty coping
 - Just becoming a functional person again. Getting the tools I need to become self sufficient. Being able to read the computer for myself and not having to rely on others to read and answer questions for me. I don't know for sure. I feel lost.
- Feelings of rage/anger
 - Feelin angry and hate full all the time.
- I have changed or lost part of myself
 - i would have to say that the hardest thing is that i lost a part of me over there and all i want is to get back what i lost.
- Trust Issues
 - After what I've seen other people do to each other, I am very untrusting and sometimes even more that a little bit frightened.
- Difficulty asking for help
 - The worst part is asking for help. In my opinion, trust issues keep veterans from fully integrating and from admitting problems even to themselves.
 - I need help but since I work 9 to 5 it's hard to seek services unless I take time off from work and I can't afford to do that because I have to provide for my son and his mother.
- Not feeling cared for/taken care of (refers to society in general as well as to service providers—especially military and VA)
 - Helping us stay connected, taking care of us no matter what, like when we were asked to serve, we did not hesitate to pick up our rifle, leave our families behind and knowing that there was a big chance that we would not make it home back to them. Our families as well, they let us go, they cried but they knew we volunteered and they supported us, all we ask is for the United States of America to take care of us now, we deserve it.

TRANSITION PROCESS, GENERAL

Difficulties include:

- Financial burden
 - Learning to live on less than half the income was the hardest thing to get used to. I don't know how anyone can help.
 - no one has been able to assist me return to my 20yr postal job. I've lost my home, life savings, hope. The IRS wants \$450,000+ and every lawayer has robbed me. I've had to live in my car, shoplift for food trying to keep my composure believing SOON my nightmares would be over.

- Transition time from deployment/WTU to home is too abrupt
 - In 2006 when I got home, we were read a line of stuff from the VA saying what we were entitled to. We got a talking to by the battalion chaplain, and got cut loose. No transition, no nothing. From combat to American streets in 3 days. I am still struggling with what a social worker called "problems transitioning back into regular society".
 - When i got back from iraq, i was already over my ETS date so when i got back in country it was a real rushed process to get cleared of the post. Never once had a formal out processing class or directions on how to get the help i needed. so i feel like i was thrown under the bus after i completed my service overseas.

- Need more transition assistance for families, as well as military member or Vet
 - There needs to be an organization that prepares the families of a returning war vet of what to expect when the soldier comes home. Time helps but it is so overwhelming when you finally get home and nothing is ever the same.
 - I was placed in Community Care when I got back from Iraq which left my wife fending for herself to take me to doctors while I had 10-12 seizures a day. If somebody would have just checked on her, it would have alleviated the burden (or at least the stress) just a bit.

- Transition around disabilities particularly cited
 - People don't understand disabilities and seem to have very little tolerance in helping those with disabilities. I went back to work at a military base and the building wasn't handicapped accessible. Some things have been changed, but it took almost a year to have a bathroom that was wheelchair accessible. And even though it is now handicapped accessible by standards, it's not really double above-knee amputee accessible. Mainly, I think employers don't understand my concerns because they don't come across people in my situation very often, if ever. You'd think that military employers would be more understanding since many veterans are disabled, but that doesn't seem to be the case.

- Difficulty finding/keeping job
 - No one hires me in Law enforcement because of my injuries. Very Frustrating when I pass even the Physical tests and they tell me I "Might" have problems in 10 or 20 year!!!!
 - I can't seem to get a 'regular' job and keep it for too long.
 - I came back to unemployment in July 2003. It was most disheartening to go from a vital part of the war to unemployment.
 - Prior to my deployment I had a thriving business of my own. I was a building maintenance contractor and Realtor. I worked hard for over 5 years to get my business where it was and now it is gone. (I lost money while being in the military.) There are no programs for me to re-start my business. I spent a lot of time and money to get where I was. If there were a grant or guaranteed low interest loan that was available I would be able to get back on my feet. I need to start a new office and try and get clientele back.

- Difficulty translating military training/experience to civilian world
 - Transitioning with the skills learned in the military that do not transition to an employable skill.
 - The professional and social networks developed in the military may not connect prior military service members to civilian networks. Entering the civilian workplace after 4, 6, or 8 years of military service may make us late-comers to the field, especially if it is completely unrelated to national security. Often, peers in our age group have had 4, 6, and 8 years on that job, and we are brand new.
 - The stark difference in civilian job skills required (certifications, etc.) and the recently former duties and responsibilities when serving. To coin a phrase "from Hero to Zero". The phrase "unrelated experience and insufficient education / certification for the position applied ...".
- Difficulty finding a local support system, especially in states with no military base
 - Finding a support system outside of States who do not have military bases.

