

2015 Wounded Warrior Project® Survey

Report of Findings

Authors

Martha Franklin
April Fales
Bekzod Akramov
Wayne Hintze
Michael Hornbostel
Scott Smith
Richard Sigman
Helen Liu
Rebecca Noftsinger
Melissa Wilson
Jacky Choi

August 14, 2015

Prepared for:
Wounded Warrior Project®
4899 Belfort Road, Suite 300
Jacksonville, FL 32256

Prepared by:
Westat
An Employee-Owned Research Corporation®
1600 Research Boulevard
Rockville, Maryland 20850-3129
(301) 251-1500



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. The 2015 WWP survey was the sixth administration of the survey. The first survey, in 2010, collected baseline data on WWP alumni. The subsequent surveys provide updates and allow WWP to identify trends among its 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 uses each set of annual 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.

2015 SURVEY ADMINISTRATION. The survey was fielded via the web to 58,933 alumni in WWP's member database from March 17 to May 3, 2015 (7 weeks). Email communications included a prenotice message (sent on March 12, 2015), a survey invitation, and eight email thank you/reminder messages. In addition to the email communications, a postal reminder was sent by U.S. mail (first class) on April 17, 2015. Alumni who submitted a completed survey had the option of providing a mailing address to receive a WWP signature key ring.

The final unweighted 2015 response rate was 39.4 percent (23,200 completed surveys among 58,928 eligible warriors), compared with 49.0 percent in 2014, 51.9 percent in 2013, 42.5 percent in 2012, 39.4 percent in 2011, and 32.4 percent in 2010. After data collection, the survey data were weighted to produce estimates representative of the 2015 alumni population.

TOP-LINE FINDINGS

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE. The 2015 demographic profile of alumni is mostly similar to the 2014 and 2013 profiles:

- Men – 85.4%
- Mean age – 36 years; younger than 31 – 31.0%
- Currently married – 65.8%
- Race/ethnicity:
 - White – 70.1%
 - Hispanic – 17.1%
 - Black or African American – 11.1%

- American Indian or Alaska Native – 4.3%
- Asian – 2.9%
- Native Hawaiian or other Pacific Islander – 1.1%
- Geographic location:
 - South – 50.3%
 - West – 24.3%
 - Midwest – 13.4%
 - Northeast – 12.0%

MILITARY PROFILE. The 2015 military profile of alumni reflects both similarities and differences with the 2014 and 2013 profiles. Similarities include the following:

- Alumni representation among all four Services and the Coast Guard, including the National Guard and Reserve, reflects little change in the past 3 years. Two-thirds have served or currently serve in the Army (66.7%).
- Also, most alumni were, or still are, enlisted service members (92.3%). About three-fifths of enlisted alumni (60.6%) achieved the equivalent rank of Sergeant (E5-E9).

Differences in military profiles over the past 3 years reflect a continuing decline in the proportion of active duty alumni and an increase in number of alumni deployments:

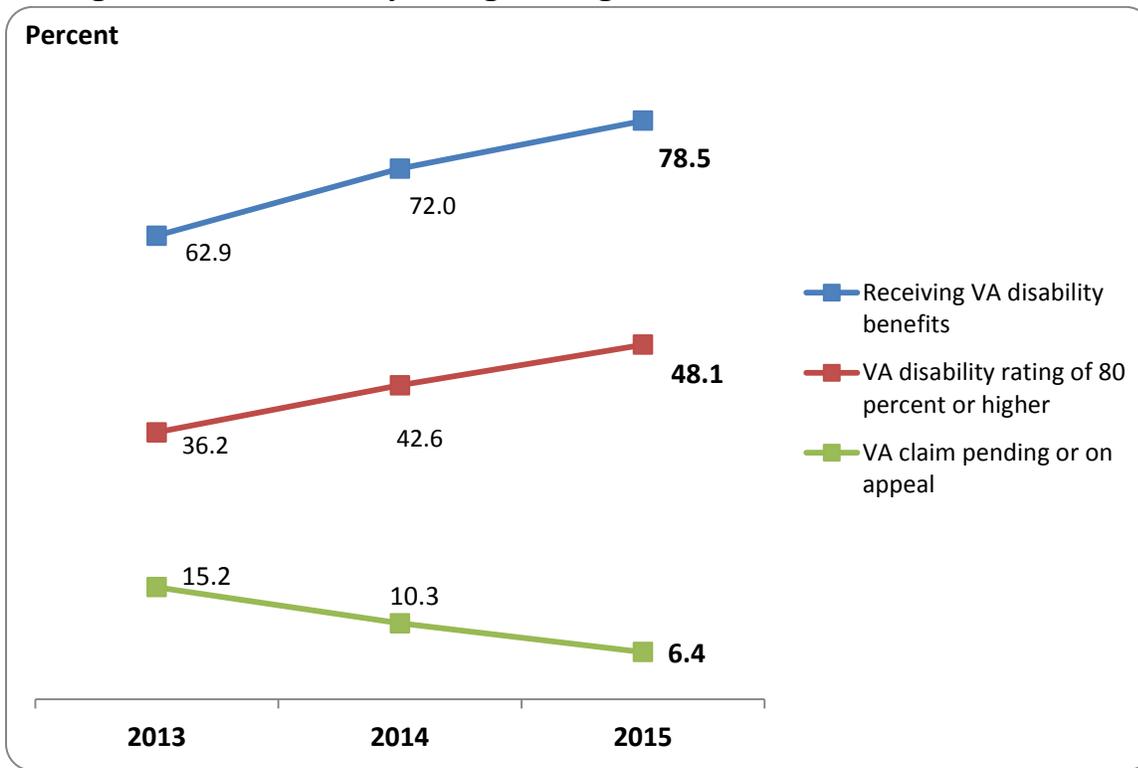
- In 2015, 15.8 percent of alumni are on active duty, compared with 19.7 percent in 2014 and 25.5 percent in 2013.
- More than 4 in 10 alumni (44.3%) have deployed three or more times (compared with 33.7% in 2014), whereas 24.5 percent deployed twice (27.3% in 2014) and 26.8 percent deployed only once (32.8% in 2014). About 4.3 percent of alumni have never deployed.
- Almost all alumni who have deployed since 2001 did so at least once to a combat area (94.8%), and a growing percentage of those with deployments to Iraq or Afghanistan have deployed to both of those areas (44.4%, compared with about 25% in 2014 and 2013).

SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. About 99 percent of alumni sustained serious injuries and health problems during their post-September 11 military service. Among those with injuries, more than three-fourths (77.7%) experienced between three and eight injuries or health problems.

Notable changes continue to occur with VA disability ratings among alumni (Figure ES-1):

- Receiving VA disability benefits – 78.5% (up from 72.0% in 2014 and 62.9% in 2013)
- VA disability rating of 80 percent or higher – 48.1% (up from 42.6% in 2014 and 36.2% in 2013)
- VA claim pending or on appeal – 6.4% (down from 15.2% in 2013)

Figure ES-1. VA Disability Ratings Among Alumni



The four most common self-reported injuries and health problems among alumni include:

- Post-traumatic stress disorder (PTSD) – 76.2%
- Sleep problems – 76.0%
- Back, neck, or shoulder problems – 72.1% (57.4% in 2013)
- Depression – 68.8%

Rates for PTSD and sleep problem estimates remain similar to the 2014 and 2013 estimates. The estimated percentage of alumni who experience anxiety is 67.4 (64.2% in 2014).

Among the group of deployed alumni who reported experiencing injuries or health problems in Iraq or Afghanistan, or both, 53.7 percent sustained injuries or health problems only in Iraq (down from about 60.8% in 2013), 27.6 percent only in Afghanistan, and 18.7 percent in both Iraq and Afghanistan.

More than half of alumni (57.4%) were hospitalized as a result of their injuries and problems, and 34.0 percent were assigned to a Warrior Transition Unit (WTU) or a Wounded Warrior Battalion (WWB) for treatment and rehabilitation (compared with about 39% in 2014 and 44% in 2013). Length of stay in the WTU/WWB ranged from less than 6 months (19.7%) to more than 2 years (17.9%). The most common length was 13 to 24 months (30.5%), followed closely by 6 to 12 months (29.4%).

About 3 in 10 alumni (29.2%) need the aid and attendance of another person because of their injuries and health problems. Among them, more than one-fourth (27.6%) need more than 40 hours of aid in an average week.

CURRENT HEALTH INSURANCE COVERAGE. Current types of health insurance include Veterans Affairs (65.7%, up from 59.2% in 2014 and 52.7% in 2013) and other governmental health plans, such as TRICARE, CHAMPUS, and ChampVA (47.5%). Almost two-thirds of alumni with VA health insurance (may have other health insurance as well) use the VA as their primary health care provider (65.3%).

PHYSICAL AND MENTAL WELL-BEING

HEALTH. As in 2014 and 2013, just under half of alumni in 2015 (47.4%) assessed their health as *excellent, very good, or good.*

- Excellent – 2.1%
- Very good – 10.1%
- Good – 35.3%
- Fair – 40.3%
- Poor – 12.2%

EFFECTS OF PHYSICAL HEALTH AND MENTAL HEALTH/EMOTIONAL PROBLEMS ON ACTIVITIES. Alumni continue to have many health-related restrictions on their activities. Many estimates for 2015 and 2014 are similar:

- Vigorous activities – For 51.0 percent of alumni, their health *limits them a lot* regarding vigorous activities (53.7% in 2014). Another 34.3 percent are *limited a little.*
- Moderate activities – Forty percent or more are *limited a little* for four types of activities:
 - Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf – 48.1% (44.7% in 2014)
 - Bending, kneeling, or stooping – 48.7% (45.0% in 2014)
 - Lifting or carrying groceries – 42.8% (40.9% in 2014)
 - Climbing several flights of stairs – 41.5% (38.5% in 2014)

About one-fifth are *limited a lot* for moderate activities (19.0%).

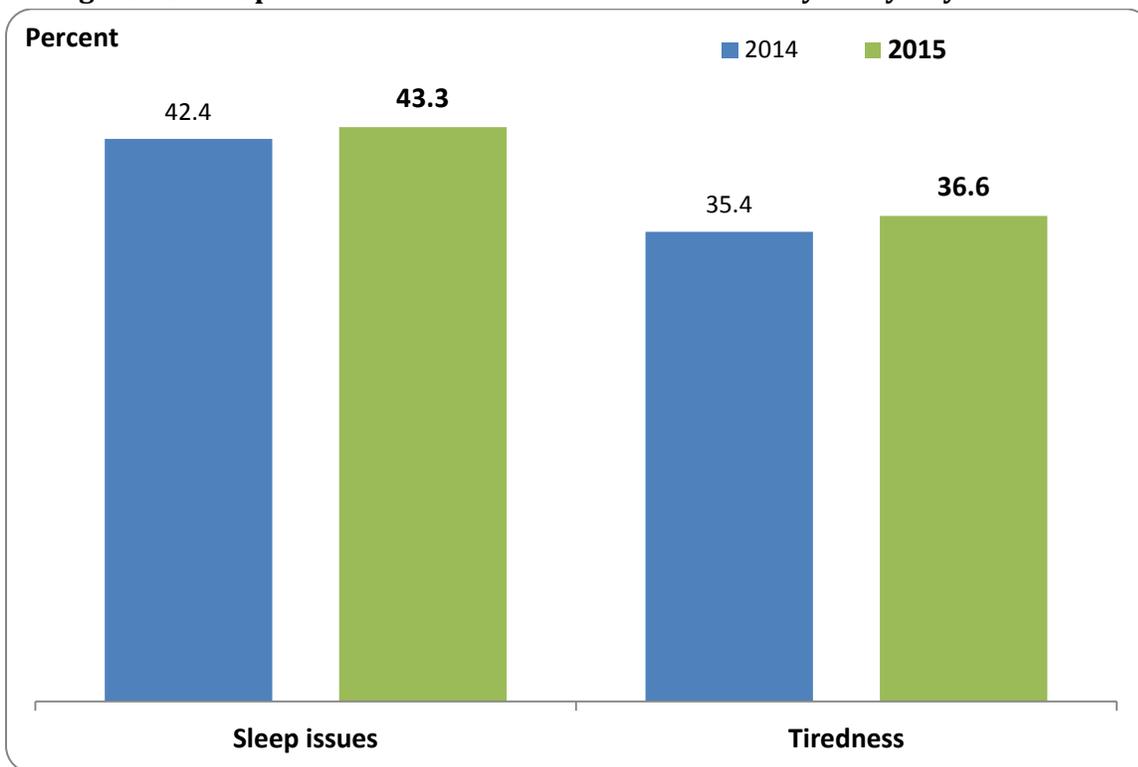
- Bathing and dressing – Many alumni (72.4%) are *not limited at all* in bathing and dressing themselves, but 3.9 percent are *limited a lot* and 23.7 percent are *limited a little* with those activities.
- Physical health:
 - During the past 4 weeks:
 - The physical health of 51.5 percent of alumni interfered *extremely, quite a bit, or moderately* with normal social activities with family and friends and other support.
 - The physical health of 52.6 percent of alumni caused them to cut down the amount of time they spent with their work or other regular activities, and physical health problems also caused difficulty for 64.2 percent of alumni in performing work or other activities.
 - During the past 4 weeks, bodily pain interfered with normal work (work outside the home and housework) *moderately, quite a bit, or extremely* for 63.3 percent of alumni.

- Emotional problems:
 - For 61.9 percent of alumni, emotional problems interfered *extremely, quite a bit, or moderately* with normal social activities with family and friends during the past 4 weeks.
 - During the past 4 weeks, as a result of their emotional problems:
 - About 3 in 5 alumni (60.4%) cut down the amount of time they spent on work or other regular activities (57.5% in 2014).
 - More than two-thirds of alumni (68.8%) accomplished less than they would like (66.0% in 2014).
 - More than half of alumni (58.9%) didn't do their work or other activities as carefully as usual (56.2% in 2014).

HOW THEY HAVE BEEN FEELING. Military experiences still adversely affect many alumni. The problems they experienced during the 2 weeks prior to the survey are similar to the 2014 findings. The top two issues that affect them *nearly every day* include (Figure ES-2):

- Sleep issues (either had trouble falling or staying asleep or slept too much) – 43.3%.
- Tiredness (felt tired or had little energy) – 36.6%

Figure ES-2. Top Two Problems that Affect Alumni Nearly Every Day



Other top problems that affected them *more than half the days* or *nearly every day*:

- Poor appetite or overate – 49.5%
- Trouble concentrating on things such as reading the newspaper or watching television – 49.3%
- Little interest or pleasure in doing things – 43.9%

In addition, about two-thirds to about three-fourths of alumni 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. For example, 66.4 percent had nightmares about the experience; 75.5 percent thought about the experience when they did not want to; and 76.1 percent were constantly on guard, watchful, or easily startled because of the experience (differ from the 2014 estimates by about 2 percentage points or less).

HEALTH-RELATED MATTERS. Alumni were asked about their use of alcoholic beverages, smoking, importance of a healthy diet, physical activity/exercise, and sleep problems. Again, the results are similar to those in 2014 (differ by about 2 percentage points or less):

Alcoholic Beverages

- About one-fifth of alumni (21.0%) said they used more alcohol than they meant to in the past 4 weeks.
- Almost three-fourths of alumni (73.3%) either do not drink alcoholic beverages at all or did so no more than four times a month during the past 12 months.
- More than a fourth of alumni (27.6%) who reported drinking alcohol in the past 12 months have six or more drinks on one occasion at least once a month: weekly (10.7%), daily/almost daily (3.1%), or monthly (13.8%).

Tobacco Use

- In the past 12 months, fewer than 3 in 10 alumni smoked cigarettes (27.4%, versus 30.6% in 2014), 18.3 percent used smokeless tobacco products, 13.7 percent smoked cigars, and 3.1 percent smoked pipes.

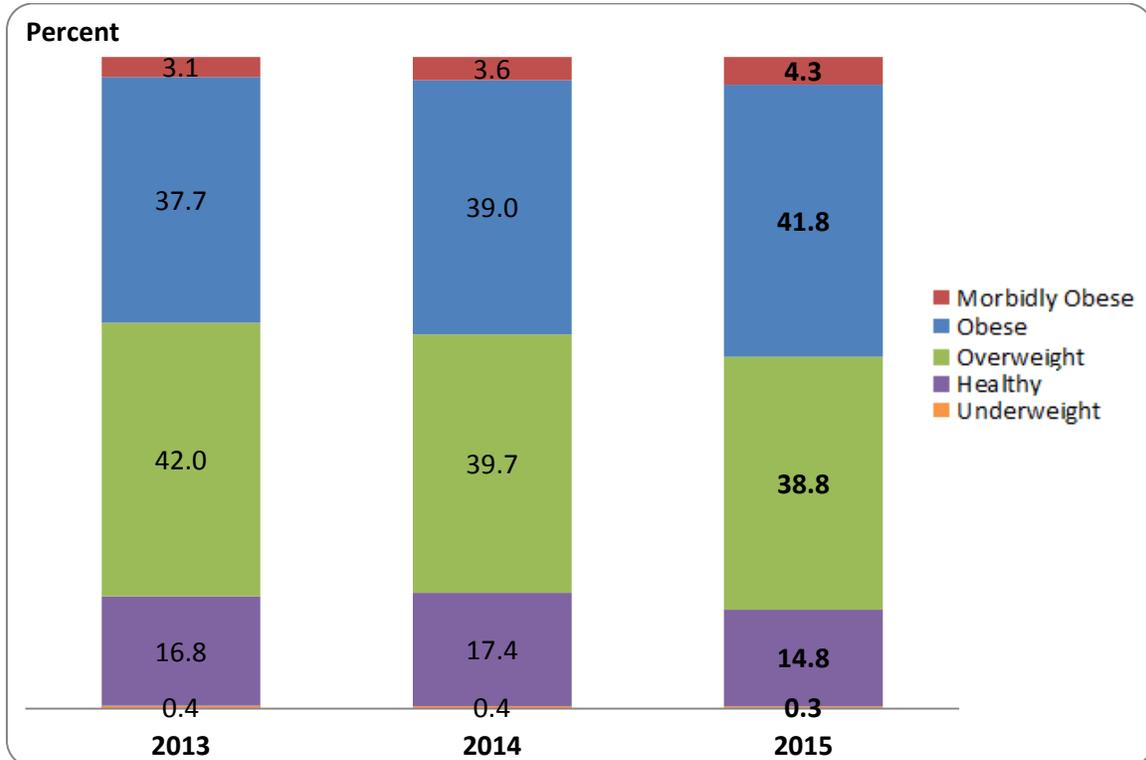
Healthy Diet

- For 8 of 10 alumni (80.4%), it is *moderately important* or *very important* to maintain a healthy diet and good nutrition.

Height, Weight, and Body Mass Index

- Average height and weight of alumni – 5’10” and 207 pounds
- Average body mass index (BMI) score – 30.1 (29.6 in 2014)
- Proportionately more alumni in 2015 are obese (BMI score of 30.0 or higher) – 46% (42.6% in 2014 and 40.8% in 2013); proportion of alumni who are overweight (BMI score of 25 to 29.9) – 38.8% (39.7% in 2014)

Figure ES-3. Alumni Body Mass Index Scores (BMI)



Note: Underweight = BMI less than 18.5, Healthy = BMI between 18.5 - 24.99, Overweight = BMI between 25 - 29.99, Obese = BMI between 30 - 39.99, and Morbidly Obese = BMI more than 40

Physical Activity/Exercise

- Frequency of moderate exercise – 43.5 percent do moderate-intensity physical activity or exercise 3 or more days a week; 36.0 percent of alumni do so less than once a week (very similar to the 2014 and 2013 results).

Sleep

As noted earlier, sleep problems continue to be serious for many alumni. During the 4 weeks prior to the survey:

- Less than one-fifth of alumni (17.7%) 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 (19.0%) got the amount of sleep they needed at least *a good bit of the time.*

MENTAL HEALTH CARE SERVICES: ACCESS/RESOURCES. Many wounded warriors have ongoing needs for mental health care services, but sometimes have difficulty getting services. Among alumni, 53.6 percent had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems. More than one-third of alumni (35.0%), however, had difficulty getting mental health care, or put off getting such care, or did not get the care they needed.

The five most common reasons for difficulties in getting services 2015 were topped by a new 2015 response option. This response may have partly contributed to the decreased percentages of alumni who chose two other related logistical issues that topped the list of difficulties in 2014 (see reasons 4 and 5):

1. Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of VA health care – 37.5%
2. Feelings that treatment might bring up painful or traumatic memories that alumni wanted to avoid – 37.2% (39.0% in 2014)
3. Did not feel comfortable with existing resources within the DoD or VA – 35.9% (35.3% in 2014)
4. Difficulty in scheduling appointments – 33.4% (42.5% in 2014)
5. Inconsistent treatment or lapses in treatment (e.g., canceled appointments; switches in providers) – 31.5% (39.4% in 2014)

Some alumni selected reasons related to perceived adverse effects of seeking mental health care treatment, and the percentages were similar to those in 2014:

- Concerned that your future career plans would be jeopardized – 24.6%
- Would be considered weak – 23.9%
- Would be stigmatized by your peers or family – 21.9%

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

- VA Medical Center – 65.3% (up from 62.5% in 2014 and 54.1% in 2013)
- Prescription medication – 49.5%
- Talking with another OEF/OIF/New Dawn veteran – 46.8% (59.2% in 2014)

These three resources were also most commonly identified by alumni as the *most effective* resources in helping them (18.3% for VA Medical Center, 14.4% for talking with another OEF/OIF/New Dawn veteran (was 17.7% in 2014), and 11.7% for prescription medicine).

PHYSICAL HEALTH CARE SERVICES: ACCESS. More than 4 in 10 alumni (43.7%) had difficulty in the past 12 months getting health care for physical injuries or problems, or they put off getting care, or did not get the physical health care they thought they needed. In 2015, four new response options were added to the list of reasons for difficulties in accessing physical health care, and the results reflect that change. Alumni were instructed to mark all the reasons that applied to them.

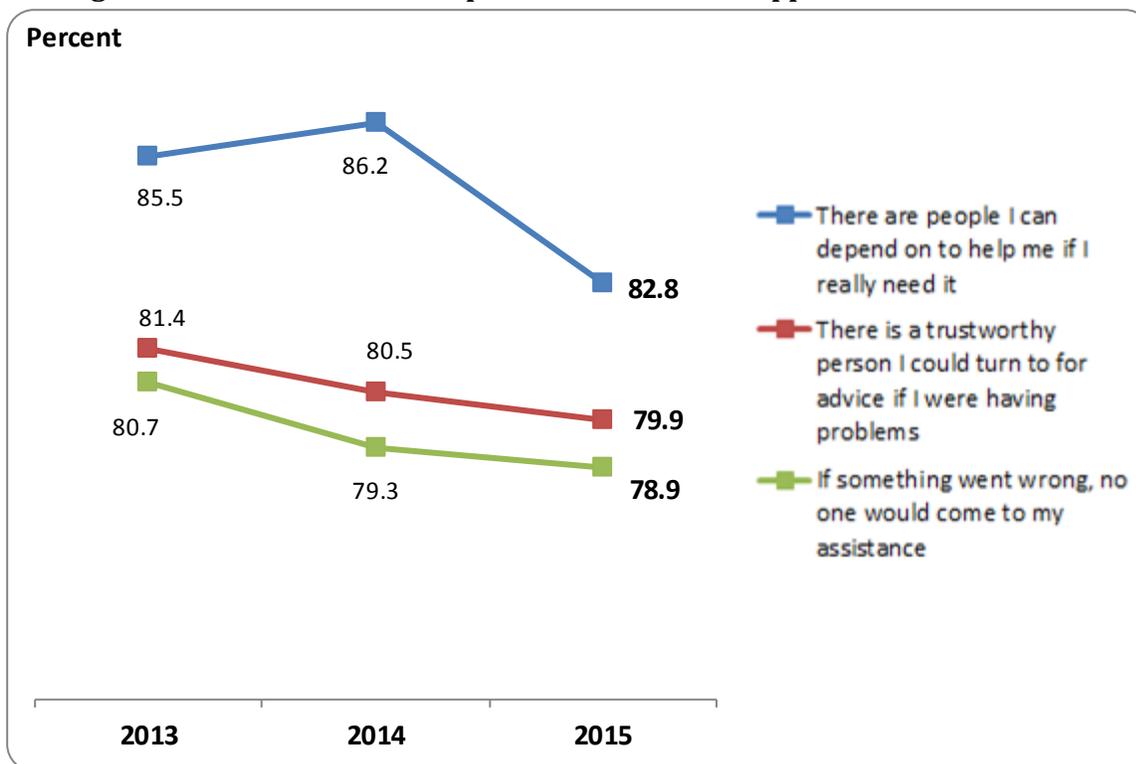
The top four most common reasons are listed below. Although difficulty in scheduling appointments tops the list, there is notable percentage-point change since 2014. The next three most common reasons are new 2015 response options.

1. Difficulty in scheduling appointments – 42.4% (48.7% in 2014)
2. Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of VA health care – 31.8%
3. Lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 30.1%
4. VA requirements made it difficult to get referrals to needed specialty treatment for particular physical problems – 29.6%

SOCIAL SUPPORT. For the 10-item Social Provisions Scale, more than half of alumni answered positively about their current relationships with friends, family members, co-workers, community members, and others. And for 8 of the 10 statements, estimates for alumni answering positively in 2015 were similar to those in 2014. The percentages ranged from 67.9 percent to 82.8 percent. The three statements with the highest percentages answering positively (Figure ES-4):

- There are people I can depend on to help me if I really need it – 82.8% *agreed or strongly agreed*
- There is a trustworthy person I could turn to for advice if I were having problems – 79.9% *agreed or strongly agreed*
- If something went wrong, no one would come to my assistance – 78.9% *disagreed or strongly disagreed*

Figure ES-4. Most Positive Responses About Social Support



CURRENT ATTITUDES. Two survey questions addressed current attitudes about resilience in the face of changes or hardships. As in 2014 and 2013, about half of alumni have positive attitudes (Figure ES-4):

- It is *often true* or *true nearly all the time* that they are able to adapt when changes occur – 52.7%
- it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships – 49.8%

A third question asked alumni to assess the extent to which 13 statements are true in describing their feelings now. For 10 statements, at least half of alumni answered positively (percentages range from 52.4% to 70.4%). The percentage with a positive response to the statement “My life has very clear goals and purposes” is 52.4. The three statements with the lowest percentages of positive answers are:

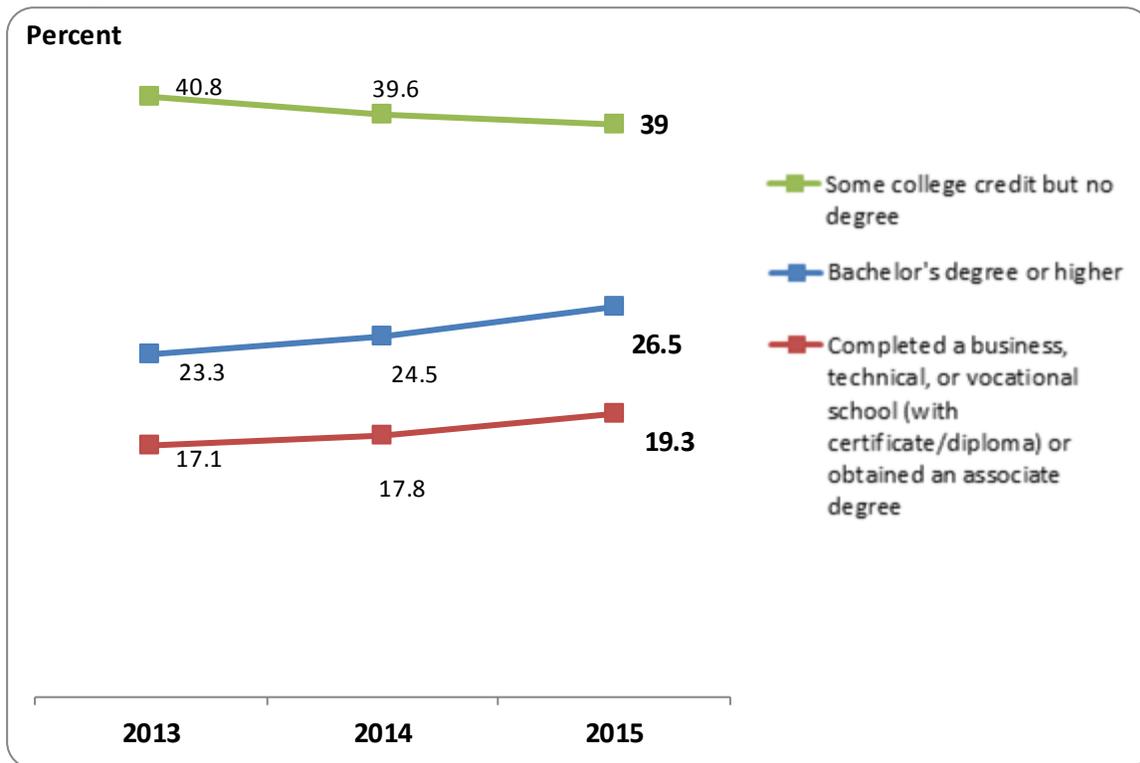
- “I have feelings inside that I would rather not feel” – 41.5%
- “Doing the things I do every day is a source of pleasure and satisfaction” – 44.5%
- “I have very mixed feelings and ideas” – 49.1%

ECONOMIC EMPOWERMENT

EDUCATIONAL ATTAINMENT. The proportion of alumni with a bachelor's degree or higher is slightly higher than in 2014 and 2013 (Figure ES-5):

- Bachelor's degree or higher – 26.5% (vs. 24.5% in 2014 and 23.3% in 2013)
- Completed a business, technical, or vocational school (with certificate/diploma) or obtained an associate degree – 19.3%
- Some college credit but no degree – 39.0%

Figure ES-5. Growth in Educational Attainment



PURSUIT OF MORE EDUCATION. Just under a third of alumni (31.5%) are now enrolled in school to pursue the following:

- Bachelor's degree or higher – 67.5% of enrollees (65.6% in 2014)
- Associate degree – 22.7% (24.2% in 2014)
- Business, technical, or vocational school training leading to a certificate or diploma – 7.4% (7.3% in 2014)

The two primary benefits they are using to finance their educational pursuits are the same as in 2014 and 2013: Post-9/11 GI Bill and the VA's Vocational Rehabilitation and Employment Program (VR&E). The percentage of alumni who are using the Post-9/11 GI Bill to pursue more education

has increased by about 3 percentage points in the past 3 years. It is now 57.2 percent, up from 56.2 percent in 2014 and 54.3 percent in 2013.

Among alumni using the VR&E benefit, 57.6 percent are using Employment Through Long Term Services – Training/Education (down from 83.0% in 2014 and, 80.7% in 2013, possibly because services for this program may not exceed 48 months, except in limited circumstances). Among alumni currently enrolled in school, 5.6 percent are using the Montgomery GI Bill to finance their education.

LABOR FORCE/EMPLOYMENT STATUS. Labor force findings include the following:

- Labor force participation rate – 65.4%
- Percentage of alumni employed full time – 49.7%
- Percentage of alumni employed part time – 7.5%
- Percentage of employed alumni who are self-employed – 4.1%
- Unemployment rate – 12.5%
- Unemployment rate for subset of *non-active-duty alumni* – 16.6%

The primary reasons alumni are not in the labor force include medical/health problems (60.2%), enrollment in school or in a training program (19.7%), or retirement (12.1%). In addition, 4.5 percent of alumni who are not in the labor force have become too discouraged to continue looking for work and 3.5 percent have family responsibilities.

WAGES/HOURS AND WEEKS WORKED. Median wages, mean number of weeks worked in the past 12 months, and mean weekly hours show one notable change since 2014 and 2013:

- Median income per week for full-time employees – \$760 (compared with \$800 in 2014 and 2013).
- Median income per week for part-time employees – \$200
- Mean number of weeks worked – 43 weeks for full-time employees and 29 weeks for part-time employees
- Average weekly hours worked – 42 hours for full-time employees and 25 hours for part-time employees

Alumni work in many different industries, but the highest proportions continue to work for the military (29.7%), the federal government (18.9%), and state and local government (8.5%).

JOB SATISFACTION. Full-time employees are more satisfied with their employment than are part-time employees. In 2015, nearly half of full-time employed alumni (49.5%) said they are *satisfied*, *very satisfied*, or *totally satisfied* with their jobs, compared with about one-third of part-time employed alumni (32.5%).

BARRIERS TO EMPLOYMENT. Many factors make it difficult for alumni to obtain employment or change jobs. Although the order of most common factors changed slightly in 2015, the percentage estimates are similar to the 2014 estimates. The top 7 of 17 specific factors include:

- Mental health issues – 32.6%
- Difficult for me to be around others – 31.8% (new response option in 2014)
- Not physically capable – 21.4%
- Not qualified – lack education – 20.1%
- Not enough pay – 18.8%
- Pursuing an education – 17.3%
- I lack confidence in myself and my abilities – 16.3%

PARTICIPATION IN TRANSITION ASSISTANCE PROGRAM (TAP). About 46 percent of alumni, excluding active duty, National Guard, and Reserve alumni, participated in TAP (45.8%). Thirty-eight percent of TAP participants in 2015 (37.9%) said the Veterans Benefit Overview was the most beneficial component of TAP. Only 7.0 percent cited the Department of Labor Employment Workshop as the most beneficial component of TAP in assisting them with their transition to work or school.

INCOME. Alumni reported on two sources of income they received in the past 12 months:

- Income from work (a category including wages, salary, bonuses, overtime, tips, commissions, profit, second jobs, service in the military Reserve, and rent from roomers or boarders):
 - Alumni working full time who received less than \$45,000 – 48.8% (51.3% in 2014).
 - Alumni working part time who received less than \$15,000 – 56.2% (55.5% in 2014).
- Income from various benefit, cash assistance, and disability programs:
 - Received \$20,000 or more in income from those sources – 33.6%
 - Received no income from those sources – 22.7%

About 6 in 10 alumni (59.3%) are sharing household expenses with a spouse or partner. For 14.3 percent of them, their spouse/partner had no income, for 34.0 percent, their spouse/partner had income ranging from one dollar to less than \$25,000, and for about one-fourth (26.2%), their spouse/partner had income of at least \$25,000 but less than \$50,000.

CURRENT LIVING ARRANGEMENT. Among alumni, 45.2 percent currently own their own homes with an outstanding mortgage (43.0% in 2014 and 43.6% in 2013), and 3.4 percent own their homes with no mortgage balance. One-third of alumni (33.7%) rent their homes.

HOMELESSNESS. Almost 6 percent of alumni (5.6% vs. 5.8% in 2014) were homeless or living in a homeless shelter during the past 24 months. More than two-thirds of them (70.1%) were homeless for 1 to 24 months, and the remaining 29.9 percent were homeless for fewer than 30 days. The mean number of days alumni were homeless was 146 (just under 5 months). Among those who were homeless, 17.9 percent received government housing assistance.

TOTAL DEBT. Alumni were asked about monthly mortgage payments and monthly payments toward total debt that the wounded warrior and spouse/partner pay. Nearly 70 percent of alumni with mortgage debt pay less than \$1,500 a month (68.1%). Among alumni with any other form of debt, nearly one-third pay less than \$1,000 per month on total household debt they owe (31.5%),

and another 39.5 percent make monthly debt payments ranging from \$1,000 to less than \$2,500. As in previous years of the survey, car loans and credit card debt are the most common forms of debt in 2015, followed by home loans/mortgage debt, student loan debt, and other household debt.

RATIO OF MONTHLY HOUSEHOLD DEBT PAYMENTS TO MONTHLY HOUSEHOLD INCOME. Among all alumni, 36.8 percent own their homes with outstanding mortgages and answered the three income questions in the survey. Among this group, 63.0 percent have a debt-to-income ratio exceeding 41 percent, the general VA mortgage qualification ratio. Among alumni who currently do not own their homes (with or without a mortgage) and who answered the income questions (38.8% of alumni), 90.5 percent have a “non-housing” debt-to-income ratio higher than 8 percent, a common ratio used by commercial mortgage lenders for non-housing-related debt when “housing-related costs” will be about 28 percent of income.

EMERGENCY FUNDS. About 3 in 10 alumni (29.9%) have an emergency fund. Within this group, 59.6 percent said their fund would cover 3 or more months of household expenses. This group with 3 or more months of “rainy day” savings makes up 17.7 percent of the total alumni survey population (compared with 18.5% in 2014).

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. Results are similar to 2014 results, but somewhat more positive in 2015:

- Better now – 23.7% (22.9% in 2014)
- Same – 40.6% (38.2% in 2014)
- Worse – 31.7% (34.9% in 2014)
- Don’t know – 4.0%

Table of Contents

	<u>Page</u>
Executive Summary.....	i
About the Survey	i
Top-Line Findings	i
Alumni Background Information.....	i
Physical and Mental Well-Being.....	iv
Economic Empowerment.....	xii
Wounded Warrior Project	1
Wounded Warrior Project Survey	1
Survey Objective	1
Survey Content and Development.....	1
2015 Survey Administration.....	2
2015 Reported Data	2
Organization of Report Findings.....	4
Alumni Background Information	6
Demographic Profile.....	6
Military Service Experiences	13
Offenses/Convictions Since First Deployment.....	31
Internet Use	31
Physical and Mental Well-Being.....	33
Health and Daily Activities.....	33
How Have You Been Feeling?	49
Health-Related Matters.....	52
Health Care Services.....	60
Social Support.....	68
Attitudes.....	70
Economic Empowerment.....	74
Education	74
More on Unemployment and Employment.....	76
Participation In The Transition Assistance Program (TAP).....	85
Income.....	86

Current Living Arrangement.....	88
Homelessness.....	89
Debt.....	92
Financial Accounts.....	96
Overall Assessment of Financial Situation.....	99
2015 Major Themes in Survey Comments.....	112
Conclusions.....	131
Health and Well-Being.....	132
Economic Empowerment.....	135
Social Support and Personal Resiliency.....	138
Family Support Members' Concerns.....	139
Recommendations: How WWP Can Help.....	140
References.....	143
Appendix A: Survey Methods and Administration Details.....	A-1
Survey Population.....	A-1
Questionnaire.....	A-1
Data Collection.....	A-1
Highlights From Google Analytics.....	A-8
Appendix B: Figures With Additional Income Data.....	B-1

List of Tables

Table 1. Top 10 States With WWP Alumni.....	8
Table 2. Level of Assistance Needed With Daily Activities (Average Week).....	29
Table 3. Frequency of Feelings During the Past 4 Weeks.....	46
Table 4. Assessment of Own Health.....	47
Table 5. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems.....	50
Table 6. Summary Employment Information, by Full-Time and Part-Time Work Status.....	80
Table 7. Overall Assessment of Financial Status by VA Disability Rating.....	110
Table A1. List of Survey Communications Sent to WWP Alumni.....	A-2
Table A2. Final Disposition Codes.....	A-5
Table A3. Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents.....	A-6
Table A4. Characteristics of Base Weights and Adjusted Weights.....	A-7

List of Figures

Figure ES-1. VA Disability Ratings Among Alumni	iii
Figure ES-2. Top Two Problems that Affect Alumni Nearly Every Day.....	vi
Figure ES-3. Alumni Body Mass Index Scores (BMI)	viii
Figure ES-4. Most Positive Responses About Social Support.....	x
Figure ES-5. Growth in Educational Attainment	xii
Figure 1. Alumni Breakouts by Gender, Age, and Marital Status.....	6
Figure 2. Alumni Breakout by Race/Hispanic Ethnicity.....	7
Figure 3. Regional Distribution (%) of 2015 WWP Alumni.....	8
Figure 4. Highest Degree or Level of School Completed.....	9
Figure 5. Distribution of Alumni by Active Duty Status.....	13
Figure 6. Distribution of Alumni by Service or Reserve Component.....	14
Figure 7. Highest Pay Grade Attained	14
Figure 8. Number of Deployments	15
Figure 9. Percentages of Alumni Deployed to Iraq and Afghanistan.....	15
Figure 10. Experiences During Post 9/11 Deployments.....	16
Figure 11. Injuries and Health Problems During Military Service Since 9/11.....	18
Figure 12. Place Where Injury or Health Problem Was Experienced.....	20
Figure 13. Year(s) Sustained Injury	21
Figure 14. Causes of Injuries/Health Problems	23
Figure 15. Sites Where Hospitalized.....	24
Figure 16. Length of Stay in WTU/WWB.....	25
Figure 17. Disability Ratings (VA Service-Connected and Military’s PEB).....	26
Figure 18. Current Types of Health Insurance	28
Figure 19. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance	30
Figure 20. Convictions Since First Deployment for Offenses/Crimes	31
Figure 21. Alumni Who Are Somewhat Willing or Very Willing to Use the Internet, by Activity	32
Figure 22. Health Status Assessment	33
Figure 23. Health Status Assessment (“Poor” or “Fair”), by Type of Injury	35
Figure 24. Physical Activity Limitations	38
Figure 25. Percentages of Alumni Reporting “Yes”— Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities	41

List of Figures (Continued)

Figure 26. Percentages of Alumni Reporting “Yes” — Emotional Problems Have Interfered in Last 4 Weeks With Work or Regular Activities.....	42
Figure 27a. Extent to Which Physical Health Has Interfered With Normal Social Activities in the Past 4 Weeks.....	43
Figure 27b. Extent to Which Emotional Problems Have Interfered With Normal Social Activities in the Past 4 Weeks.....	43
Figure 28a. Amount of Time Physical Health Has Interfered With Normal Social Activities in Past 4 Weeks.....	44
Figure 28b. Amount of Time Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks.....	44
Figure 29. Extent of Bodily Pain in the Past 4 Weeks.....	45
Figure 30. Extent to Which Pain Interfered With Normal Work (Work Outside the Home and Housework).....	45
Figure 31. Percentages Reporting “Yes” to Lingering Effects in the Last Month of Traumatic Military Experiences.....	51
Figure 32. Frequency of Use of Alcoholic Beverages.....	53
Figure 33. Number of Alcoholic Drinks Consumed on a Typical Day.....	53
Figure 34. Frequency of Having Six or More Drinks With Alcohol on One Occasion.....	54
Figure 35. Percentages Using Tobacco Products in the Past 12 Months.....	55
Figure 36. Packs per Day Smoked by Those Who Have Ever Smoked.....	55
Figure 37. Importance of Maintaining a Healthy Diet and Good Nutrition.....	56
Figure 38. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week (# days a week).....	56
Figure 39. Reported Barriers to Exercising and Doing Sports or Other Physical Activities.....	57
Figure 40. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested.....	58
Figure 41. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed.....	58
Figure 42. Number of Doctor/Clinic Visits in the Past 3 Months.....	60
Figure 43. Top 5 Resources and Tools for Coping With Stress or Concerns.....	62
Figure 44. Top 5 Most Effective Resources and Tools for Coping With Stress or Concerns.....	63
Figure 45. Top 10 Reasons for Difficulties in Getting Mental Health Care.....	65
Figure 46. Reasons for Difficulties in Getting Physical Health Care.....	67
Figure 47. Percent Positive Responses to Social Support Statements.....	69
Figure 48. Ability to Adapt When Changes Occur (How True Is It That They Can Adapt to Change?).....	71

List of Figures (Continued)

Figure 49. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?).....	71
Figure 50. Percent Positive Responses to Descriptions of Feelings	73
Figure 51. Degree or Level of Schooling Pursued by School Enrollees	74
Figure 52. VA or Government Education Benefits Used by School Enrollees.....	75
Figure 53. Alumni Student Loan Debt.....	76
Figure 54. Industries in Which Employees Work	78
Figure 55. Level of Satisfaction With Employment, by Full-Time and Part-Time Status.....	81
Figure 56. Factors Making It Difficult to Obtain Employment or Change Jobs	83
Figure 57. Percentage of Alumni by Number of Factors Selected	84
Figure 58. Parts of TAP That Were Most Beneficial to Alumni.....	85
Figure 59. Money Received in Past 12 Months from Various Benefit, Cash Assistance, and Disability Programs	87
Figure 60. Number in Household Supported by Household Income	88
Figure 61. Current Living Arrangement.....	89
Figure 62. Alumni Experience With Homelessness During the Past 24 Months.....	90
Figure 63. Current Forms of Debt.....	92
Figure 64. Monthly Home Mortgage Payments.....	93
Figure 65. Monthly Payments on Total Debt Owed, Excluding Mortgage Debt on Primary Residence	94
Figure 66. Types of Accounts With Banks or Other Financial Institutions.....	96
Figure 67. Current Participation in Savings Plans	97
Figure 68. Number of Months That Emergency Fund Will Cover Household Expenses.....	98
Figure 69. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?	99
Figure 70. Overall Assessment of Financial Status by Highest Degree/Level of Education	100
Figure 71. Overall Assessment of Financial Status by Labor Force Status	103
Figure 72. Overall Assessment of Financial Status by Type of Injury	105
Figure A1. Cumulative 2015 WWP Survey Completes Throughout Data Collection.....	A-3
Figure A. Income Earned From Work in Past 12 Months	B-1
Figure B. Money Received in Past 12 Months From Various Benefit, Cash Assistance, and Disability Programs (corresponds to Figure 59 in 2015 report).....	B-2
Figure C. Income Spouse or Partner Earned in Past 12 Months	B-3

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 Department of Veterans Affairs (VA), Veterans Services Organizations, and other agencies and organizations. WWP offers many services, including benefits, peer and emotional support, as well as support for caregivers. In addition, WWP offers career guidance through Warriors to Work, as well as IT training through the Transition Training Academy (TTA). WWP offers multiple programs to support Wounded Warriors in a comprehensive and holistic programming model. WWP's work in the legislative arena led to the creation of the Traumatic Injury Protection program (TSGLI), which provides much-needed financial support for severely injured service members, and the creation and passage of the Caregiver Legislation (Caregiver and Veterans Omnibus Health Services Act of 2010). The ultimate goal of 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.

WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

WWP maintains a database of wounded warriors registered as WWP alumni. Eligible alumni include service members and veterans who incurred a physical or mental injury, illness, or wound that was not due to their own misconduct and was co-incident with their military service on or after September 11, 2001. WWP designed its survey to assess current alumni demographics, mental and physical well-being, and economic empowerment across a number of outcome domains. WWP has conducted this survey annually over the past 6 years to 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 was first administered in 2010). The survey is NOT intended to measure the impact of individual WWP programs.

SURVEY CONTENT AND DEVELOPMENT

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

DEVELOPMENT PROCESS. For the 2010 survey, WWP worked with RAND to develop the outcome domains and survey items. Westat appraised the draft survey to identify potential problems for alumni in understanding and answering the questions, and conducted cognitive

interviews with four alumni and one caregiver to pretest selected items from the draft survey. 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.

Over the years, the survey has been revised to collect information on new topics, or more details about a topic already covered in the survey, or to update questions related to WWP programs. In 2015, notable changes include asking for month and year last served on active duty, month and year last returned from active duty, and whether the VA is the respondent's primary health care provider. Also, new response options were added in 2015 for questions asking about participation in WWP activities and reasons for difficulty in getting mental health care and getting physical health care. More details about changes in the current and previous years are described when relevant in various sections of this report.

WEB INSTRUMENT. The web instrument was pretested across Windows platforms, multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome), iOS and Android mobile devices, and popular screen resolution settings.

2015 SURVEY ADMINISTRATION

Westat administered the survey to 58,933 alumni in WWP's member database (up from 43,096 alumni in 2014, 26,892 alumni in 2013, 13,385 alumni in 2012, 5,870 alumni in 2011, and 3,464 alumni in 2010). Data collection continued for 7 weeks, from March 17 to May 3, 2015. All but one of the communications with the wounded warriors were via email and included a prenotice message, a survey invitation, and eight email thank you/reminder messages that were sent to survey nonrespondents. A postal mail reminder letter was also sent during the 5th week of data collection. As an incentive to promote higher survey response, those who answered and submitted a 2015 survey could choose to receive a WWP signature king ring. (Nonmonetary incentives were also offered in previous years except in 2010.)

Westat's WWP Survey Help Center provided technical assistance to sample members throughout data collection. The final response rate was 39.4 percent (23,200 completed surveys among 58,928 eligible warriors in the survey population), compared with 49.0 percent in 2014, 51.9 percent in 2013, 42.5 percent in 2012, 39.4 percent in 2011, and 32.4 percent in 2010. Appendix A includes more details on survey methods and administration.

CAREGIVER ASSISTANCE WITH SURVEY. One hundred twenty-three caregivers (0.5%, unweighted) reported that they completed the survey for their wounded warriors, and 2,128 caregivers (9.2%, unweighted) helped responding alumni to complete the 2015 survey.

2015 REPORTED DATA

WWP SURVEY. The estimates provided in the findings section of this 2015 report are weighted data, unless specified otherwise. The survey results were adjusted to reduce bias in survey estimates that might occur when not everyone who was invited to complete the survey did so. Such bias is likely to occur if there is a relationship between response propensity and the values of the survey data. For example, if employment status of nonrespondents was systematically

different from the employment status of those who completed the survey, this difference could have introduced bias.

When calculating weights, statisticians need to have information about both respondents and nonrespondents to determine if the characteristics of respondents are different from those of nonrespondents. This year, as in 2014 and 2013, there was sufficient information in the WWP alumni database on military status (active duty versus not active duty), age, and geographic region to use those variables to adjust the collected survey data for survey nonresponse. More details on the weighting process used for the 2015 survey are included in Appendix A: Survey Methods.

The analytic data set includes completed cases for 23,200 alumni. For a survey to be considered “complete” and included in the analytic data set, the respondent had to answer at least 17 of the 20 core demographic questions as well as 21 of the 44 core nondemographic items. Core questions were those that all alumni had a chance to answer (i.e., they were not prevented from answering them because of programmed skips). Whenever percentages were calculated, missing responses were removed from the denominators. Denominators thus vary across questions because warriors could choose to skip any questions they did not want to answer. Missing responses also include items that were skipped according to questionnaire programming. Also, there are some slight differences (about 0.1 or 0.2 percentage points) between estimated percentages for *combined* response options in the text when only single response percentages appear in the figures because the text estimates are less subject to rounding errors.

The estimated data we report represent the findings for WWP alumni surveyed in 2015, 2014, and 2013. Most, but not all, figures and tables include data for all 3 years (some of the charts showing demographic characteristics include only 2015 findings for alumni, and some questions were added or substantively revised in the 2015, 2014, or 2013 surveys and there are no comparable data from earlier years).

Please note that the sample sizes have increased each year since 2010. The 2015 survey population (58,933) was much larger than in 2014 (43,096) and 2013 (26,892). Also, the survey population included a lower percentage of active duty soldiers in 2015 (15.8%) than in 2014 (19.7%) and in 2013 (22.5%). Because the survey populations were not identical across those years, differences in results from one year to the next do not reflect how a specific group of alumni changed between 2013 and 2015. In the text, we highlight changes of about 5 percentage points or more between the 2015 and 2014 survey estimates as well as some patterns of change since 2013 and other notable changes in the estimates for WWP priorities. The data do reflect the physical and mental well-being, as well as the economic well-being and demographic characteristics, of WWP alumni in each year. As noted, WWP uses the yearly data when developing and improving its annual strategic plan for WWP programs and services for alumni and their family members.

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. The supplement is administered annually in August. Veterans are identified by their service period in the BLS data and reports. In various sections of this report, we include 2014 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. As noted, the WWP survey population includes not just veterans, but also active duty service members (15.8% in 2015) who have been injured during military service since September 11, 2001. This difference in survey populations should be kept in mind when comparing results with the BLS data.

We also include BLS data on employment statistics for persons with and without a disability in the civilian noninstitutional population, ages 16–64. Sources for BLS data appearing in this report are cited in the text and in the References.

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 (2008; the study population included returned service members from Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]), the Department of Defense Millennium Cohort (MC) study (the initial 2001 Cohort population cited in a few places in this report included U.S. service members, many of whom had never been deployed or incurred a service-connected injury), 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). More recent sources of comparison data are cited as well.

RAND provided information on the scales used in the WWP survey, including instructions or programming 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 comparison 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. They 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
- Current Living Arrangement
- Homelessness
- Debt
- Financial Accounts
- Overall Assessment of Financial Status

Major Themes in Survey Comments

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

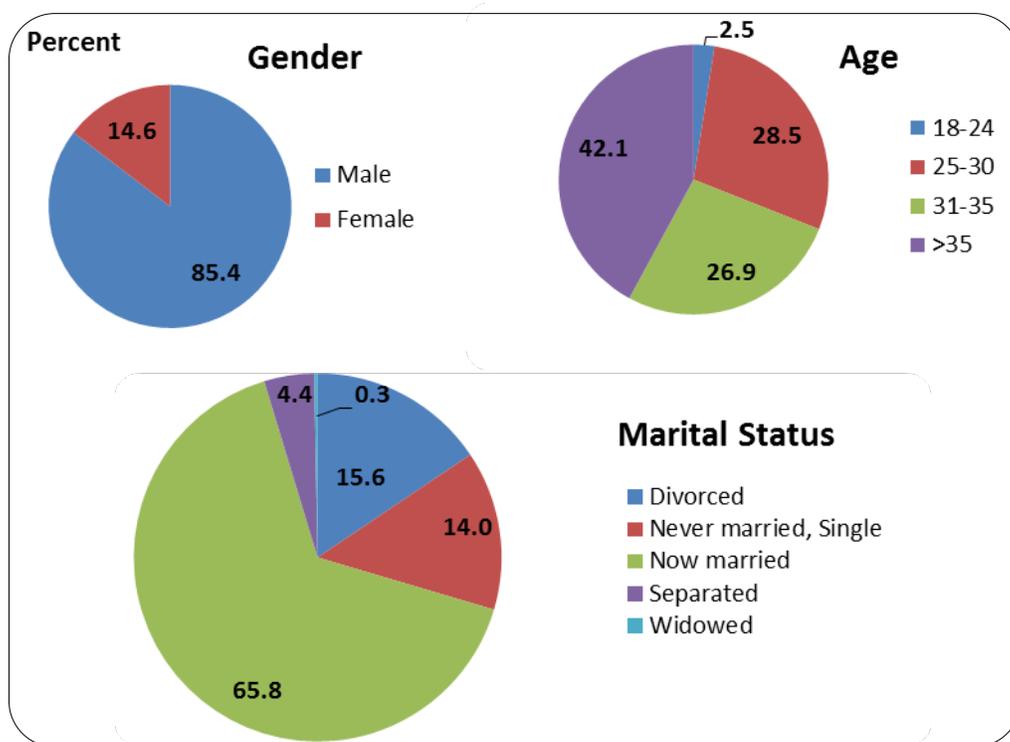
- Appendix A: Survey Methods and Administration Details
- Appendix B: Figures With Additional Income Data

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The 2015 demographic profile for alumni is similar to the 2014 and 2013 profiles. Most alumni are male (85.4%), 65.8 percent are currently married, and 14.0 percent are single and have never married (Figure 1). Among the 19.9 percent who are divorced or currently separated, most (86.8%) became legally separated or divorced from their spouses *after* deployment. Their mean age is 36 years old, with 31.0 percent younger than 31. The percentage of alumni younger than 35 is 52.9 percent (compared with 55.2% in 2014 and 54.8% in 2013).

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



BLS, Current Population Survey, Annual Averages 2014

Gulf War era II veterans: Served since September 2001

- 80.0 percent are male
- 55.3 percent are younger than 35 years old

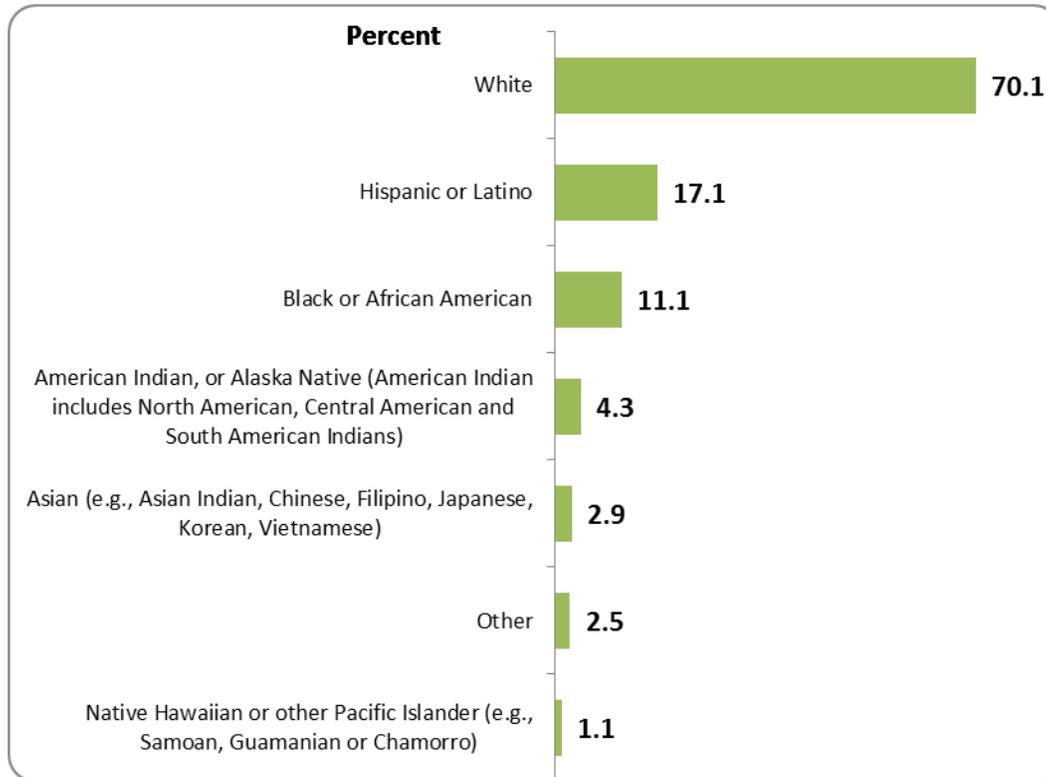
Gulf War era I veterans: Last served August 1990 to August 2001

- 81.0 percent are male
- 4.7 percent are younger than 35 years old

Source: August 2014 Veterans Supplement (BLS, March 2015, USDL-15-0426); Tables 1 and 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>

RACE/ETHNICITY. Most alumni are White (70.1%; Figure 2). Nearly 8 percent of alumni (7.7%) marked more than one race/ethnicity category.

Figure 2. Alumni Breakout by Race/Hispanic Ethnicity



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

BLS, Current Population Survey, Annual Averages 2014

Gulf War-era II veterans: Served since September 2001

- 76.9 percent—White
- 15.4 percent—Black
- 13.3 percent—Hispanic

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

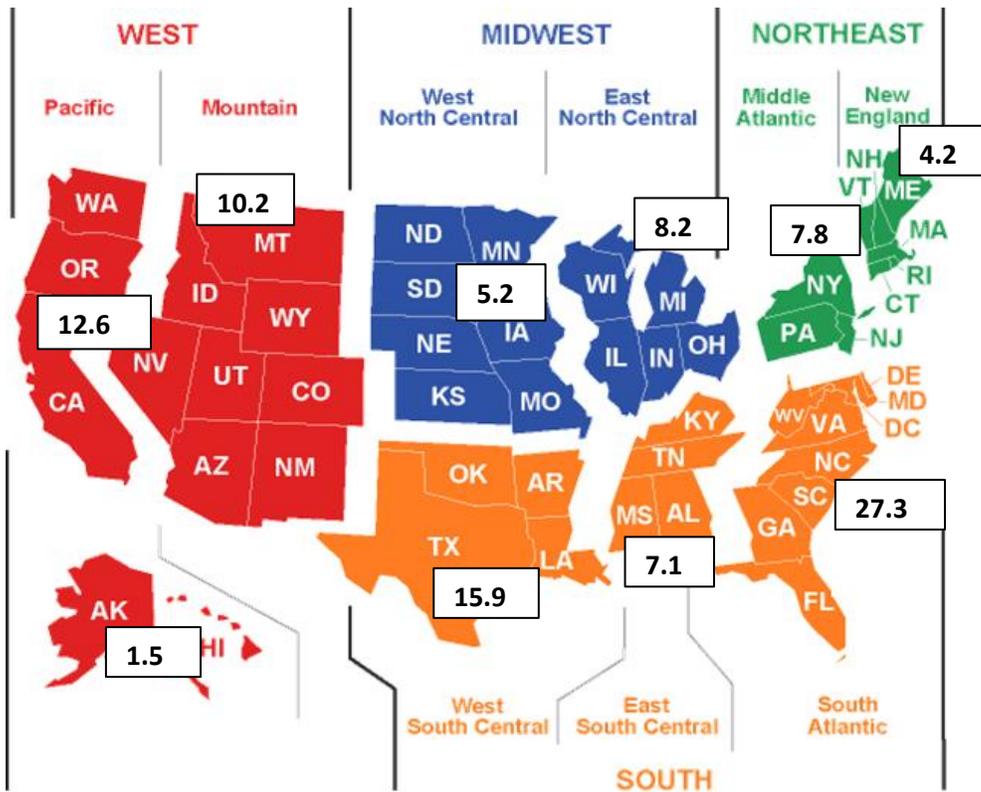
- 77.2 percent—White
- 16.7 percent—Black
- 8.7 percent—Hispanic

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

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

GEOGRAPHIC RESIDENCE. As in 2014, about half of alumni (50.3%) live in the South, 24.3 percent live in the West, 12.0 percent in the Northeast, and 13.4 percent in the Midwest. The 10 Census regions shown in Figure 3 map to the regions in the WWP strategic plan except for one state—Montana.

Figure 3. Regional Distribution (%) of 2015 WWP Alumni



The 10 states with the highest numbers of WWP alumni remained mostly the same in 2015. Florida moved ahead of California, Colorado moved ahead of New York, and Arizona replaced Pennsylvania (Table 1). A total of 54.8 percent of alumni currently reside in these 10 states.

Table 1. Top 10 States With WWP Alumni

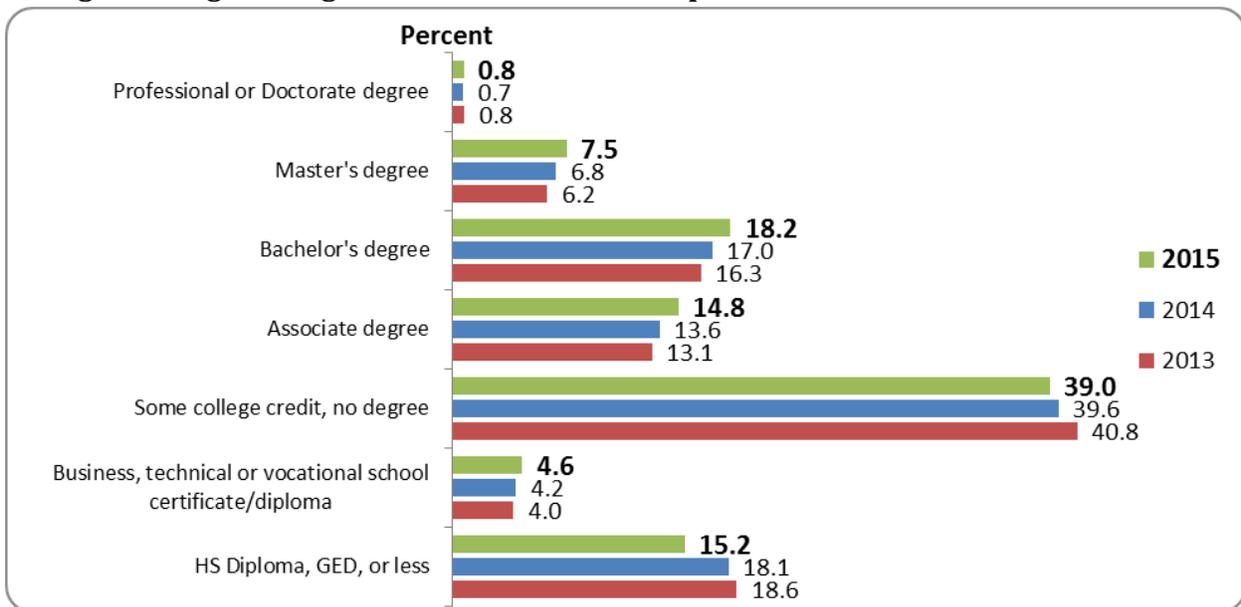
State	2015 Count	2014 Count
1. Texas	7,084	4,755
2. Florida	4,519	3,302
3. California	4,423	3,365
4. North Carolina	3,332	2,488
5. Virginia	2,525	1,865
6. Georgia	2,456	1,755
7. Washington	2,186	1,653
8. Colorado	2,029	1,353
9. New York	1,992	1,587
10. Arizona	1,740	—

EDUCATION. Current level of educational attainment varies among alumni (Figure 4):

- Bachelor’s degree or higher – 26.5%
- Associate degree or some college – 53.7%
- No college credit – 19.7% (but 4.6% of these have a business, technical, or vocational school certificate/diploma)

The 2015 results are mostly similar to those in 2014 and 2013; there is a small increase in the percentage with a bachelor’s degree or higher since 2013.

Figure 4. Highest Degree or Level of School Completed



BLS, Current Population Survey, Annual Averages 2014

Gulf War-era II veterans (25 years and over): Served since September 2001

- 30.4 percent—college degree or higher (nonveterans: 32.6%)
- 45.0 percent—an associate degree or some college (nonveterans: 25.8%)
- 24.6 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 41.6%)

Gulf War-era I veterans (25 years and over):

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

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

EMPLOYMENT STATUS/VOLUNTEER ACTIVITIES. Among all alumni, 57.2 percent are employed either full time or part time in paid work. Alumni who reported they were not currently employed but actively looked for work in the past 4 weeks and could have accepted a job in the previous week or could have done so except for a temporary illness are classified as unemployed. The groups of employed and unemployed alumni make up the alumni labor force. The 2015 alumni labor force participation rate is 65.4 percent (number in alumni labor force/number in alumni population). The unemployment rate = the number of unemployed/the number in the alumni labor force. The unemployment rate for 2015 alumni is 12.5 percent (see the *Note* below discussing this estimated rate).

Wounded warriors who are neither employed nor unemployed are asked to select the “best” among five reasons for not being in the labor force. The results in 2015 are similar to the 2014 results:

- 60.2% – Medical/health conditions (or treatment) prevent them from working
- 19.7% – In school or in a training program
- 12.1% – Retired
- 3.5% – Family responsibilities
- 4.5% – Would have liked to work but have become **discouraged** about finding work and did not look for work in the past 4 weeks

Warriors in this relatively small group of discouraged workers were asked to select from among four possible reasons the *main* reason they did not seek work in the past 4 weeks. Their main reasons include the following:

- 32.6% – Have been unable to find work and quit looking
- 30.4% – Do not have the necessary schooling, training, skills, or experience
- 22.9% – Employers discriminate against them because of age or disability or some other reason
- 14.1% – No job available in their line of work or area

More than one-third of alumni (36.2%) currently participate in unpaid volunteer activities in their communities.

NOTE: Since 2014, all active duty alumni have been counted as employed in paid work (not all of them had reported themselves as employed in prior years of the survey). To have comparable data for prior years, we recalculated the estimated employment percentages, labor force participation rates, and unemployment rates reported from 2011 through 2013. We also calculated a second set of rates that correspond better to BLS estimates for veterans—they include only non-active-duty alumni.

The top rows in Table A on the next page show employment percentages, labor force participation rates, and unemployment rates for 2011–2015 when all alumni are included and all active duty alumni are counted as employed. The bottom rows of the table show the results for only non-active-duty alumni.

As expected, for the subgroup of non-active-duty alumni, in each of the 5 years, the percentage employed and the labor force participation rate are lower and the unemployment rate is higher than the corresponding rates that include all alumni. The unemployment rate for non-active-duty alumni continues to decline—16.6 percent in 2015, compared with 19.7 percent in 2014 and 22.3 percent in 2013. The percentage employed in this group has increased over time (from 43.2% in 2011 to 49.2% in 2015), whereas the labor force participation rate has fluctuated over the 5 years.

Table A. Estimated Employment, Labor Force Participation, and Unemployment Rates for All Alumni and for Non-Active-Duty Alumni (2011–2015)

	2015	2014	2013	2012	2011
All alumni					
Percentage employed	57.2%	57.9%	60.5%	58.8%	56.1%
Labor force participation rate	65.4%	67.4%	70.7%	68.5%	65.6%
Unemployment rate	12.5%	13.9%	14.2%	14.0%	14.4%
Non-active-duty alumni					
Percentage employed	49.2%	47.6%	47.0%	45.3%	43.2%
Labor force participation rate	58.9%	59.4%	60.6%	58.2%	55.5%
Unemployment rate	16.6%	19.7%	22.3%	22.0%	22.1%

Note: In the all-alumni group, all active duty alumni are counted as employed. The data for 2013, 2014, and 2015 are weighted. The data for 2012 and 2011 are unweighted.

The large subgroup of non-active-duty alumni in the table above is a better comparison group for the BLS data below and on the following pages.

BLS, Current Population Survey

Annual Averages 2014 (Civilian noninstitutional population, 18 years and over)

Gulf War era II veterans: Served since September 2001

- 79.6 percent—labor force participation rate
- 7.2 percent—unemployed
 - 16.2 percent—unemployment rate for those 18-24 years old
 - 7.8 percent—unemployment rate for those 25-34 years old

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

- 82.4 percent—labor force participation rate
- 4.2 percent—unemployed

Source: BLS, March 2015, USDL-15-0426, Tables A, 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>

August 2014 BLS Supplement

Gulf War era II veterans with disabilities (about 29 percent reported having a Service-connected disability; not all veterans reported disability status)

- 75.1 percent—labor force participation rate (vets without disabilities: 85.6%)
- 9.1 percent—unemployed (not statistically different from the rate for veterans no disability—7.8%)

Gulf War era I veterans with disabilities (about 17 percent reported having a Service-connected disability)

- 73.6 percent labor force participation rate (vets without disabilities: 87.2%)
- 0.7 percent—unemployed (vets without disabilities: 5.8%)

Source: BLS, March 2015, USDL-15-0426, T7: <http://www.bls.gov/news.release/pdf/vet.pdf>

**BLS, Current Population Survey – Veterans/Civilians – Disability Data
August Supplement, 2014**

Employment rate = percent of population who are employed

Employment rate of Gulf War era II veterans, by service-connected disability status (about 29 percent of Gulf War era II veterans reported having a service-connected disability; not all veterans reported disability status)

- Overall employment rate for veterans with a disability: 68.2 percent
 - Less than 30 percent disabled: 72.8 percent employed
 - 30 to 50 percent disabled: 80.8% percent employed
 - 60 percent disabled or higher: 59.4 percent employed
- Overall employment rate for veterans without a service-connected disability: 78.9 percent

Employment rate of Gulf War era I veterans, by service-connected disability status (about 17 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 73.1 percent
 - Less than 30 percent disabled: 82.3 percent employed
 - 30 to 50 percent disabled: 81.4 percent employed
 - 60 percent disabled or higher: 51.7 percent employed
- Overall employment rate for those without a service-connected disability: 82.2 percent

Source: August 2014 Veterans Supplement (BLS, March 2015, USDL-14-0426, T7), Table 7 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

Civilian noninstitutional population, 16 years and over (April 2015)

Persons with a disability:

- Labor force participation rate = 19.3 percent
- Employment – population ratio = 17.3 percent
- Unemployment rate = 10.0 percent

Persons without a disability:

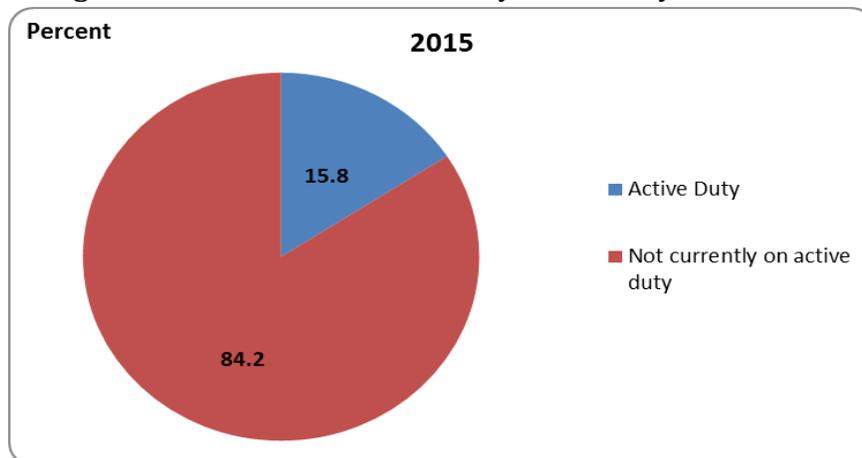
- Labor force participation rate = 68.4 percent
- Employment-population ratio = 65.0 percent
- Unemployment rate = 4.9 percent

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

MILITARY SERVICE EXPERIENCES

MILITARY DUTY STATUS. The proportion of active duty service members among alumni continues to decline—15.8 percent in 2015, compared with 19.7 percent in 2014 and 25.5 percent in 2013; Figure 5). This lower proportion may contribute to some changes in estimates in this report that are related to active duty status (e.g., employment statistics, work income, health care insurance, experiences with and use of VA services, disability ratings).

Figure 5. Distribution of Alumni by Active Duty Status



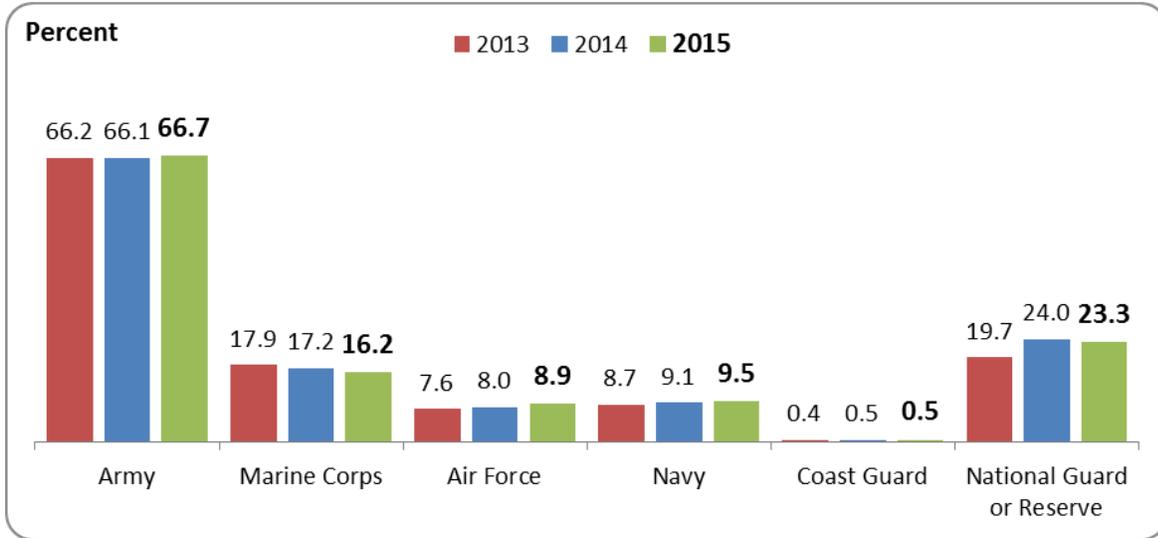
A new question in the 2015 survey asked alumni when they last served on active duty (valid years: 2001–2015). More than half of 2015 alumni (55.7%) last served on active duty before 2012. The percentages per year for last served were highest for 2012 (12.9%), 2013 (15.0%), and 2014 (13.5%).

Among those currently on active duty, 73.1 percent are active duty service members and 26.9 percent are activated National Guard or Reserve members. Among those not currently on active duty, 9.1 percent are members of the National Guard or Reserve. Other alumni reported their status as follows:

- Retired for medical reasons – 45.2%
- Separated or discharged – 44.7%
- Retired for nonmedical reasons – 10.1%

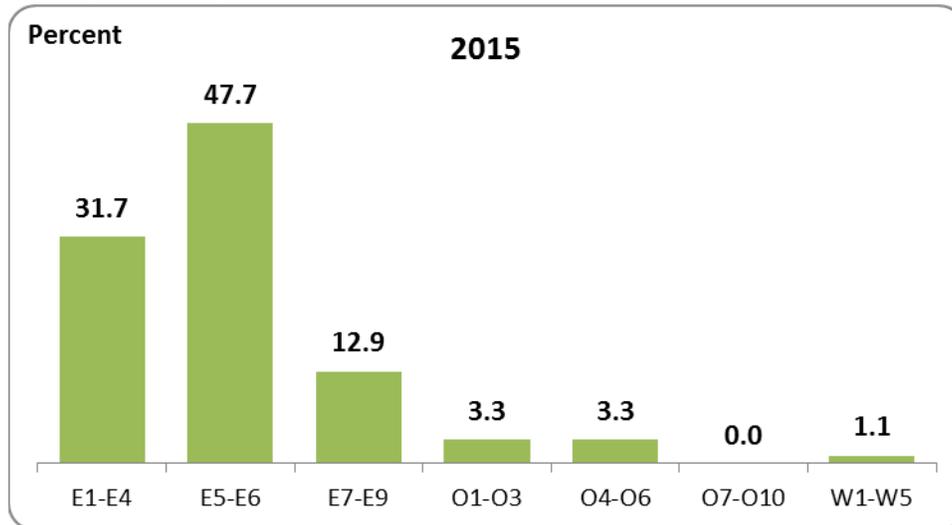
SERVICE BRANCH. Two-thirds of alumni (66.7%) have served in the Army, and 16.2 percent in the Marines (Figure 6). Almost one-fourth of alumni (23.3%) have served in the Reserve Component. Also, 22.4 percent of alumni have served in more than one branch or component.

Figure 6. Distribution of Alumni by Service or Reserve Component



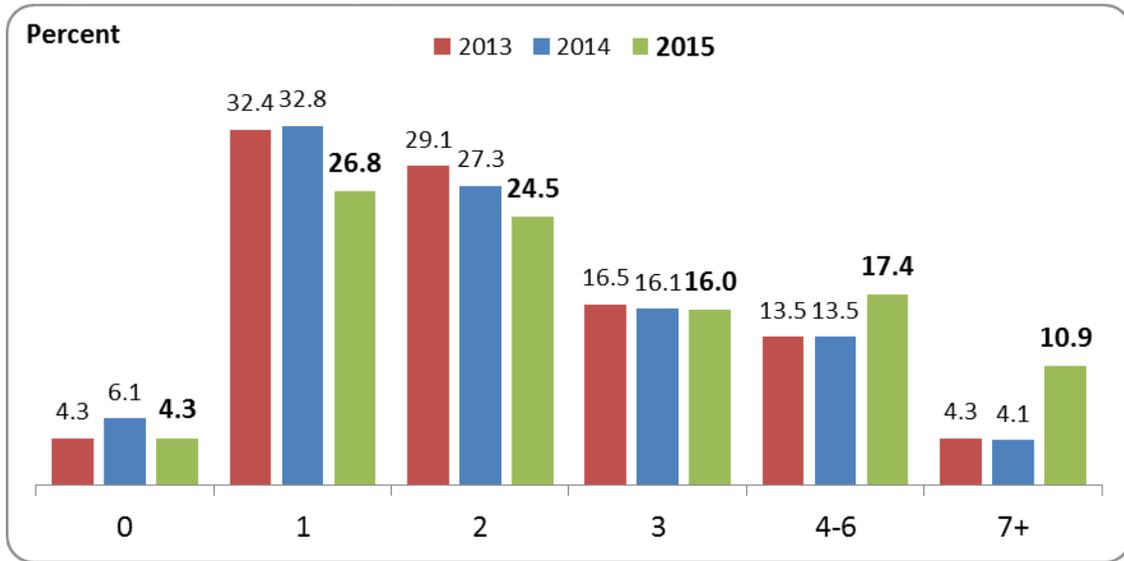
HIGHEST PAY GRADE. Highest pay grades for WWP alumni indicate that most are enlisted personnel (92.3%), including 60.6 percent with the equivalent rank of sergeant or above (E5–E9). About 1 percent (1.1%) of alumni obtained the rank of warrant officers, and 6.6 percent are commissioned officers (Figure 7).

Figure 7. Highest Pay Grade Attained



TOTAL NUMBER OF DEPLOYMENTS. Multiple deployments are more common among alumni than in previous years. More than 4 of 10 alumni (44.3%) have deployed three or more times (includes possible training deployments), compared with 33.7 percent in 2014. Slightly more than half of alumni (51.3%) have deployed once or twice, and 4.3 percent have never deployed (Figure 8).

Figure 8. Number of Deployments

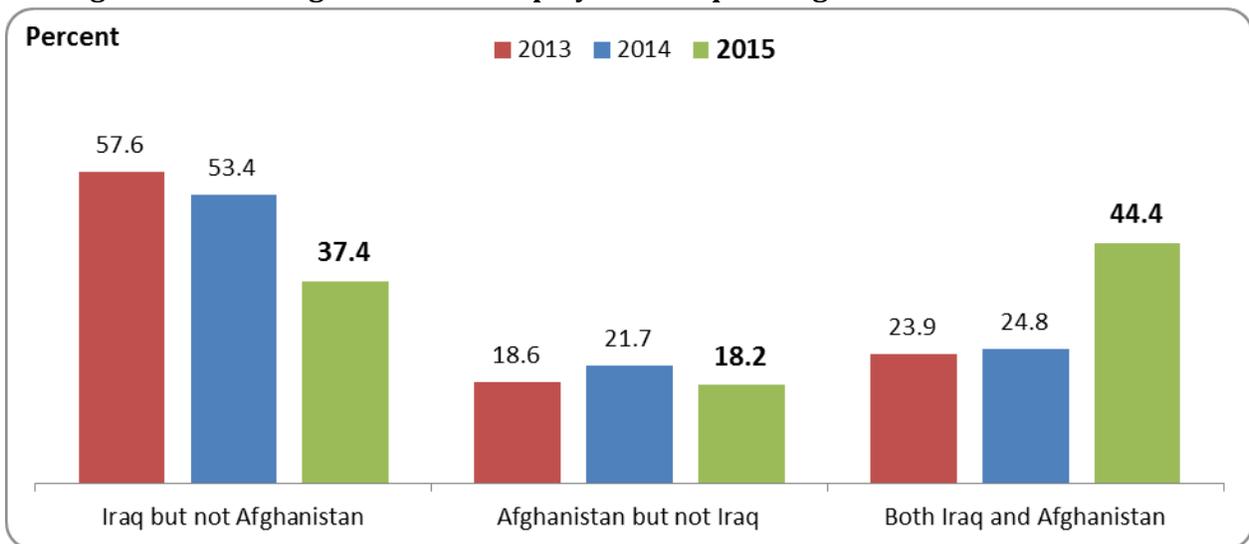


Most alumni who deployed have deployed to a combat area (94.8%). They were asked how many of their deployments were to Iraq, to Afghanistan, and to other combat areas. The majority of those deploying to each of those areas did so once or twice:

- Iraq: once - 57.8%; twice - 29.8%
- Afghanistan: once - 74.4%; twice - 19.0%
- Other combat areas: once - 62.6%; twice - 20.2%

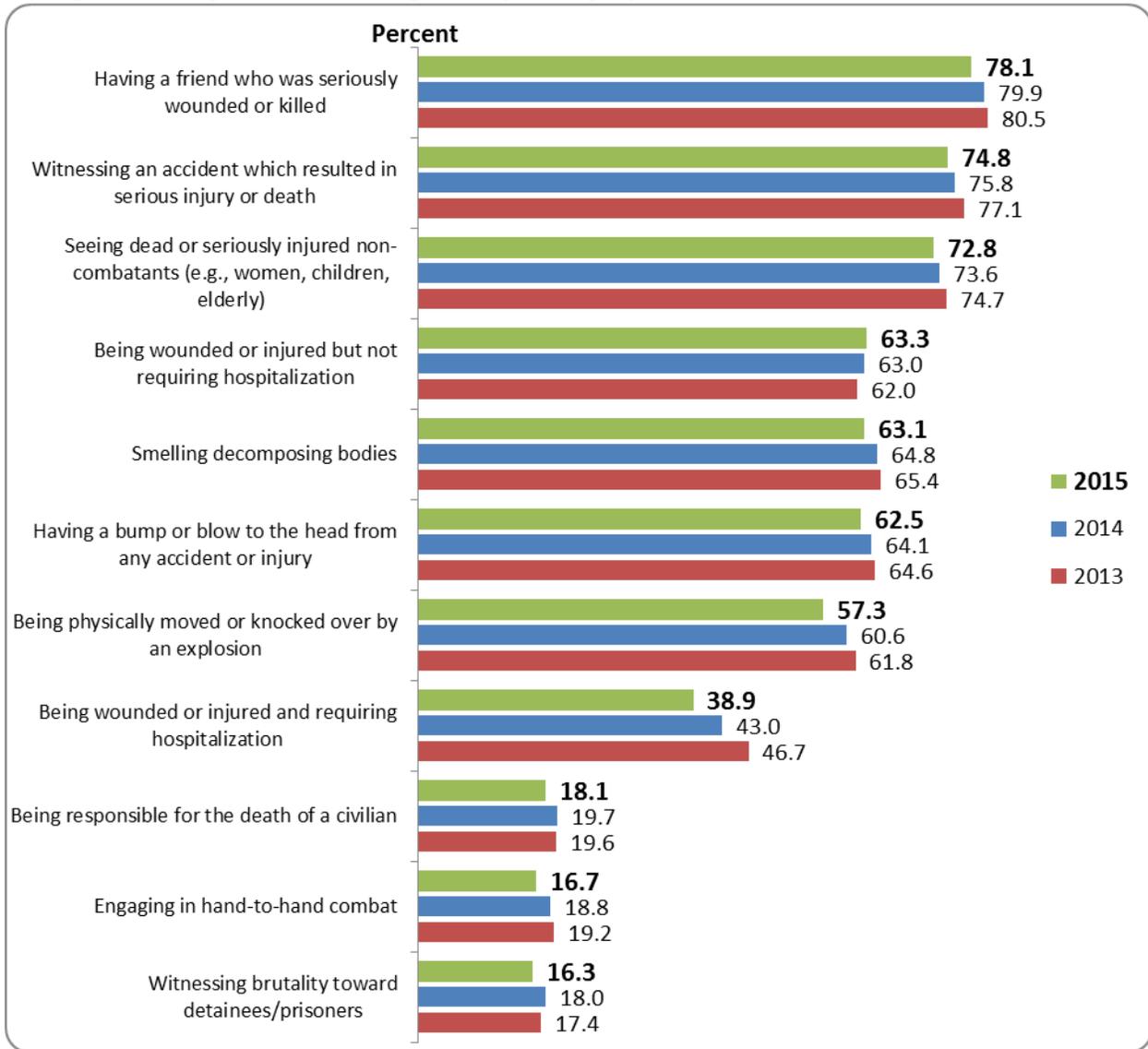
Among alumni deployed to Iraq but not Afghanistan, Afghanistan but not Iraq, or to both countries, the highest 2015 percentage for the three options was “both countries” (44.4%). The 2015 data clearly reflect the shift in military operations from Iraq to Afghanistan.

Figure 9. Percentages of Alumni Deployed to Iraq and Afghanistan



EXPERIENCES DURING DEPLOYMENT. After September 11, 2001, deployed alumni experienced or witnessed many potentially traumatic events. Among those who experienced or witnessed at least 1 of the 11 situations described in Figure 10 (95.7%), more than half (54.9%) had experienced 6 or more of the situations. The results for 2015 are similar to those for 2014.

Figure 10. Experiences During Post 9/11 Deployments



Research indicates that service in a war zone and exposure to combat and casualties have a stronger negative effect than deployment per se on quality-of-life outcomes such as mental and physical health, disability, wealth, and marital outcomes (Edwards, 2012; Norris & Stone, 2013).

RAND’s Invisible Wounds study administered the same trauma exposure items appearing in Figure 10 to service members returning from OEF and OIF (2007–early 2008), 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 include the following (Schell & Marshall, 2008):

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

The proportions of WWP alumni with trauma exposures are notably higher than the proportions reported in the Invisible Wounds study. This is likely due to the fact that many alumni have experienced more combat deployments and traumatic events than service members in the Invisible Wounds Study had experienced at that time.

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. The list of severe injuries and health problems, particularly physical injuries, that alumni experienced during their service after September 11, 2001, was expanded in the 2014 survey to reflect other severe injuries that had been specified by respondents to the 2013 survey. The results are displayed in Figure 11.