TRANSITION PROCESS, MILITARY/VA

- Difficulty getting information on programs, benefits, services
 - Just getting all the information of what is available for me is challenging. Also getting the assistance that I am entitled to creates a hardship when the VA tells you that there are no resources in your area. It can be nerve wrecking and frustrating.
 - The aspect I have found most difficult is gathering information on the programs (VA, Private etc) available for different situations and applying for the right ones in a timely manner to allow for "administration" time while meeting real world deadlines.
 - Helping to let the VA benefits that are out there to be more known. And making it more clear who is able to get what benefit.
 - Dealing with all the agencies namely DFAS, SS, OPM, VA. Dealing w/constant changes at VA and mental health care. It is very irregular.
- Difficulty negotiating systems, especially military disability
 - Since I have retired from the military I have had a hard time getting the VA to adjudicate my claim and to offer me a fair compensation for my injuries. I have been waiting nine months for the VA to adjudicate my TBI, and Burn Pit exposure issue however it seems that there dragging there feet. I would hope that the program would offer more assistance to me and my wife in this regards.
 - Its taking too long for my tsgli to be approved. I keep getting turned down.i meet all the requirements.the new des program at walter reed is a joke from 06 till 2010 i waited for my unfit for duty letter and my nguard unit is not supplying me w/ my discharge packet
 - I am in the med board process, and I have no idea what is going on. My husband can't work because he takes care of me, my medical care and treatment plans are unknown so I feel like I am being just pushed through the system anyway, and so I

do not have anything to go off of to even try to come up with a plan. I am always afraid that at any moment I will be told it is done and I am out - leaving my family with no where to go. I am afraid because then its like - we are out of military housing and now what? I have fell through every possible crack inj the system and paperwork problems starting with my medevac that made "red tape" at every corner. It is so bad that I was at walter reed and no one even knew I was there. Due to paperwork issues, I did not ever get fully inprocessed- which means no programs are even tracking me- no nma, we had to find our own place to live even without help, and out of pocket. It is a true nightmare.

- Need better link to services for vets, as well as consolidated service delivery sites Finding assistance in a centralize location in my community that could assist
 - Wounded Warriors Transition into civilian life. Everything is so broken up, VA has their own thing, DOD, WWP, etc. There is not one place. It does make it hard especially for those who has TBI like myself.
 - VA is very hard to contact and when you try to contact them it sometimes takes calling them 2-3 days.
- Difficulty managing continuing health care needs/appointments
- There is so much assistance that is not available to the troops with the mental health issues that is available to the ones with the physical injuries.
- Services delivered by others with military experience would be helpful
- Get Veterans to treat veterans. Civilian immersion in military environment would help. My wife is a Veterans Affairs employee and most employees have no clue how to treat veterans< only civilians.
- Advocates/mentors needed
- I require a mentor from my community who has similar background and experience.
 - Maybe have a veteran sponsor for each disable vet and his family to provide guidance and encouragement transitioning back to civilian life.

SOURCES OF HELP

Most frequently mentioned sources of help are:

- WWP
- I spent my time in the military as an Army Reservist. I think that the Wounded Warrior Project is a good program and does a lot for severely wound military members. I think that emphasis should be placed on the more severely wounded. As a person who received very minor injuries I think that as part of the Alumni program I could probably benefit more by assisting others with more debilitating injuries.
 - the wounded warrior project is the only veterans organizations that help the veteran and the family members try to get back with their life. God bless them for everything they have done for my family and me.

- I would say one of the biggest benefits of the WWP is putting me in touch with other Veterans, so I can help them and they can help me.
- Military and veteran buddies
 - Connecting with other OIF/OEF groups, organizations, or individual and staying connected. The personal kinship that Combat Veterans share in their experiences cannot be replaced and is the best form of therapy.
 - word of mouth from fellow veterans has helped me more than any other veteran's organization.
- VA and Vet Centers
 - I am now working full time with the Vet Center and going to school full time. Without the help of the Vet center, I would not be where I am at today.
- Some specific individuals/programs in military and community settings

Individuals and programs mentioned were in a variety of public and private settings and roles.

BARRIERS AND ROADBLOCKS ENCOUNTERED

Most frequently mentioned are:

- VA (red tape, lack of information on benefits, denial of benefits)
 - The VA is not helpful at all. Transition requires working. They have no hours conducive with maintaining a steady pay check and still receiving the assistance needed. The majority, not all, of the MEDPROs are not interested in helping particular ailments but instead follow a checklist. Many are unprofessional and not helpful.
 - Combating the VA and its twisted ways in their unwillingness to simplify our claims. It is true that knowledge is power and he who has it with regards to claims and benefits will prosper. The most challenging thing for me was the lack of concern for me and my family as we suffered financially until I started receiving my benefits. We really needed financial aid during these trying times and the systems that were laid on for us are not what they seemed.
 - Having actual assigned case workers to help us file all paperwork needed. Also respect veterans that did more and have suffered as much or more than the ones that deployed and got injured overseas. I got more injuries than the average of a veteran I was stateside because of my job. My daughter has injuries as well because of my job. Which this is more sickening to me.
 - Understanding from the old VA system. Would like new VA system with new employees.