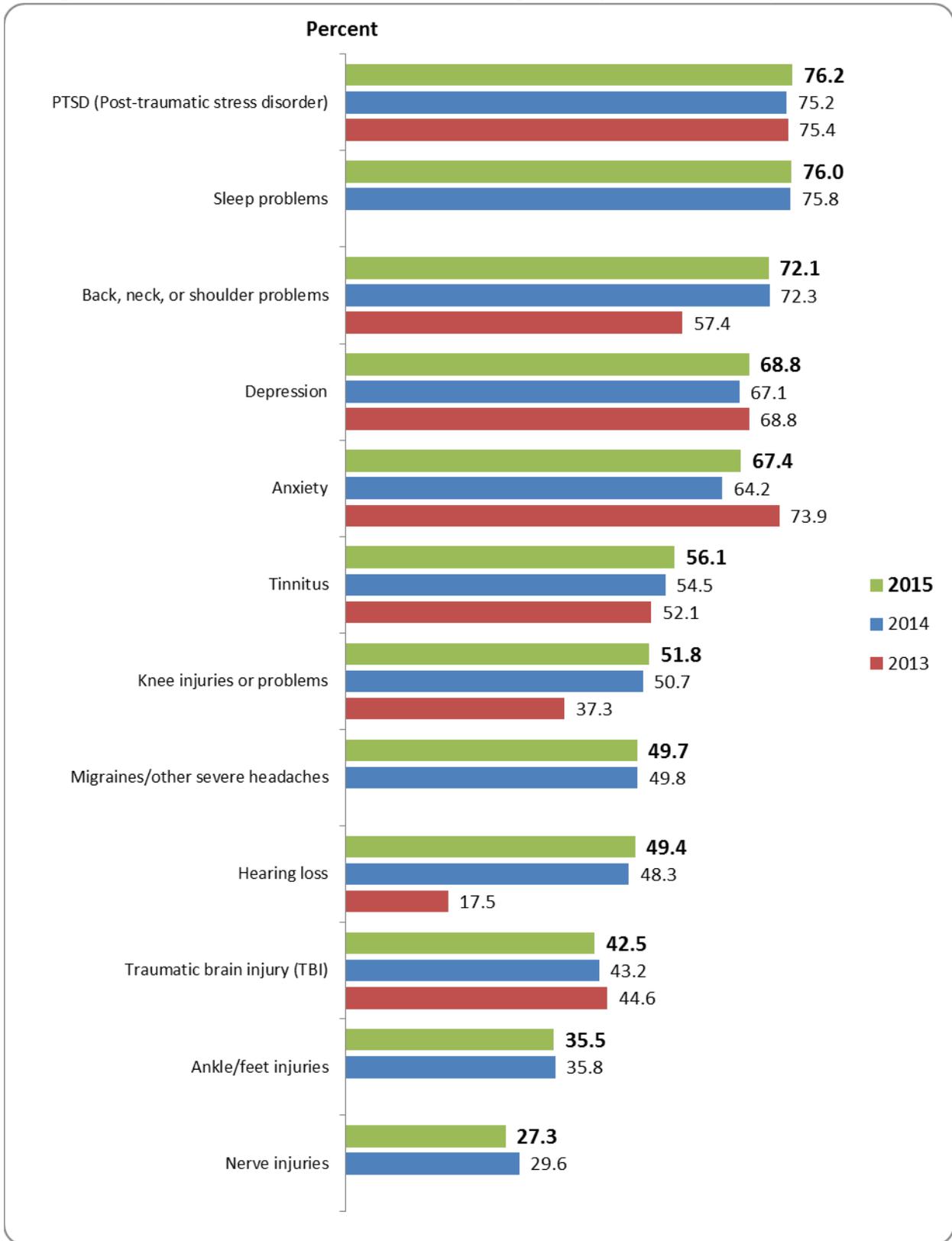
Nearly all alumni experienced at least one severe injury or health problem during their post 9/11 military service, and multiple injuries were common. Among those with injuries or health problems, more than three-fourths (77.7%) experienced between 4 and 12 severe injuries or health problems.

Self-reported post-traumatic stress disorder continues to rank high on the list of health problems experienced by alumni (76.2%). That condition likely contributes to the high report of sleep problems among alumni (76.0%). The percentage of alumni coping with anxiety has fluctuated in recent years (67.4% in 2015, 64.2% in 2014, and 73.9% in 2013), whereas the percentage of alumni suffering from depression has remained high and fairly stable (68.8% in 2015, 67.1% in 2014, and 68.8% in 2013). More than 40 percent of alumni continue to report traumatic brain injury (42.5% in 2015 and 43.2% in 2014).

Many alumni experienced severe *physical* injuries and health problems during their military service after September 11, 2001. As in 2014, relatively high percentages experienced back, neck, or shoulder problems (72.1%); tinnitus (56.1%) and hearing loss (49.4%); knee injuries or problems (51.8%); and migraine/other severe headaches (49.7%).

Military sexual trauma (MST) was experienced by 6.4 percent of alumni. Among female alumni, 33.1 percent experienced MST, compared with 1.9 percent of male alumni.

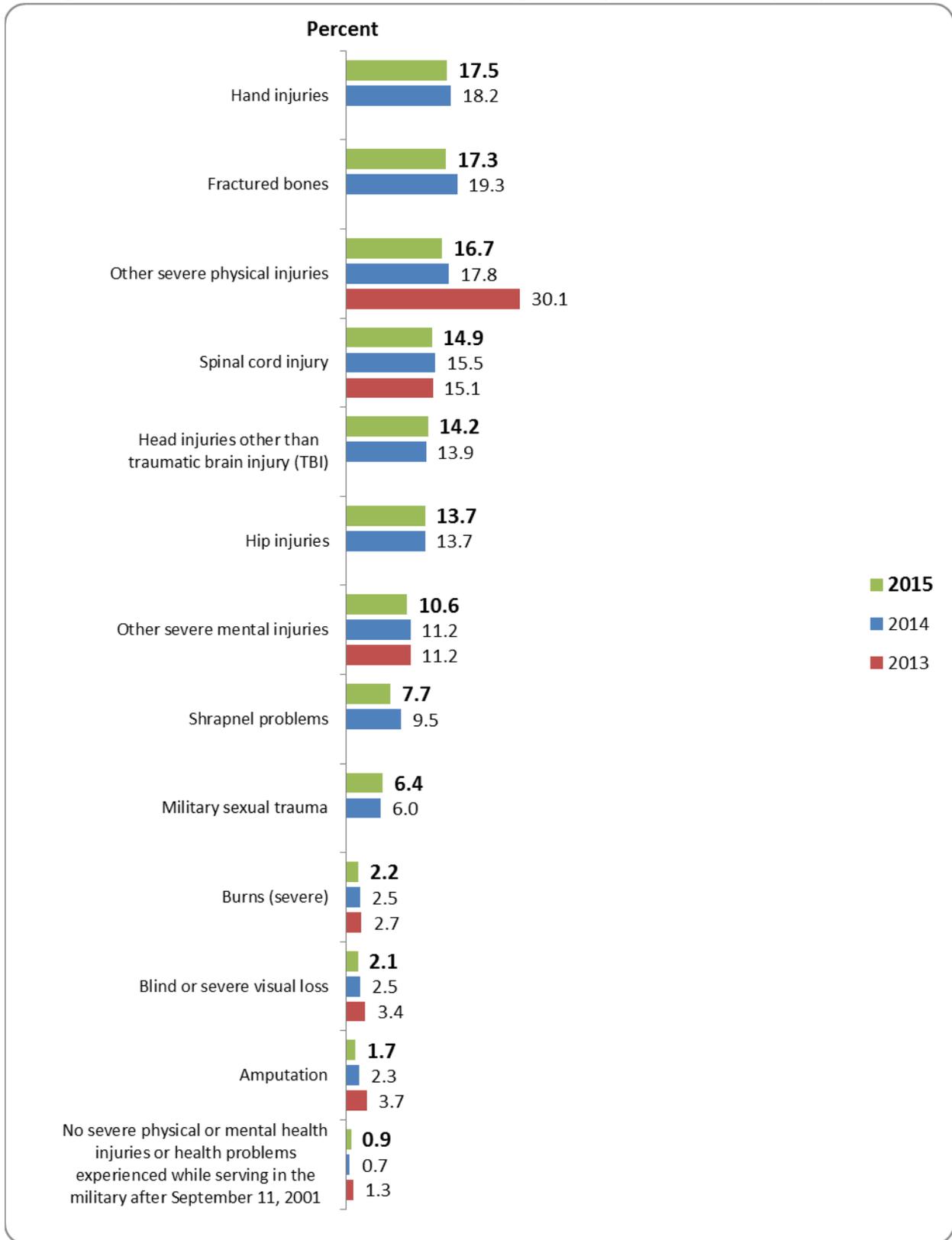
Figure 11. Injuries and Health Problems During Military Service Since 9/11



Note: Several response options were added in 2014.

(Continues on next page)

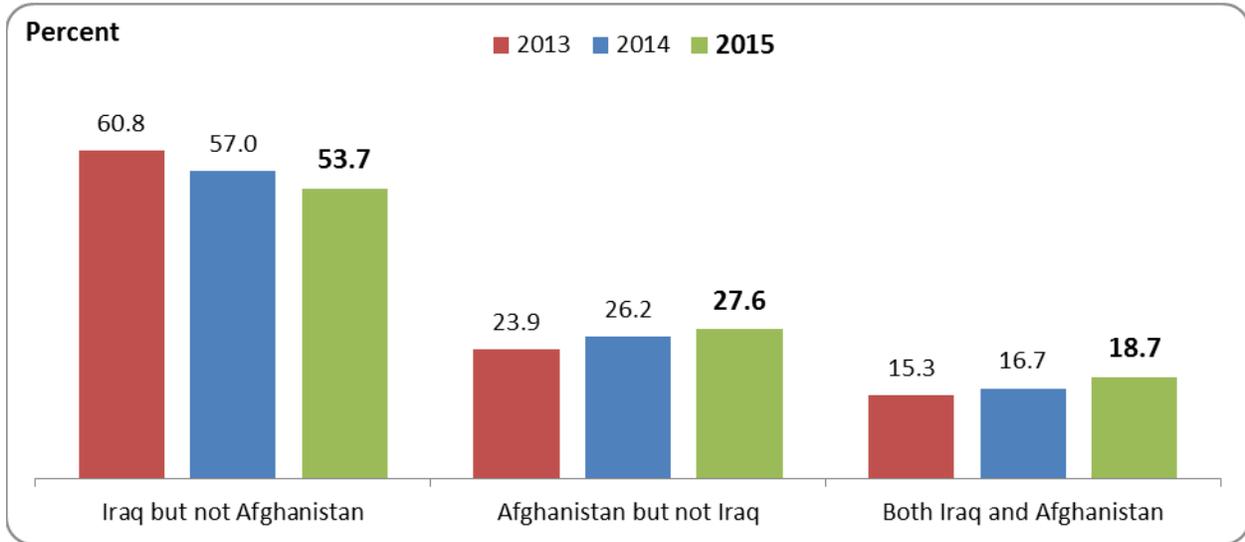
Figure 11. Injuries and Health Problems During Military Service Since 9/11 (Continued)



Note: Several response options were added in 2014.

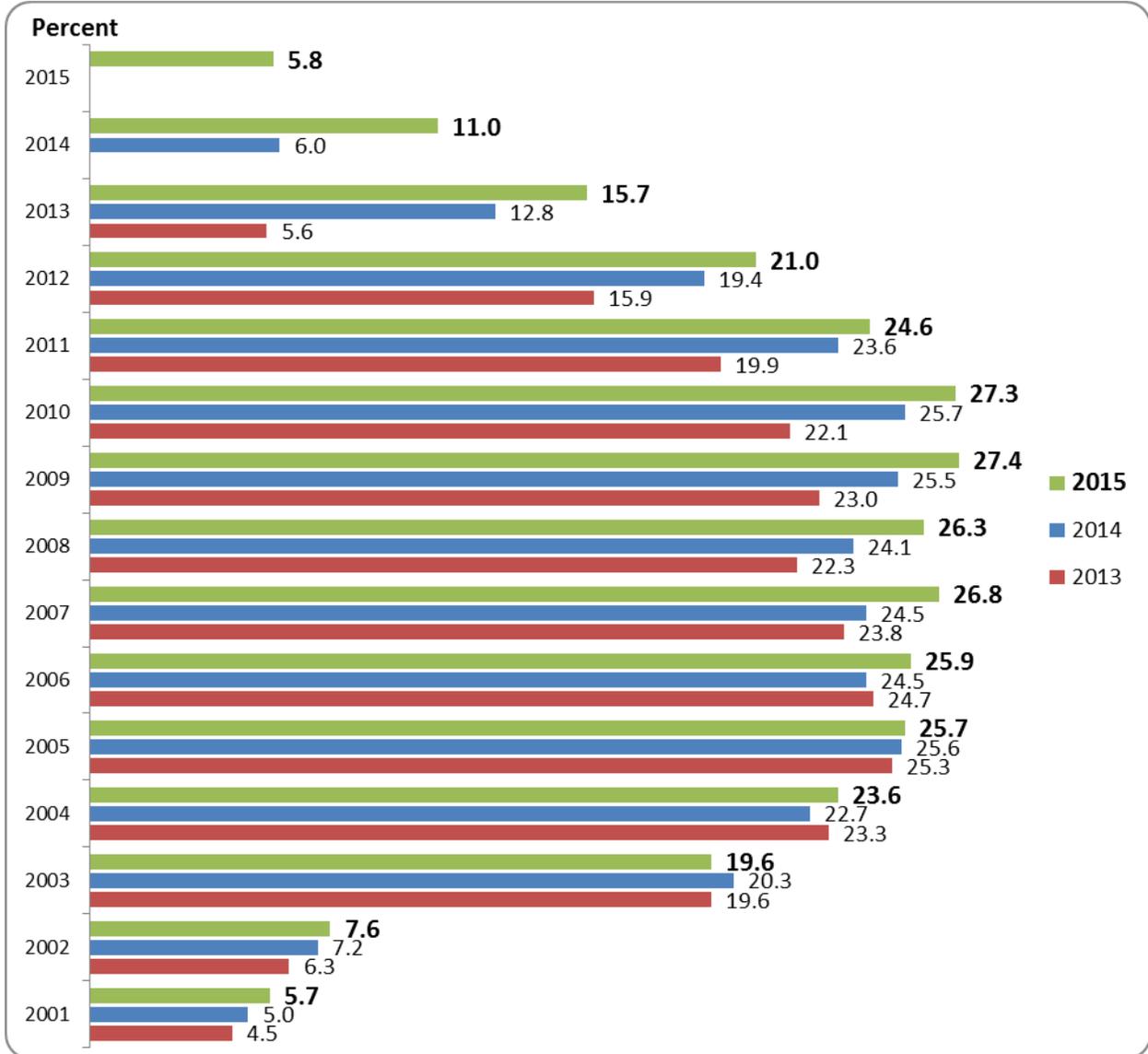
Figure 12 displays the percentages of alumni who experienced injuries or health problems in Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan. The 2015 data continue to reflect the increase in injuries sustained in Afghanistan as military operations shifted to that area.

Figure 12. Place Where Injury or Health Problem Was Experienced

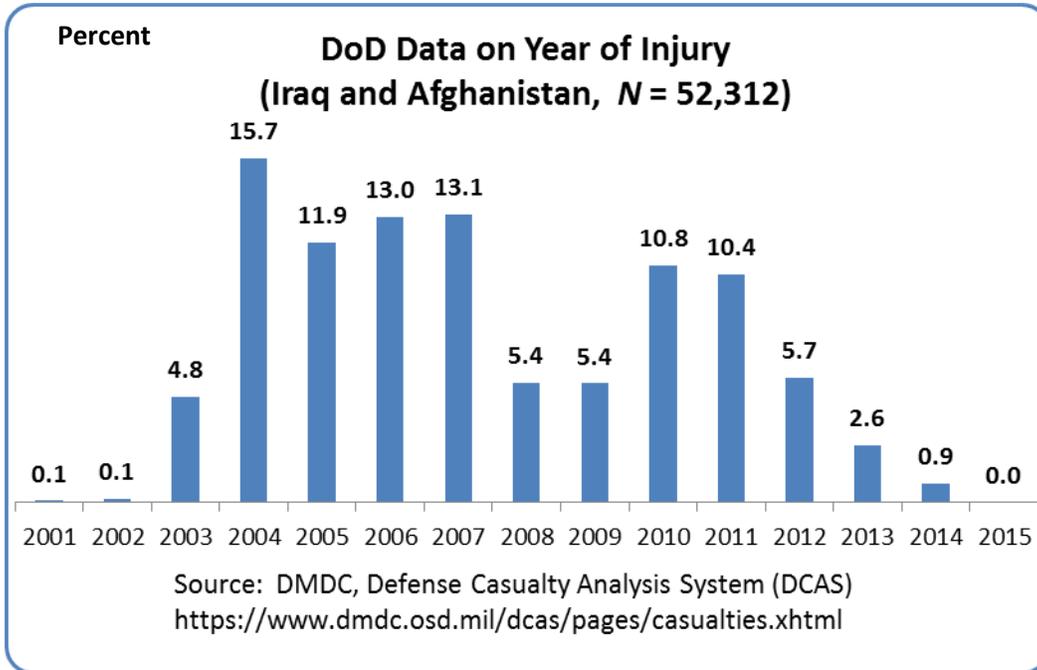


Alumni were also asked to indicate the *years* in which they sustained their injuries or health problems. Alumni in 2015 most commonly reported 2005 through 2010 (Figure 13). Nearly 7 in 10 alumni with injuries sustained injuries in multiple years (69.8%).

Figure 13. Year(s) Sustained Injury

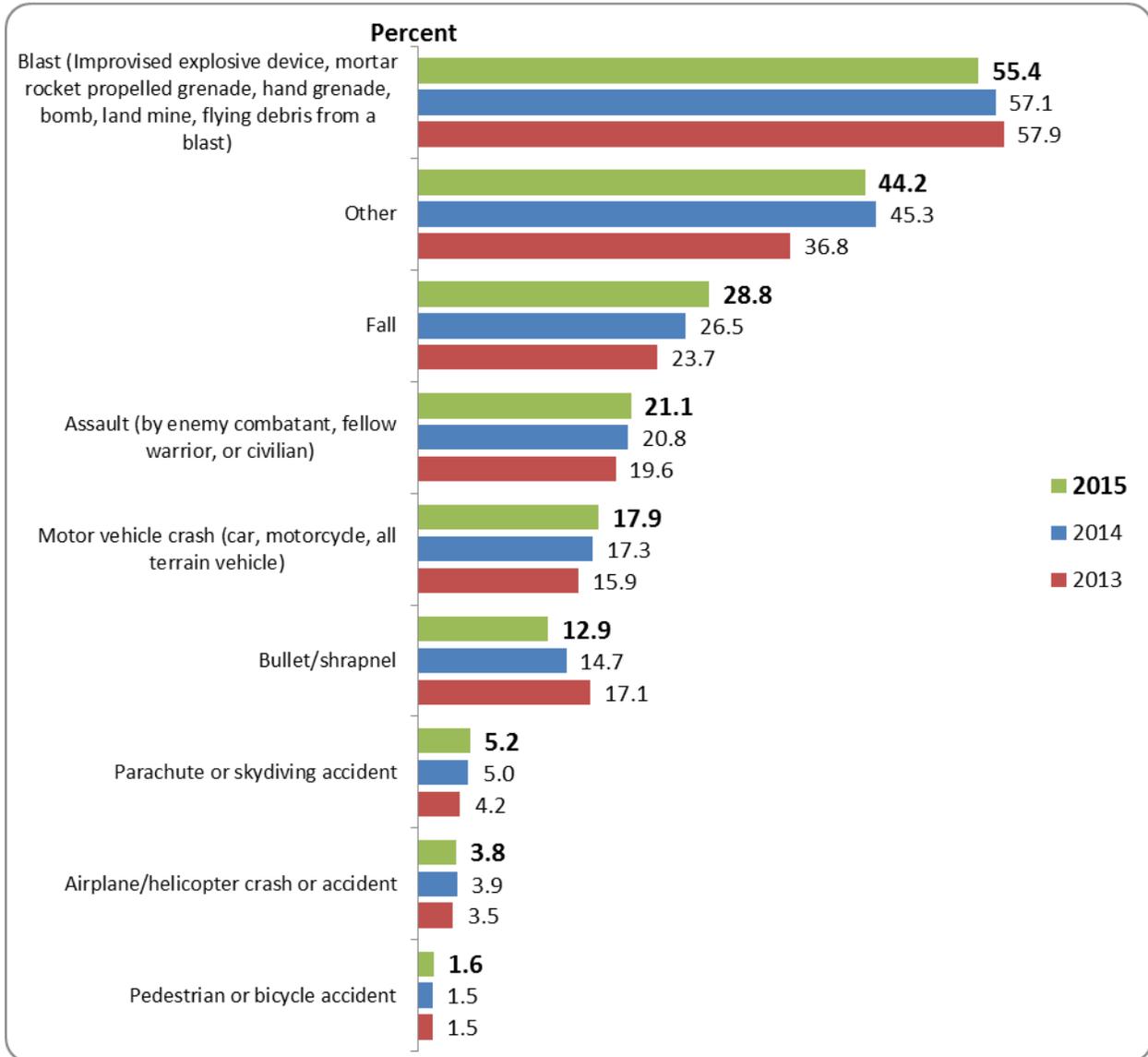


For comparison, Department of Defense data on year of injury for service members deployed to Iraq and Afghanistan from October 2001 through April 16, 2015, are provided in the following chart. Overall, about two-thirds of the injuries have occurred in Iraq (61.1%). Since 2009, most of the injuries have occurred in Afghanistan (93.0%).



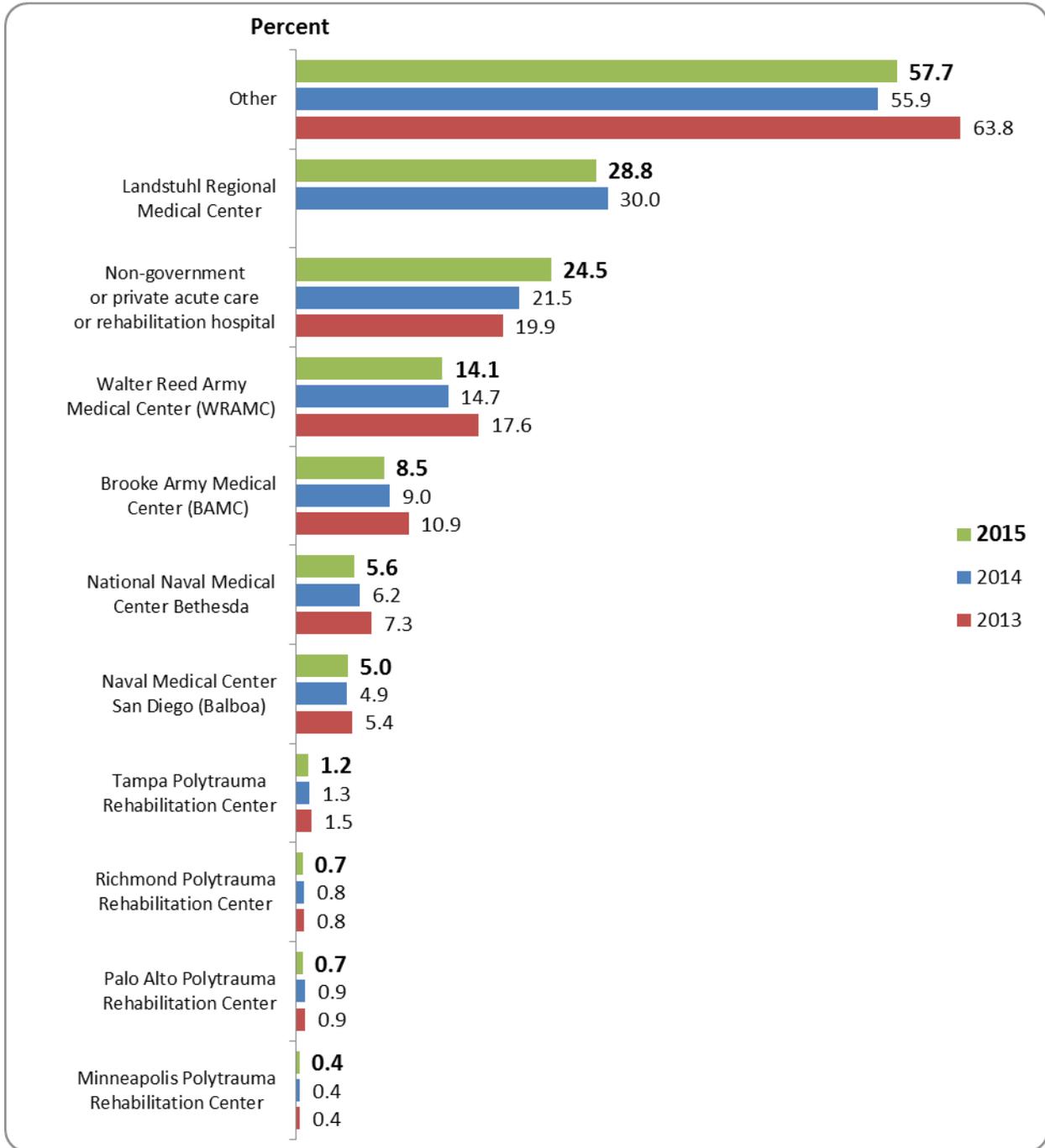
As in the 2 previous years, blasts were the most common cause of injury/health problems among alumni (55.4%) and falls were next in prevalence (28.8%; Figure 14). Injuries from bullets or shrapnel continue to decline. Most alumni experienced one or two causes of their injuries (75.9%). Another 16.4 percent of alumni experienced three causes.

Figure 14. Causes of Injuries/Health Problems



More than half of alumni (57.4%) were hospitalized as a result of their injuries (63.0% in 2013). Nearly thirty percent of them (28.8%) were hospitalized at Landstuhl Regional Medical Center, a new response option in 2014 (Figure 15). Among those who were hospitalized, more than one-third were hospitalized in more than one location (35.3%).

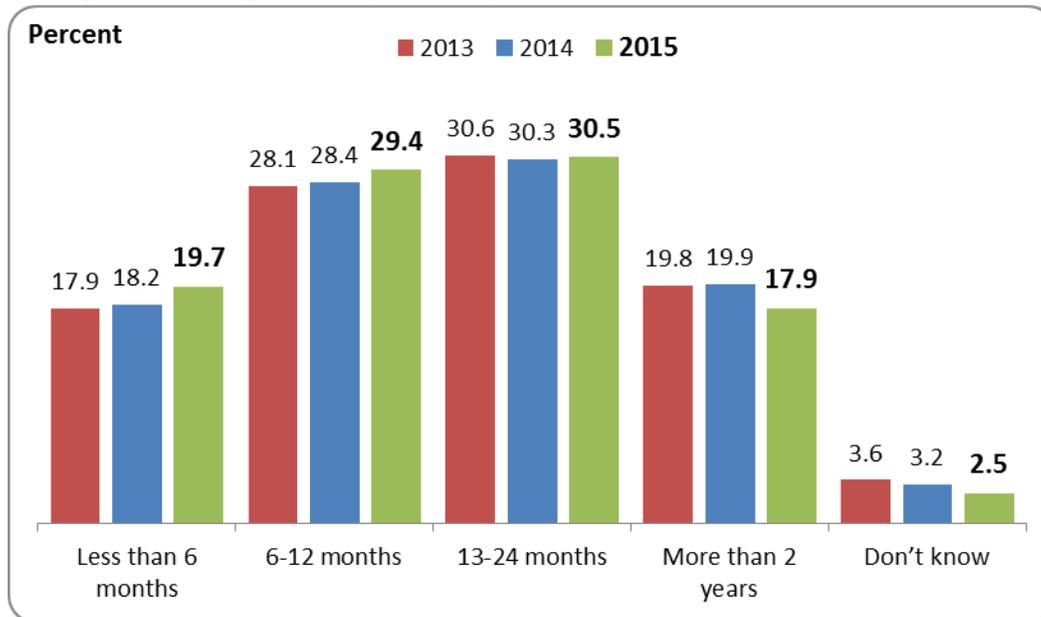
Figure 15. Sites Where Hospitalized



Note: Landstuhl Regional Medical Center was added in 2014.

ASSIGNMENT TO A WARRIOR TRANSITION UNIT (WTU) OR A WOUNDED WARRIOR BATTALION (WWB). Service members needing extensive rehabilitative care may be reassigned to either a WTU or a WWB, depending on their branch of service. More than a third of alumni (34.0%, down from 39.1% in 2014) were assigned to a WTU or WWB because of their medical conditions (Figure 16). The most common lengths of WTU/WWB assignments were 13 to 24 months (30.5%), followed closely by 6 to 12 months (29.4%).

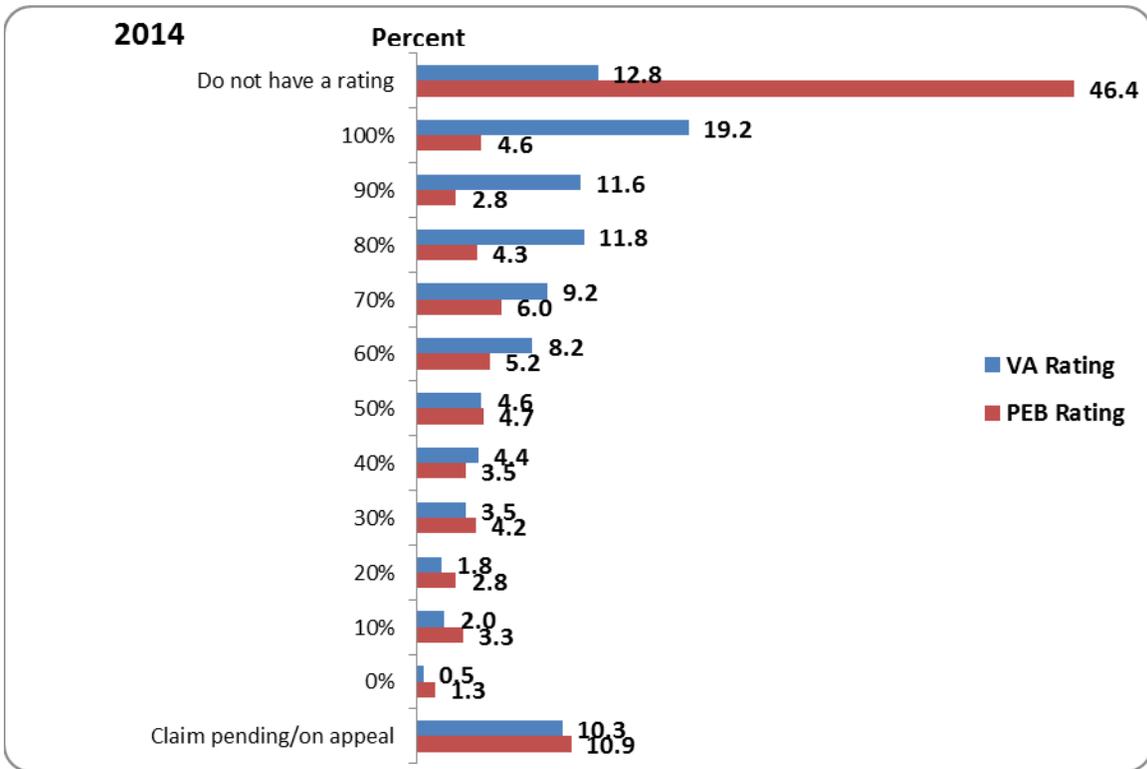
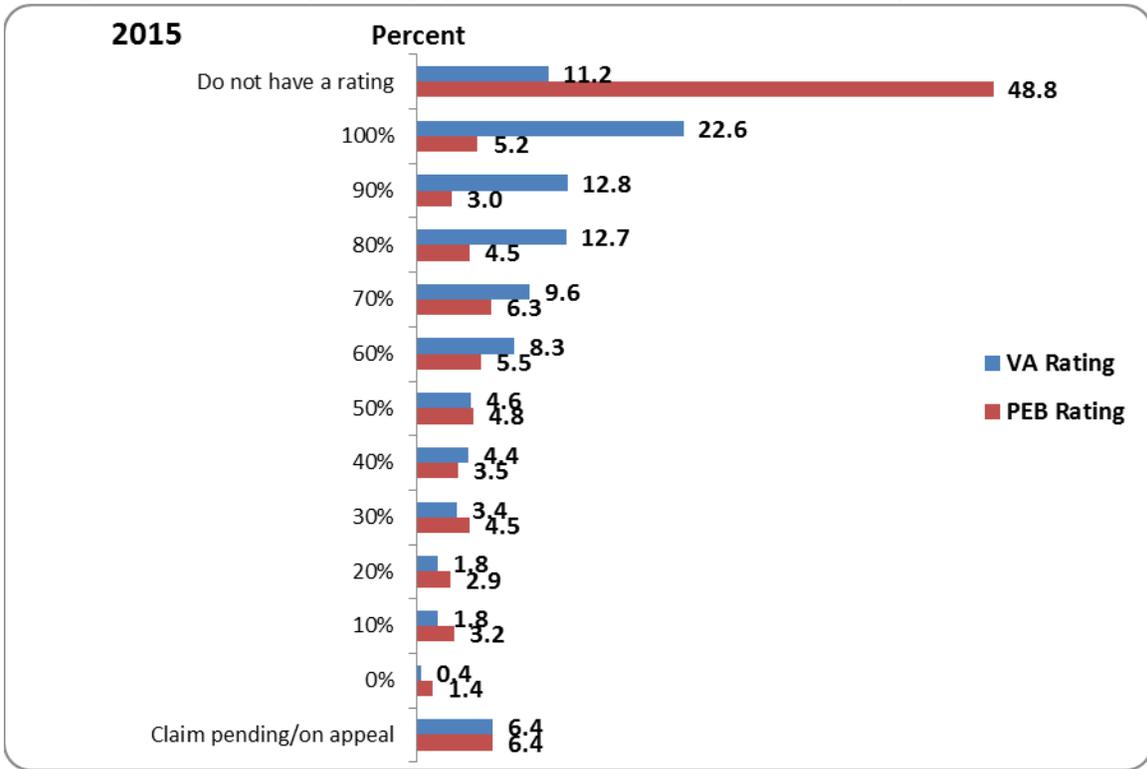
Figure 16. Length of Stay in WTU/WWB



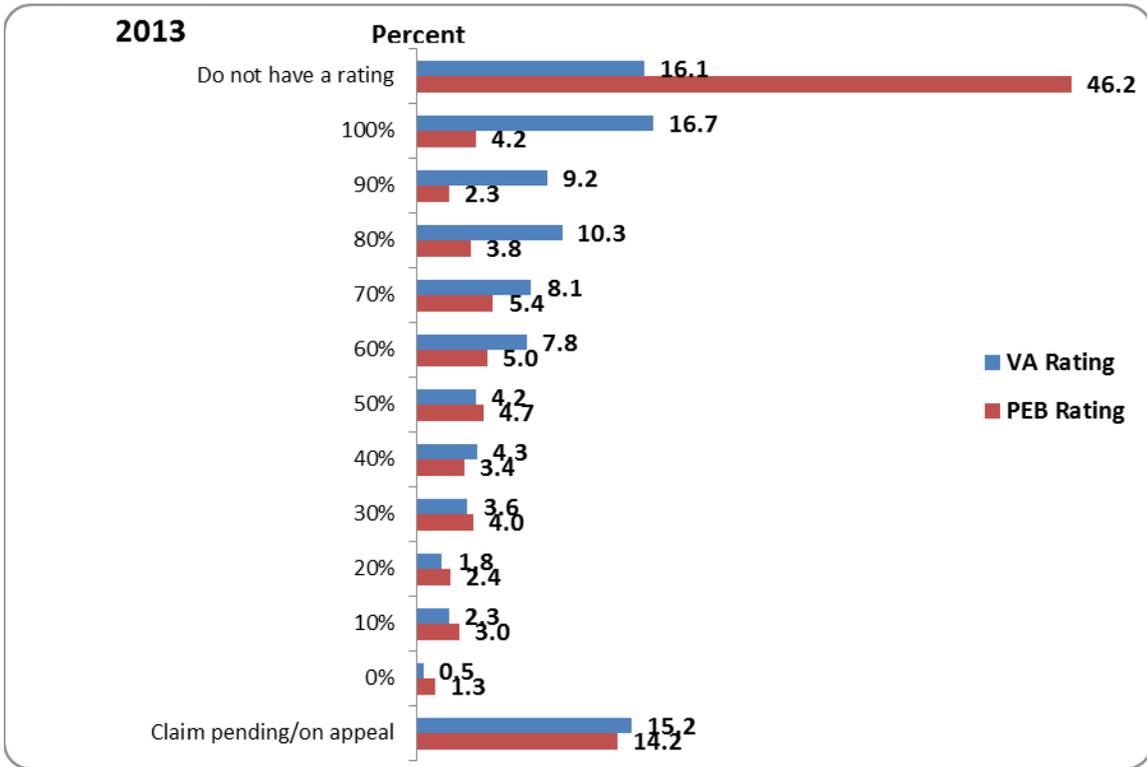
DISABILITY BENEFITS AND RATINGS. The percentage of alumni receiving VA disability benefits is now 78.5 percent, up from 72.0 percent in 2014, and 62.9 percent in 2013 (Figure 17). The percentage with disability ratings of 80 percent or higher also increased—48.1 percent, compared with 42.6 percent in 2014 and 36.2 percent in 2013.

PEB disability ratings continue to remain less common than VA ratings among alumni. Only 11.2 percent of alumni in 2015 do not have a VA disability rating (excludes alumni with a claim pending or on appeal), compared with 48.8 percent who do not have a PEB disability rating. The percentage of alumni with a PEB rating of 80 percent or higher is similar for 2015 (12.7%), 2014 (11.7%), and 2013 (10.3%).

Figure 17. Disability Ratings (VA Service-Connected and Military's PEB)

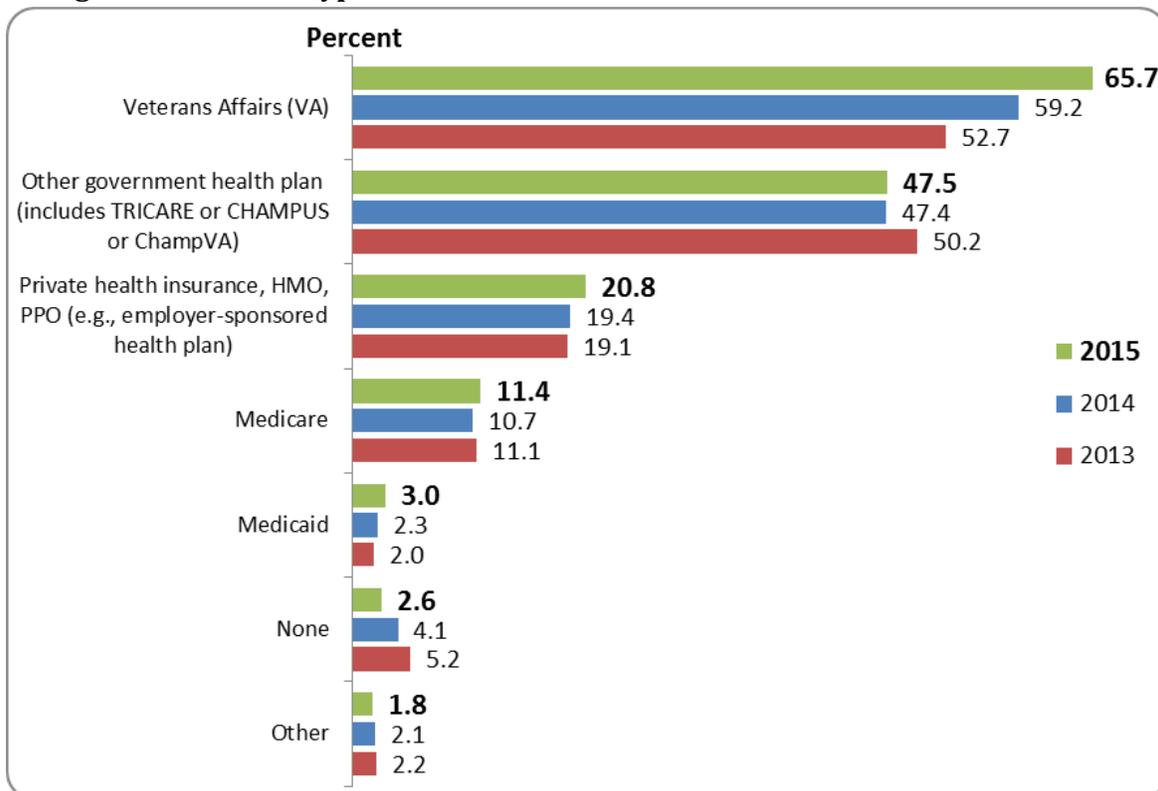


**Figure 17. Disability Ratings (VA Service-Connected and Military's PEB)
(Continued)**



TYPE OF HEALTH INSURANCE. The percentage of alumni with VA health insurance continues to increase (65.7% in 2015, compared with 59.2% in 2014 and 52.7% in 2013; Figure 18). The next most common types of health insurance among alumni are other government health plans such as TRICARE, CHAMPUS, or ChampVA (47.5%). Less than 3 percent of alumni (2.6%) have no health insurance (compared with 5.2% in 2013). Alumni with health insurance increasingly have two or more types of health insurance (44.6%, compared with 38.6% in 2014). Almost two-thirds of alumni with VA health insurance (may have other health insurance as well) use the VA as their primary health care provider (65.3%).

Figure 18. Current Types of Health Insurance



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. As a result of injuries or health problems related to their post 9/11 military experience, 7.8 percent of alumni are permanently housebound. All alumni were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 2). Four activities require more assistance than others—doing household chores, managing money, taking medications properly, and preparing meals.

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

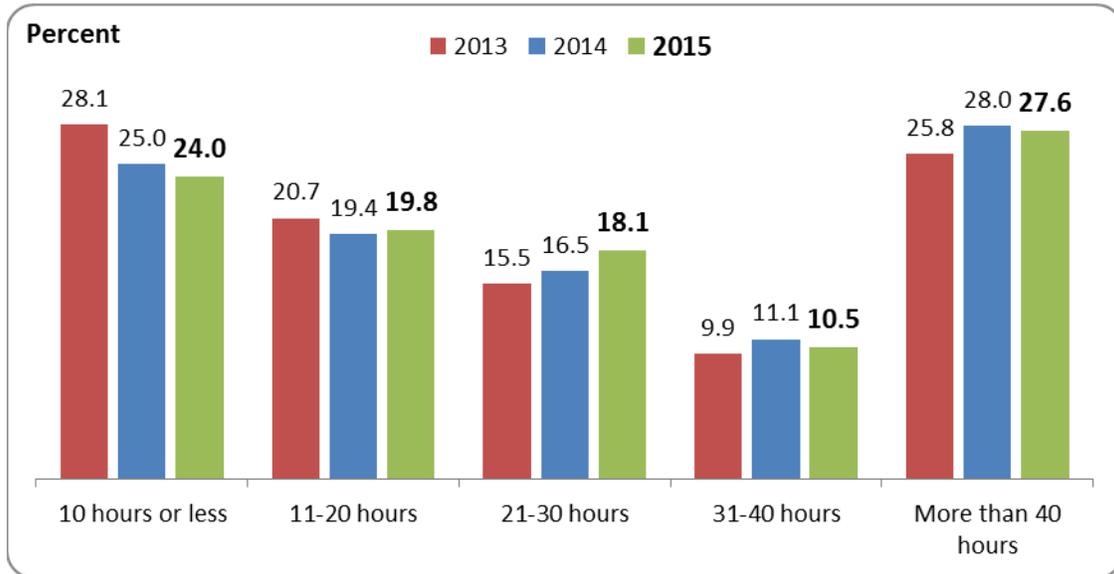
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Doing household chores				
2015	57.3	31.8	7.7	3.2
2014	58.5	30.3	8.4	2.8
2013	60.1	29.6	7.8	2.5
Managing your money				
2015	59.3	25.4	11.4	4.0
2014	59.8	24.1	12.1	4.0
2013	61.4	23.6	11.4	3.6
Taking medications properly				
2015	60.4	26.1	11.0	2.4
2014	61.0	25.2	11.5	2.3
2013	64.6	24.2	9.2	2.0
Preparing meals				
2015	71.3	19.1	6.6	2.9
2014	71.6	18.6	7.1	2.8
2013	73.5	18.3	5.7	2.5
Dressing				
2015	82.1	15.7	1.8	0.4
2014	82.2	15.2	2.3	0.3
2013	83.4	14.2	2.2	0.2
Bathing				
2015	84.2	13.4	2.0	0.5
2014	84.9	12.6	2.1	0.4
2013	86.2	11.4	2.1	0.3
Walking around your home				
2015	85.7	11.9	1.7	0.8
2014	86.0	10.9	2.1	0.9
2013	87.1	10.1	1.9	0.9
Transferring from a bed or chair				
2015	86.6	10.1	1.6	1.6
2014	87.5	8.9	2.0	1.6
2013	89.1	7.8	1.7	1.3
Using the telephone				
2015	91.4	6.0	1.9	0.8
2014	90.8	6.2	2.3	0.8
2013	92.0	5.3	2.0	0.7
Eating				
2015	91.6	0.4	1.7	0.4
2014	91.8	5.9	2.0	0.3
2013	92.8	5.1	1.8	0.3
Using the toilet				
2015	92.4	5.7	1.5	0.4
2014	92.4	5.4	1.9	0.4
2013	93.2	4.6	1.8	0.3

Among alumni who need assistance, 61.2 percent need help with three or more activities:

- One activity – 20.6%
- Two activities – 18.2%
- Three activities – 16.0%
- Four activities – 12.4%
- Five to eight activities – 24.5%
- Nine to all eleven activities – 8.3%

A separate overall question about current need for the aid and attendance of another person because of post 9/11 injuries or health problems indicated that 29.2 percent of alumni do need such help. Almost one-fourth (24.0%) need the help for 10 or fewer hours per week, on average; however, 27.6 percent need more than 40 hours of aid per week (Figure 19).

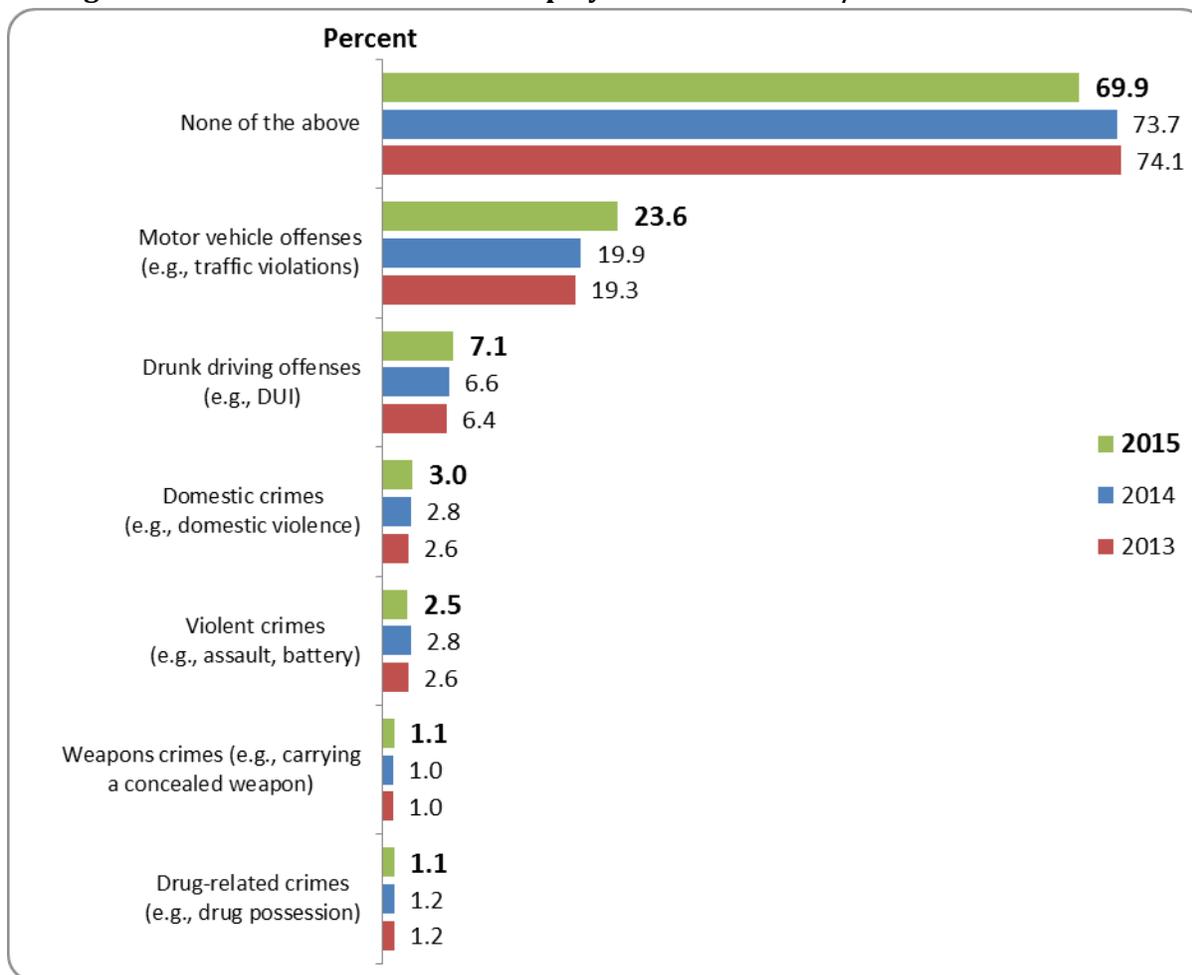
Figure 19. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance



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 7 in 10 alumni (69.9%) have *not* been convicted of any of the offenses (Figure 20). More than one-fifth of alumni overall (23.6%) have been convicted of motor vehicle offenses (e.g., traffic violations). Of those with any convictions, 79.7 percent were convicted of only one type of offense and 14.7 percent of two types of offenses.

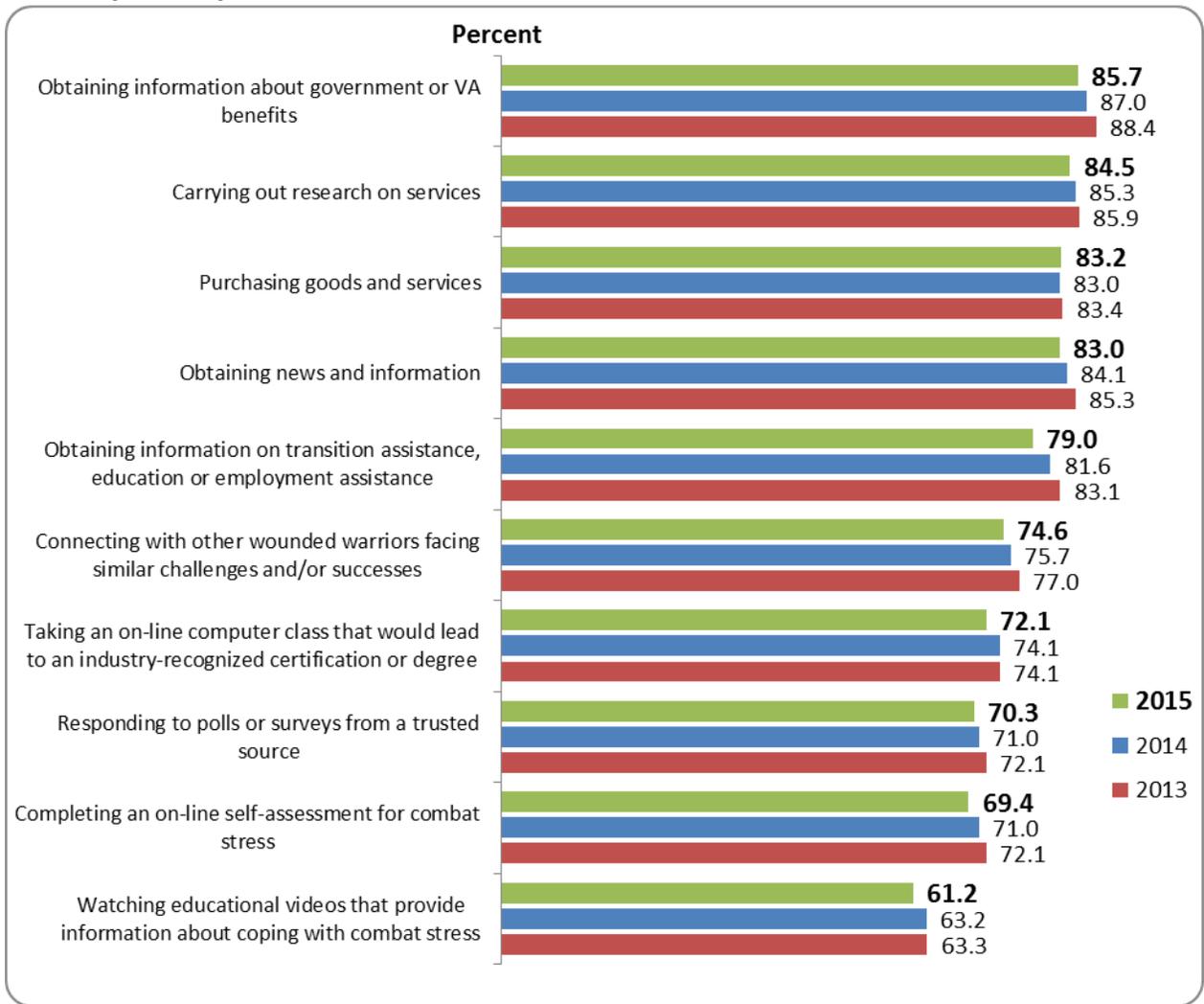
Figure 20. Convictions Since First Deployment for Offenses/Crimes



INTERNET USE

Alumni are increasingly using mobile devices to access the Internet (83.2% in 2015, compared with 78.7% in 2014 and 72.4% in 2013). They continue to access the Internet primarily at home (86.4%). Just over one-third (35.7%) access the Internet at work. Figure 21 shows the percentage of Internet-using alumni who are either *very willing* or *somewhat willing* to use the Internet for various activities. The estimates are similar to those in 2014 and 2013.

Figure 21. Alumni Who Are Somewhat Willing or Very Willing to Use the Internet, by Activity



PHYSICAL AND MENTAL WELL-BEING

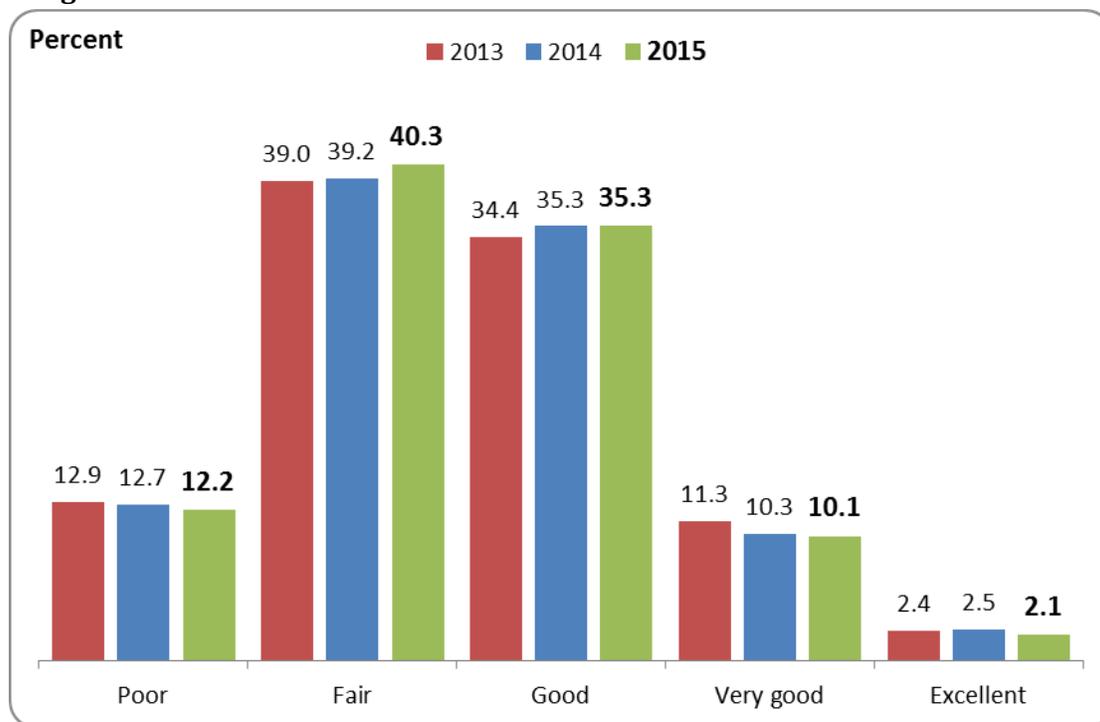
This section of the report addresses alumni views about their health.

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 estimates for individual items.

HEALTH ASSESSMENT. As in 2013 and 2014, slightly more than half of alumni (52.6%) rate their health as being *fair* or *poor*; 12.1 percent rate it as *very good* or *excellent* (Figure 22).

Figure 22. Health Status Assessment



Baseline ratings for the Millennium Cohort were much more positive than those for WWP alumni, most likely because the 2001 Cohort population included many U.S. service members who had never been deployed or had not incurred a service-connected injury:

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

For 2015, the results of crossing health assessments by type of injury or health problem reflect the new injury/health problem response categories in the 2015, 2014, and 2013 surveys (Figure 23). As in 2013 and 2014, the 2015 percentages of alumni rating their health as *poor* or *fair* are high in many injury categories.

About 6 in 10 alumni with the following types of injuries rate their health as *poor* or *fair*:

- Spinal cord injuries – 69.7%
- Nerve injuries – 64.9% (added in 2014)
- Hip injuries – 63.9% (added in 2014)
- Migraines/other severe headaches – 63.6% (added in 2014)
- Military sexual trauma – 62.2% (added in 2014)
- Head injuries other than traumatic brain injury (TBI) – 61.6% (added in 2014)
- Depression – 61.4%
- Blind or severe visual loss – 61.3%
- Anxiety – 59.9%
- Traumatic Brain Injury – 59.9%

Percentages were nearly as high for alumni in most other specified injury groups.

In the more general injury categories of “Other severe mental health injuries” and “Other severe physical health injuries,” high percentages of alumni rate their health as *poor* or *fair* (74.0% and 67.3%, respectively).

Figure 23. Health Status Assessment (“Poor” or “Fair”), by Type of Injury

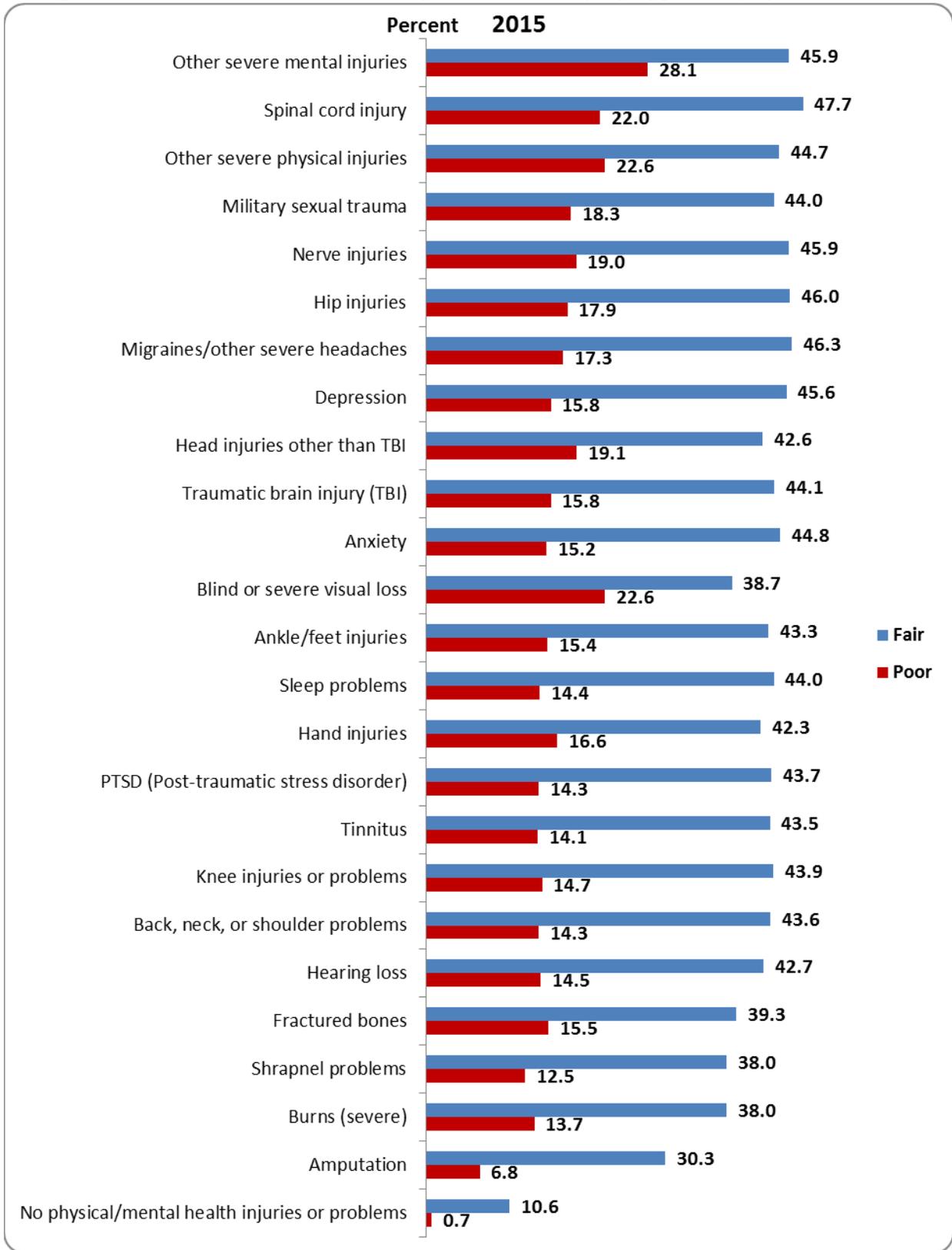


Figure 23. Health Status Assessment (“Poor” or “Fair”), by Type of Injury (Continued)

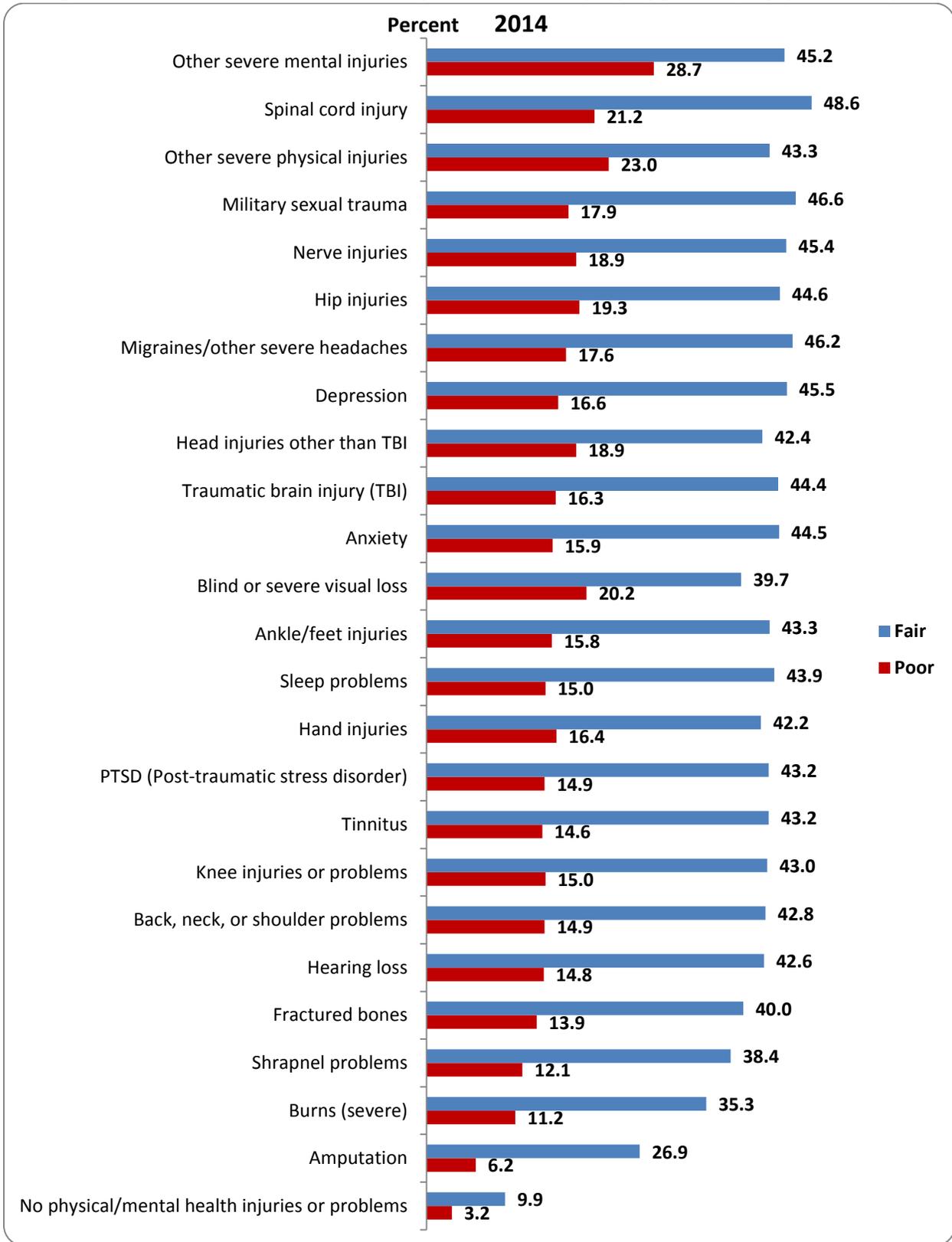
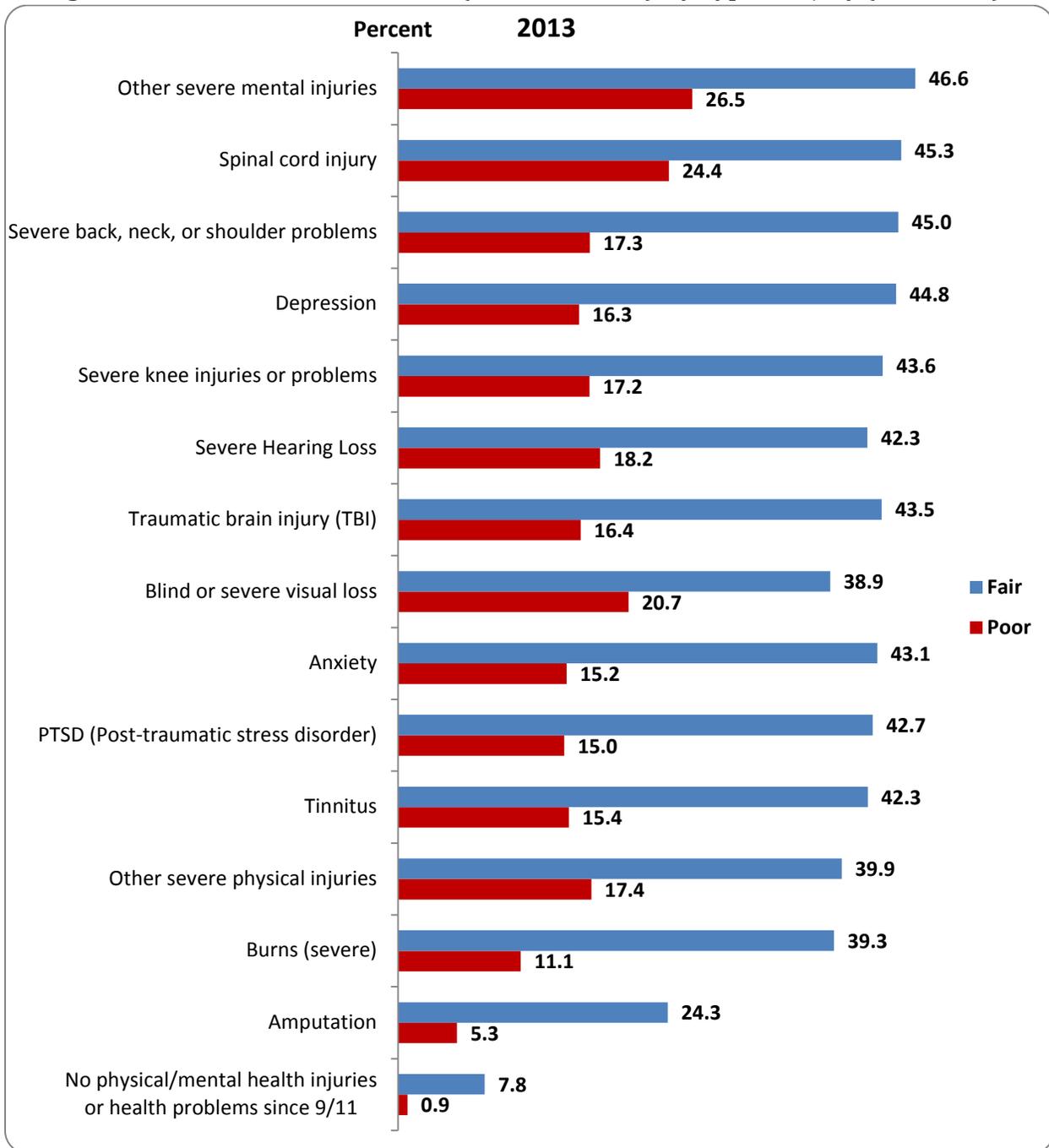


Figure 23. Health Status Assessment (“Poor” or “Fair”), by Type of Injury (Continued)



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? The 2015 results are similar to those for 2014 and 2013.

- The health of more than half the alumni (51.0%), currently *limits them a lot* regarding vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports (Figure 24).

- Forty percent or more are currently *limited a little* for four types of daily activities: bending, kneeling, or stooping—48.7 percent; moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf—48.1 percent; lifting or carrying groceries—42.8 percent; and climbing several flights of stairs—41.5 percent.
- More than half of alumni are *not limited at all* in bathing or dressing themselves (72.4%), walking one block (61.6%), or climbing one flight of stairs (56.1%).

Figure 24. Physical Activity Limitations

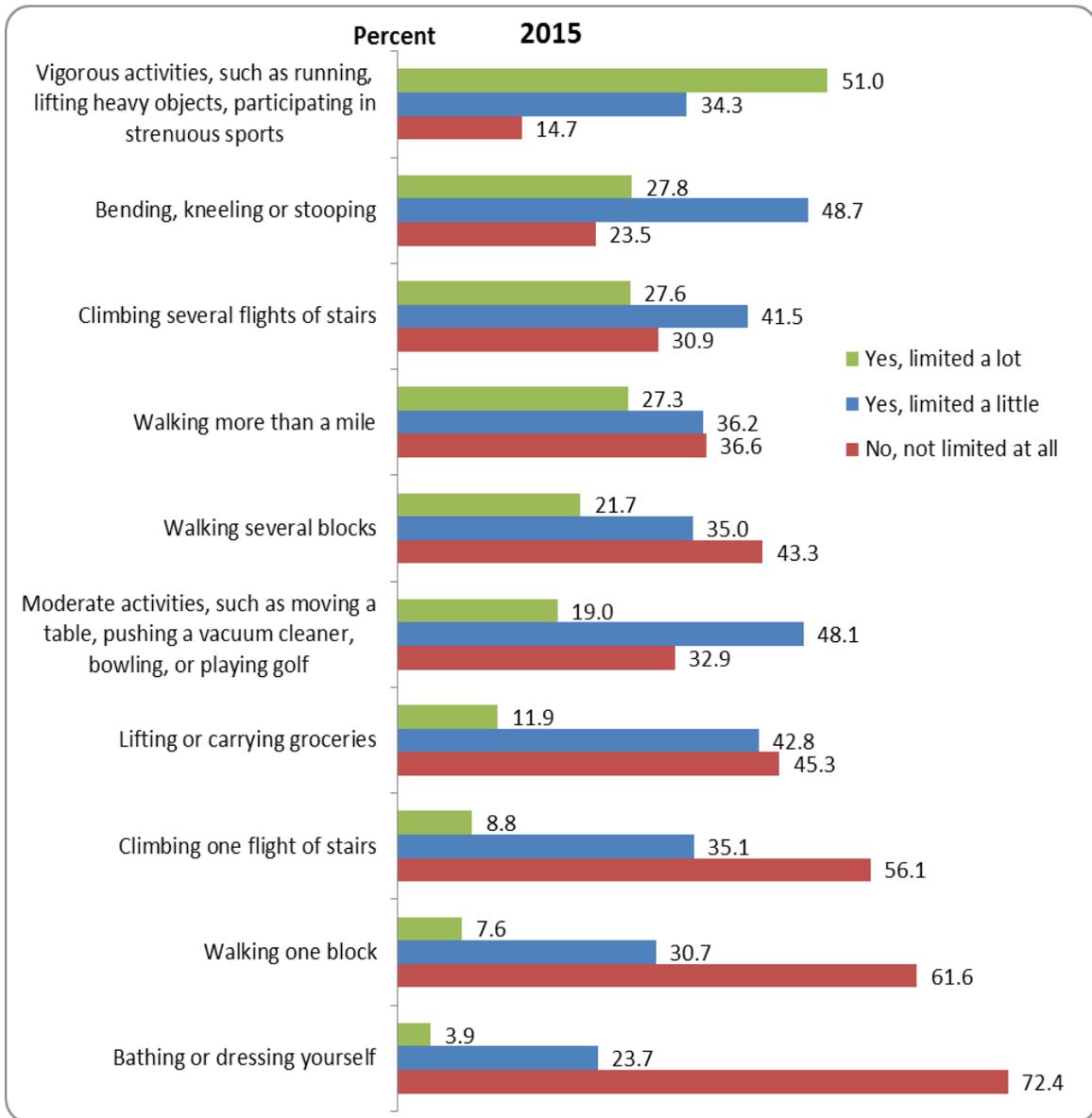


Figure 24. Physical Activity Limitations (Continued)

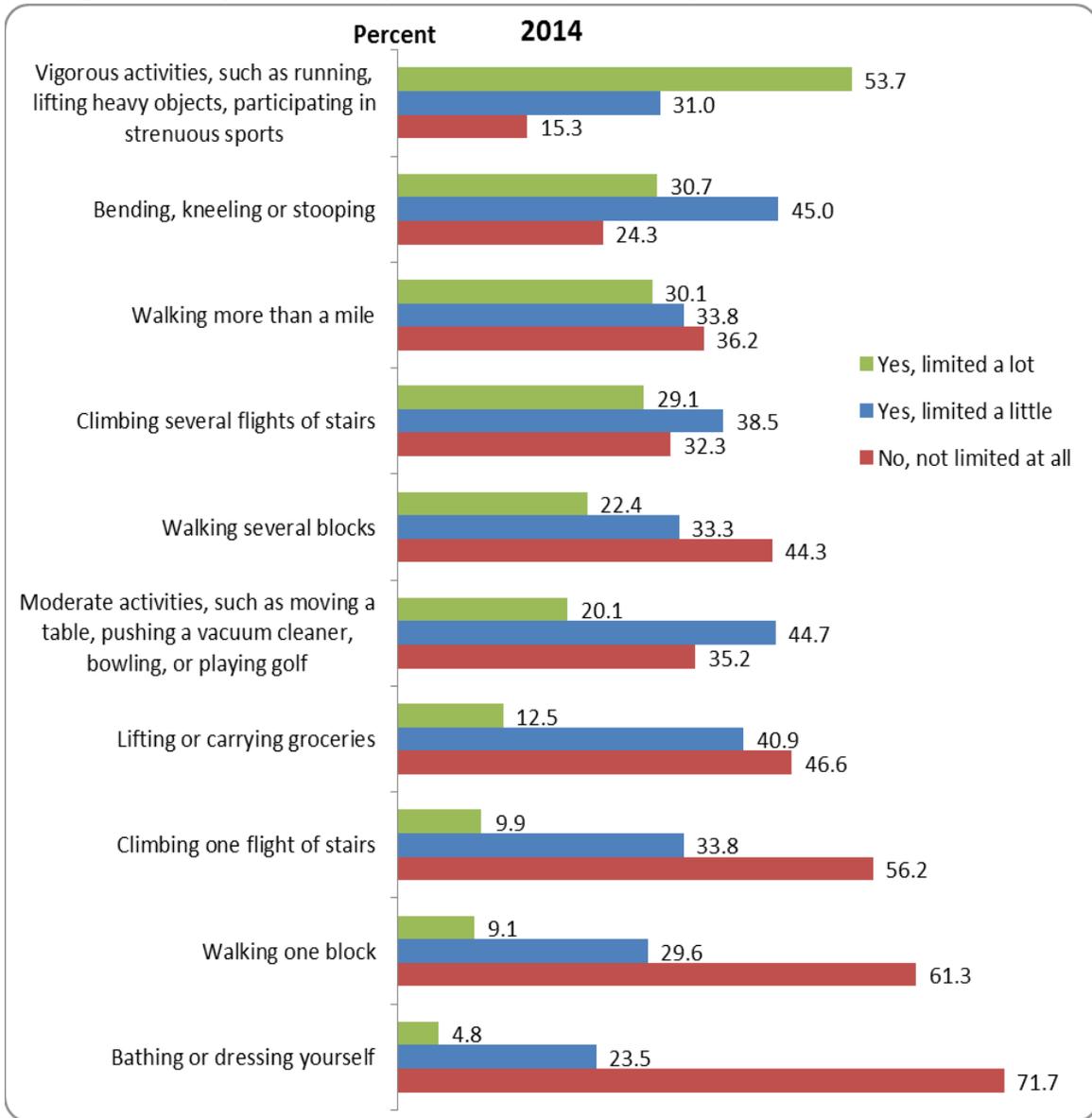
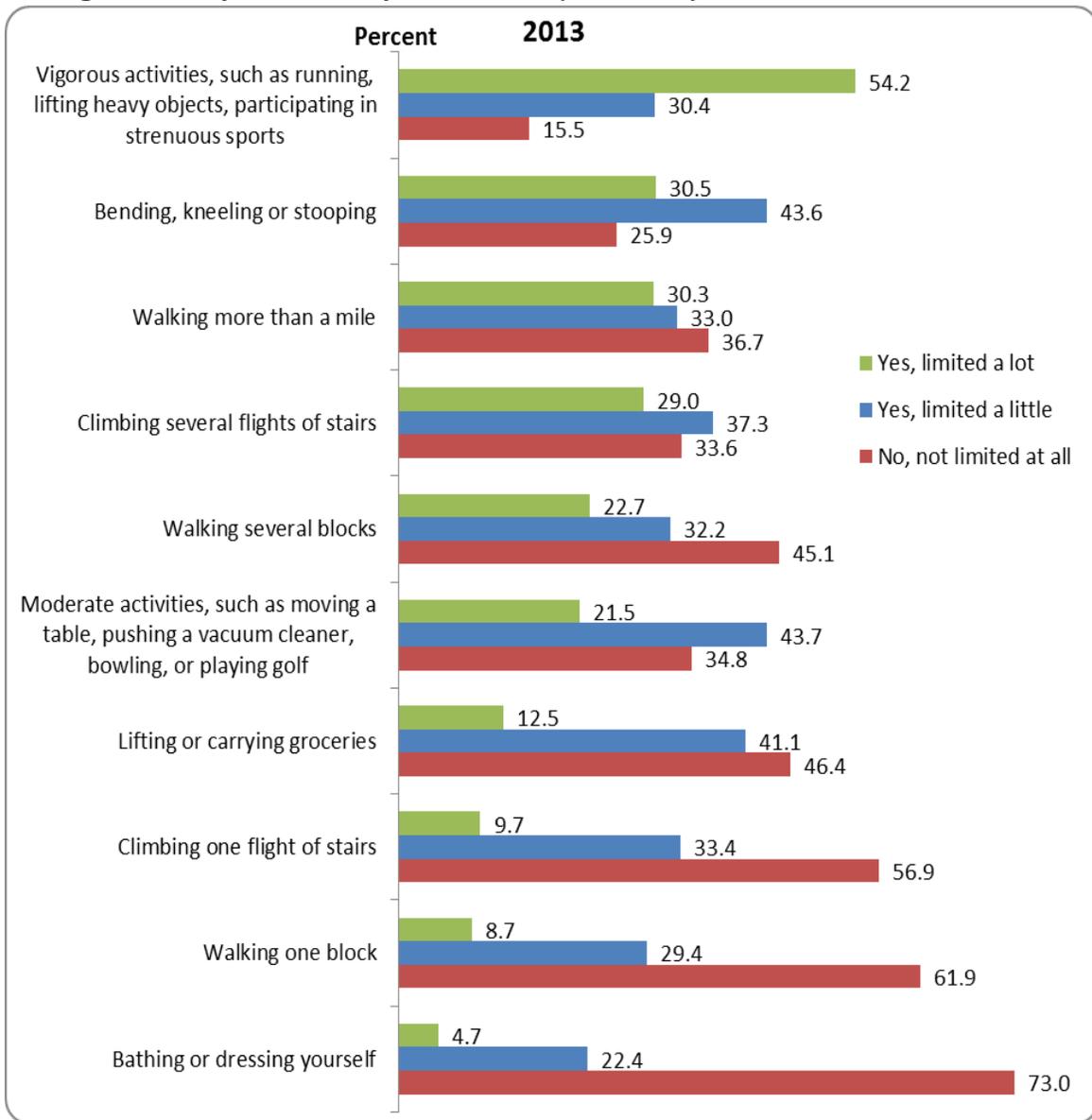
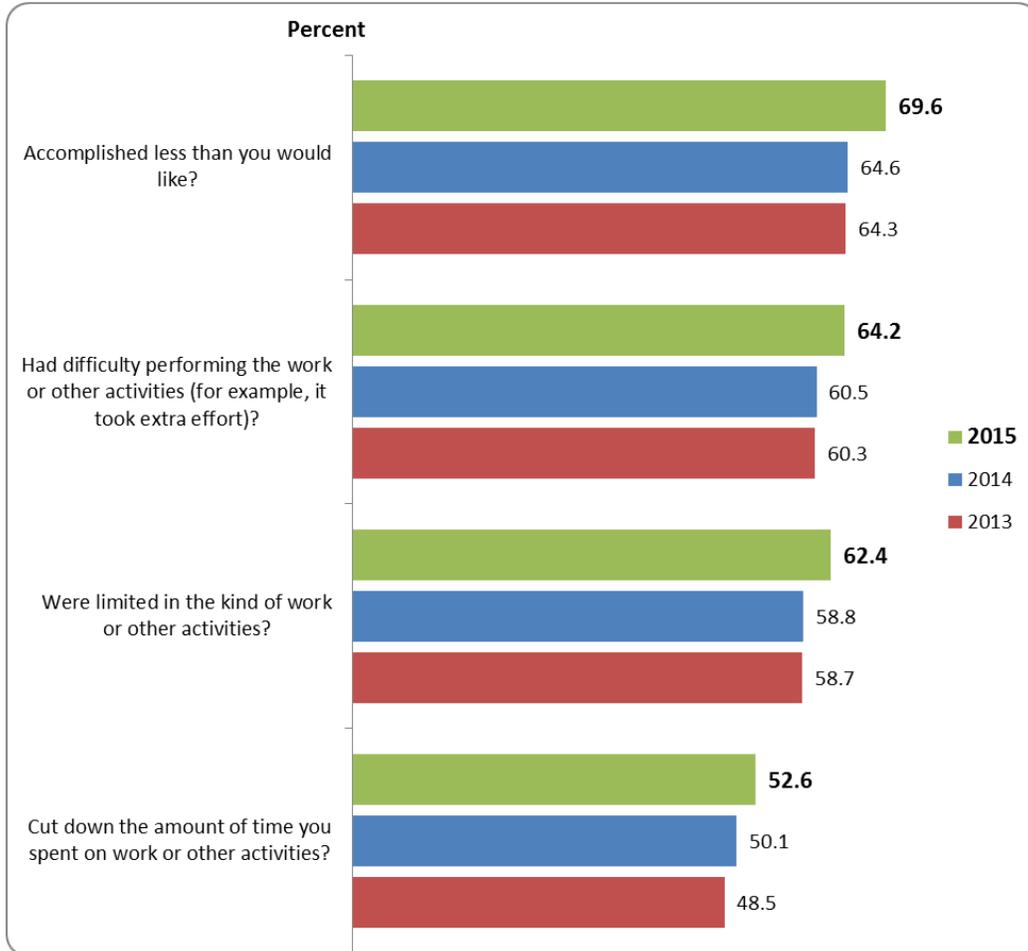


Figure 24. Physical Activity Limitations (Continued)



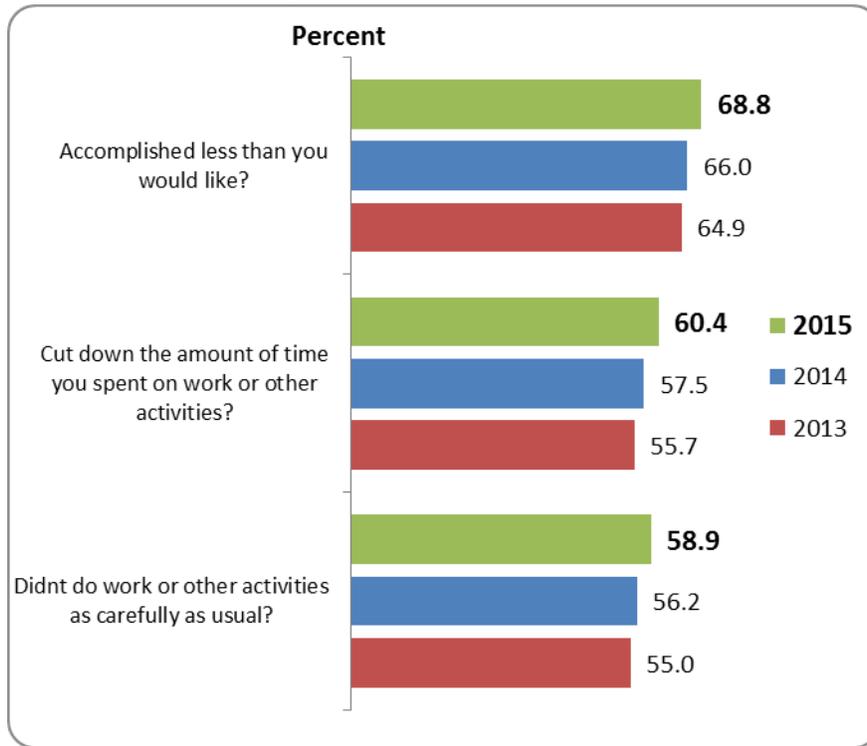
PHYSICAL HEALTH AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES. As in prior years, about half of alumni (52.6%) cut down the amount of time they spent during the past 4 weeks with their work or other regular daily activities as a result of their physical health, and 69.6 percent accomplished less than they would like, compared with 64.6 percent in 2014 and 64.3 percent in 2013 (Figure 25).

Figure 25. Percentages of Alumni 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. For many alumni, 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). The percentage of alumni with emotional problems that contributed to cutting down on time spent on work and other activities (60.4%) was higher than the percentage of alumni with the same effects from physical problems (52.6%).

Figure 26. Percentages of Alumni 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. Clear differences remain between the effects of physical health and emotional problems on normal social activities in the past 4 weeks (Figures 27a and 27b):

- 51.5 percent of alumni said their physical health interfered *moderately, quite a bit, or extremely* with normal social activities.
- 61.9 percent of alumni said that their emotional problems interfered *moderately, quite a bit, or extremely* with normal social activities.