- Finding government support for government initiated problems. I continue to hear about the great benefits that are out there for veterans, however, almost every time I've asked for help I've been turned down/away.
- Military/VA disability process (slow, questions about fairness)
 - the hardest thing to me is after being medically discharged having to wait for SSI-SSDI determination and VA disability rating. unable to work until you get the ratings.
 - The military medical boards are not offered to all injured and wounded troops; they are more concerned about discharging veterans to pass their responsibility on to the VA. The VA claims process is too lengthy often requiring ongoing appeals which equates to years before you get the level of help you need.
- Inconsistency in Military and VA findings regarding disability
 - I have a 60% Army disability and at the same time 30% VA which makes no sense.
- Federal employment
 - While working for *(US Gov Agency name redacted)* I was a supervisor prior to deployment. I had so many issues trying to get time to recuperate that I had to go part time at work to get the time I needed to recoup. When I lost my job on the floor and offered a job in the office they would not give me the full time hours I needed because I was part time because of my disability. There were so many issues with this site that 2 other OIF veterans had to quit because there was no support for us here. I also lost 2 major pay raises because I went overseas. for being a government agency there has been no support.
 - My values of fairness and right and wrong cost me a great paying job; (i.e. was making over \$70,000 yearly) I had a great job with the federal government, working for *(US Gov Agency redacted)*. I turned in a fellow employee for drinking and driving a government.... I was retaliated against and told to resign or be fired. I thought I was protected by federal law, but I was wrong. I come back from war after being wounded and find myself being kicked to the curb when I tell my superiors about unsafe acts and illegal working practices by fellow employees in a federal government job.
- WWP *(these tended to be lack of services/activities in respondent's locality)*
 - Establish a full time position with WWP in the my area *(specific location redacted)*
 - We need to have a WWP rep in every State and or cities with populated with veterans so we can make an outreach for one another and keep each other in the loop of activities going on...
 - WWP was and still is a big part of my life and is the second most helpful tool in my recover next to my family. But not having events or possibilities for Wounded Soldiers up north clearly is a huge disappointment. I have even volunteered to be a representative here in *(location redacted)* for WWP so we can have something. I miss WWP and so do a lot of the Wounded Warriors here.

- Back in October or November I tried to contact the WWP and left a message for someone that had knowledge in VA Benefits call me. Never had a phone call. This was very disappointing to me.
- If I were WWP, I would put the number one focus on creating a better workforce network and then put that to work for veterans. Job placement is what I'm talking about here, and WWP should lead by example and hire a few veterans (OIF/OEF Combat Veterans). Personally, I'd rather get help from someone who's been there and has overcome their disabilities, than listen to someone who hasn't. It only makes sense people. Would you take stock advice and invest based on the knowledge of someone who's never invested before? NOPE. And you also wouldn't take advice on how to bounce back from financial ruin from someone who's never been in financial ruin. Why, because it's deeper than the money. There is an emotional stressor that can only be understood through the actual experience.

CONCLUSIONS

In this section of the report, selected characteristics of respondents to the 2010 WWP Survey are highlighted, and challenges to economic empowerment and a successful adjustment to civilian life are briefly discussed. The survey data clearly indicate a need for the types of programs and services that WWP provides and advocates for on behalf of wounded warriors.

PHYSICAL AND MENTAL HEALTH

Many WWP respondents have sustained serious injuries and witnessed traumatic experiences that pose challenges in improving their physical and mental well-being. More than three-fourths reported they had experienced post-traumatic stress disorder (PTSD), more than half reported other serious physical injuries, and just over half said they had experienced traumatic brain injury. Almost three-fourths of WWP respondents are receiving VA disability benefits, and 12.5 percent have a VA claim pending or on appeal. Among those with a VA service-connected disability rating, nearly half have a rating of 80 percent or higher.

The mean scale scores from the *RAND-36 Health Status Inventory* indicate relatively low quality-of-life scores for WWP survey respondents in all eight health functional areas: physical functioning, role limitations due to physical health, role limitations due to emotional problems, pain, energy/fatigue, emotional well-being, social functioning and general health assessment (scores ranged from 35.8 to 56.6 on a 100.0 point scale). Their mean scores are notably lower than those reported for the first Cohort of the Millennium Cohort Study (baseline Cohort scores ranged from 62.1 to 91.0).

Also, in comparison with findings from RAND's Invisible Wounds of War study of returning service members and veterans from Iraq and Afghanistan, the presence of depression is notably higher in the WWP respondent population. The WWP respondents reported answers indicating that 62 percent are currently depressed. In the RAND study, 14 percent met the criteria for depression. Also, 69.3 percent of WWP respondents screened positive for PTSD. Not surprisingly, many WWP respondents reported sleep problems.