Figure 27a. Extent to Which Physical Health Has Interfered With Normal Social Activities in the Past 4 Weeks

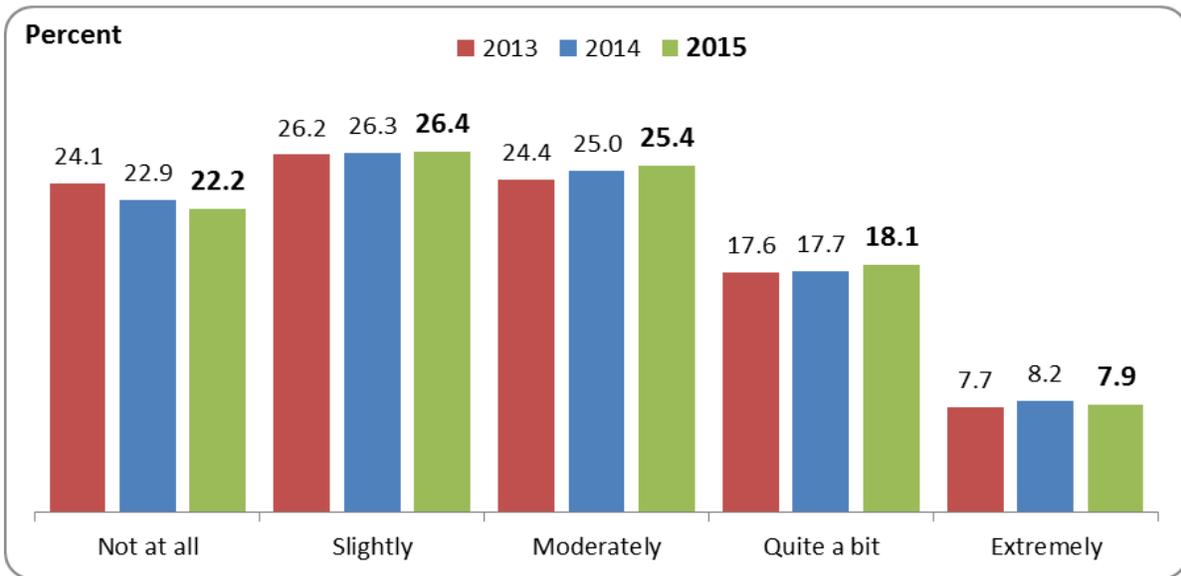
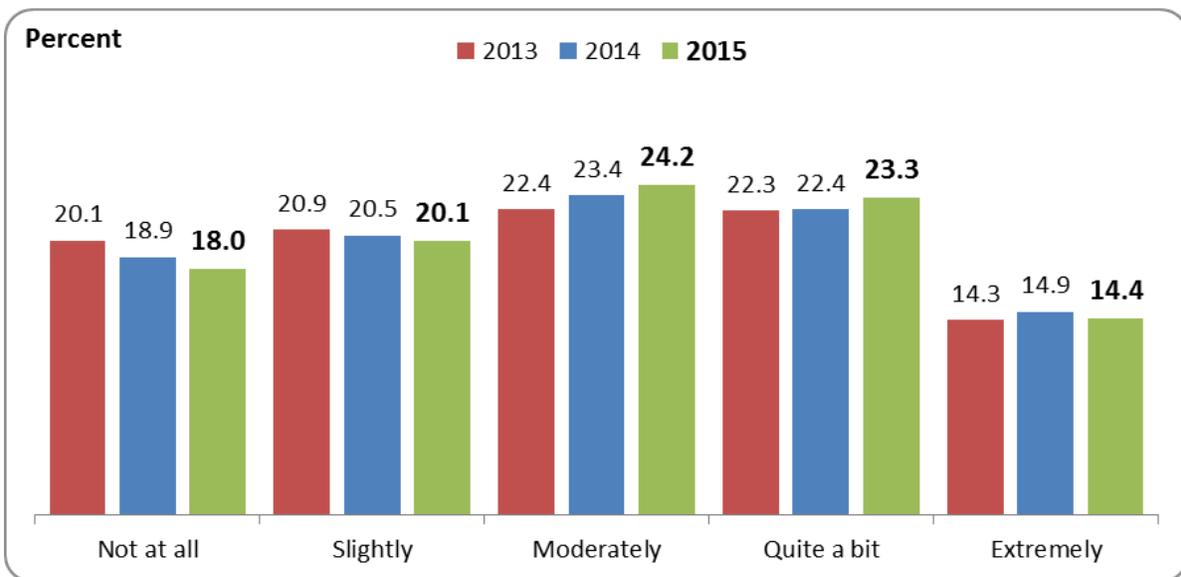


Figure 27b. Extent to Which Emotional Problems Have Interfered With Normal Social Activities in the Past 4 Weeks



Also, proportionately more alumni experienced interference with normal social activities during the past 4 weeks *all of the time* or *most of the time* from mental health problems than from physical health problems (Figures 28a and 28b).

- The physical health of one-fourth of alumni (25.1%) interfered with their social activities during the past 4 weeks *all of the time* or *most of the time*.

- The mental health of more than a third of alumni (36.3%) interfered with their social activities during the past 4 weeks *all of the time* or *most of the time*.

Figure 28a. Amount of Time Physical Health Has Interfered With Normal Social Activities in Past 4 Weeks

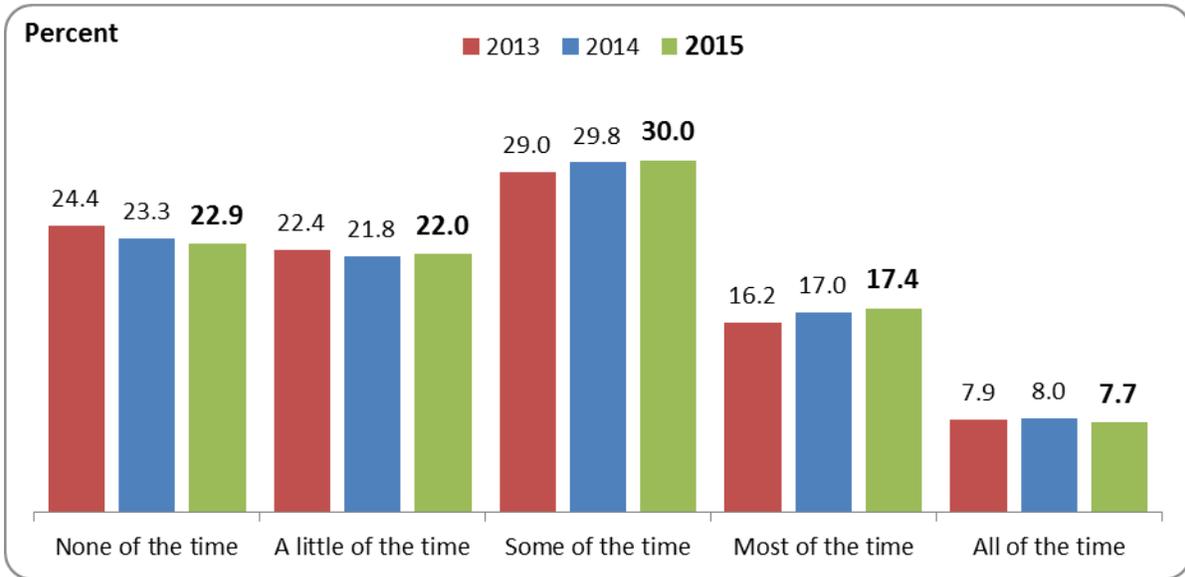
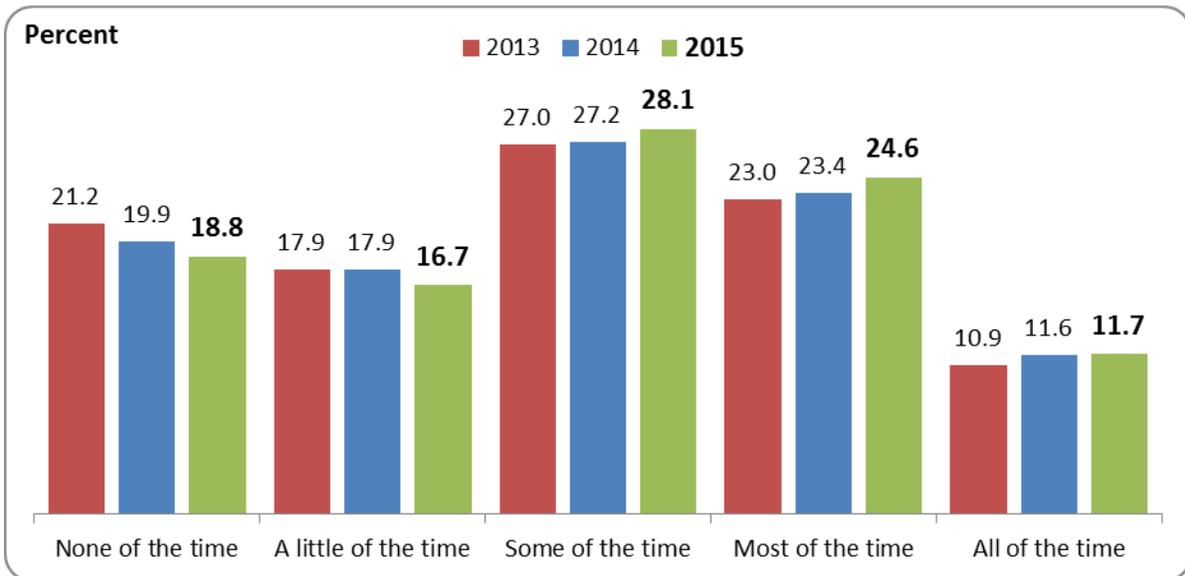
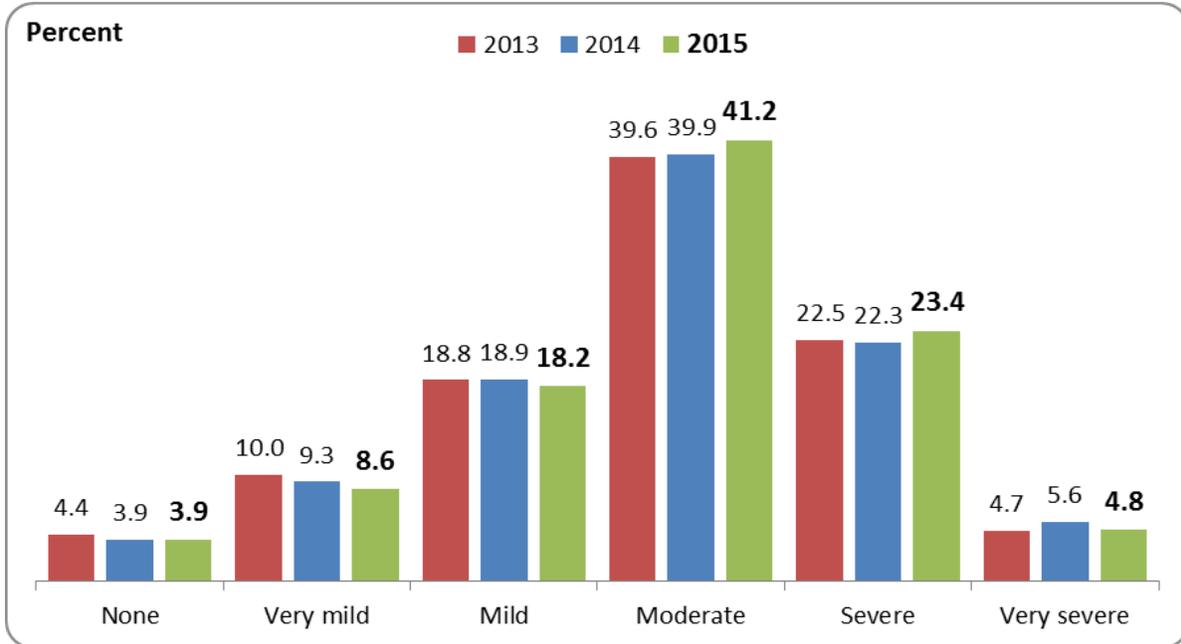


Figure 28b. Amount of Time Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



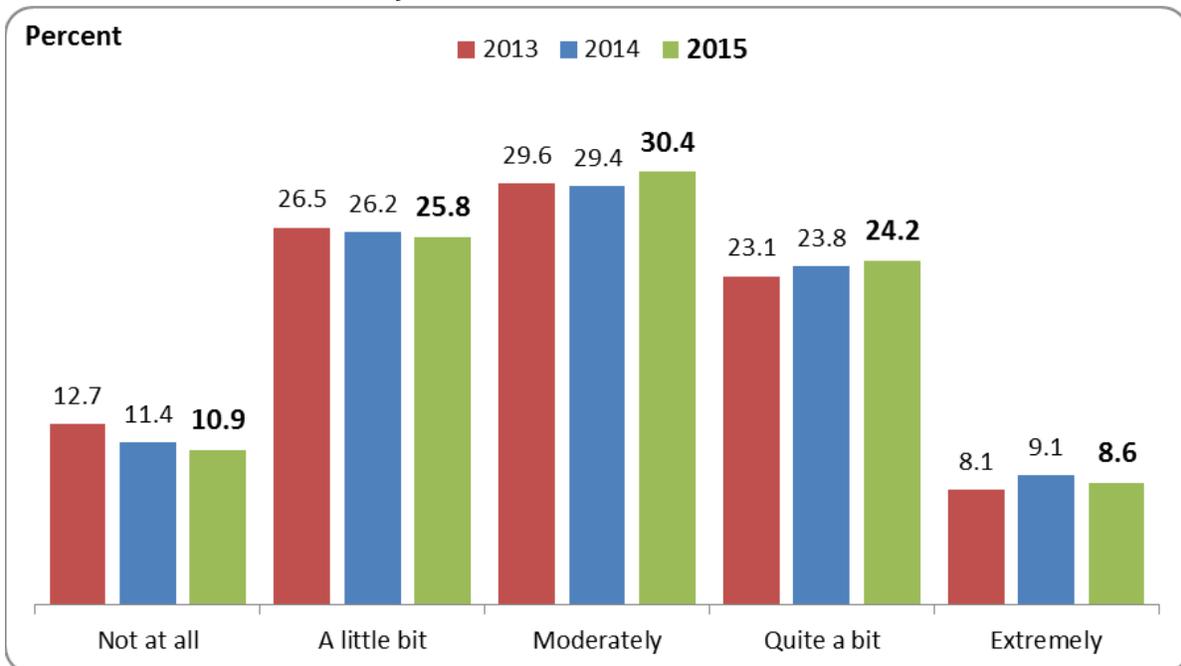
RECENT BODILY PAIN AND INTERFERENCE OF PAIN WITH NORMAL WORK. More than two-thirds of alumni (69.3%) had *moderate, severe, or very severe* bodily pain during the past 4 weeks (Figure 29).

Figure 29. Extent of Bodily Pain in the Past 4 Weeks



For more than 6 of 10 alumni (63.3%), bodily pain interfered with their normal work more than *a little bit*—including work outside the home and housework (Figure 30).

Figure 30. Extent to Which Pain Interfered With Normal Work (Work Outside the Home and Housework)



FEELINGS DURING THE PAST 4 WEEKS. Feeling tired and feeling worn out during the past 4 weeks continue to be common feelings among many alumni (Table 3). More than 7 of 10 alumni (73.4%) felt tired and 67.4 percent felt worn out *all the time, most of the time, or a good bit of the time* during the past 4 weeks. Also, 49.0 percent felt nervous *all the time, most of the time, or a good bit of the time*. Only 14.2 percent did not feel downhearted or blue at all.

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?						
2015	1.6	8.2	11.9	26.2	31.8	20.3
2014	2.1	9.0	12.1	25.2	29.5	22.1
2013	1.9	9.4	12.2	24.6	29.9	22.0
Have you been a very nervous person?						
2015	11.0	20.2	17.8	21.0	17.9	12.1
2014	10.6	19.1	18.0	20.6	17.2	14.5
2013	10.0	18.5	18.0	19.9	18.1	15.4
Have you felt so down in the dumps that nothing could cheer you up?						
2015	6.2	15.8	17.0	21.0	20.6	19.5
2014	6.5	15.0	17.3	20.3	19.0	21.9
2013	6.7	14.5	16.5	19.6	19.7	23.0
Have you felt calm and peaceful?						
2015	1.8	10.1	12.5	24.1	34.4	17.1
2014	2.4	11.2	13.0	23.6	32.0	17.9
2013	2.4	11.6	12.9	23.3	31.7	18.2
Did you have a lot of energy?						
2015	1.8	7.3	10.9	24.7	33.3	22.0
2014	2.2	8.0	11.4	23.4	31.1	23.9
2013	2.2	8.4	11.5	23.2	30.9	23.7
Have you felt downhearted and blue?						
2015	6.8	18.0	16.7	23.5	20.8	14.2
2014	7.3	17.1	17.2	22.7	20.1	15.5
2013	7.4	16.7	16.2	22.1	21.1	16.5
Did you feel worn out?						
2015	18.7	27.9	20.9	18.9	10.3	3.4
2014	17.2	26.7	22.1	19.1	10.5	4.4
2013	17.0	25.2	21.5	19.8	11.4	5.1
Have you been a happy person?						
2015	3.0	14.7	15.6	29.5	28.6	8.6
2014	3.6	15.5	16.0	28.3	27.6	9.1
2013	3.8	16.0	15.9	27.3	27.7	9.2
Did you feel tired?						
2015	25.8	28.0	19.6	17.1	7.8	1.7
2014	24.2	27.3	20.2	17.7	8.3	2.3
2013	23.2	25.9	20.5	18.6	9.2	2.5

ASSESSMENT OF OWN HEALTH. Alumni were asked to assess how true or false four statements are about their health. About 6 of 10 said it was *definitely* or *mostly false* that they get sick a little easier than other people (59.8%). A higher percentage of alumni (64.7%), however, do not think their health is excellent, and more than half (55.6%) do not think they are as healthy as anybody they know (Table 4). Also, 45.5 percent expect their health to get worse (said the statement is *definitely true* or *mostly true*); 17.7 percent don't know whether their health will 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.					
2015	8.4	17.8	25.5	34.2	14.0
2014	8.9	17.7	25.8	34.9	12.8
2013	8.9	17.8	25.6	34.8	13.0
I am as healthy as anybody I know.					
2015	6.4	28.8	22.9	32.7	9.2
2014	7.0	29.2	23.4	32.2	8.2
2013	7.5	30.1	22.7	31.3	8.4
I expect my health to get worse.					
2015	14.2	31.3	20.1	16.8	17.7
2014	13.9	29.5	21.9	18.9	15.9
2013	12.9	29.0	22.4	19.4	16.4
My health is excellent.					
2015	3.3	25.7	22.5	42.3	6.2
2014	4.0	26.4	21.8	42.1	5.7
2013	4.1	27.4	21.8	40.6	6.1

NUMBER OF DAYS POOR PHYSICAL HEALTH AND MENTAL HEALTH RESTRICTED ACTIVITIES.

Alumni were asked how many days physical or mental health issues restricted them from doing their usual activities (such as self-care, work, school, volunteer, or recreation) during the past 4 weeks:

- In 2015, 74.1 percent of alumni indicated that their physical health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. The mean number of days reported was 12.7 (range was 1 to 28).
- In 2015, 72.4 percent of alumni indicated that their mental health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. The mean number of days reported was 14.0 (range was 1 to 28).

Alumni were also asked if they had missed work because of their (1) poor physical health during the past 4 weeks and because of their (2) poor mental health during the last 4 weeks (2 questions). We present findings for two groups of alumni who missed at least one day of work: (1) all alumni and (2) the subgroup of alumni classified as currently employed in paid work:

2015 Results for All Alumni

The mental health and physical health results are somewhat similar for mean work days missed in the past 4 weeks:

- Mental health problems – 14.7 days
- Physical health problems – 13.4 days

2015 Results for Currently Employed Alumni

Again, the effects on mean number of work days missed is somewhat similar for poor mental health and poor physical health:

- Mental health problems – 7.5 days
- Physical health problems – 6.9 days

RAND-36 ITEM SHORT FORM SCALE SCORES. Scale scores for the RAND SF-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 alumni in 2015 are similar to the 2014 scores and the 2013 scores, but for some subscales, particularly role limitations due to physical and emotional problems, the 2015 scores are lower:

- Physical Functioning – **60.5** in 2015 (60.0 in 2014 and 60.3 in 2013) (WWP Health and Daily Activity items 2a-j).
- Bodily Pain – **47.2** in 2015 (41.3 in 2014 and 42.5 in 2013) (WWP Health and Daily Activities items 6 and 7).
- Energy/Fatigue – **32.9** in 2015 (33.8 in 2014 and 34.5 in 2013) (WWP Health and Daily Activities items 8a, e, g, i).
- Emotional Well-Being – **47.9** in 2015 (48.7 in 2014 and 49.4 in 2013) (WWP Health and Daily Activities items 8b, c, d, f, h).
- Social Functioning – (WWP Health and Daily Activities survey items 5 and 9). Unable to calculate in 2015, 2014, and 2013 because these items were revised as two questions beginning in 2013 (the score was 42.9 in 2012).
- General Health Assessment – **44.1** in 2015 (46.0 in 2014 and 46.6 in 2013) (WWP Health and Daily Activities items 1, 10a, b, c, d).
- Role Limitations Due to Physical Health – **37.8** in 2015 (41.5 in 2014 and 42.1 in 2013) (WWP Health and Daily Activities items 3a, b, c, d).
- Role Limitations Due to Emotional Problems – **37.3** in 2015 (40.1 in 2014 and 41.4 in 2013) (WWP Health and Daily Activities items 4a, b, c).

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 related to physical health and role limitations related 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
- Bodily 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 quality-of-life health outcomes for WWP alumni. As noted earlier, most of the initial cohort in the Millennium Cohort study had *not* been deployed at the time baseline data were collected.

More recent studies have found that veterans report poorer physical health functioning over time after returning from deployment. For example, researchers conducted a retrospective cohort study of service members returning from Afghanistan and Iraq who visited a clinic (Falvo et al., 2012). They used the Veterans version of the Short Form 36 health survey with 679 OEF/OIF veterans clinically evaluated at a post-deployment health clinic. The sample was stratified into four groups based on time from post-deployment (1 yr, 2 yr, 3 yr, and 4 yr+). Subscale scores for physical functioning, role limitations due to physical health, and bodily pain are more similar than the Millennium Cohort scores to WWP alumni physical health scores and reflect worsening health conditions over time, particularly for role limitations and bodily pain:

Time From Post Deployment	Physical Functioning	Role Limitations Due to Physical Health	Bodily Pain
1 year	46.5 ± 10.1	45.8 ± 10.8	42.4 ± 10.8
2 years	45.6 ± 10.7	45.3 ± 12.2	42.5 ± 11.5
3 years	43.9 ± 10.2	41.1 ± 12.9	41.1 ± 11.2
4 years	41.8 ± 11.8	40.2 ± 13.1	28.8 ± 11.1

The findings from this study indicate that veterans who delay seeking help for physical problems post deployment may experience declining physical health, and to a greater extent than expected in their age group. Falvo et al. state that timely health care visits for screening and treatment of physical problems post deployment are essential in preventing disability and increased use of health care in the future.

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. Alumni military experiences continue to affect them in adverse ways.

HOW OFTEN PROBLEMS BOTHER THEM. Among problems bothering respondents *nearly every day*, the most common problems for the past 3 survey years are various types of sleeping problems (43.3%) and feeling tired or having little energy (36.6%; Table 5). Many other problems bothered them as well during the 2 weeks prior to the survey. Results are similar to those for 2014 and 2013.

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				
2015	21.1	35.0	23.2	20.7
2014	22.7	32.8	23.5	21.0
2013	23.8	32.8	23.0	20.4
Feeling down, depressed, or hopeless				
2015	25.6	34.8	21.6	18.0
2014	26.1	33.8	21.9	18.3
2013	28.2	32.8	21.7	17.3
Trouble falling or staying asleep, or sleeping too much				
2015	10.0	23.0	23.7	43.3
2014	11.2	22.2	24.2	42.4
2013	11.9	21.6	23.6	42.8
Feeling tired or having little energy				
2015	8.8	27.9	26.7	36.6
2014	9.6	26.9	28.1	35.4
2013	10.8	27.7	26.9	34.6
Poor appetite or overeating				
2015	22.5	28.0	23.9	25.6
2014	24.0	25.7	24.3	26.1
2013	24.9	26.3	23.3	25.5
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2015	29.0	30.1	20.2	20.7
2014	31.3	28.9	19.7	20.2
2013	32.7	29.0	19.2	19.0
Trouble concentrating on things such as reading the newspaper or watching television				
2015	21.1	29.6	23.4	25.9
2014	22.7	28.0	23.7	25.7
2013	23.7	28.0	23.2	25.1
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				
2015	41.9	27.6	17.6	13.0
2014	42.1	26.3	17.4	14.2
2013	42.6	25.4	18.3	13.7

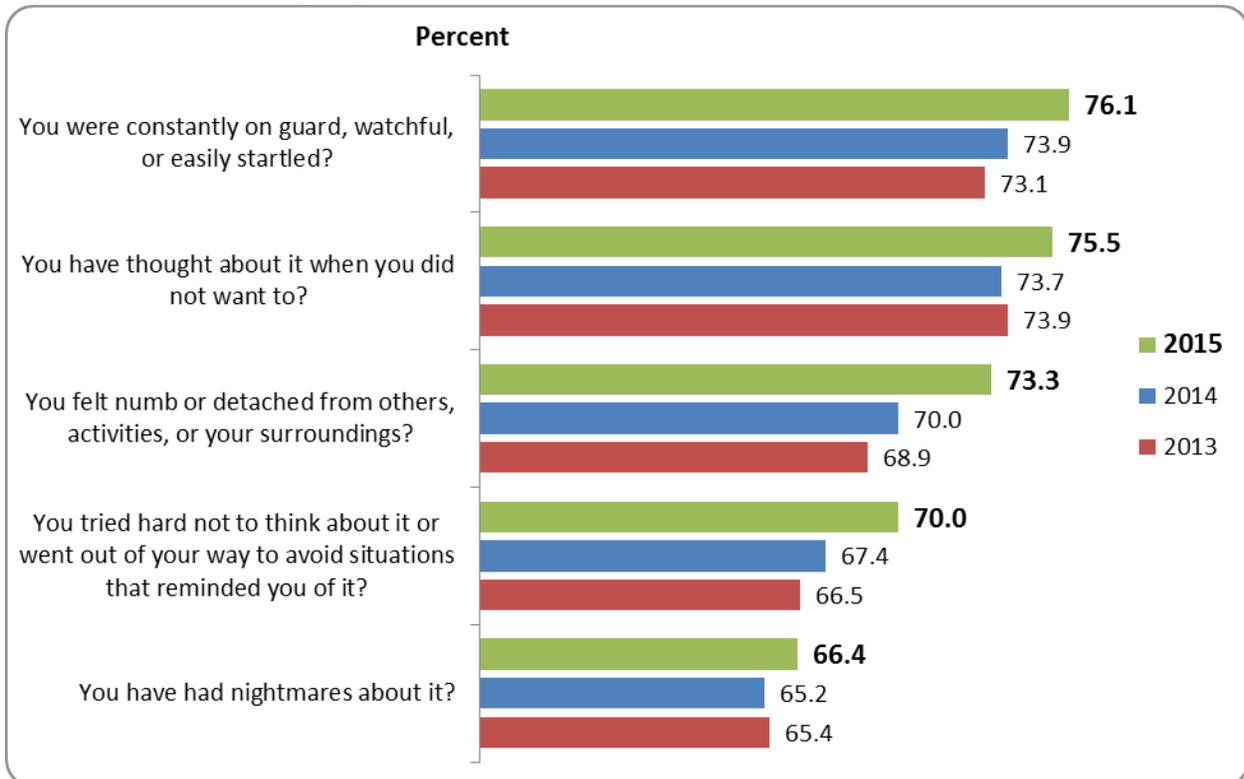
The items in this question make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that **61.3** percent (60.6% in 2014) of alumni are experiencing current major depression, represented by a scale score of 10 or higher:

- No significant depressive symptoms (score of 0 to 4) – **16.1%** (17.3% in 2014)
- Mild depressive symptoms (score of 5 to 9) – **22.6%** (22.1% in 2014)
- Moderate (score of 10 to 14) – **23.2%** (22.6% in 2014)
- Moderately severe (score of 15 to 19) – **21.5%** (20.8% in 2014)
- Severe (score of 20 to 24) – **16.6%** (17.2% in 2014)

These findings are mostly similar to the 2014 and 2013 results but are considerably higher than RAND found when it used the same scale in its Invisible Wounds study (the data were collected by telephone between August 2007 and January 2008) and reported that nearly 14 percent of OIF/OEF veterans met the criteria for major depression (RAND, 2008). In the general U.S. civilian population, the comparable percentage for persons experiencing current depression is 8.6 percent (Kroenke et al., 2009).

LINGERING EFFECTS OF FRIGHTENING, HORRIBLE, OR UPSETTING MILITARY EXPERIENCES. About two-thirds to slightly more than three-fourths of alumni 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 31).

Figure 31. Percentages Reporting “Yes” to Lingering Effects in the Last Month of Traumatic Military Experiences



The survey items in Figure 31 are from a scale designed to screen for post-traumatic stress disorder: Primary Care PTSD Screen (PC-PTSD). This four-item screen is used in primary care and other medical settings and has been used by the VA 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). A positive response to the screen, however, does not necessarily indicate that a person has PTSD. Nevertheless, a positive response does indicate that a person may have PTSD or trauma-related problems and may warrant further examination by a mental health professional.

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 it when you did not want to?). Responses to those two items were combined (included respondents who answered *yes* to either of the items but counted them only once if they said *yes* to both) when the PC-PTSD scale score was calculated for WWP respondents. The WWP survey results indicate that **71.9** percent of alumni had positive scores for PTSD (compared with 69.0% in 2014 and 68.6% in 2013).

In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, and Hoge (2007) reported that 40.8 percent of Army active duty soldiers and 52.2 percent in the Reserve Component screened positive for PTSD.

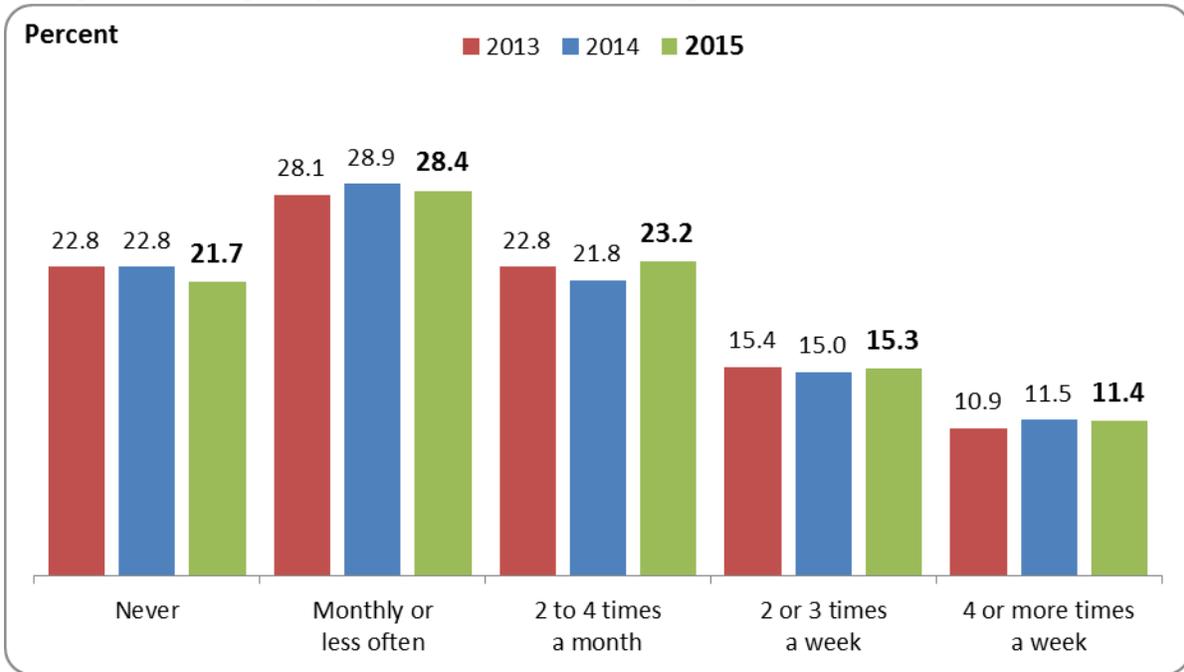
The WWP alumni estimates for PTSD are much higher than reported in other studies of service members and veterans who have served in Iraq and Afghanistan (the estimates often range from about 7% to 20%, but some are higher). Differences in estimates are attributed to (1) differences in the study populations, (2) differences in the number and types of trauma-related events experienced during combat deployments, (3) the timing of screenings (symptoms can be delayed), (4) the method of conducting the screenings and diagnoses, and (5) concerns among active duty service members and veterans about adverse effects on their careers and the fear of being stigmatized if they report their symptoms (Bagalman, 2013; Fulton, et al., 2015; Institute of Medicine, 2014; Milliken, Auchterlonie, & Hoge, 2007). The presence of a severe injury or health problem sustained during active duty military service since September 11, 2001—an eligibility requirement for WWP alumni—is clearly a population characteristic that contributes to the higher incidence of these medical conditions in the WWP survey population.

HEALTH-RELATED MATTERS

The WWP Survey included questions about drinking, smoking, dieting, exercise, and sleep habits, with some representing short-form scales. Scale scores follow question results.

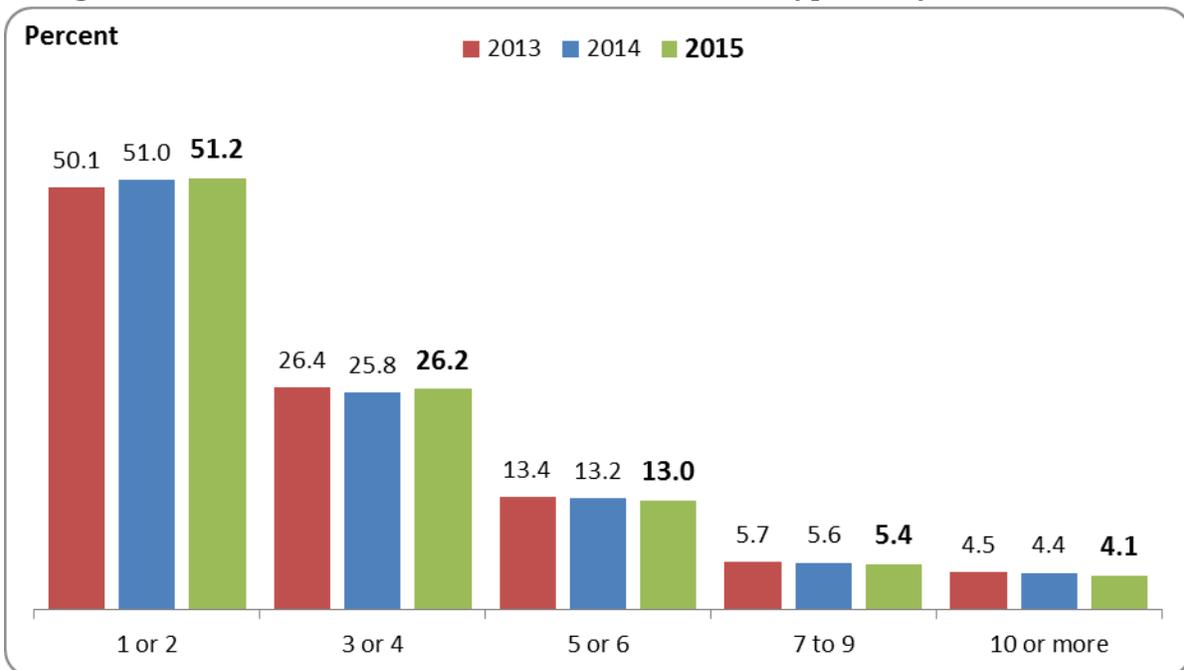
USE OF ALCOHOLIC BEVERAGES. The 2015 data on alcohol use are quite similar to the data for 2014. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among alumni. About one-fifth (21.7%) did not drink at all during the past 12 months, and more than one-fourth (28.4%) drank monthly or less often; 26.7 percent reported having drinks containing alcohol two or more times a week (Figure 32).

Figure 32. Frequency of Use of Alcoholic Beverages



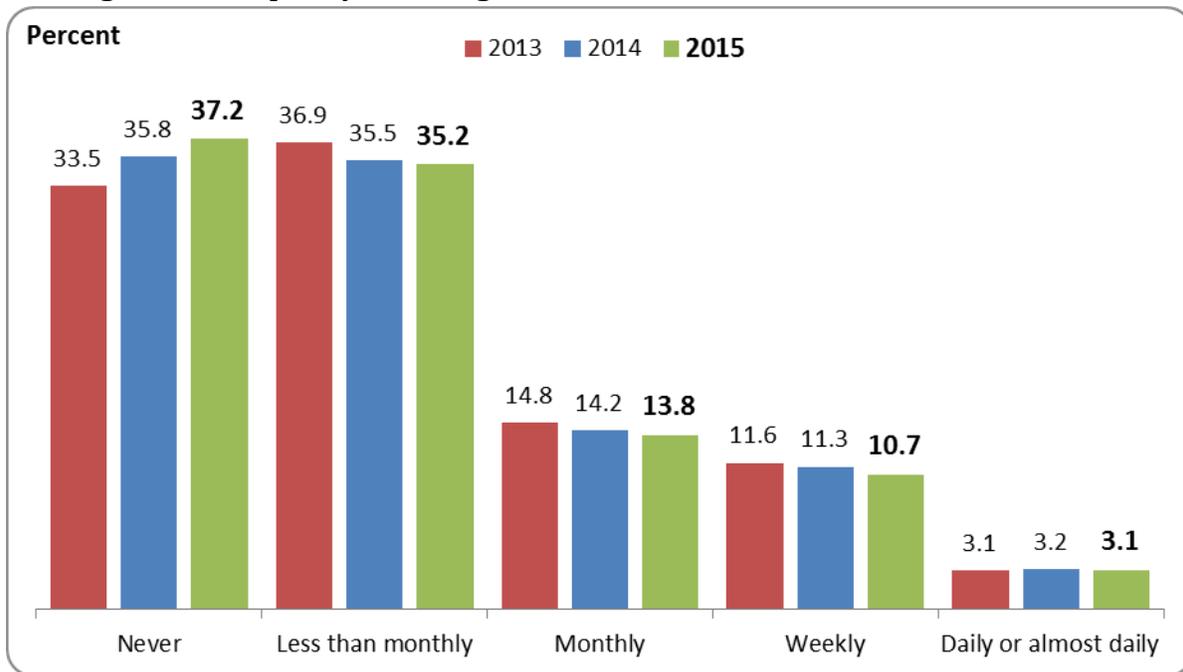
Also, on a typical day when alumni did have a drink with alcohol, most alumni had one or two drinks (51.2%) or three or four drinks (26.2%) (Figure 33). The remaining alumni reported varying numbers of drinks on a typical day.

Figure 33. Number of Alcoholic Drinks Consumed on a Typical Day



Relatively low percentages of alumni who reported drinking alcohol in the past 12 months had six or more drinks on one occasion weekly (10.7%) or daily/almost daily (3.1%) (Figure 34).

Figure 34. Frequency of Having Six or More Drinks With Alcohol on One Occasion

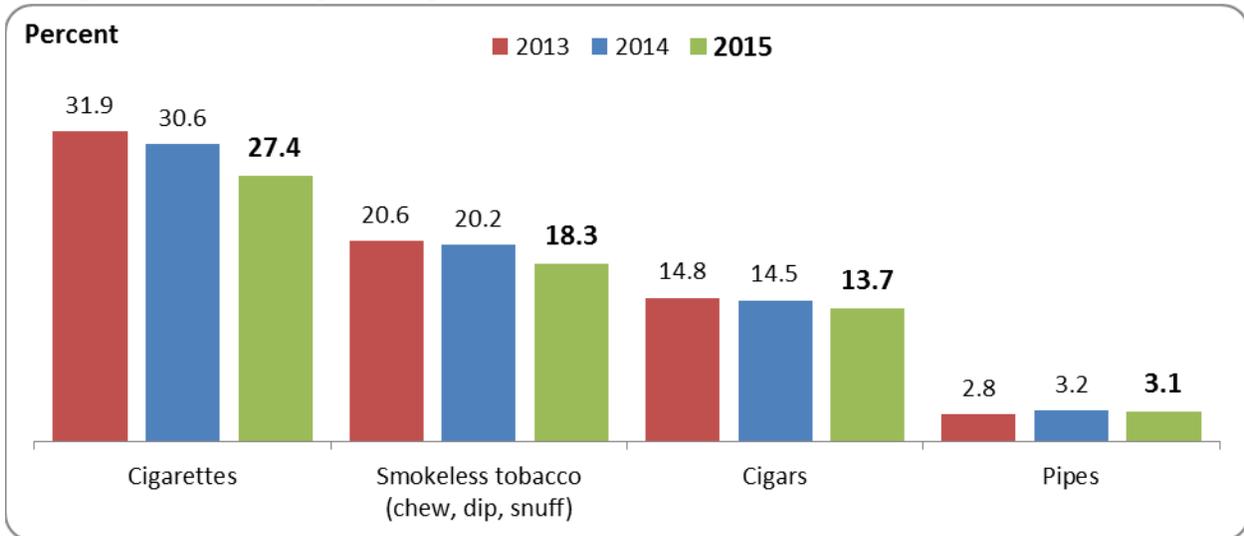


The three questions about alcohol use in the past 12 months are from the AUDIT-C scale. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males, and a score of 3 or higher is positive for females (Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male alumni is **3.3**, and the mean score for WWP female alumni is **2.3**. Those scores are essentially the same as the 2014 and 2013 scores.

The survey included two questions about the use of alcohol in the past 4 weeks. About one-fifth of alumni (21.0%) used alcohol more than they meant to in the past 4 weeks. Also, 16.6 percent felt they wanted to or needed to cut down on their drinking in the past 4 weeks. 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. In 2015, **13.9** percent of WWP alumni had a positive alcohol screen (12.6% in 2014 and 12.7% in 2013).

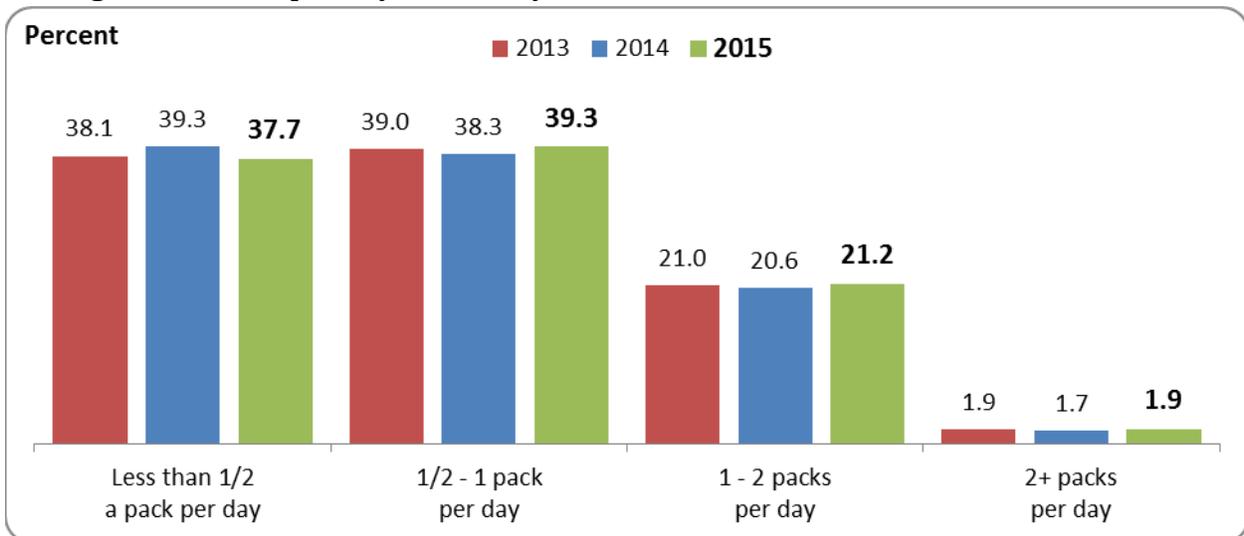
USE OF TOBACCO PRODUCTS. About 3 in 10 alumni (27.4%) used cigarettes during the past 12 months, and lower percentages of alumni used other tobacco products (Figure 35). Findings from the 2011 HRB of active duty personnel indicate that 24.0 percent were current cigarette smokers (Barlas, Higgins, Pflieger, & Diecker, 2013).

Figure 35. Percentages Using Tobacco Products in the Past 12 Months



Just over half of alumni (53.6%) 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], and more recent data from the 2011 HRB indicate that 41.3% of active duty personnel have smoked at least 100 cigarettes [Barlas, Higgins, Pflieger, & Diecker, 2013].) WWP alumni were also asked about how many packs per day they smoke. More than 4 in 10 of WWP alumni (42.6%) have never smoked. Among the alumni who have ever smoked, 23.0 percent smoke 1 pack or more per day (Figure 36). Among ever smokers who had tried to quit smoking, 69.9 percent succeeded.