Respondents can, with support, address some of their own health behaviors. Those who smoke, consume too much alcohol, and do not follow nutrition and healthy diet guidelines add to their health difficulties. Many of them are overweight or obese. Limits on physical activity, either because of their injuries or because of other difficulties, contribute to their weight problems. Barriers to physical activity need more attention.

The relatively high disability ratings, continuing physical and emotional health problems, and risky personal behaviors regarding smoking, alcohol, and poor eating habits all indicate that the availability and affordability of appropriate health care services will be essential to improvement in the physical and mental health of WWP alumni. Many wounded warriors are receiving medical services, but about a third of the WWP respondents reported difficulty in accessing care for mental health services despite increased services from DoD and the VA.

Clearly, more—and more effective—services are needed for the population of wounded warriors, particularly for their mental health needs. RAND’s study of “the invisible wounds of war” documents the mental health service needs of wounded warriors.

ECONOMIC EMPOWERMENT

Data from the U.S. Bureau of Labor Statistics (BLS) highlight the serious economic challenges facing WWP respondents with extensive disabilities. The 46.6 percent employment rate of the WWP survey respondents is lower than that reported by BLS for veterans with disabilities that served since September 11 (70.1% in August 2009). The rate for WWP survey respondents is most similar to, but still lower than, the rate (64.1%) for veterans with disabilities from that service period with a 60 percent or higher disability rating. Clearly, entry into the labor force will be especially challenging for those with extensive disabilities. Part of the solution will need to come from employers who focus on their capabilities rather than their disabilities. For others for whom full-time participation in the labor force may not be achievable, long-term financial support for the injuries they sustained while serving their country will be essential.

For many of those currently participating in the labor force, and those who over time will become capable of doing so, the road to economic empowerment must include higher educational credentials, marketable skills in the current and future civilian economy, and services to help them identify appropriate jobs and successfully compete for them. Many WWP respondents recognize those facts and are pursuing more education and are participating in programs to acquire competitive labor market and job search skills. But program participation and educational opportunities need to be expanded.

Some of the current difficulty in getting jobs can be attributed to the economy, which has recently experienced a serious recession. As noted earlier in the report, unemployment rates are traditionally higher among young adults and have been nearly twice their usual rate for 18- to 24-year-old males since 2007. General economic improvement should help to lower the unemployment rate for WWP Alumni.

As respondents’ employment situation improves, they will have the opportunity to lower debt levels and increase personal savings. For many of them, as well as for many nonveterans, services that improve basic knowledge about developing and managing budgets and other aspects of personal financial planning will be useful.

SOCIAL SUPPORT AND RESILIENCY

On a somewhat more positive note, a majority of respondents perceive their current relationships with family, friends, coworkers, and others in their community to be strong. That support will often be crucial as wounded warriors adjust to civilian life and improve their economic standing. In addition, more than half of the survey respondents think they have the resiliency to adapt to change and bounce back after adversity. Their optimism in the face of setbacks should facilitate their adjustment to civilian life.

Those who reported a lack of personal support and diminished resiliency clearly face additional challenges. Efforts to keep such respondents in touch with other wounded warriors, including those who can serve as role models and mentors in adjusting to civilian life, will be beneficial.

In their comments at the end of the survey, a number of respondents spoke about the need for more understanding from civilian and military employers and from civilians in general about their disabilities and the challenges that confront them daily:

“The average civilian does not understand the challenges veterans face, especially wounded ones, and they really do not care to learn, it seems.”

Clearly, all civilians need to be responsive to this expressed need for understanding and support of America’s wounded warriors.

REFERENCES

Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships, 1*, 37–67. Information about Russell and Cutrona's scale and 1987 article also retrieved from:

<http://www.iprc.unc.edu/longscan/pages/measures/Ages5to11/Social%20Provisions%20Scale.pdf>

Dawson, D. A., Grant, B. F., Stinson, F. S., & Zhou, Y. (2005). Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risk drinking in the U.S. general population. *Alcoholism: Clinical and Experimental Research, 29*(5): 844–854.

Hays, R. D. (2008). *RAND-36 Health Status Inventory*. San Antonio, TX: Psychological Corporation. Introduction retrieved from: <http://gim.med.ucla.edu/FacultyPages/Hays/R-36%20HSI%20Hays/Title%20page%20-%20Table%20of%20contents%20-%20Introduction.pdf>

Hays, R. D., & Stewart A. L. (1992). Sleep measures. In A. Stewart & J. Ware, Jr. (Eds.), *Measuring functioning and well-being: The medical outcomes study approach* (pp. 235–259). Durham, NC: Duke University Press.