Figure 36. Packs per Day Smoked by Those Who Have Ever Smoked



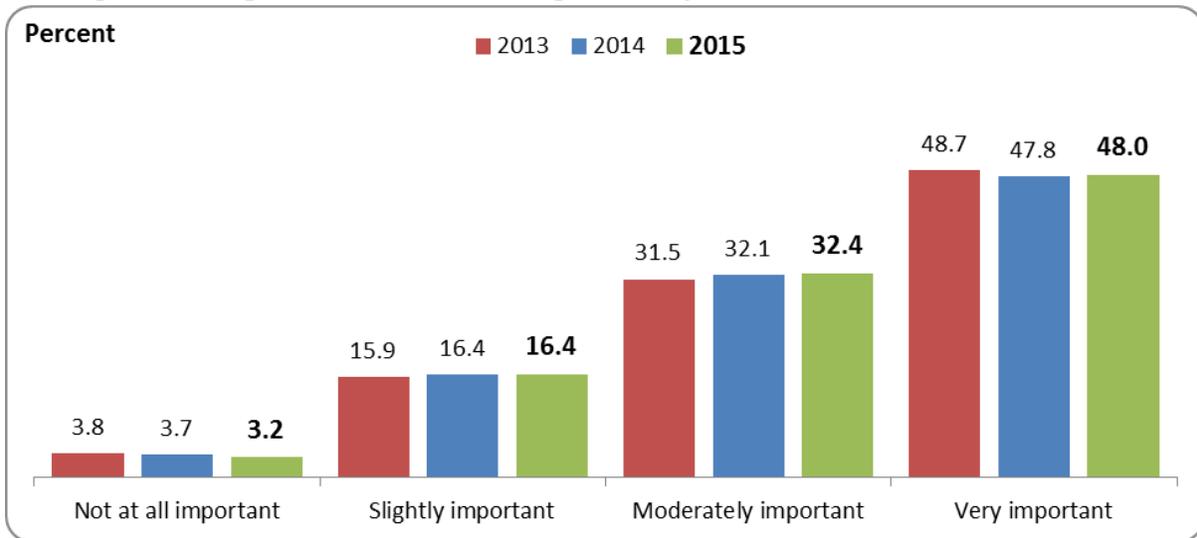
The Millennium Cohort Smoking Scale scores for WWP alumni in 2015 are somewhat similar to the scores in 2014 and 2013 for nonsmokers, past smokers, and smokers:

- Nonsmokers – **46.7%** (46.3% in 2014 and 45.8% in 2013)

- Past smokers – **34.9%** (33.6% in 2014 and 33.2% in 2013)
- Smokers – **18.4%** (20.1% in 2014 and 21.0% in 2013)

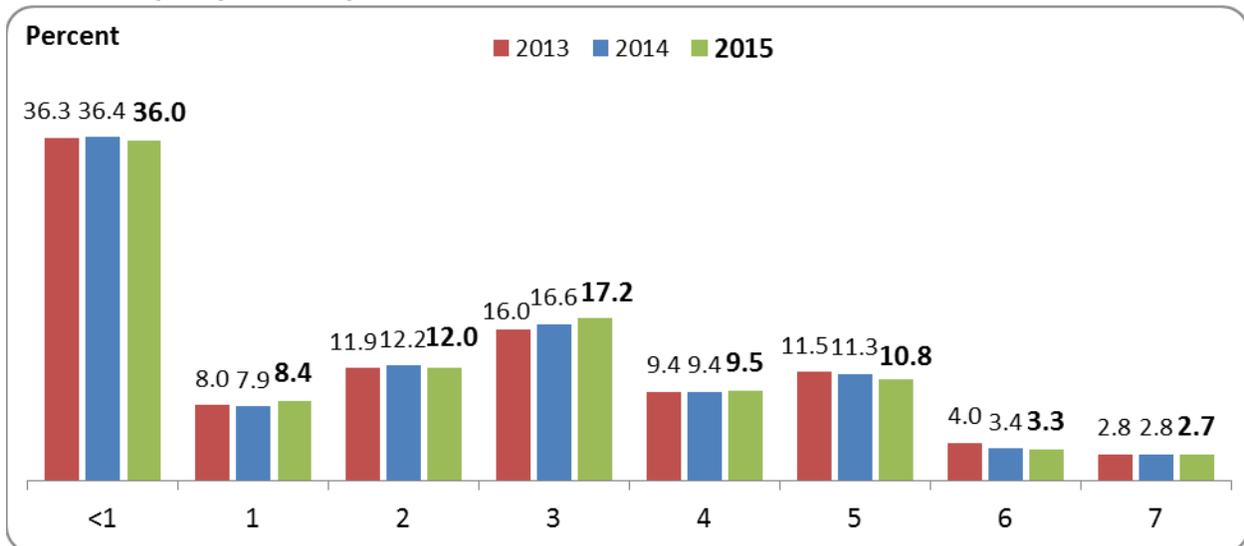
IMPORTANCE OF A HEALTHY DIET AND GOOD NUTRITION. Many alumni (80.4%) said it is either *very important* or *moderately important* to them to maintain a healthy diet and good nutrition for their overall health and wellness (Figure 37).

Figure 37. Importance of Maintaining a Healthy Diet and Good Nutrition



PHYSICAL ACTIVITY AND EXERCISE. Less than half (43.5%) of alumni do moderate-intensity physical activities or exercise (such as a brisk walk, jog, cycle, play adapted sports, swim. . .) 3 or more days a week; 36.0 percent do such physical activity less than once a week (Figure 38). The 2015 survey results are quite similar to those for 2014 and 2013.

Figure 38. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week (# days a week)

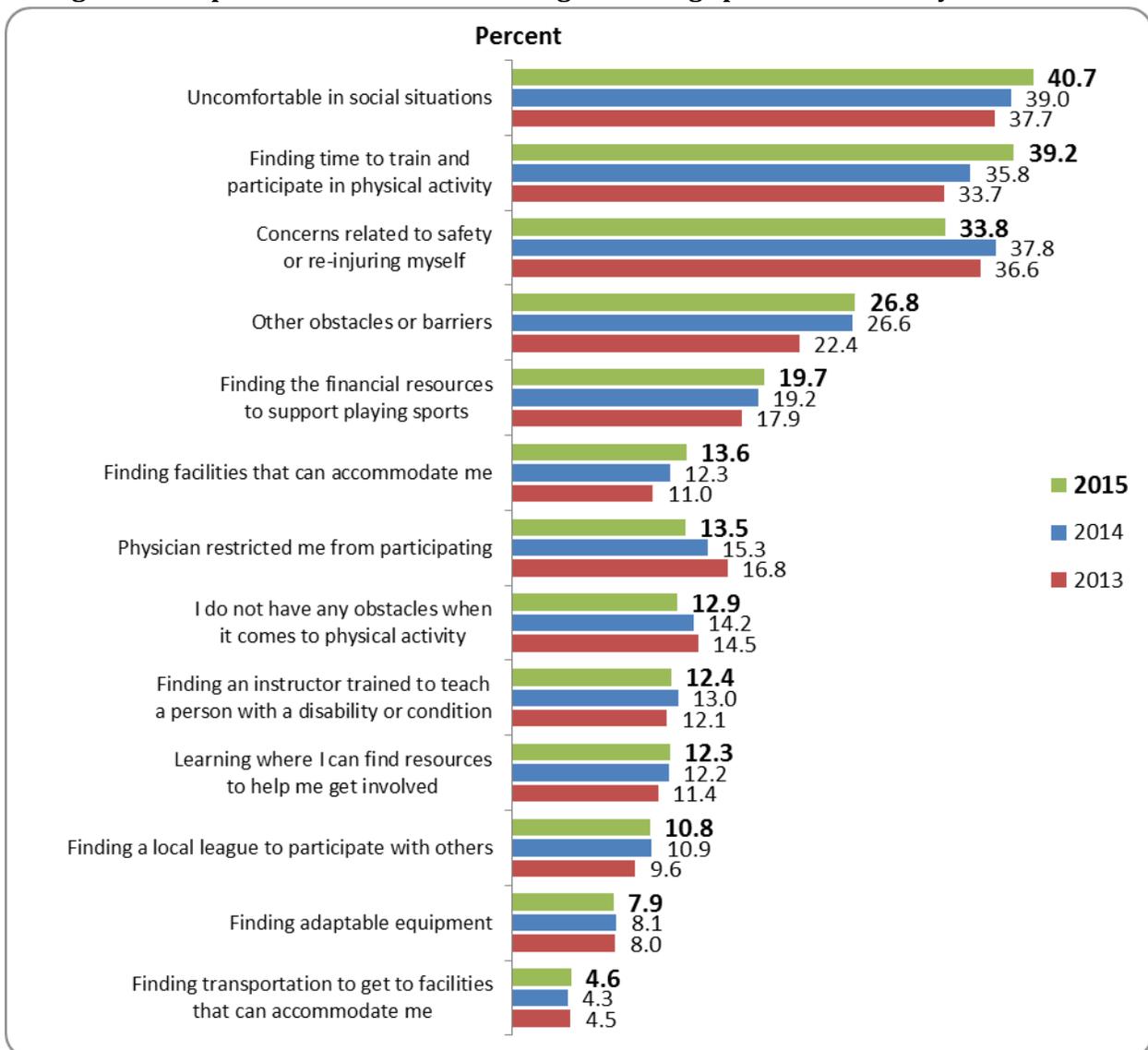


Alumni were presented with a list of 13 possible reasons that make it difficult for them to exercise or participate in sports or other physical activities. They were instructed to choose all that apply. The top three reasons chosen were the same as in 2014 and 2013 (Figure 39):

- Uncomfortable in social situations – 40.7%
- Finding time to train and participate in physical activity – 39.2%
- Concerns related to safety or re-injuring myself – 33.8%

Among those who did report barriers, 30.7 percent reported one barrier, 25.5 percent reported two barriers, 18.3 percent reported three barriers, 11.2 percent reported four barriers, and lower percentages (6.2% to a low of 0.1%) reported 5 to 12 barriers.

Figure 39. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



AMOUNT OF SLEEP. Relatively few alumni are getting sufficient sleep. Only 17.7 percent got enough sleep a *good bit of the time, most of the time, or all of the time* during the past 4 weeks to

feel rested upon waking in the morning (Figure 40). Only 19.0% got the amount of sleep they needed at least a good bit of the time or more during the past 4 weeks (Figure 41).

Figure 40. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested

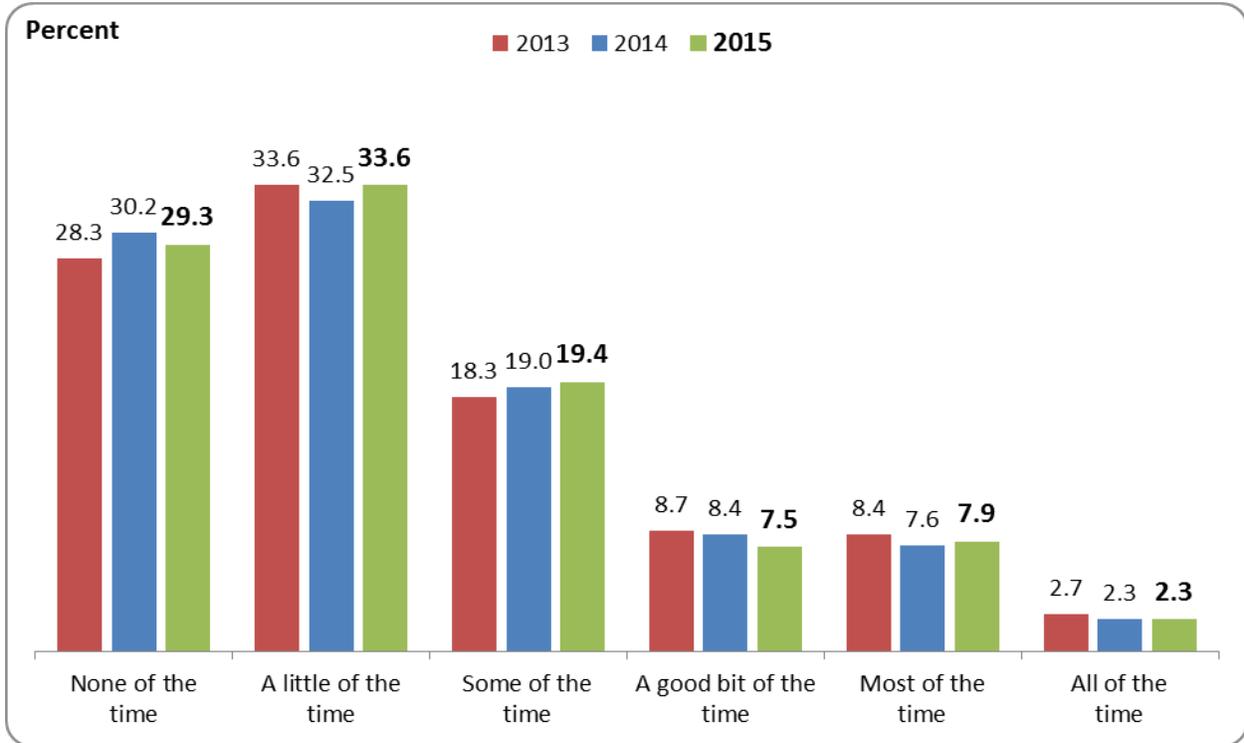
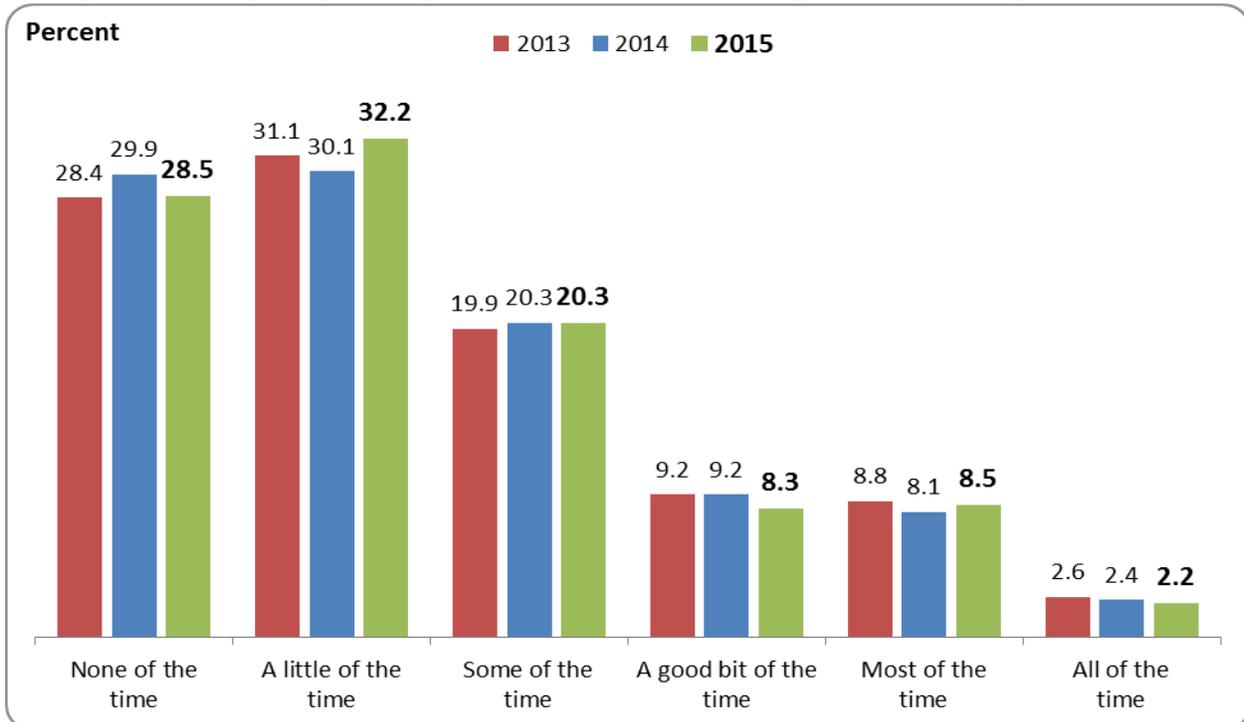


Figure 41. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed



The two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study Sleep Scale. The mean score for the WWP alumni is **28.1** (median score = 20.0; in 2014, the mean score was 28.0 and the median score was 20.0). The range of possible scores is 0 to 100, with higher sleep scores representing less of a problem sleeping (Hays & Stewart, 1992). In 2005, Hays and others reported that the mean score for a nationally representative sample was 60.5.

Additional information on sleep issues by past and current service members was reported by Seeling et al. (2010). This group of researchers used data from 41,225 Millennium Cohort members who completed baseline (2001–2003) and followup (2004–2006) surveys. Using other standard scales, they found that deployment to Iraq and Afghanistan significantly affected sleep quality and quantity—sleep duration was significantly shorter and trouble sleeping was more likely among deployed and postdeployed groups compared with those who did not deploy.

A recent study by RAND addressed gaps in research about sleep problems among military members in an effort to learn more about the prevalence of sleep problems among service members post deployment, the consequences of such sleep problems, and available sleep-related programs and policies to promote healthy sleep (Troxel et al., 2015). The study authors note that lack of sleep is linked with many health problems, both mental and physical, and that sleep problems are particularly prevalent among service members who have deployed to Iraq and Afghanistan.

HEIGHT AND WEIGHT. The average (mean) height and weight among 2015 alumni are 5'10" and 207 pounds (similar to the 2014 and 2013 results). The average BMI for alumni is 30.1, which is at the low end of the range for being obese (BMI = 30 or greater). Forty-six percent of WWP alumni fall in the obesity range (compared with 42.6% in 2014 and 40.8% in 2013), and another 38.8 percent are overweight (compared with 39.7% in 2014 and 42.0% in 2013).

According to age-adjusted data from the *National Health and Nutrition Examination Survey* (NHANES), 34.9 percent of U.S. adults aged 20 and older were obese in 2011-2012 (Ogden, Carroll, Kit, & Flegal, 2012). The NHANES data show that the prevalence of obesity was higher among men aged 40 to 49 (39.4%) than among those aged 20 to 39 (29.0%). Similarly, 31.8 percent of women aged 20 to 39 were obese, compared with 39.5 percent of women aged 40 to 49.

In a study (with Millennium Cohort participants) that examined possible reasons for weight gain after discharge from military service (Littman et al., 2013), researchers found that an increased weight gain at the time of discharge may help to explain reports of high rates of obesity among veterans. They documented weight gain that increased before and around the time of discharge over the course of 6 years and found a near tripling of obesity from 12 percent to 31 percent. Subgroups at higher risk for weight gain after discharge included those younger in age, less educated, overweight/obese at time of discharge, active duty versus National Guard/Reserve, women, and deployers with combat experience. They speculate that while in the military the need to meet body weight standards may be stronger than service members'

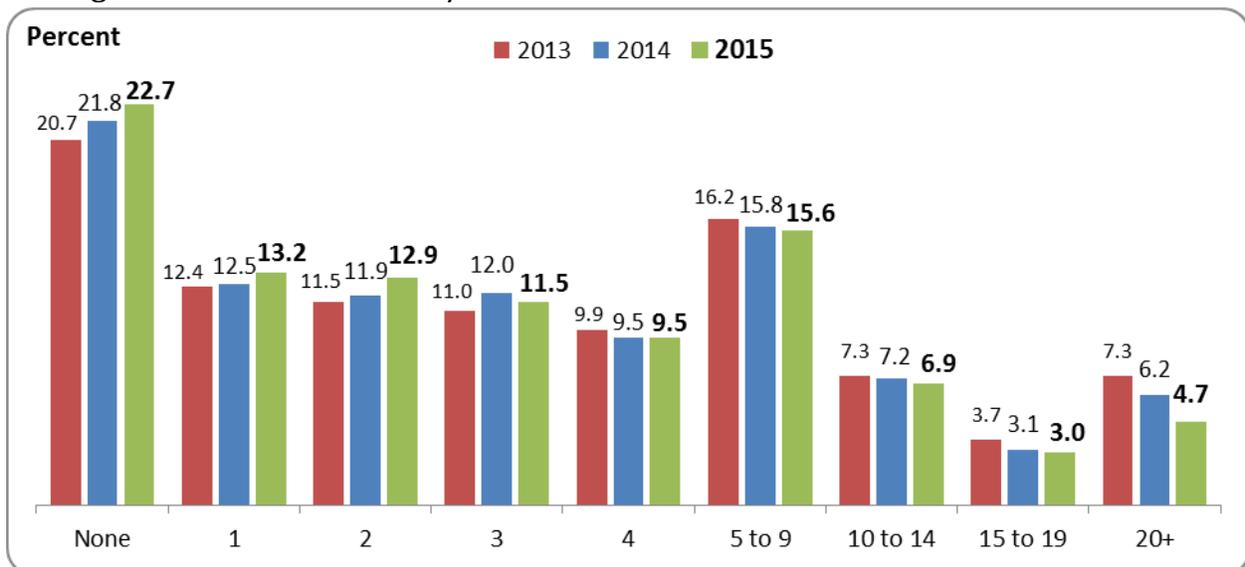
internal motivation to maintain a healthy weight. In the WWP alumni population, injuries that limit physical activity before and after discharge, depression, and stress from emotional problems and the transition to civilian life as wounded warriors are likely to be contributing factors to weight gain.

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. 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 one-third of alumni (37.5%) had one to three visits; 22.7 percent reported no visits. Frequency of visits was relatively high (10 or more visits) for 14.7 percent of alumni (Figure 42).

Figure 42. Number of Doctor/Clinic Visits in the Past 3 Months



HEALTH CARE VISITS TO ANY PROFESSIONAL FOR MENTAL HEALTH/EMOTIONAL PROBLEMS. More than half of alumni (53.6%) visited a 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 or emotional, alcohol, drug, or family problems. Among those alumni, 75.0 percent (down from 80.6% in 2014) visited a regular medical doctor or primary care physician for those problems. During those past 3 months, slightly more than half (53.1%) visited their doctors from one to three times about mental health issues. A relatively small percentage of alumni (5.0%), however, had 20 or more visits, contributing to a mean number of visits during the past 3 months of 5.9.

HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS. Alumni who had visited 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 them, 91.9 percent made such a visit. About 6 in 10 (60.4%) visited a specialist about such issues 1 to 5 times in the past 3 months. The mean number of visits was 6.7.

MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among alumni who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 78.8 percent had been prescribed medication for a mental health or emotional problem. Most of them (89.3%) took the medications for as long as their doctor wanted them to.

COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among alumni who reported visiting any health care professional in the past 3 months, 77.2 percent had received counseling—individual, family, or group—for a mental health or emotional problem. More than half of them (54.7%) had made 5 or fewer visits in the past 3 months. About 3.9 percent made more than 20 visits during that time. The mean number of visits was 7.3.

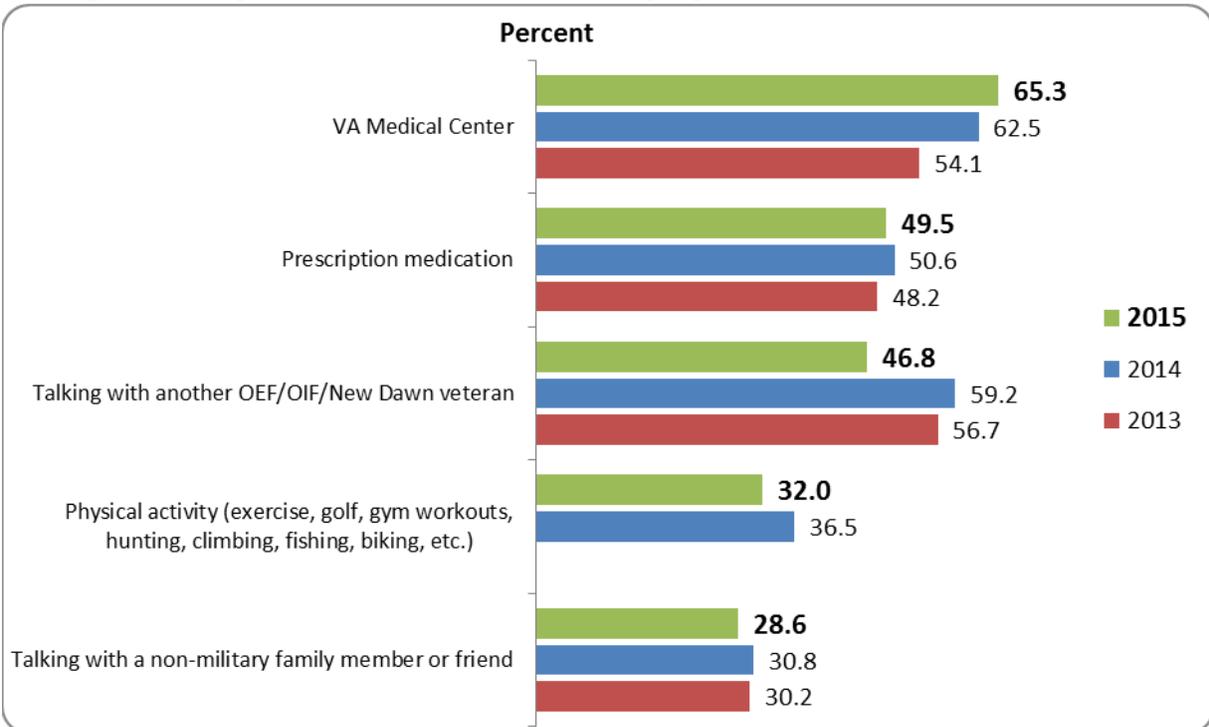
RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. Seven new response options were added in 2014 to the question about types of resources and tools used to help with feelings of stress or emotional or mental health concerns. Nevertheless, the top three resources or tools used by alumni in the past 3 years have remained the same (Figure 43).

- The most common resource was the VA Medical Center (65.3%, vs. 54.1% in 2013), followed by prescription medicine (49.5%). Of note, the third most common resource, “Talking with another OEF/OIF/New Dawn veteran,” was 46.8 percent in 2015, compared with 59.2 percent in 2014.
- Other resources and tools beyond the top three that were used by more than one-fourth of alumni since deployment included physical activity (32.0%), talking with a non-military family member or friend (28.6%), and prayer/church/God/religion (26.1%).
- In the past 4 survey years, around one-fifth of alumni with concerns said they used the Vet Center—22.7 percent in 2015, 22.3 percent in 2014, and 20.2 percent in 2013.

Common “*Other, specified*” resources and tools used included the following (in alphabetical order):

- Art/Painting/Drawing/Photography
- Crafts/ Hobbies
- Music/Playing an instrument
- Riding motorcycles

Figure 43. Top 5 Resources and Tools for Coping With Stress or Concerns

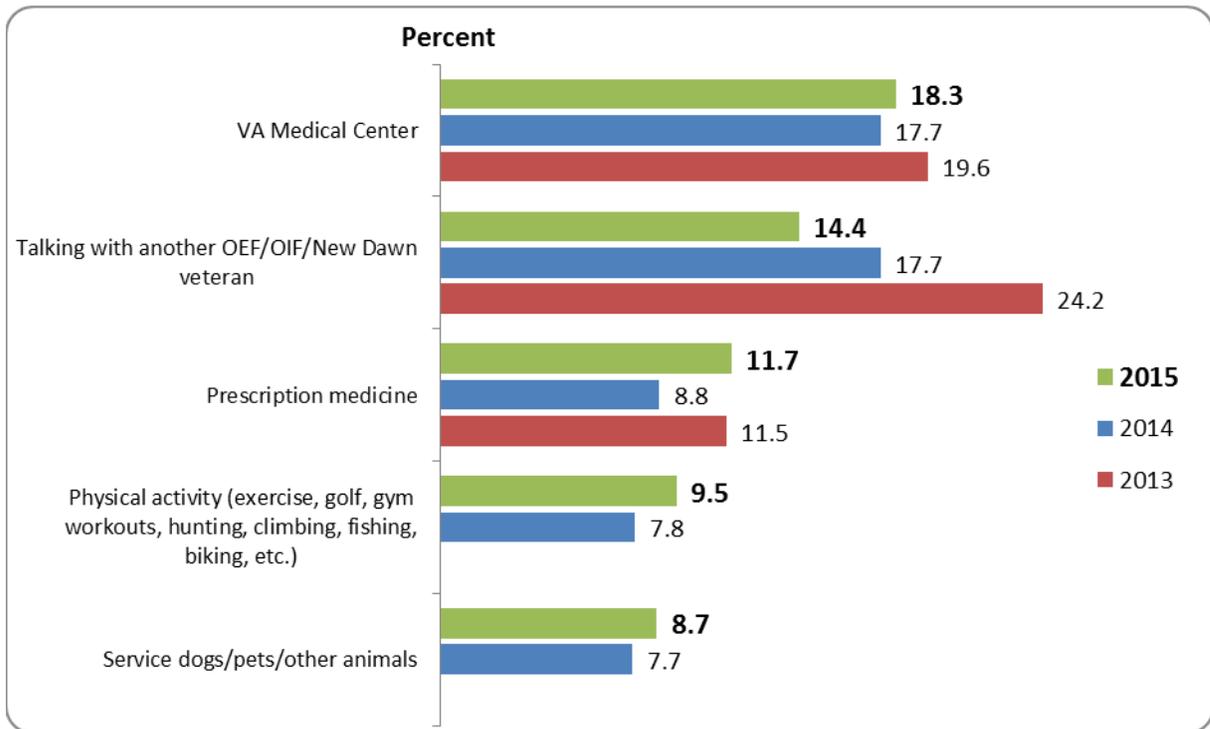


Notes: In 2015, 22.7% used the Vet Center as a resource for coping; 22.3% did so in 2014, and 20.2% did so in 2013, New responses were added in 2014.

The mean number of listed tools selected by alumni was 5.1 (the range was 1 to 20 resources/tools). Only 5.4 percent of alumni have not had any mental health concerns since deployment (compared with 5.5% in 2014 and 9.8% in 2013).

The alumni who identified resources they had used were asked which ONE has been the most effective in helping them. In 2015, two resources that were the most effective in helping the alumni were VA Medical Center (18.3%) and talking with another OEF/OIF/New Dawn veteran (14.4%; Figure 44). Prescription medicines was third, and two new responses added in 2014 were fourth and fifth: physical activity and service dogs/pets/other animals.

Figure 44. Top 5 Most Effective Resources and Tools for Coping With Stress or Concerns



Note: New response options were added in 2014.

DIFFICULTY IN GETTING MENTAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. About a third of alumni (35.0%) 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. These alumni were then asked about a list of possible reasons for their difficulties in getting mental health care. Three response options were added to this question in the 2015 survey and six in the 2014 survey to understand better the difficulties represented by the *Other* response option in previous years. Alumni could mark more than one response.

MOST COMMON REASONS. A new logistical response option in 2015 was the most common reason reported in 2015 (Figure 45):

- Personal schedules that conflicted with the hours of operation of VA health care – 37.5%

The next two most common reasons were related to personal feelings:

- Felt that treatment might bring up painful or traumatic memories that they wanted to avoid – 37.2%
- Did not feel comfortable with existing resources within DoD or VA – 35.9%

The fourth and fifth most common reasons were two logistical issues that topped the 2014 list. Notably lower percentages of alumni marked them in 2015, but that decrease may partly be the result of including the new response option of conflicting personal schedules with hours of operation of VA health care:

- Difficulty in scheduling appointments – 33.4% (42.5% in 2014)
- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments and switches in providers) – 31.5% (39.4% in 2014)

ADVERSE EFFECTS ON CAREER/STIGMA. The next three most common reasons for difficulties centered on possible adverse career effects and stigma:

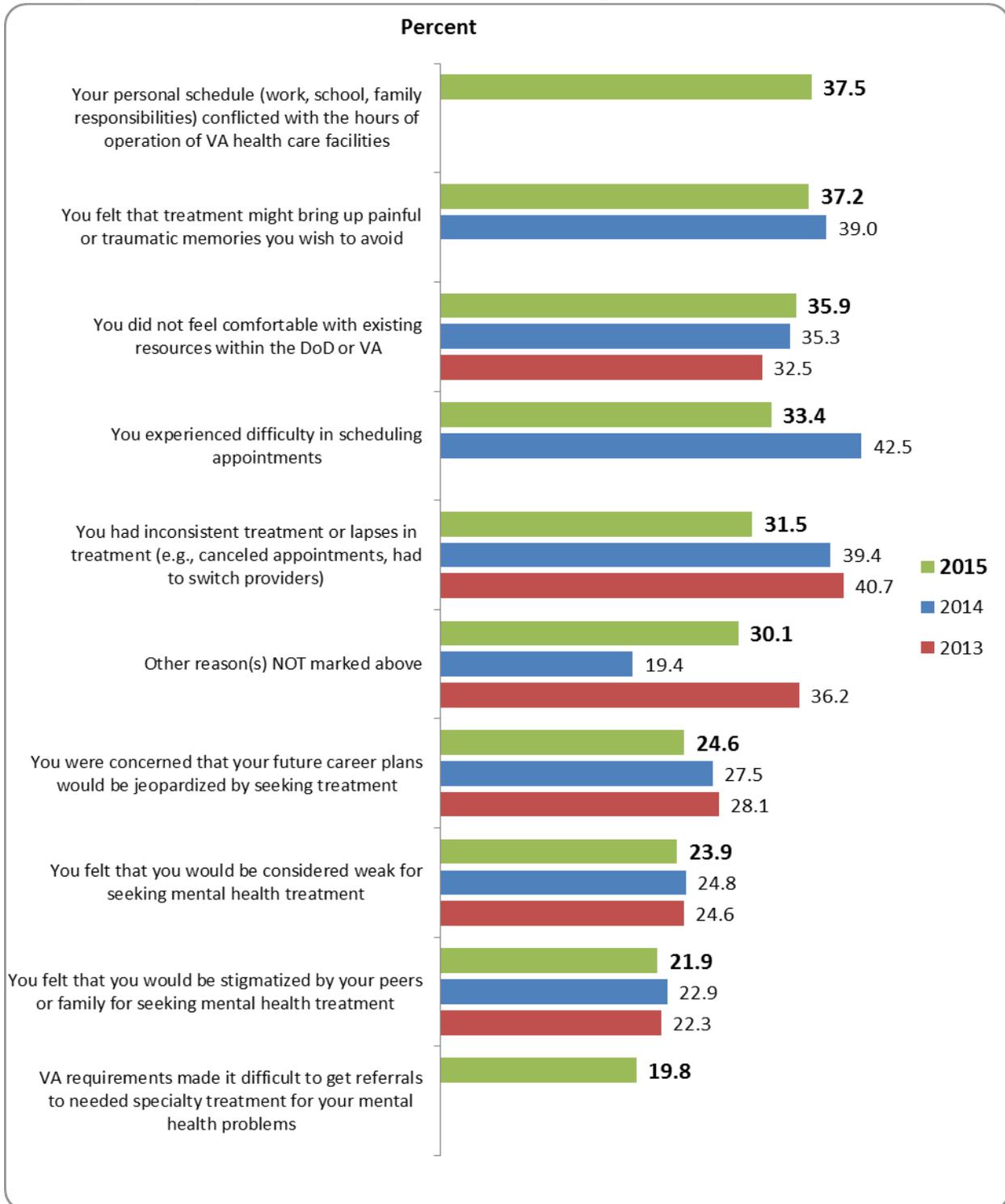
- Concerned that their future career plans would be jeopardized – 24.6%
- Felt they would be considered weak for seeking mental health treatment – 23.9%
- Felt they would be stigmatized by peers or family for seeking mental health treatment – 21.9%

ALUMNI EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER. A comparison between alumni using the VA as their primary health care provider and all alumni experiencing difficulties in getting mental health care (including active duty members) indicated that the 2015 and 2014 estimates were the same or similar for both groups for most of the reasons. However, two estimates differed by 4 percentage points or more:

- You had inconsistent treatment or lapses in treatment (e.g., canceled appointments, had to switch providers) – 36.1% for alumni using VA as their primary health care provider vs. 31.5% for all alumni with difficulties
- You were concerned that your future career plans would be jeopardized by seeking treatment – 20.2% for alumni using VA as their primary health care provider vs. 24.6% for all alumni with difficulties

To address difficulties in getting state-of-the-art care for wounded warriors with PTSD and traumatic brain injury, Wounded Warrior Project announced in early June 2015 the launch of the Warrior Care Network. This 3-year program is designed to connect wounded warriors and their families with world-class individualized mental health care. The network includes four founding academic health care partners (Emory’s Veterans Program at Emory University, Atlanta; the Red Sox Foundation and Massachusetts General Hospital Home Base Program; Operation Mend Program at University of California, Los Angeles; and Road Home Program at Rush University Medical Center in Chicago) and collaboration with area VA facilities and programs. Eligible warriors will have access to the network regardless of where they live or their ability to pay for services.

Figure 45. Top 10 Reasons for Difficulties in Getting Mental Health Care



Note. New response options were added in 2014.

DIFFICULTY IN GETTING PHYSICAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. In the 2014 survey, two new questions were added asking if alumni had difficulty in the past 12 months getting physical health care, or put off getting such care, or did not get the physical health care they thought they needed and, if so, what were the reasons. More than 4 in 10 alumni

(43.7%) experienced such difficulty. Four new response options were added in the 2015 survey to understand better the reasons for the difficulties alumni face in getting physical health care.

MOST COMMON REASONS. The most common reason for difficulties experienced by alumni remained the same as last year, but the 2015 percentage is lower:

- Had trouble scheduling appointments – 42.4% (48.7% in 2014)

Three new response options made up the next most common reasons:

- Had personal schedules (work, school, family responsibilities) that conflicted with the hours of operation of VA health care facilities – 31.8%
- Felt there was a lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 30.1%
- Felt that VA requirements made it difficult to get referrals to needed specialty treatment for physical problems – 29.6%

In 2015, a lower percentage of alumni (29.0%, down from 35.3% in 2014) experienced lapsed and inconsistent treatment because of canceled appointments and switches in providers, but this decrease could be due partly to the addition of three new response options that captured more specifically the reasons for difficulties in getting physical health care (Figure 46).

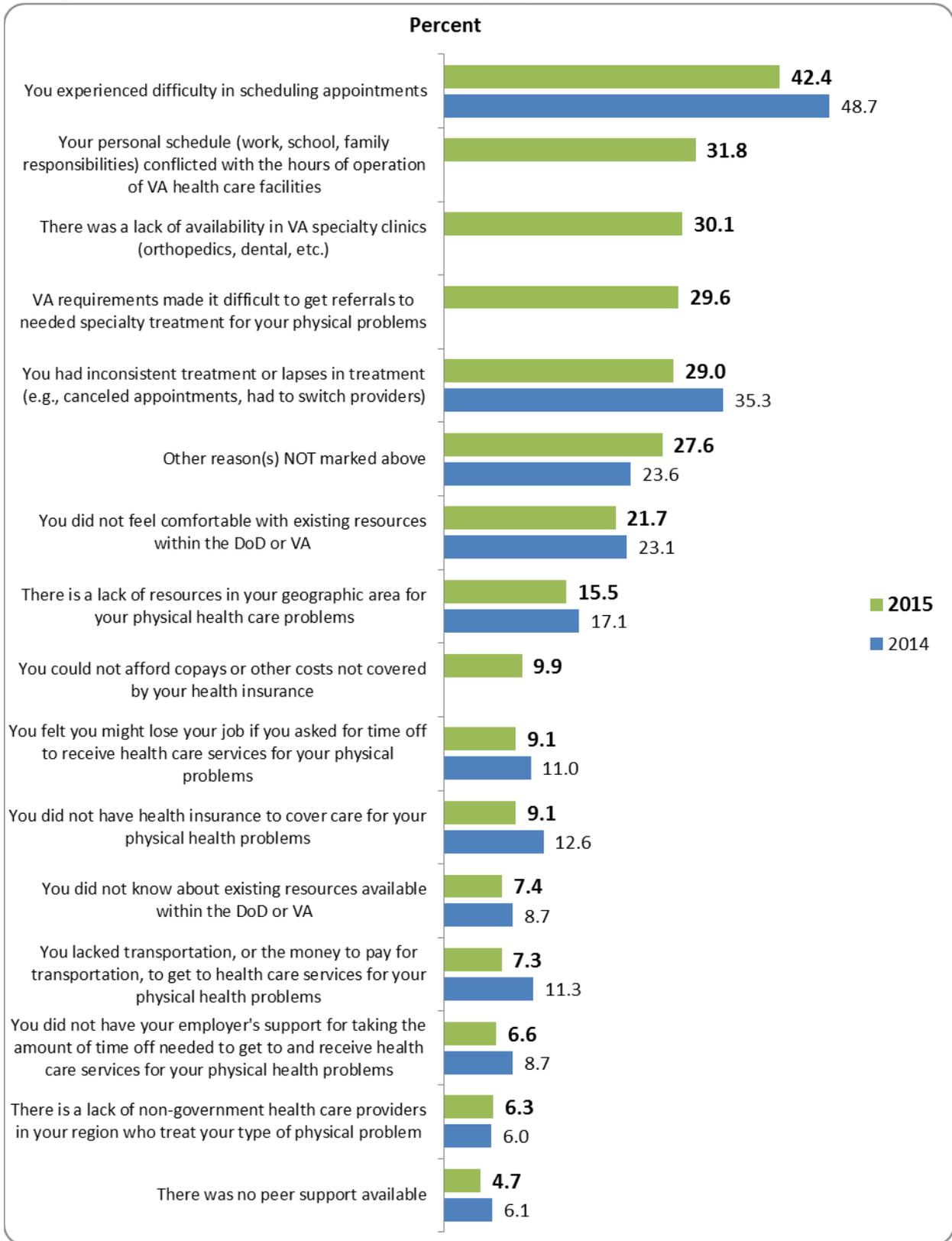
VARIOUS OTHER REASONS. Lower percentages of alumni who experienced difficulty in getting physical health care marked the following reasons:

- Did not feel comfortable with existing resources within the DoD or VA – 21.7%
- Reported a lack of resources in their geographic area – 15.5%
- Could not afford co-pays or other costs not covered by health insurance – 9.9%
- Did not have health insurance to cover needed care – 9.1%
- Felt they might lose their jobs if they asked for time off to get physical health care – 9.1%

ALUMNI EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER. A comparison between alumni who use the VA as their primary health care provider and all alumni experiencing difficulties in getting physical health care (including active duty members) yielded the following differences:

- Felt there was a lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 37.2% for VA as primary provider vs. 30.1% for all alumni with difficulties
- VA requirements made it difficult to get referrals to needed specialty treatment for your physical problems – 36.0% for VA as primary provider vs. 29.6% for all alumni with difficulties
- You did not have health insurance to cover care for your physical health – 4.9% for VA as primary provider vs. 9.1% for all alumni with difficulties
- Your experienced difficulty in scheduling appointments – 46.5% for VA as primary provider vs. 42.4% for all alumni with difficulties

Figure 46. Reasons for Difficulties in Getting Physical Health Care



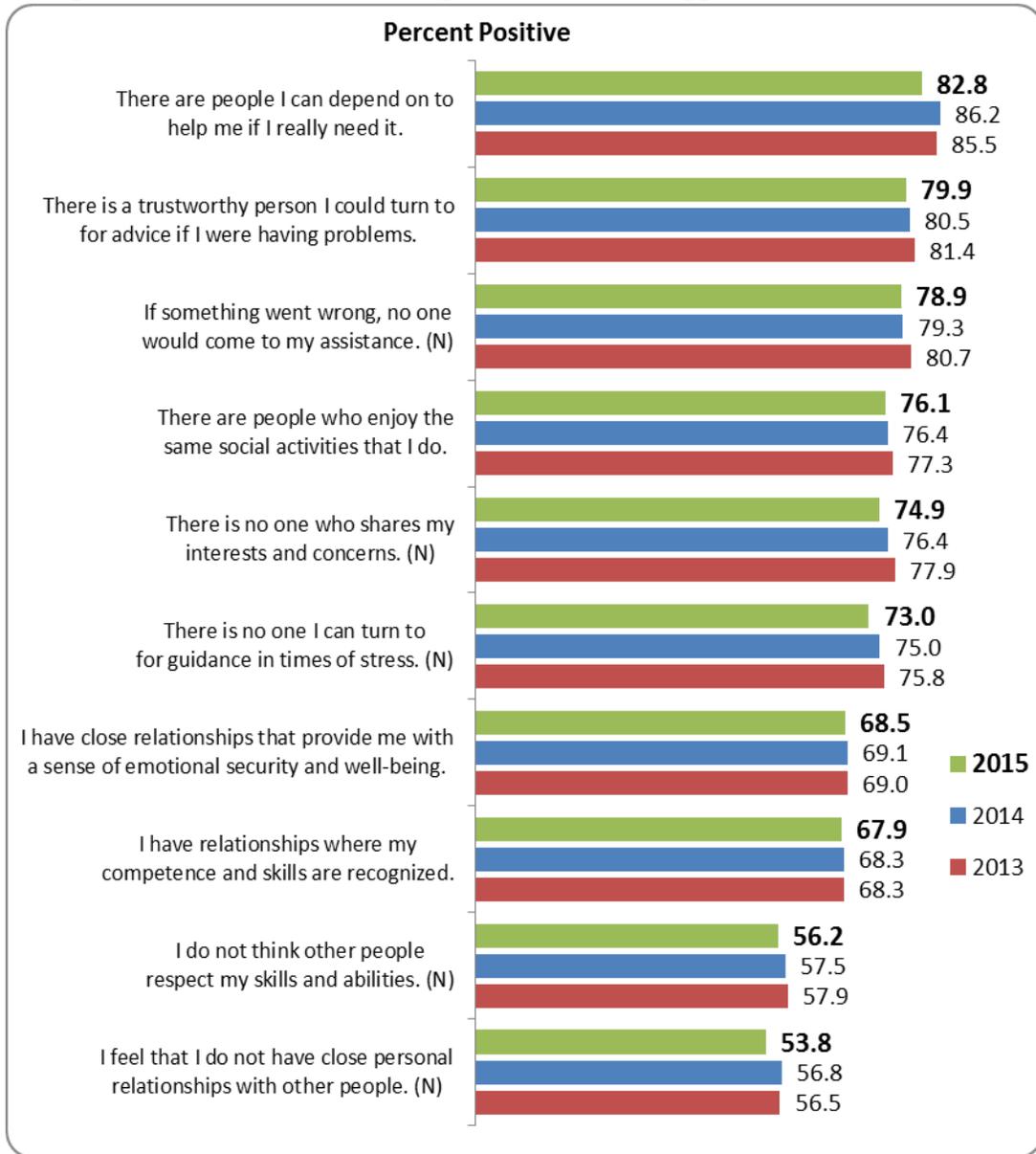
SOCIAL SUPPORT

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, and information about scale scores is presented.