Hoge, C., Auchterlonie, J., & Milliken, C. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association, 295*, 1023–1032. Retrieved from: <http://jama.ama-assn.org/cgi/content/full/295/9/1023>

Kroenke, K., et al. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders, 114*(1-3): 163–173. Epub 2008 Aug 27. Abstract retrieved from: [http://www.jad-journal.com/article/S0165-0327\(08\)00282-6/abstract](http://www.jad-journal.com/article/S0165-0327(08)00282-6/abstract)

Milliken, C., Auchterlonie, J., & Hoge, C. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *Journal of the American Medical Association, 298*, 2141–2148. Retrieved online: <http://jama.ama-assn.org/cgi/content/full/298/18/2141>.

National Institute of Diabetes and Digestive and Kidney Diseases. (2010.). Statistics related to overweight and obesity. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved from <http://win.niddk.nih.gov/statistics/index.htm>

Prins, A., Quimette, P., Kimerling, R., Cameron, R., Hugelshofer, D., Shaw-Hegwer, J., Thraikill, A., Gusman, F., & Sheikh, J. (2003). The primary care PTSD Screen (PTSD). Information on this work was retrieved from the U.S. Department of Veterans Affairs, National Center for PTSD Assessment World website: <http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>

RAND. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans* (Research Highlights). Santa Monica, CA: RAND Center for Military Health Policy Research. Retrieved from: http://www.rand.org/pubs/research_briefs/2008/RAND_RB9336.pdf

Rones, P. L. *Statement on the Status of Veterans' Employment* (April 15, 2010). Presented to the Subcommittee on Economic Opportunity of the House Committee on Veterans' Affairs. Available at: http://www.bls.gov/cps/statement_veterans_apr2010.pdf

Slides submitted with this statement – available at:
http://www.bls.gov/cps/slides_veterans_apr2010.pdf

Ryan, M. Tyler, C., Smith, B., Amorosa, P., Boyko, E., Gray, G., Gackstetter, G., Riddle, J., Wells, T., Gumbs, G., Corbeil, T., & Hooper, T. (2007). Millennium Cohort: Enrollment begins a 21-year contribution to understanding the impact of military service. *Journal of Clinical Epidemiology* 60: 181–191. Retrieved from:
<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA519306&Location=U2&doc=GetTRDoc.pdf>

Schell, T., & Marshall, G. (2008). Survey of individuals previously deployed for OEF/OIF. In T. Tanielian & L. Jaycox (Eds.), *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 87–115). Santa Monica, CA: RAND Corporation.

U.S. Bureau of Labor Statistics. *Disabled veterans and the labor force* (March 17, 2010). Available at: http://www.bls.gov/opub/ted/2010/ted_20100317.htm

U.S. Bureau of Labor Statistics. *Employment situation of veterans – 2009* (News Release USDOL-10-0285, March 12, 2010). Available at <http://www.bls.gov/news.release/vet.nr0.htm>. Cited table links from this file include:

Table 1 – Employment status of persons 18 years and over by veteran status, period of service, sex, race, and Hispanic or Latino ethnicity, 2009 annual averages (takes you to: <http://www.bls.gov/news.release/vet.t01.htm>)

Table 3 – Employed persons 18 years and over by occupation, sex, veteran status, and period of service, 2009 annual averages (takes you to: <http://www.bls.gov/news.release/vet.t03.htm>)

Table 4 – Employed persons 18 years and over by industry, class of worker, sex, veteran status, and period of service, 2009 annual averages (takes you to: <http://www.bls.gov/news.release/vet.t04.htm>.)

Table 5 – Employment status of veterans 18 years and over by presence of service-connected disability, reported disability rating, period of service, and sex, August 2009, not seasonally adjusted (takes you to: <http://www.bls.gov/news.release/vet.t05.htm>)

Pdf version of this report (no table links): <http://www.bls.gov/news.release/pdf/vet.pdf>

U.S. Bureau of Labor Statistics. *Spotlight on statistics: Employment situation of veterans* (May 2010). Available at: <http://www.bls.gov/spotlight/2010/veterans>

U.S. Bureau of Labor Statistics. Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted (June 4, 2010 Economic News Release; May 2010 data).


Vaishnavi, S., Connor, K., & Davidson, J. (2007). An abbreviated version of the Connor-Davidson Resilience Scale (CD-RSIC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. *Psychiatry Research*, 152: 293–297. Retrieved from PubMed Central: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2041449>.

Appendix A

Copies of Email Communications

APPENDIX A: COPIES OF EMAIL COMMUNICATIONS

Prenote – 2/2/10



The banner features a silhouette of a soldier on the left, the American flag in the center, and the text "WOUNDED WARRIOR PROJECT" and "2010 Wounded Warrior Project Survey" on a black background.

Dear :

The Wounded Warrior Project will soon conduct a survey with the goal of building upon and improving alumni services. As a WWP Alumni member, we encourage you to complete the survey once you receive it. It is fine for a caregiver to assist you in completing the survey.

As you know, WWP is passionately committed to honoring and empowering your brave and selfless service. We are conducting this survey to gather feedback and develop recommendations that will serve to enhance WWP programs and services.

WWP has partnered with Westat, a leading survey research firm, to develop a secure web-based survey tool to capture your confidential responses. In the next week you will receive an email invitation with a direct link to the survey site.

When you receive the email, please take the time to complete it as soon as possible. The secure Web site will allow you to complete the survey over multiple sessions. Your input is extremely valuable to our efforts. Remember, your caregiver can help if you wish.

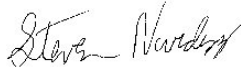
In accordance with our practice of protecting proprietary and confidential information, WWP treats all information received in these surveys as strictly confidential. We use only aggregated statistics in information that is shared with WWP staff. Our summary reports neither identify nor suggest the identity of individuals.

If you have any questions about this study, please feel free to contact Wounded Warrior staff by phone at (904) 405-1149 or by email rjarvis@woundedwarriorproject.org.

For questions regarding completion of the web survey please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org.

Sincerely,


Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #1 – 2/5/10

First invite to survey.



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear {replace:FirstName}:

We recently mailed you a notification letter regarding the Wounded Warrior Project survey. The survey being conducted by Westat is a secure Web-based tool that asks for information about WWP Alumni.

Please take the time to complete this important survey. Your feedback will provide valuable information to help us improve and expand our programs and services. It is fine for a caregiver to assist you in completing the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following password:

Survey ID: {replace:SurveyID}


After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: rjarvis@woundedwarriorproject.org.


Sincerely,

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #2 - 2/12/10



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

About a week ago we sent you an email containing a link to the Wounded Warrior Project Survey, a survey specially designed for WWP Alumni.

If you have already completed the survey, thank you very much for your participation and please disregard this email reminder.

If you have not yet completed the survey, please take the time to complete it as soon as possible. Your response is extremely valuable and important to us. It is fine for a caregiver to assist you in completing the survey.

WWP staff is working with Westat, a leading survey research firm, to develop and conduct this secure Web-based survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once you are at the secure website, you will need the following password:

Survey ID:

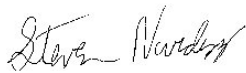
After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: rjarvis@woundedwarriorproject.org.


Sincerely,

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #3 - 2/19/10



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

Your participation is critical to the success of the Wounded Warrior Project Survey. Please help WWP assess its members' needs for services by completing the survey at your earliest convenience.

If you have already completed the survey, thank you very much for your participation and please disregard this email reminder.

If you have not yet completed the survey, please take the time to complete it as soon as possible. Your response is important to us. It is fine for a caregiver to assist you in completing the survey.

WWP staff is working with Westat, a leading survey research firm, to conduct this secure Web-based survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once you are at the secure website, you will need the following password:

Survey ID:

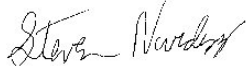
After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: rjarvis@woundedwarriorproject.org.


Sincerely,

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #4 – 2/25/10



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

Recently, we sent you an email asking you to participate in an important WWP survey. WWP will use the collected survey data to assess how it can improve member services. If you have already completed the survey, thank you very much.

If you have not yet completed the survey, please do so right away. Your responses will help WWP to measure needs accurately across its members and determine if particular types of services need to be improved or expanded to new geographic areas. It is fine if a caregiver assists you with the survey.

WWP has contracted with Westat, an experienced survey research firm, to conduct the survey. Westat staff are available to help if you have technical problems with the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once you are at the secure website, you will need the following password:

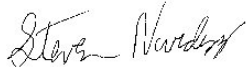
Survey ID:

After entering the password, follow the instructions on the screen.

If it is more convenient for you, you can complete the survey in more than one sitting. Just follow the instructions on the Welcome page for saving answers and returning later to complete the survey.

For questions about logging on to, or navigating, the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: jarvis@woundedwarriorproject.org.


Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #5 –

Email for respondents with no phone numbers.



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

We wanted to call you this week to tell you personally how much we would like to have your response to this survey. We find you are among about 200 WWP Alumni for whom we do not have a valid phone number. If you have already completed the survey, thank you.

If you have not yet completed the survey, I encourage you do so right away. Your responses will help WWP to determine if particular types of services need to be improved or expanded to new geographic areas. It is fine if a caregiver assists you with the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

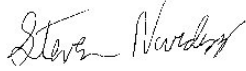
Once you are at the secure website, you will need the following password:

Survey ID:

After entering the password, follow the instructions on the screen.


For questions about logging on to, or navigating, the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: rjarvis@woundedwarriorproject.org.

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #6 – 3/15/10



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

We wanted to let you know that the 2010 WWP Survey is ending this week. Friday, March 19, will be your last opportunity to fill out this important survey. Your participation will help to ensure that the data we collect accurately represent WWP Alumni.