RESPONSE FREQUENCIES. A positive answer to the current relationship statements means that the respondent *agreed* or *strongly agreed* with positively worded statements and *disagreed* or *strongly disagreed* with negatively worded questions (N). Once again, more than half of alumni gave positive answers for each of the 10 statements (Figure 47). And for 8 statements, the positive percentages ranged from 67.9 to 82.8. The 2 statements with the lowest percent positive responses continue to be:

- “I feel that I do not have close personal relationships with other people” (53.8% positive).
- “I do not think other people respect my skills and abilities” (56.2% positive).

Figure 47. Percent Positive Responses to Social Support Statements



Notes: An (N) after a statement 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 that is 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) – **5.9** (6.0 in 2014, 6.1 in 2013)
- Reassurance of Worth (recognition of one’s competence, skills, and value by others) – **5.4** (5.4 in 2014 and 2013)

- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities) – **5.8** (5.8 in 2014 and 5.9 in 2013)
- Attachment (emotional closeness from which one derives a sense of security) – **5.4** (5.5 in 2014 and 2013)
- Reliable Alliance (assurance that others can be counted on in times of stress) – **6.1** (6.2 in 2014 and 6.3 in 2013)
- **Total Social Provisions Score – 28.5** (28.9 in 2014 and 29.1 in 2013)

The ranges of alumni scores for the Social Provisions Scale have remained essentially the same since the 2011 survey.

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 of alumni (52.6%) think it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (Figure 48), and 49.8 percent said it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships (Figure 49). The percentages of alumni who think those statements are *rarely true* or *not at all true* are relatively low (around 14%).

The Connor-Davidson 2-Item Resilience Scale mean score for WWP alumni is **5.1** (5.1 in 2014 and 5.2 in 2013). A score of 4 or lower is often found for individuals suffering from PTSD. Alumni with a positive score on the self-reported Primary Care PTSD screen in the 2014 WWP Alumni Survey have a Connor-Davidson 2-Item Resilience Scale mean score of **4.6** (same as last year). In the general U.S. population, according to a report published in 2007, the average score is 6 to 7, but 4.7 among PTSD patients (Vaishenavi et al., 2007).

Figure 48. Ability to Adapt When Changes Occur (How True Is It That They Can Adapt to Change?)

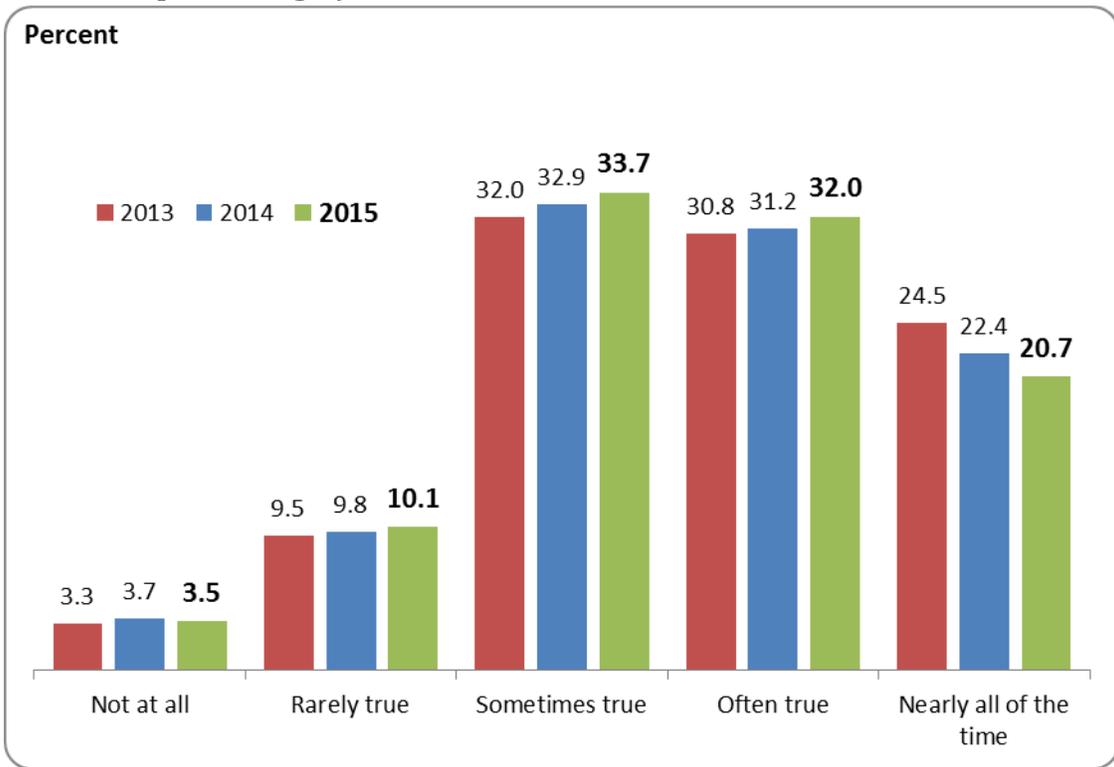
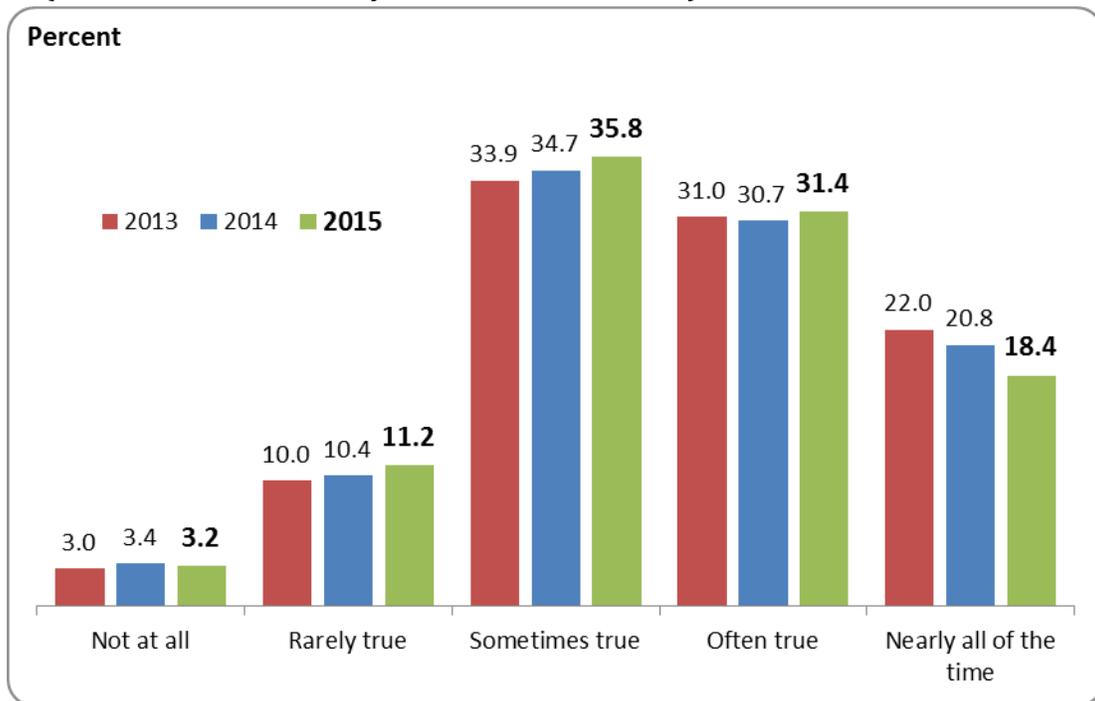


Figure 49. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)



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. Alumni are instructed in the WWP survey to answer for how they are 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 frequency response options (*Rarely true, Occasionally true, Often true, Usually true*) used in the WWP survey.

Figure 50 presents percent positive responses to the statements—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. For all administrations of this survey, the two items with the lowest positive responses continue to be:

- “Doing the things I do every day is a source of pleasure and satisfaction” (44.5% positive in 2015)
- “I have feelings inside that I would rather not feel” (41.5% positive in 2015)

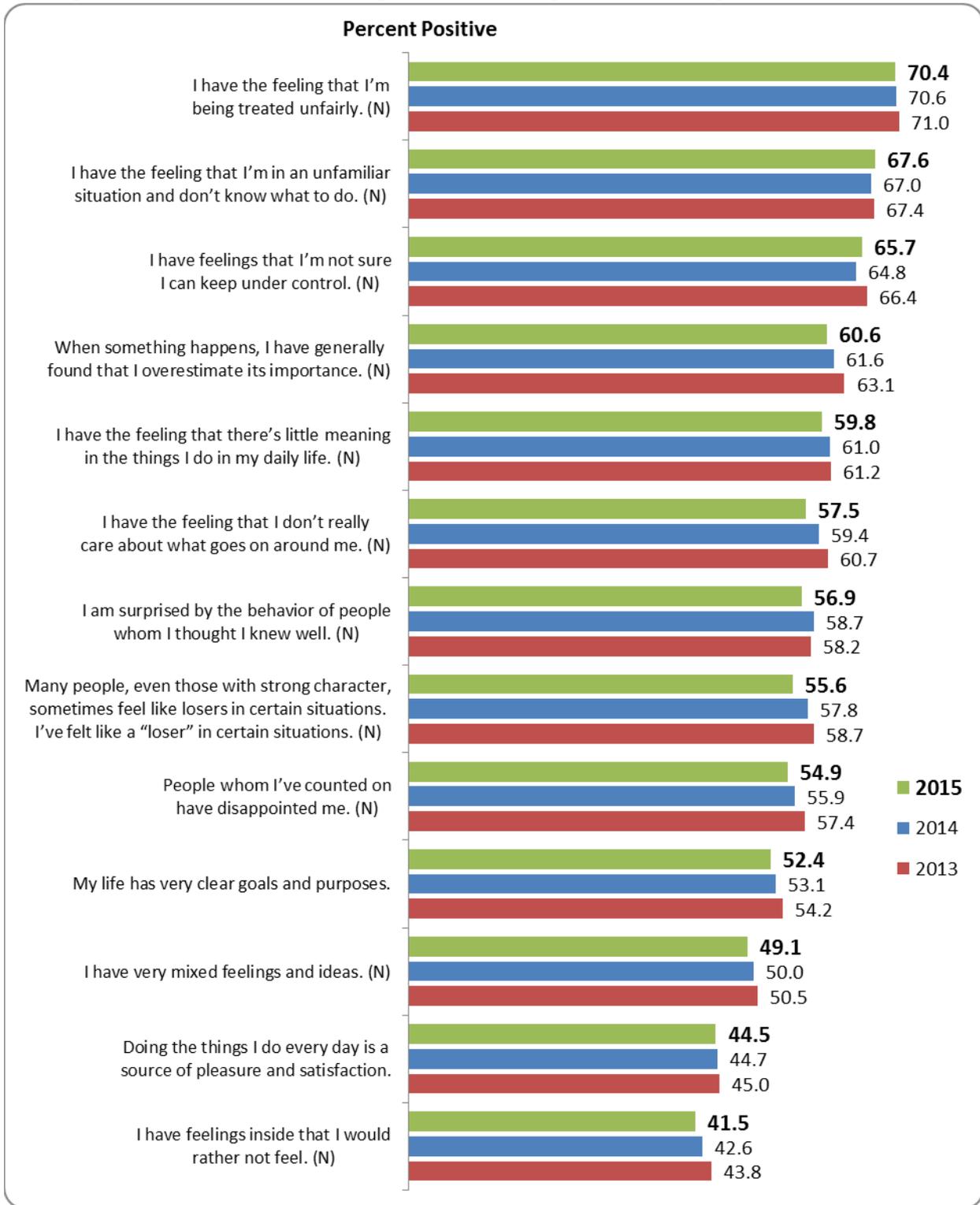
Scale scores for alumni were calculated for the Overall score 13-item version of the OLQ Scale (maximum possible score = 65), as well as for three subscales: Meaningfulness (maximum possible score = 20), Manageability (maximum possible score = 20), and Comprehensibility (maximum possible score = 25). 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 alumni follow:

- Meaningfulness – **12.3** (12.5 in 2014 and 12.6 in 2013)*
- Manageability – **14.5** (14.6 in 2014 and 14.7 in 2013)*
- Comprehensibility – **17.2** (17.4 in 2014 and 17.5 in 2013)*
- Overall OLQ Scale – **44.0** (44.4 in 2014 and 44.7 in 2013)*

*We discovered an error in our scoring instructions for the OLQ and recalculated the OLQ scores for the previous five WWP surveys. The revised results are basically the same for the Meaningfulness subscale and more positive for the other subscales and overall scale (by about 3½ percentage points for each scale in each year). OLQ scores for the 2012, 2011, and 2010 WWP survey are quite similar to the scores above.

Figure 50. Percent Positive Responses to Descriptions of Feelings



Notes: An (N) after the statement indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who answered *Rarely true* or *Occasionally true* to the statement.

ECONOMIC EMPOWERMENT

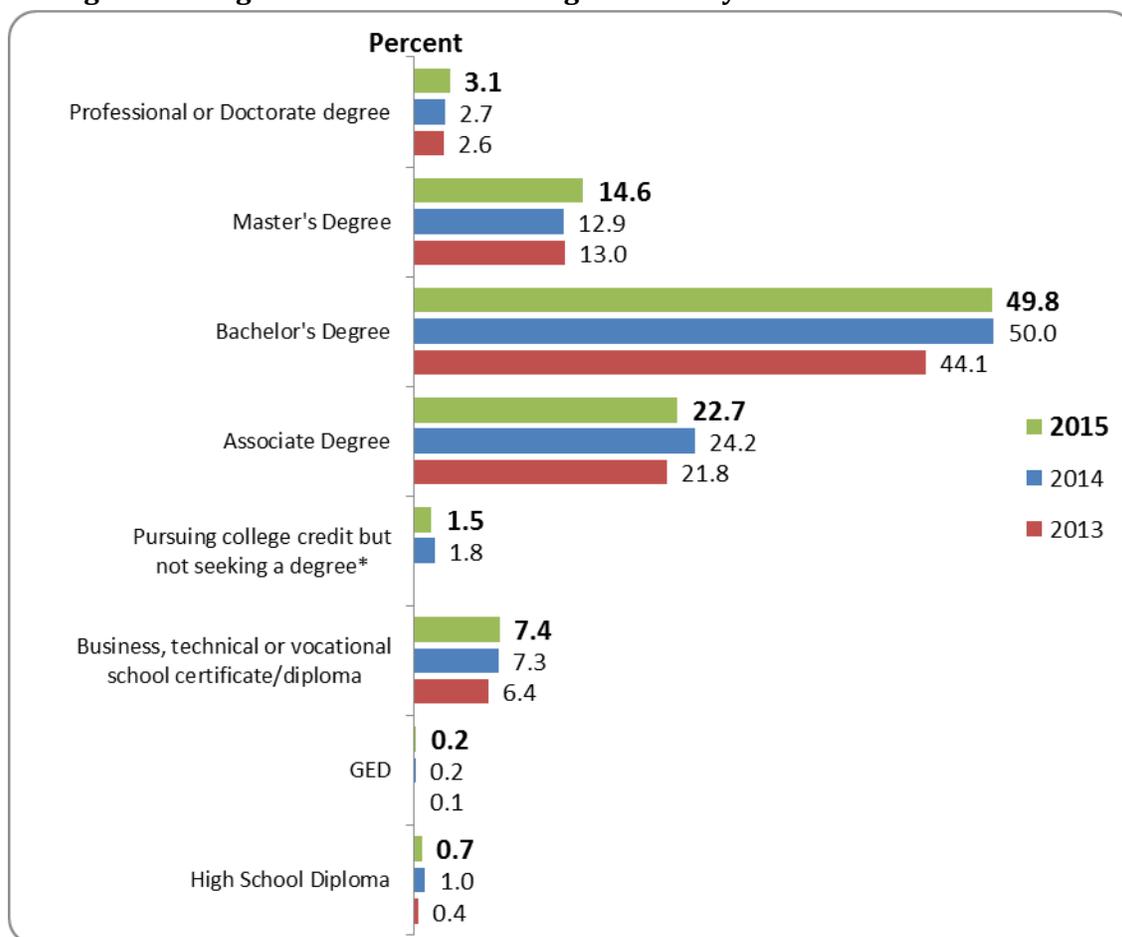
WWP is dedicated to promoting the economic empowerment of wounded warriors. The alumni survey includes questions to measure the economic and financial status of WWP alumni. In addition, the survey addresses ways in which wounded warriors are pursuing more education and marketable job skills.

EDUCATION

CURRENT SCHOOL ENROLLMENT. As noted earlier in this report, about three-fourths of WWP alumni (73.5%) have less than a bachelor’s degree. But about a third of the alumni—31.5 percent—are now enrolled in school and pursuing the following (Figure 51):

- A bachelor’s degree or higher – 67.5% (65.6% in 2014 and 59.7% in 2013)
- An associate degree – 22.7%
- Business, technical, or vocational school training leading to a certificate or diploma – 7.4%

Figure 51. Degree or Level of Schooling Pursued by School Enrollees

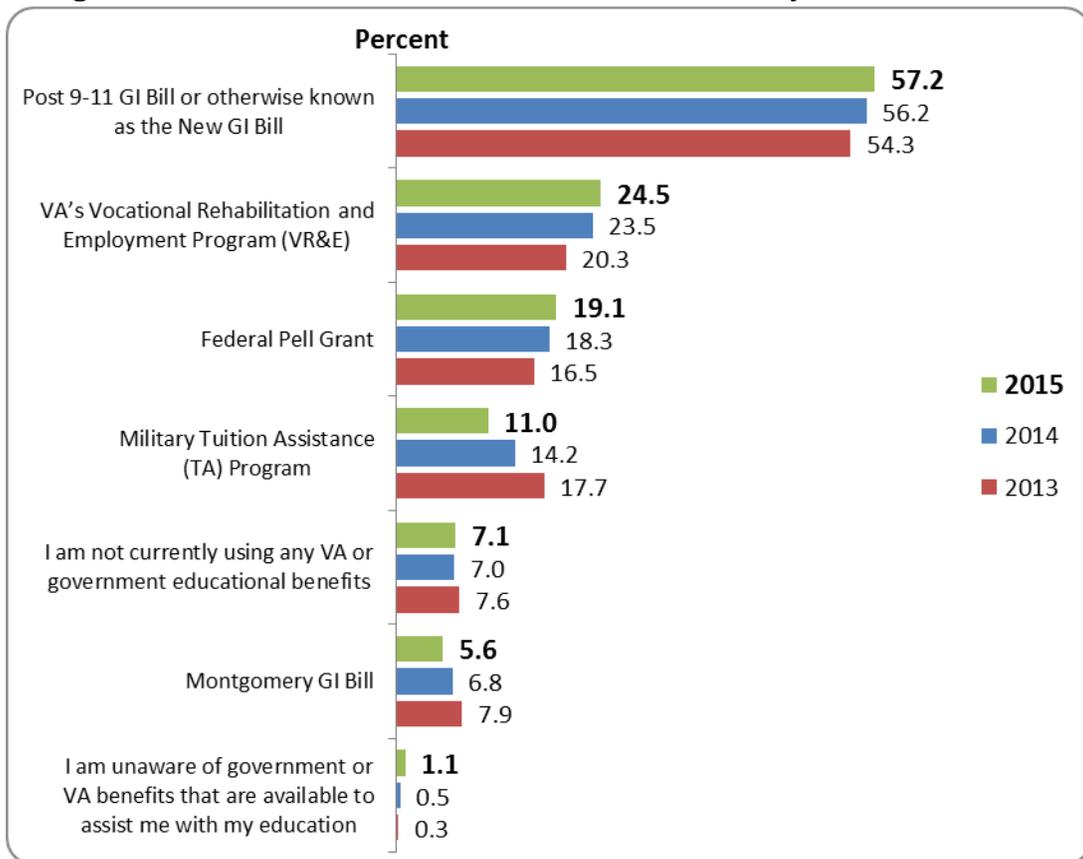


Note: *In the 2014 survey, two existing response options were combined as one: “Pursuing college credit but not seeking a degree.”

Alumni currently pursuing more education are using various government benefits to advance their education (Figure 52)—for example:

- Post-9/11 GI Bill – 57.2%
- VA’s Vocational Rehabilitation and Employment Program (VR&E) – 24.5%
 - Of the alumni enrolled in the VR&E program, 57.6 percent are using “Employment Through Long Term Services – Training/Education” (down from 83.0% in 2014 and 80.7% in 2013, possibly because of restrictions on years of eligibility for receiving services).

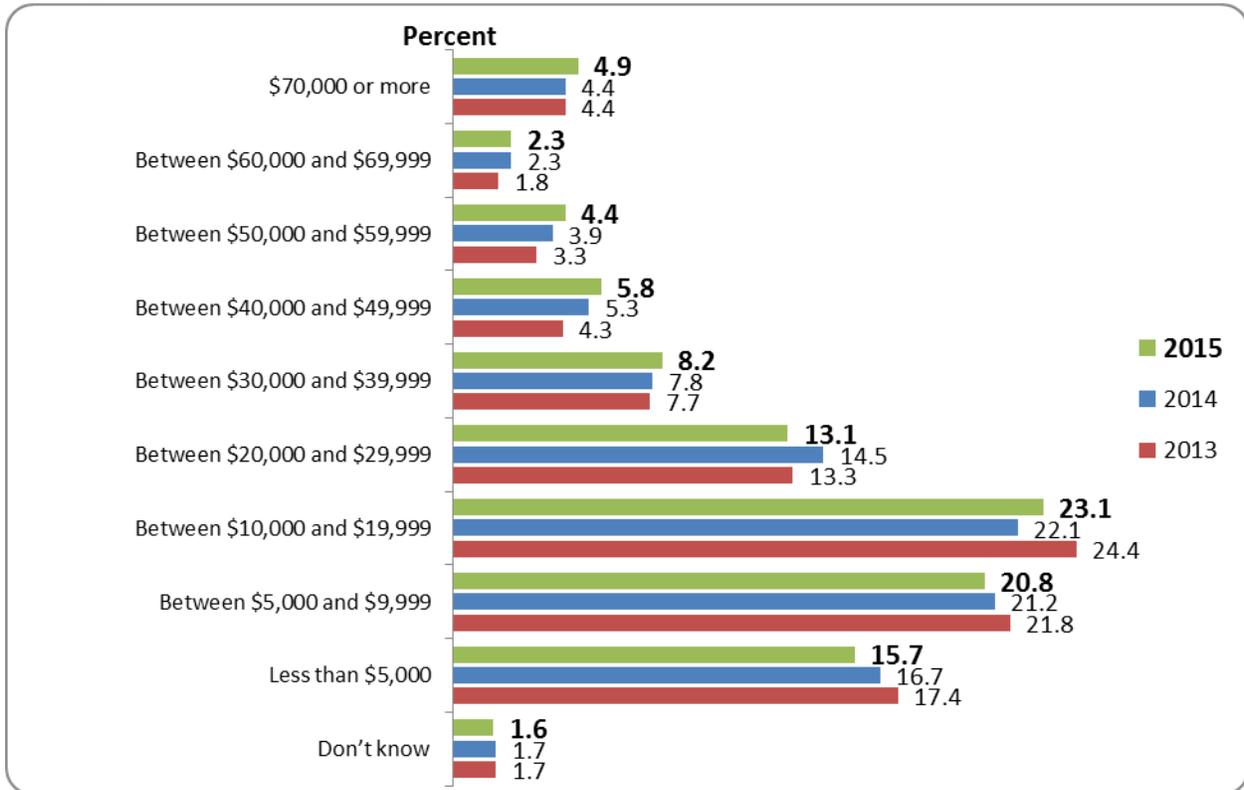
Figure 52. VA or Government Education Benefits Used by School Enrollees



ALUMNI STUDENT LOAN DEBT. About 29 percent of alumni currently have unpaid student loans. Among that group (Figure 53):

- 15.7 percent owe less than \$5,000.
- 57.1 percent owe at least \$5,000 but less than \$30,000.
- 25.7 percent owe \$30,000 or more.

Figure 53. Alumni Student Loan Debt



MORE ON UNEMPLOYMENT AND EMPLOYMENT

The economy's recovery is reflected in a lowering of the unemployment rate among all civilians, but less improvement has occurred among veterans, particularly among the WWP alumni population. We reported some BLS employment-related data earlier in the Demographic Section of this report. We add more data here to highlight differences with the 2015 WWP survey population. The BLS findings (U.S. Bureau of Labor Statistics, March 2015) draw from 2014 annual averages for the monthly Current Population Survey and from the 2014 August special supplement on veterans:

2014 Annual Averages

- The unemployment rate for Gulf War-era II veterans was 7.2 (compared with the 2013 rate of 9.0 percent and the 2014 nonveteran unemployment rate of 6.0).

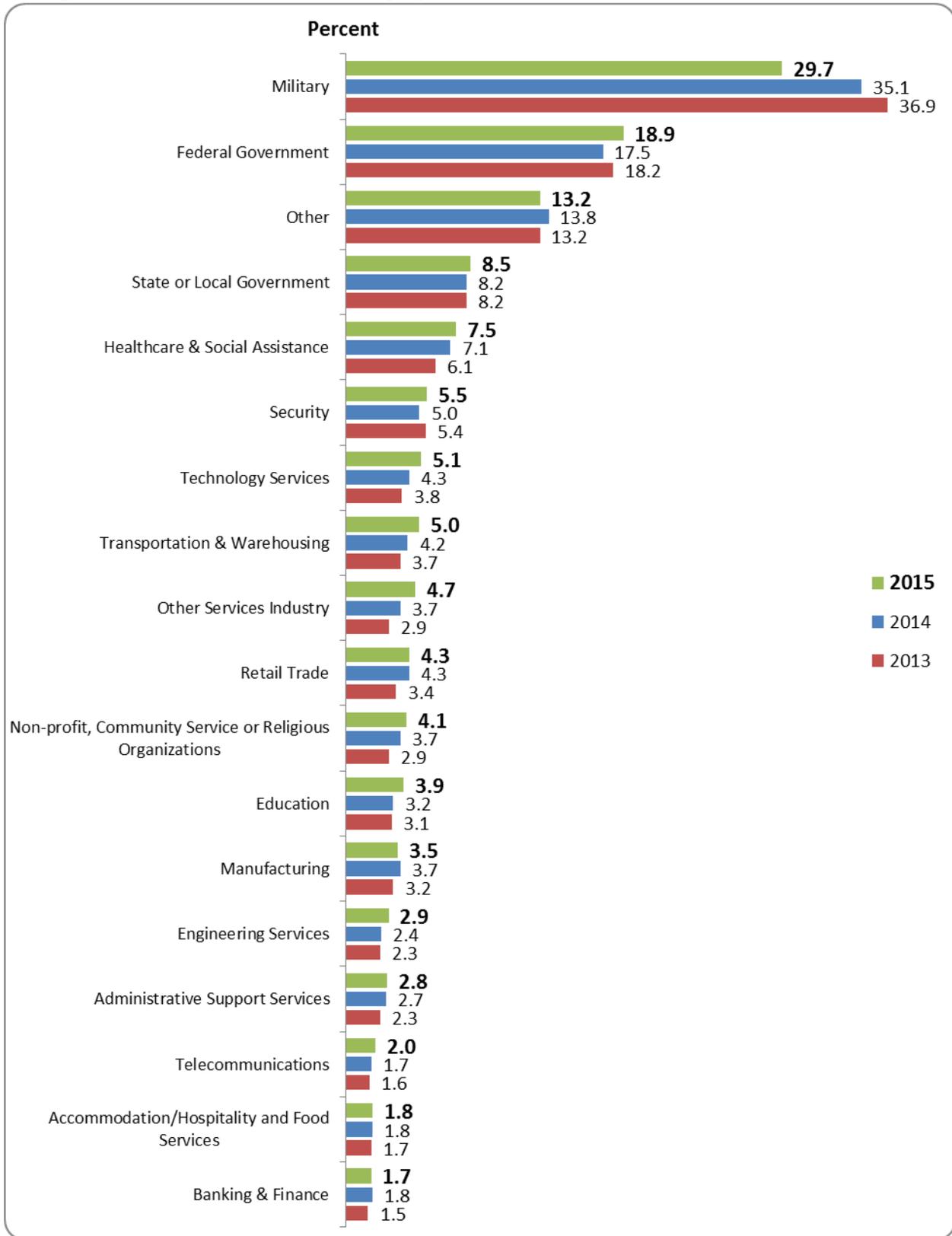
August 2014 Special Supplement on Veterans

- In August 2014, approximately 36 percent of Gulf War-era II veterans reported they had served in Iraq, Afghanistan, or both. These veterans had an unemployment rate of 8.4 percent in August 2014 (similar to the rate for Gulf War-era II veterans serving elsewhere—7.8%).
- Among Gulf War-era II veterans in August 2014, those who were current or past members of the National Guard or Reserve had a higher labor force participation rate than veterans who had never been members (86.5% vs. 77.8%). Also, the unemployment rate was lower for these current or past members of the National Guard or Reserve than those who had never been members (6.2% vs. 9.9%).
- Nearly 3 in 10 of Gulf War-era II veterans reported having a service-connected disability in August 2014. Their unemployment rate was 9.1 percent, which was not statistically different from Gulf War-era II veterans with no disability (7.8%).

UNEMPLOYED. As noted earlier in this report, 12.5 percent of WWP alumni are unemployed. More than half of unemployed alumni (54.3%) looked for a job for 16 weeks or less. Nearly a third of unemployed WWP alumni (32.9%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer), compared with 28.6 percent of unemployed civilians (U.S. Bureau of Labor Statistics, June 2015).

EMPLOYED AND SELF-EMPLOYED. Among the 57.0 percent of alumni working either full time or part time, 4.1 percent are self-employed. Figure 54 shows the distribution of employed alumni by industry. The most common “industries” are the Military (29.7%) and the federal government (18.9%). Approximately 27 percent work in the public sector (federal, state, and local government).

Figure 54. Industries in Which Employees Work



BLS, Current Population Survey (Annual Averages 2014; August 2014)

Gulf War era II veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 25.1 percent vs. 13.5 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
 - 13.8 percent vs. 2.0 percent of nonveterans

Gulf War era II veterans with a service-connected disability (August 2014):

- 34.1 percent worked in federal, state, or local government, compared with 21.5 percent of veterans without service-connected disabilities
- 22.5 percent worked for the federal government, compared with 8.6 percent of veterans without service-connected disabilities

Source of BLS data: Tables, 5, 8 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

The 2015 WWP survey results on weeks worked in the past 12 months and weekly hours are similar to the 2014 and 2013 results, but there has been a notable drop in weekly pay for full-time employees (Table 6):

- 49.7 percent (compared with 50.5% in 2014) are employed full time, and 7.5 percent are employed part time.
- Median weekly wage for full-time employees dropped this year compared with the past few years, but has remained about the same for part-time employees.
- Both full- and part-time employees, respectively, reported a similar number of hours worked each week for 2014 and 2015.
- Part-time employees worked 14 fewer weeks, on average, in the past 12 months than the full-time employees did (29 vs. 43 weeks).

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

	Mean	Median
Employed Full Time		
During the past 12 months, how many weeks did you work?		
2015	43 weeks	
2014	43 weeks	
2013	44 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2015	42 hr/wk	
2014	42 hr/wk	
2013	43 hr/wk	
How much is your current weekly wage?		
2015		\$760/wk
2014		\$800/wk
2013		\$800/wk
Employed Part Time		
During the past 12 months, how many weeks did you work?		
2015	29 weeks	
2014	29 weeks	
2013	29 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2015	25 hr/wk	
2014	25 hr/wk	
2013	26 hr/wk	
How much is your current weekly wage?		
2015		\$200/wk
2014		\$200/wk
2013		\$220/wk

About half of full-time employed alumni (49.5%) are *satisfied*, *very satisfied*, or *totally satisfied* with their employment, compared with 32.5 percent of part-time employed alumni (Figure 55).

Figure 55. Level of Satisfaction With Employment, by Full-Time and Part-Time Status

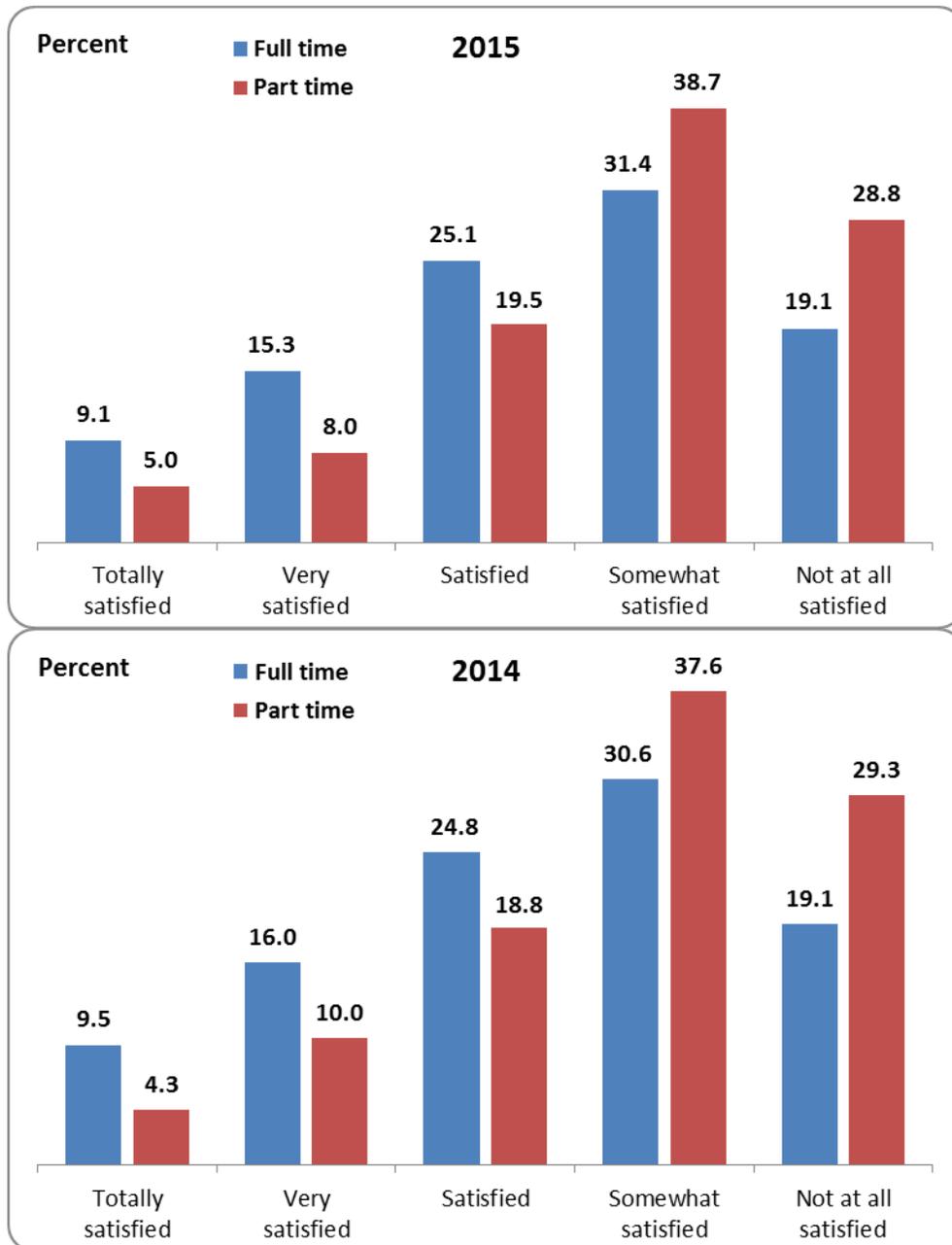
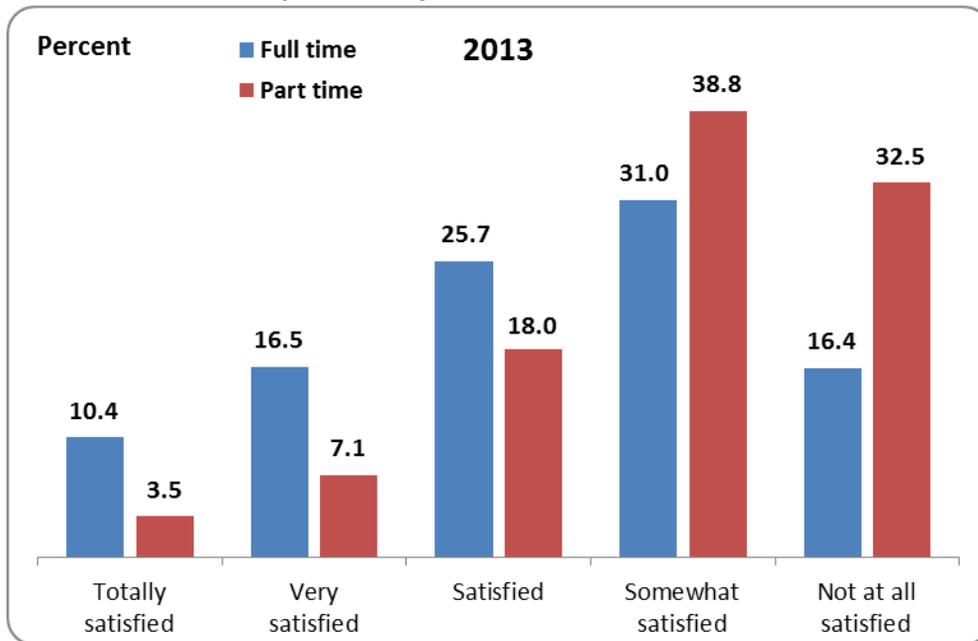


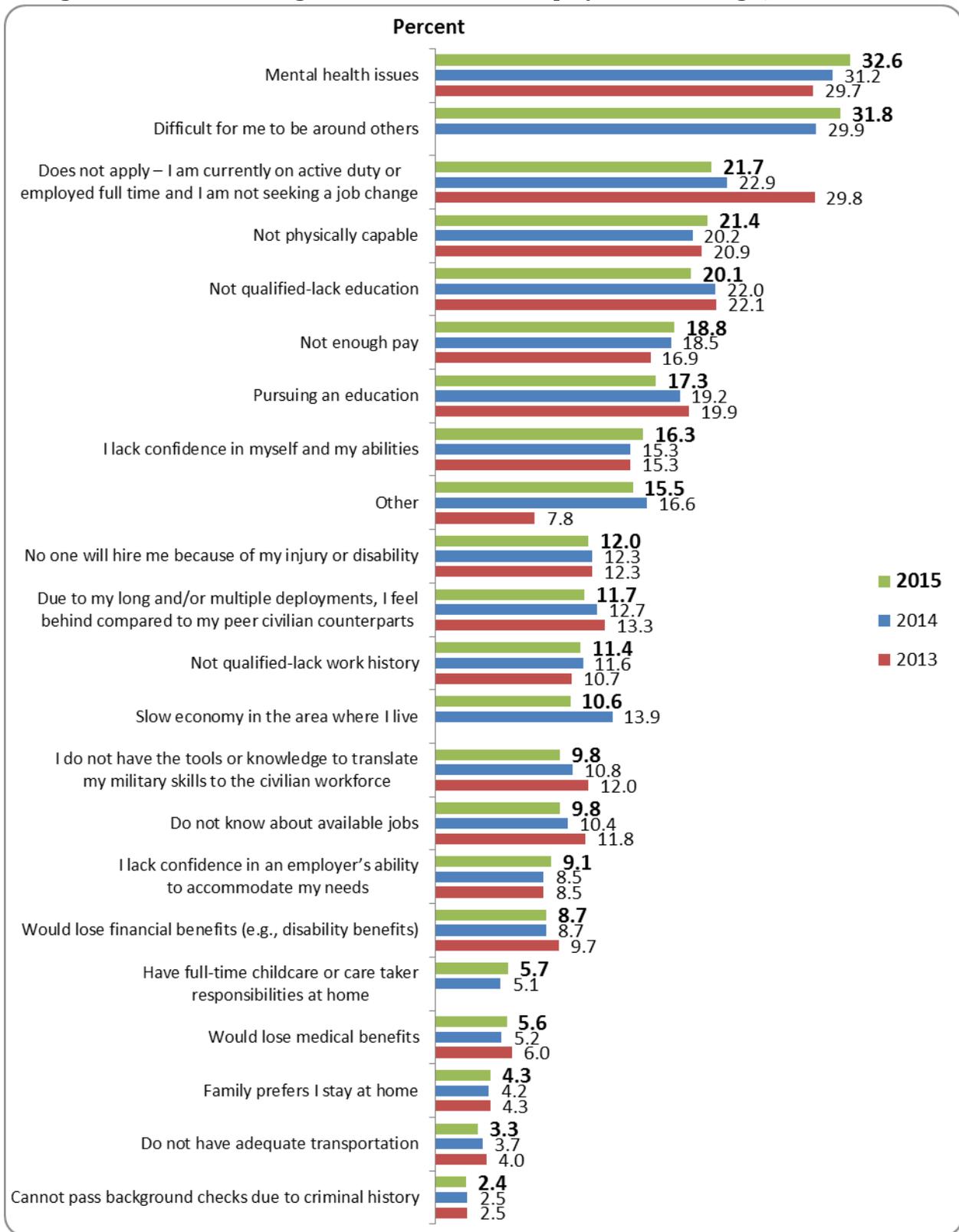
Figure 55. Level of Satisfaction With Employment, by Full-Time and Part-Time Status (Continued)



ALL ALUMNI. All alumni were asked which of a list of factors make it more difficult for them to obtain employment or change jobs (Figure 56). For the 78.3 percent who experienced difficulties, findings include the following highlights:

- For about 3 in 10 alumni, “mental health issues” (32.6%) and “difficult for me to be around others” (31.8%) were each factors making it difficult to obtain or change jobs.
- For about 19 to 21 percent of all alumni in 2015, the following factors contributed to difficulties in getting or changing jobs: “not physically capable,” “not qualified—lack education,” and “not enough pay.”

Figure 56. Factors Making It Difficult to Obtain Employment or Change Jobs



Note: In the 2014 survey, the “Does not apply” response was expanded from “I am currently employed and not seeking a job change” to “I am currently on active duty or employed full time in the civilian sector,” to clarify the response option for active-duty alumni.