If you have not yet completed the survey, I encourage you to do so right away. Your responses will help WWP to determine if particular types of services need to be improved or expanded to new geographic areas. It is fine if a caregiver assists you with the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

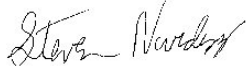
Once you are at the secure website, you will need the following password:

Survey ID:

After entering the password, follow the instructions on the screen.


For questions about logging on to, or navigating, the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-888-WWP-2010 or by email SurveySupport@WoundedWarriorProject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1149 or by email: rjarvis@woundedwarriorproject.org.

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Invite #7 – 3/19/10



WOUNDED WARRIOR PROJECT 2010 Wounded Warrior Project Survey

Dear :

We wanted to let you know that the 2010 WWP Survey has been extended through this weekend. The survey will be available until Monday morning, March 22. Your participation in this important survey will help to ensure that the data we collect accurately represent WWP Alumni.

If you have not yet completed the survey, I encourage you to do so right away. Your responses will help WWP to determine if particular types of services need to be improved or expanded to new geographic areas. It is fine if a caregiver assists you with the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

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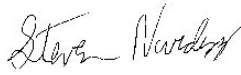
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Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Appendix B

Survey Methods Details

APPENDIX B: SURVEY METHODS AND ADMINISTRATION DETAILS

SURVEY POPULATION

The survey population included 3,464 wounded warriors registered as Wounded Warrior Project (WWP) Alumni. WWP delivered a database containing Alumni names, email addresses, and telephone numbers to Westat. Westat removed duplicate warrior listings and corrected obvious typographical errors in email addresses. There were no telephone numbers listed for 192 Alumni in the database.

QUESTIONNAIRE

The survey was designed to address the following broad topics:

Overall Alumni Background Information

Physical and Mental Well-Being

Economic Empowerment

The final version of the survey included more than 114 closed-ended questions. Because many of these questions included sub-items, wounded warriors were asked to provide a maximum of 213 responses to the questions/sub-items. In addition, the survey included one open-ended question asking Alumni to share their opinions of the most challenging aspect of transitioning back into civilian life and how the Wounded Warrior Project or other Veterans service organizations can help in alleviating this challenge.

The web instrument was pretested across two platforms (Windows and Mac OSX), multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome—all five on Windows and the first three on Mac OSX), and popular screen resolution settings.

DATA COLLECTION

SURVEY MODE. The survey was administered electronically via the web. At the request of three respondents, the survey was administered by telephone and interviewers entered responses directly into the web survey.

FIELD PERIOD. The field period opened on February 5 and continued through early morning March 22, 2010—nearly 6½ weeks.

SURVEY EMAIL COMMUNICATIONS. Westat emailed a prenotification message, a survey invitation, and five reminder messages during data collection (see Table A-). All email communications were signed by Steve Nardizzi, Executive Director of WWP (copies of the email communications are included in Appendix A).

Table B1. List of Survey Emails Sent to WWP Alumni

Email Message	Date Sent
Prenotification	February 2, 2010
Survey invitation	February 5, 2010
Thank you/reminder	February 19, 2010
Thank you/reminder	February 25, 2010
Special thank you/reminder (sent to nonrespondents without a telephone number in the database)	March 8, 2010
Thank you/reminder	March 15, 2010
Thank you/reminder	March 19, 2010

The prenotification email informed wounded warriors about the upcoming survey, explained the purpose of the survey, introduced Westat as the survey administrator, encouraged participation in the survey, stated that caregivers could assist in completing the survey, assured Alumni that all responses would be treated as confidential, and provided contact information for WWP and for Westat WWP Survey project team members in case any Alumni had questions about the survey.

The survey invitation contained a link to the survey as well as a unique user ID for accessing the survey. During the field period, Westat emailed four standard thank you/reminders about the survey to all nonrespondents and one special reminder email (see below). The thank you/reminder emails were generally similar in content to the invitation, but subject lines and opening sentences differed so that Alumni would recognize them as new messages.

TELEPHONE PROMPTS. Experienced Westat telephone interviewers attempted to make reminder calls to 2,604 nonrespondents with available telephone numbers from March 8 through March 14. When they could not reach the warrior but an answering machine was available, they left a reminder message. A maximum of three calls was made to each Alumni. The interviewers were unable to reach 539 Alumni or leave them an answering message. Ten of the Alumni contacted stated they were not interested in participating with the survey effort. Five Alumni provided updated email addresses during the telephone calls.

On March 8, Westat sent a special email to nonresponding Alumni without a telephone number in the database ($n = 192$) saying we were unable to reach them by telephone but wanted to remind them about the survey. Because other thank you reminders were sent after the telephone prompt and the special email, we cannot estimate the exact productivity of the telephone prompts and special email. However, by tracing identification numbers for those on the telephone prompt list, we do know that 51 Alumni on the list submitted completed surveys.

Table A2 includes information on when completed surveys were submitted by respondents. The data indicate the productivity of the various thank you reminder emails and telephone prompts.

Table B2. Final Completes by Date Submitted

Date	Email	Emails Sent	Final Completes
Friday, February 5, 2010	Invitation	3,464	134
Saturday, February 6, 2010			45
Sunday, February 7, 2010			15
Monday, February 8, 2010			33
Tuesday, February 9, 2010			14
Wednesday, February 10, 2010			14
Thursday, February 11, 2010			7
Friday, February 12, 2010	Reminder Sent 1	3,226	68
Saturday, February 13, 2010			64
Sunday, February 14, 2010			16
Monday, February 15, 2010			19
Tuesday, February 16, 2010			24
Wednesday, February 17, 2010			10
Thursday, February 18, 2010			7
Friday, February 19, 2010	Reminder Sent 2	3,045	96
Saturday, February 20, 2010			39
Sunday, February 21, 2010			17
Monday, February 22, 2010			16
Tuesday, February 23, 2010			16
Wednesday, February 24, 2010			7
Thursday, February 25, 2010	Reminder Sent 3	2,894	32
Friday, February 26, 2010			37
Saturday, February 27, 2010			8
Sunday, February 28, 2010			6
Monday, March 1, 2010			5
Tuesday, March 2, 2010			5
Wednesday, March 3, 2010			6
Thursday, March 4, 2010			4

(Continued on next page)

Table B2. Final Completes by Date Submitted *(continued)*

Date	Email	Emails Sent	Final Completes
Friday, March 5, 2010			1
Saturday, March 6, 2010			0
Sunday, March 7, 2010			1
Monday, March 8, 2010	Reminder Sent 4/Phone	192	8
Tuesday, March 9, 2010	Phone Reminders		13
Wednesday, March 10, 2010	Phone Reminders		8
Thursday, March 11, 2010	Phone Reminders		9
Friday, March 12, 2010	Phone Reminders		20
Saturday, March 13, 2010	Phone Reminders		5
Sunday, March 14, 2010	Phone Reminders		3
Monday, March 15, 2010	Reminder Sent 5		95
Tuesday, March 16, 2010		2,737	80
Wednesday, March 17, 2010			15
Thursday, March 18, 2010			15
Friday, March 19, 2010	Reminder Sent 6	2,573	44
Saturday, March 20, 2010			22
Sunday, March 21, 2010			13
Monday, March 22, 2010			5
Total		18,131	1,121

SURVEY HELP CENTER. During the field period, Westat maintained a toll-free project telephone number and a project email box that WWP Alumni and their caregivers could use to request technical assistance in accessing the survey or to ask more general questions about the survey.

Emails. Help Center staff received 80 emails, 12 of which they forwarded to WWP representatives (Ronda Jarvis or Julie Baadte). A typical comment from those sending emails was that the survey was too long. A few Alumni emailed that they thought some of the questions were too personal. They were advised that all responses are kept confidential but that they also had the option of skipping questions they did not wish to answer.

One respondent pointed out that question 9 in the Demographics section did not offer a response option for the old GI bill. Another respondent noted a missing skip for a “no” response to question 35 in the Demographics section. Several respondents entered a decimal when answering question 14 in the Employment section and emailed that they were unable to continue in the survey. Help Center staff assisted them with that issue.

Toll-free hotline. The hotline number rang directly at the Survey Help Center and was answered by a center staff member during weekday business hours (9 a.m. to 5:00 p.m., EST). Voicemail was available to anyone calling after-hours or on weekends, and messages were answered within 1 business day. During the field period, the Help Center received

about 40 calls. Many of the callers reported they had received a telephone reminder call but no longer had a survey email containing the survey link and user ID. Help Center staff provided that information either by email or over the telephone. Six alumni reported technical access issues, and they were advised to try another web browser or computer.

RESPONSE RATE

The response rate for the survey was 32.4 percent. It was calculated as follows:

$$\begin{aligned}\text{Response rate} &= [\text{Number of completes} / (\text{Number of eligible respondents} + \text{number of eligible nonrespondents})] \times 100. \\ &= [1,121/3,464] \times 100 \\ &= 32.4 \text{ percent}\end{aligned}$$

All 3,464 Alumni in the survey population database were assumed to be eligible for the survey.

HIGHLIGHTS FROM GOOGLE ANALYTICS

Visits to Web Survey From 8 Known Countries

- United States (1,701 visits)
- Canada (16 visits)
- United Kingdom (6 visits)
- Germany (3 visits)
- Puerto Rico (2 visits)
- Mexico (2 visits)
- South Korea (2 visits)
- Iraq (1 visit)

Cities With 19 or More Visits (858 cities overall)

- New York
- Jacksonville
- San Antonio
- Washington, DC

Browsers Used by Visitors

- Internet Explorer (69.1%)
- Firefox (16.9%)
- Safari (9.75%)
- Chrome (2.8%)
- Opera (<1%)

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