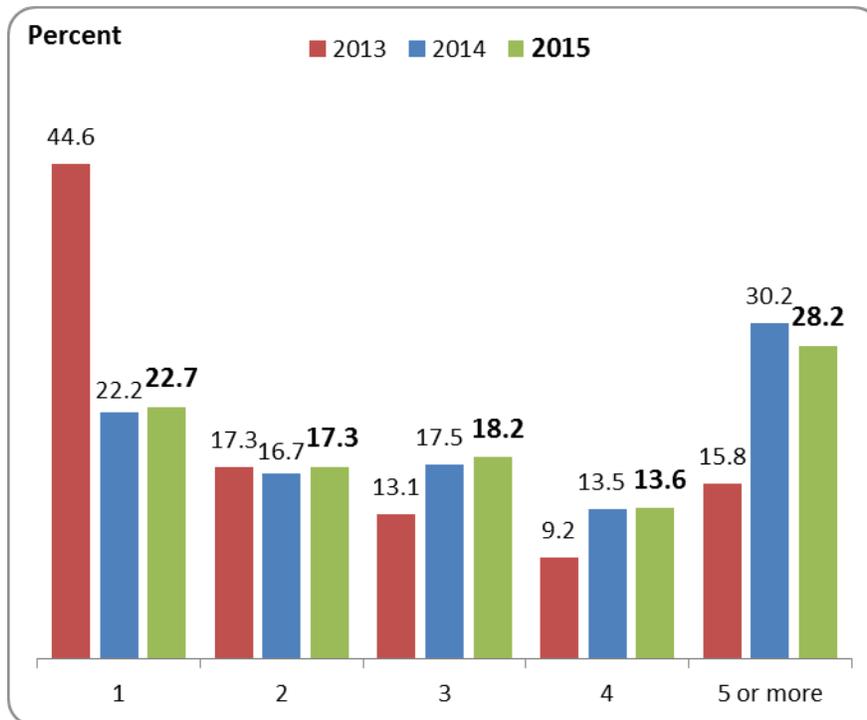
Top Two Factors Making It Difficult to Obtain Jobs or Change Jobs, by Labor Force Status

The findings on difficulties in obtaining or changing jobs varied by labor force status. The two most common factors for full-time employed alumni in 2015 were the same in 2014 and 2013. The factor “difficult for me to be around others” emerged as one of the two top factors for the remaining three groups:

- Employed full time: “not enough pay” (20.5%) and “not qualified-lack education” (18.6%)
- Employed part time: “pursuing an education” (34.9%) and “difficult for me to be around others” (30.6%; new top reason for this group in 2015)
- Unemployed: “difficult for me to be around others” (33.7%) and “mental health issues” (32.7%; new top reason in 2015)
- Not in the labor force: “mental health issues” (60.9%) and “difficult for me to be around others” (55.9%; new top reason in 2015)

Among all alumni who reported factors, the mean number of factors causing difficulty for alumni was 3.6 (Figure 57). More than 4 in 10 alumni (41.8%) checked four or more factors that make it difficult to obtain employment or change jobs.

Figure 57. Percentage of Alumni by Number of Factors Selected



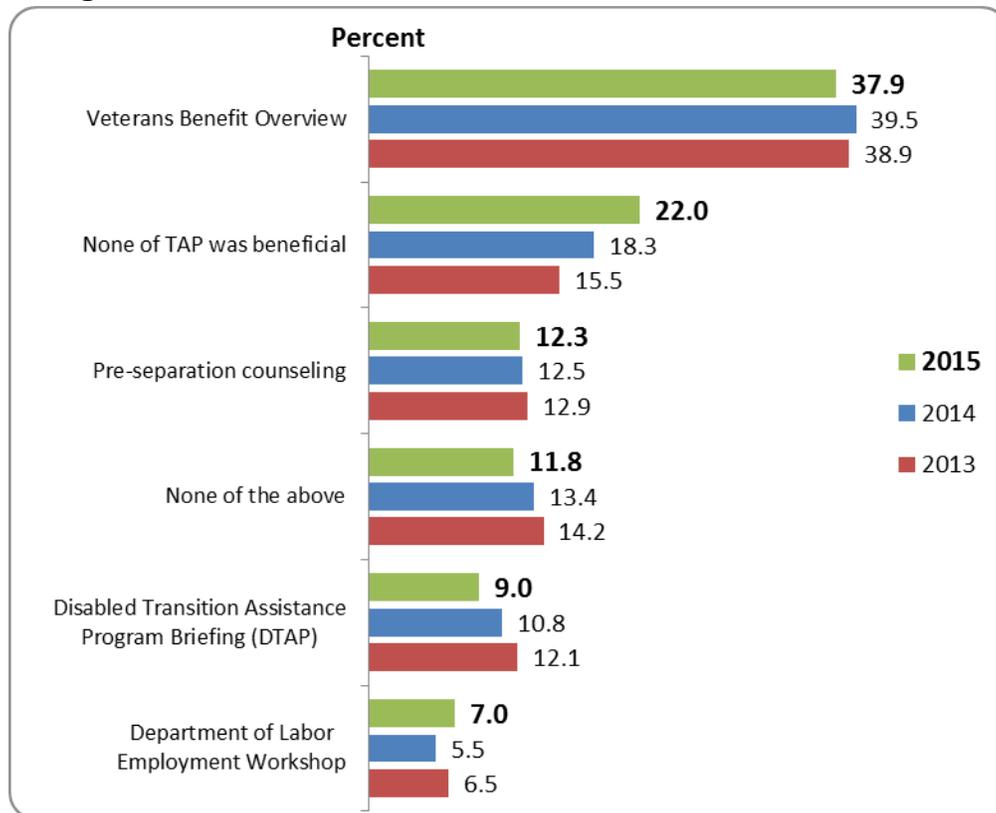
PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP)

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 an interagency partnership between the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Labor (DOL), and the Small Business Administration (SBA) in conjunction with the Office of Personnel Management (OPM), and the Department of Education (ED).

The survey asks if alumni used TAP and, if so, what part of the TAP was most beneficial to them. Starting with the 2014 survey, all current active duty alumni and all members of the National Guard and Reserve have been skipped out of the TAP questions. Among remaining alumni, 45.8 percent participated in TAP.

For 37.9 percent of TAP participants, the Veterans Benefit Overview was the most beneficial part of the TAP (Figure 58). For 9.0 percent, the Disabled Transition Assistance Program Briefing (DTAP) was most beneficial. Only 7.0 percent considered the Department of Labor Employment Workshop most beneficial, and 22.0 percent did not find any part of TAP beneficial.

Figure 58. Parts of TAP That Were Most Beneficial to Alumni



INCOME

As in the earlier WWP annual alumni surveys, alumni were asked to report two types of income received in the past 12 months: (1) 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. Figure A in Appendix B provides more income response categories.

INCOME FROM WORK. Alumni reported the following amounts of earned income from work in the past 12 months:

- Less than \$10,000 – 35.7% (34.0% in 2014)
- \$10,000 to \$24,999 – 12.1%
- \$25,000 to \$39,999 – 15.5%
- \$40,000 to \$59,999 – 16.3%
- \$60,000 or higher – 14.9%
- Don't know – 5.5%

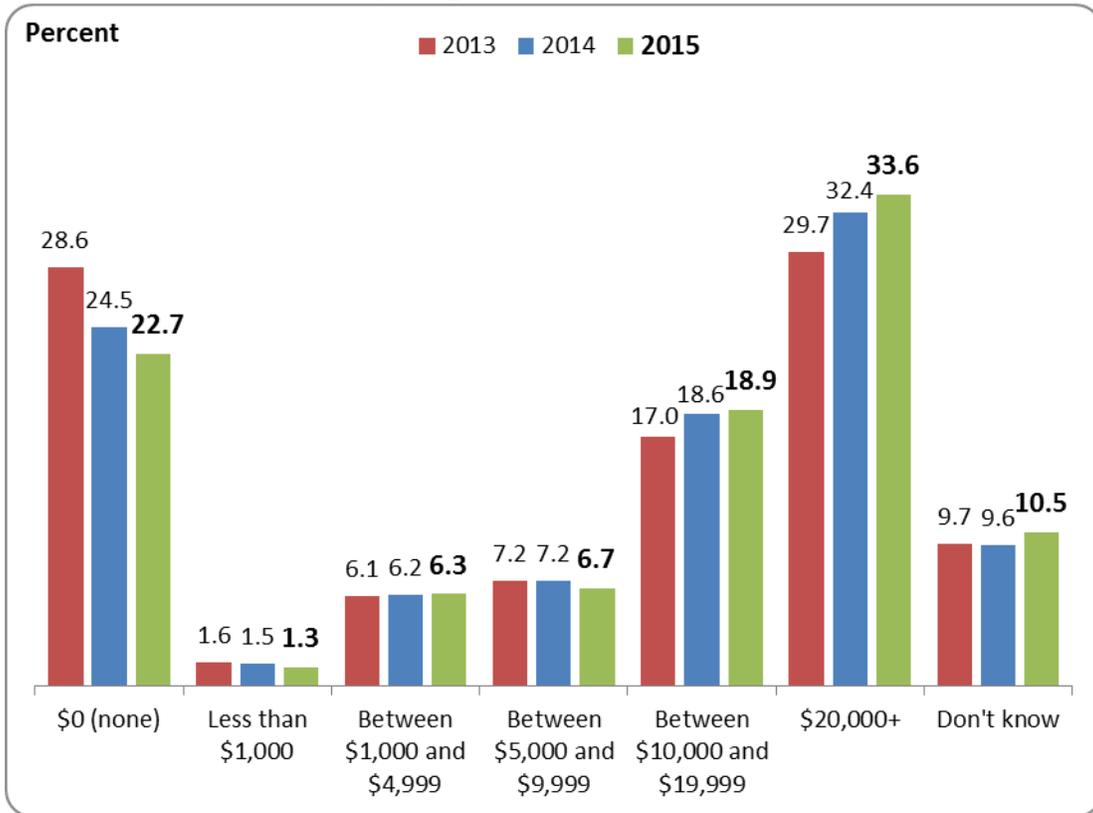
Income data were analyzed separately for full-time employees and part-time employees. Among alumni employed full time who reported their income for the past 12 months, just under half (48.8%) earned less than \$45,000. Among alumni employed part-time, more than half earned less than \$15,000 (56.2%).

OTHER INCOME. WWP alumni were asked to report on money received in the past 12 months from various military and VA benefit, cash assistance, and disability programs. One-third of alumni (33.6%) received \$20,000 or more in income from those sources (Figure 59) in 2015:

- \$20,000 to \$39,999 – 20.9%
- \$40,000 to \$59,999 – 8.7%
- \$60,000 or more – 4.0%

Figure B in Appendix B shows more categories of income and associated percentages.

Figure 59. Money Received in Past 12 Months from Various Benefit, Cash Assistance, and Disability Programs



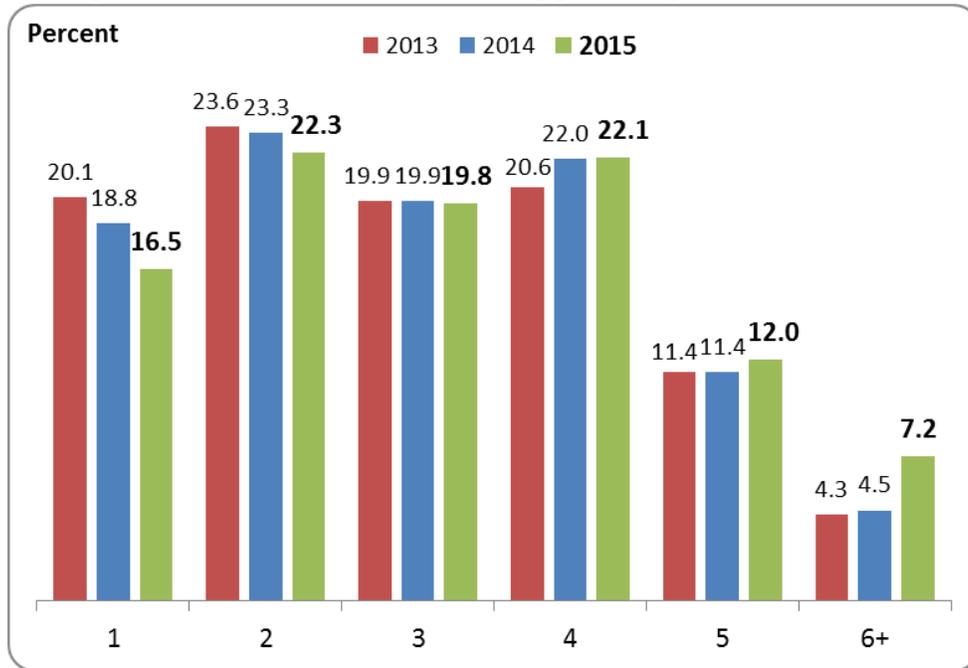
About 59 percent of WWP alumni (59.3%) are currently sharing household expenses with a spouse or partner. They reported the following amounts of spouse/partner income:

- \$0 – 14.3%
- \$1 to less than \$5,000 – 5.3%
- \$5,000 to less than \$25,000 – 28.7%
- \$25,000 to less than \$50,000 – 26.2%
- \$50,000 or more – 13.7%

These amounts are similar to those reported in 2014. Figure C in Appendix B shows more categories of income and associated percentages. About 12 percent did not know their spouse/partner's income.

HOUSEHOLD SIZE. The number of people in the warrior’s household supported by household income is usually four or fewer (Figure 60). The percentage of such households with six or more persons is 7.2 percent.

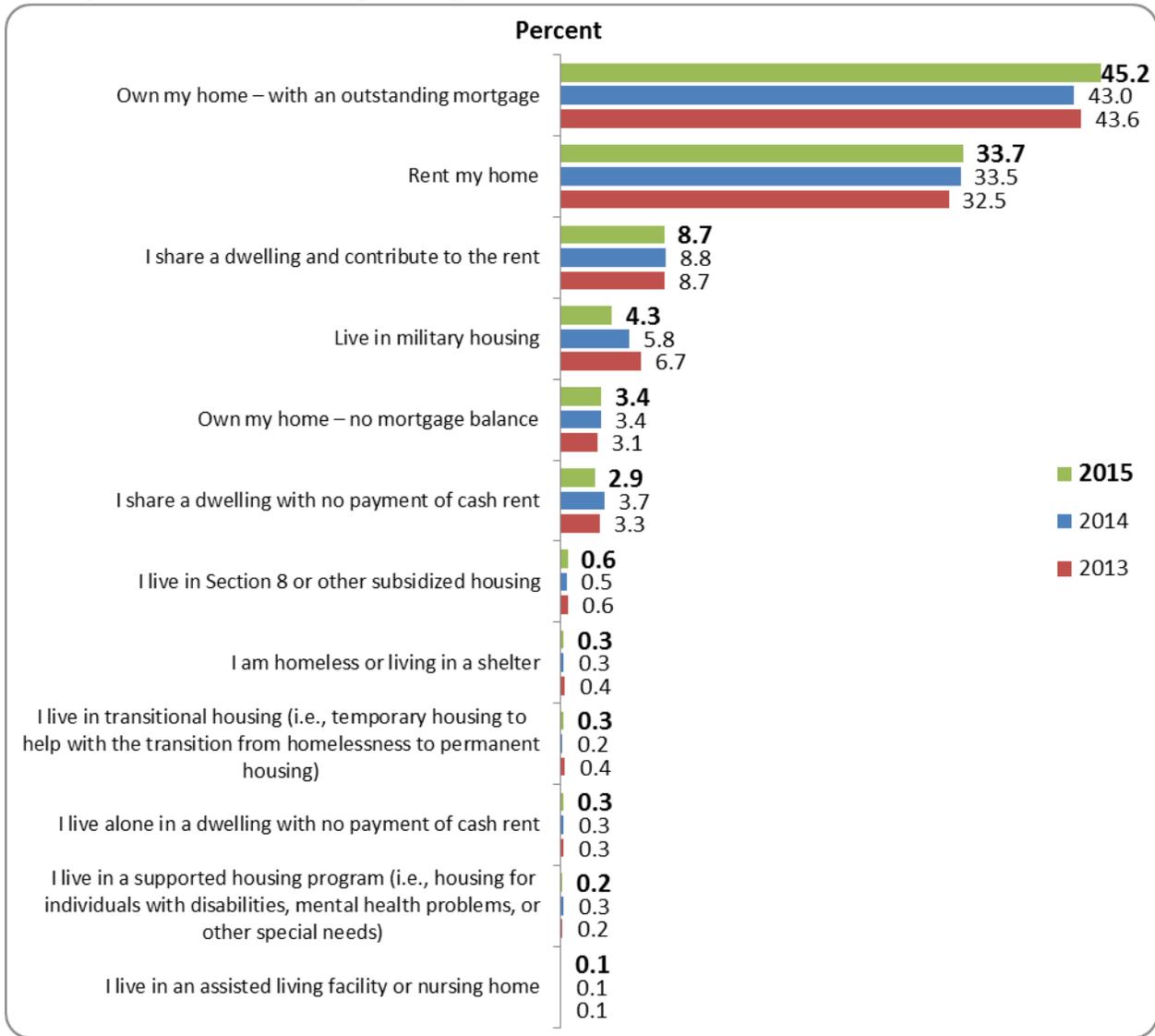
Figure 60. Number in Household Supported by Household Income



CURRENT LIVING ARRANGEMENT

Most alumni continue to own their own homes or rent their homes (Figure 61). The homeownership rate among alumni is 48.6 percent: 45.2 percent currently own their own homes with an outstanding mortgage, and 3.4 percent own their homes with no mortgage balance. Alumni home ownership with a mortgage varies by age group: 35 years and older—57.6 percent; less than 35 years old—34.0 percent. As of the first quarter of 2015, the homeownership rate among U.S. adults under 35 years old was 34.6 percent (Callis & Kreslin, 2015). One-third of alumni (33.7%) rent their homes.

Figure 61. Current Living Arrangement

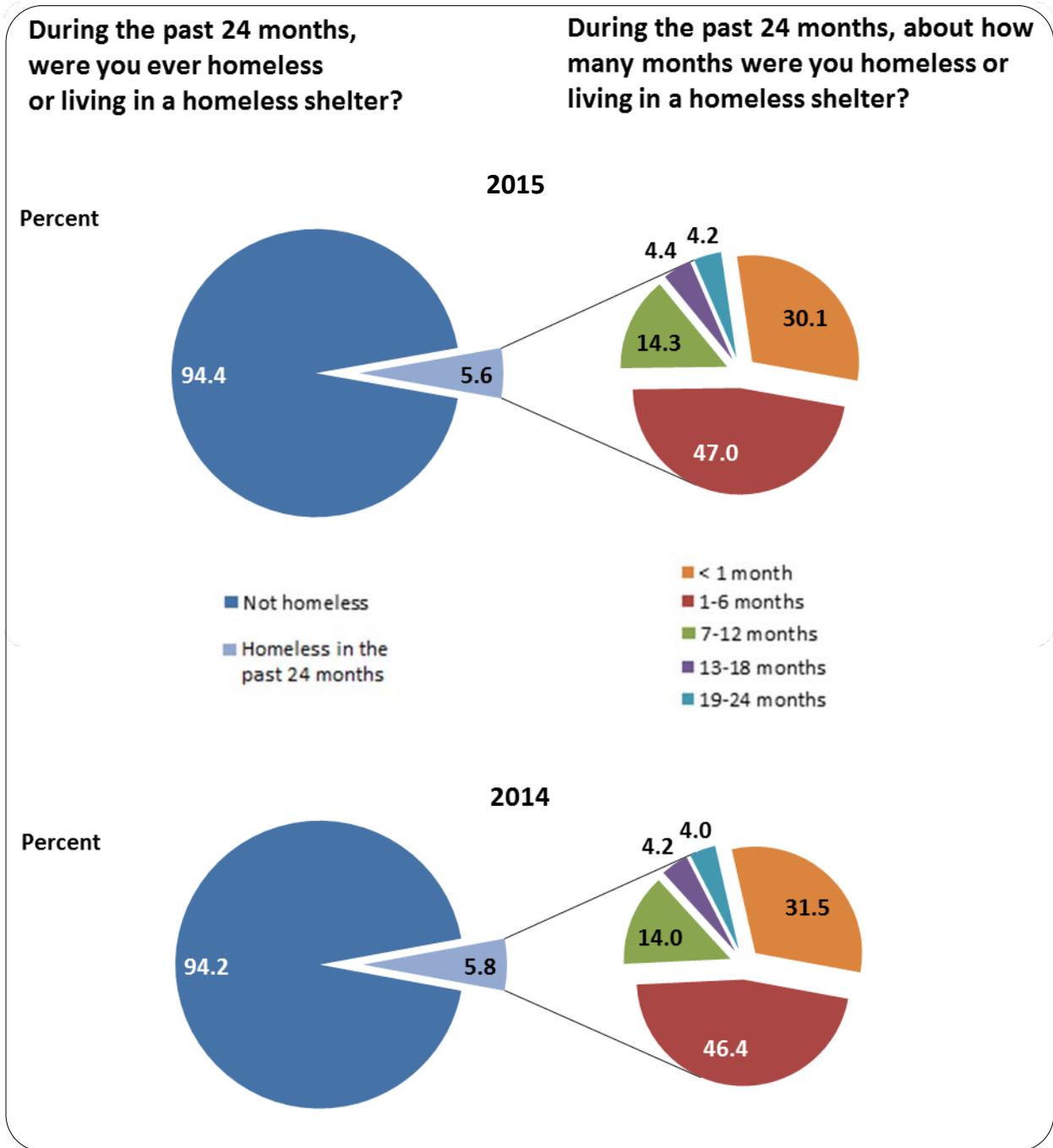


HOMELESSNESS

Homelessness among OIF/OEF veterans continues to be a concern. Several questions were added to the 2014 survey about alumni experiences with being homeless during the past 24 months. Nearly 6 percent of alumni (5.6%, similar to 5.8% in 2014) were homeless or living in a homeless shelter during the past 24 months (Figure 62). Among them, about 30 percent were homeless for less than 30 days, and about 70 percent were homeless for 1 to 24 months.

The mean number of days among all alumni who were homeless was 146, or just under 5 months (up from 139 days in 2014). For those homeless for less than 30 days, the mean number of homeless days was 15; for those homeless for 1 to 24 months, the mean number of homeless days was 202, or between 6 and 7 months.

Figure 62. Alumni Experience With Homelessness During the Past 24 Months



Homeless alumni during the past 24 months:

- Are younger than 35 years old – 62.2% (compared with 52.9% of all alumni)
- Are male – 83.4% (compared with 85.4% of all alumni).
- Have a positive score on the Primary Care PTSD scale in the survey – 88.7% (compared with 71.9% of all alumni).
- Experienced TBI during their military service since September 11, 2001 (self-reported in the survey) – 48.0% (compared with 42.5% of all alumni).
- Have a positive score on the PDHA/PDHRA alcohol screen in the survey – 17.7% (compared with 13.9% of all alumni).
- Visited a professional, such as a doctor, a psychologist, or counselor in the last 3 months to get help with issues such as stress, emotional, alcohol, drug or family problems – 69.5% (compared with 53.6% of all alumni)

Also, among alumni who were homeless during the past 24 months, 17.9 percent received government housing assistance, such as rental assistance vouchers, transitional housing, supportive housing, or participation in a Housing First program.

In 2010, a federal strategic plan was implemented to prevent and end homelessness by 2015. In June 2015, the goal was amended to prevent and end homelessness among veterans in 2015 and finish ending chronic homelessness in 2017 (United States Interagency Council on Homelessness, 2015). The amendment also included the following information, showing that the characteristics of alumni experiencing homelessness are similar to homeless veterans as a whole:

- About 9 percent of homeless veterans are female.
- About half of homeless veterans have mental illnesses; 70 percent experience issues with substance abuse; more than half have other health problems.
- Veterans diagnosed with PTSD before separating from the military were 13 percent more likely to experience homelessness than other veterans.

The *Data Report from the National Survey of Homeless Veterans in 100,000 Homes Campaign Communities* (2011) indicates that age, military service, and substance abuse are strong predictors of homelessness. Veterans (of all ages) are overrepresented among the homeless populations in the communities included in the survey and have experienced longer durations of homelessness than nonveterans.

The report included comparison data between veterans who had served in Iraq and Afghanistan and other veterans. Among Iraq/Afghanistan veterans:

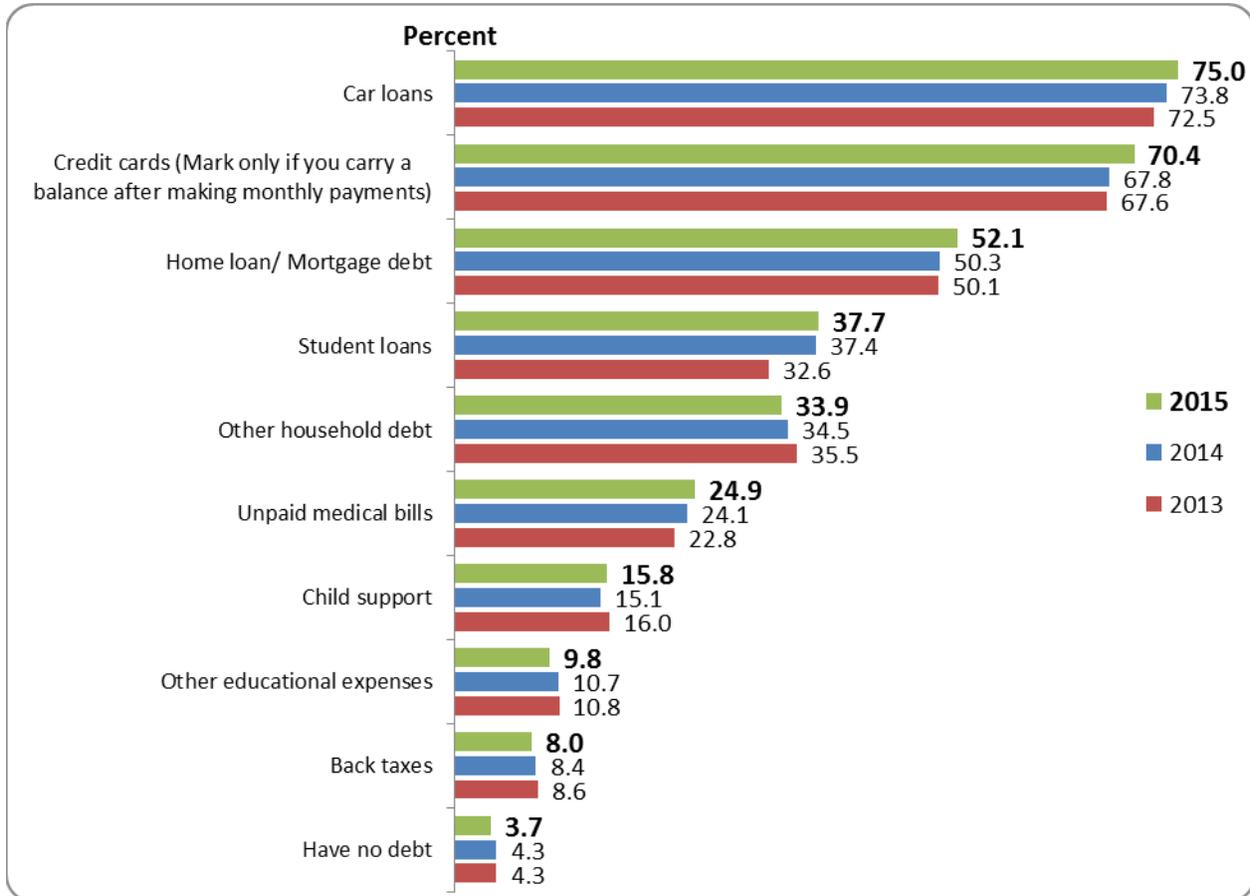
- Twenty-seven percent reported traumatic brain injury, compared with 19 percent of other veterans.
- Forty-six percent reported some form of mental health treatment, compared with 41 percent of other veterans.

DEBT

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

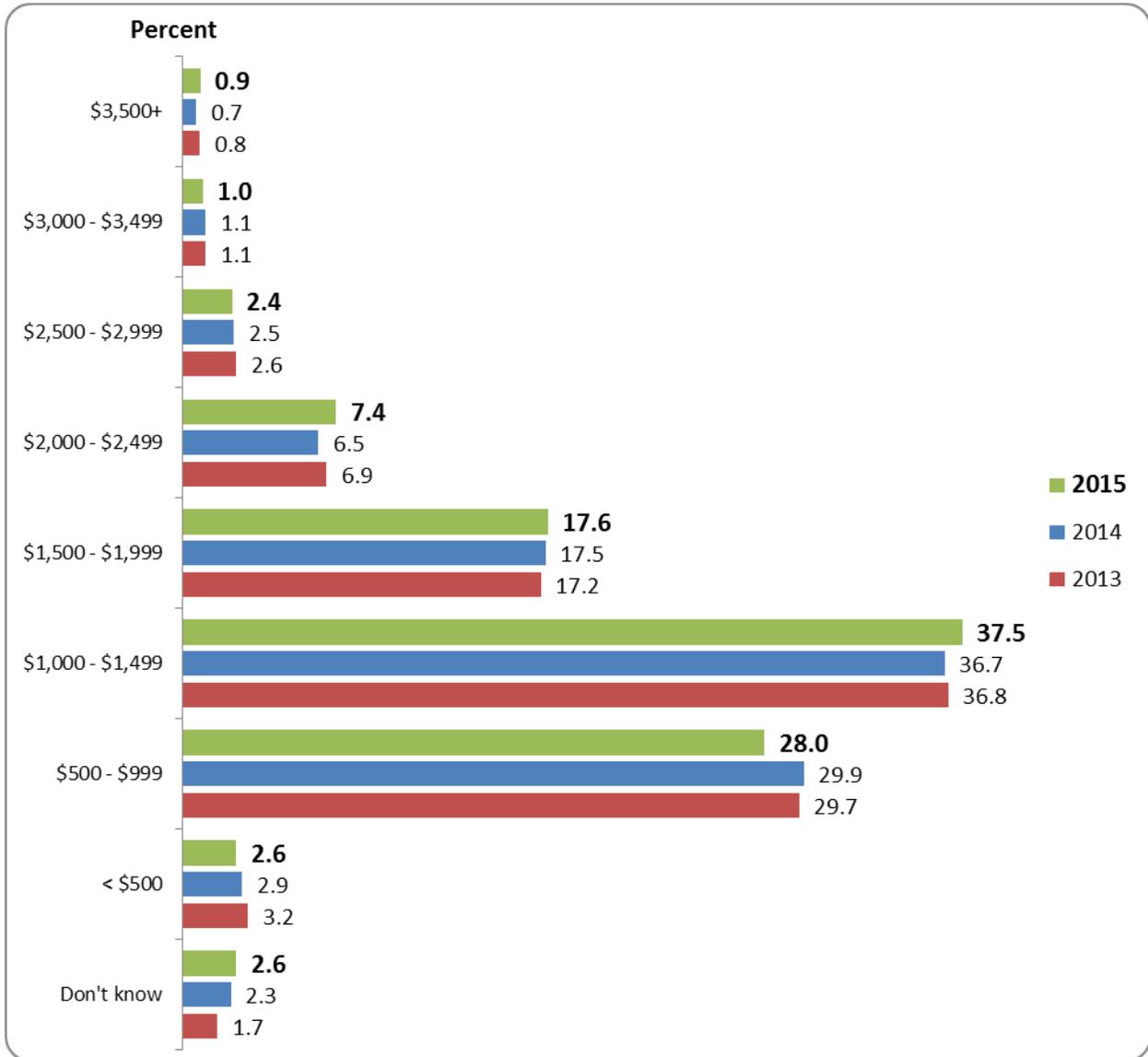
FORMS OF DEBT. As in 2014, car loans and credit card debt are the most common forms of debt in alumni households, followed by home loans/mortgage debt, student loan debt, and other household debt (Figure 63). A small percentage of alumni said they had no debt (3.7%).

Figure 63. Current Forms of Debt



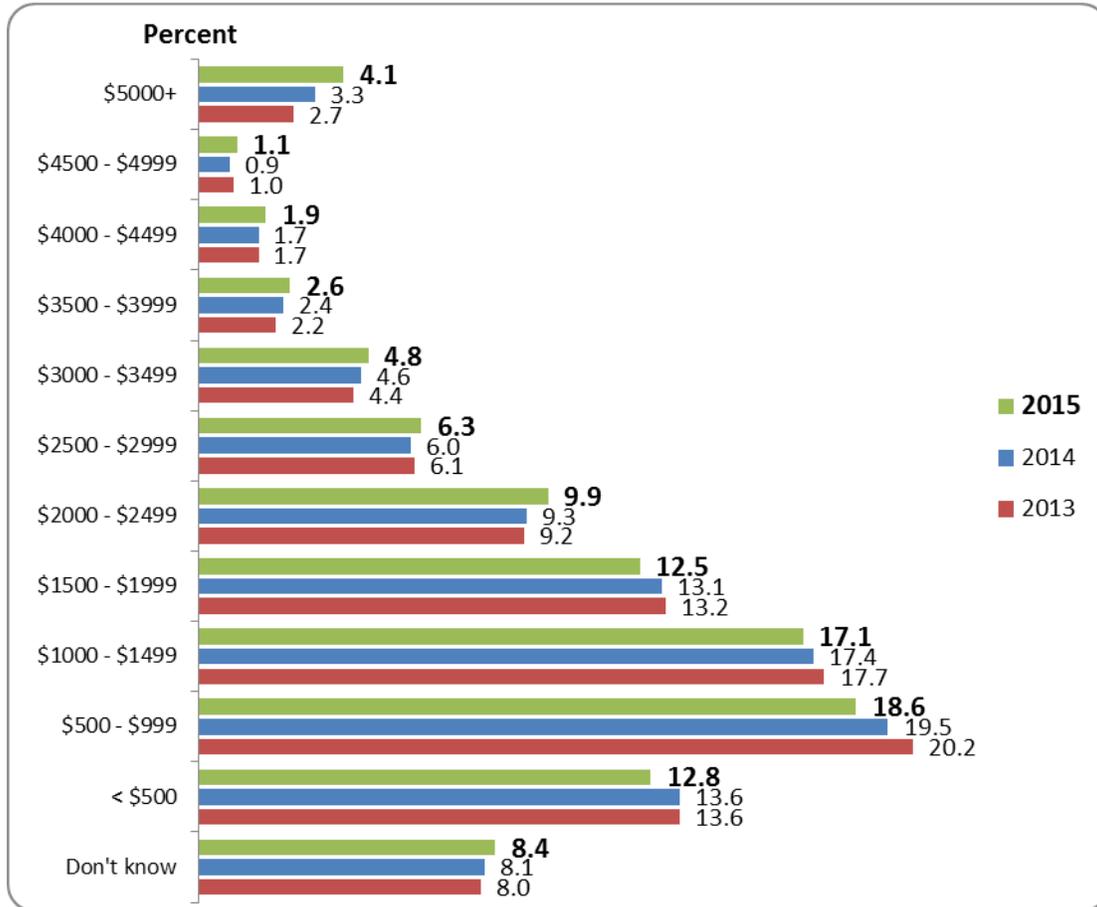
TOTAL DEBT. Figure 64 shows the monthly mortgage payments paid by alumni with that form of debt. Just under 70 percent (68.1%) pay less than \$1,500 a month.

Figure 64. Monthly Home Mortgage Payments



Among alumni with debt, excluding mortgages on primary residences, just under a third (31.5%) pay less than \$1,000 per month on total household debt they owe, and another 39.5 percent make monthly payments ranging from \$1,000 to less than \$2,500 (Figure 65).

Figure 65. Monthly Payments on Total Debt Owed, Excluding Mortgage Debt on Primary Residence



RATIO OF MONTHLY HOUSEHOLD DEBT PAYMENTS TO MONTHLY HOUSEHOLD INCOME. A WWP indicator related to alumni economic empowerment focuses on the ratio of total monthly household debt payments to total monthly household income. We calculated debt-to-income ratios for two main groups of alumni.

Group 1: Alumni who currently own their own homes with an outstanding mortgage

We used the following formula to calculate the debt-to-income ratio for this group:

$$\{[(\text{Monthly home mortgage payment on primary residence} + \text{total monthly payments on other household debt owed}) / ((\text{Total income from work in the past 12 months} + \text{Total income from military and Veterans compensation and other cash assistance or disability programs in the last 12 months} + \text{Spouse or partner income in the past 12 months}) / 12] \times 100\}^*$$

*For income values, we used the midpoint of gross income ranges as collected in the survey.

As indicated in the formula, this ratio was estimated only for alumni who own their homes with an outstanding mortgage who also provided responses about their income, or lack of income, from the sources specified in the formula (36.8% of all alumni). The results are quite similar to those in 2014.

We then estimated the percentage of alumni within this group whose debt-to-income ratio exceeds the general VA mortgage qualification ratio of 41 percent or less:

- Among all alumni with an outstanding mortgage who also provided responses about their household income, **63.0** percent (63.8% in 2014) have a debt-to-income ratio > 41 percent.
 - Among the subgroup of alumni with an outstanding mortgage who answered yes to the question about spouse/partner income, **57.4** percent (56.9% in 2014) have a debt-to-income ratio > 41 percent.
 - Among the subgroup of alumni with an outstanding mortgage with no spouse/partner (or did not answer the question about spouse/partner income), **74.8** percent (74.6% in 2014) have a debt-to-income ratio > 41 percent.

The monthly debt payments for these alumni homeowners are likely burdensome for many of them. For those considering whether to sell their homes, it may be difficult for them to qualify for a new VA loan unless their new mortgage payments are significantly lower than what they are paying now.

Group 2 – Alumni who currently do not own their own homes

Many non-VA mortgage financing organizations separate the debt-to-income ratio into two parts—the front-end ratio and the back-end ratio, such as 28/36 or 33/45. The 28 represents the percentage of income that goes toward housing costs, and the 36 represents the percentage of income that goes toward paying all recurring debt payments, including front-end housing payments. The difference between the two ratios represents “non-housing-related” household debt payments, or other monthly household debt payments. Thus, for the first example, other monthly household debt payments should not exceed approximately 8 percent of monthly income if their front-end housing costs are 28 percent of income, and for the second example, other debt payments should not exceed approximately 12 percent of income if housing costs are about 33 percent. We used these two benchmarks of 8 percent and 12 percent to assess the debt-to-income ratio for alumni who do not currently own their home (with or without a mortgage) and who answered the income questions (38.8% of all alumni). The results for these ratios are similar also to the 2014 results:

- 90.5 percent of this group of alumni have a “nonhousing” debt-to-income ratio > 8 percent.
- 83.0 percent of this group have a “nonhousing” debt-to-income ratio > 12 percent.

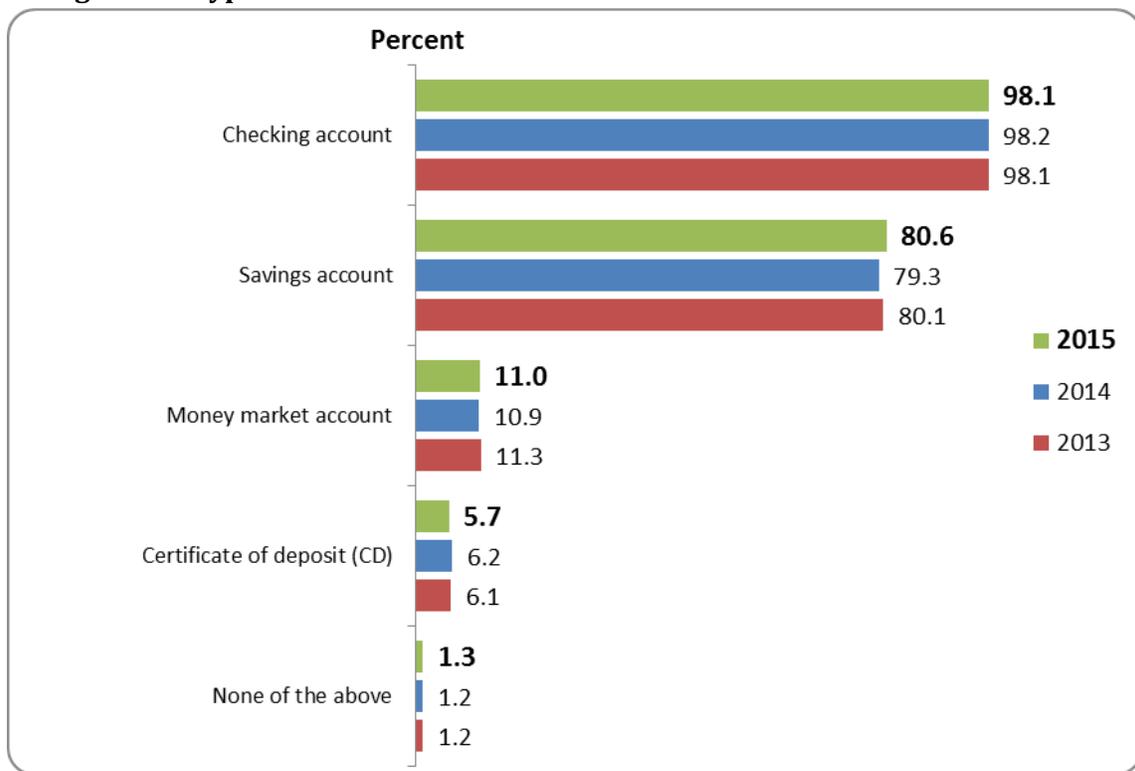
Alumni who would like to buy a home may find it difficult to qualify for a mortgage if their nonhousing debt-to-income ratios exceed 8 percent, especially if they have limited savings.

FINANCIAL ACCOUNTS

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

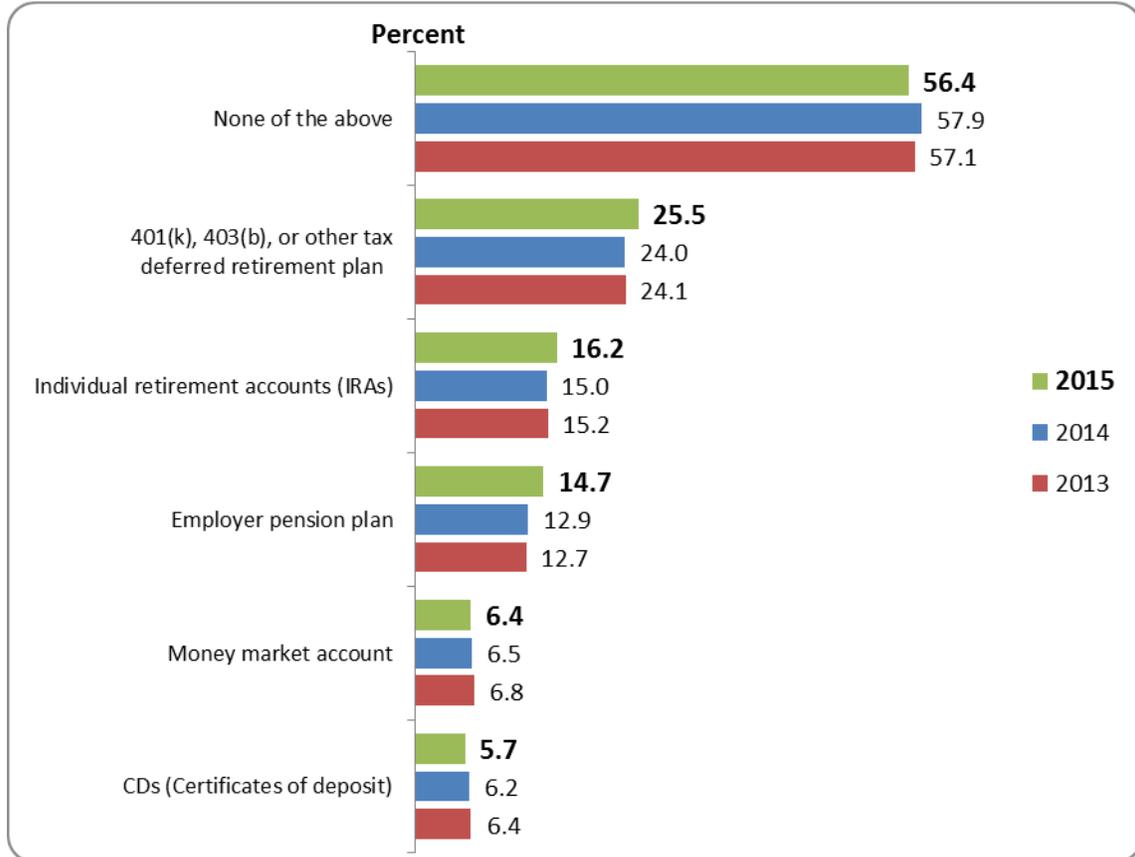
ACCOUNTS WITH BANKS OR OTHER FINANCIAL INSTITUTIONS. Nearly all alumni (98.1%) currently have checking accounts, and more than three-fourths have saving accounts (80.6%; Figure 66). Among those with accounts, two-thirds (66.8%) have two accounts and 11.9 percent have three accounts. Only 1.3 percent of alumni reported they have no current accounts with financial institutions.

Figure 66. Types of Accounts With Banks or Other Financial Institutions



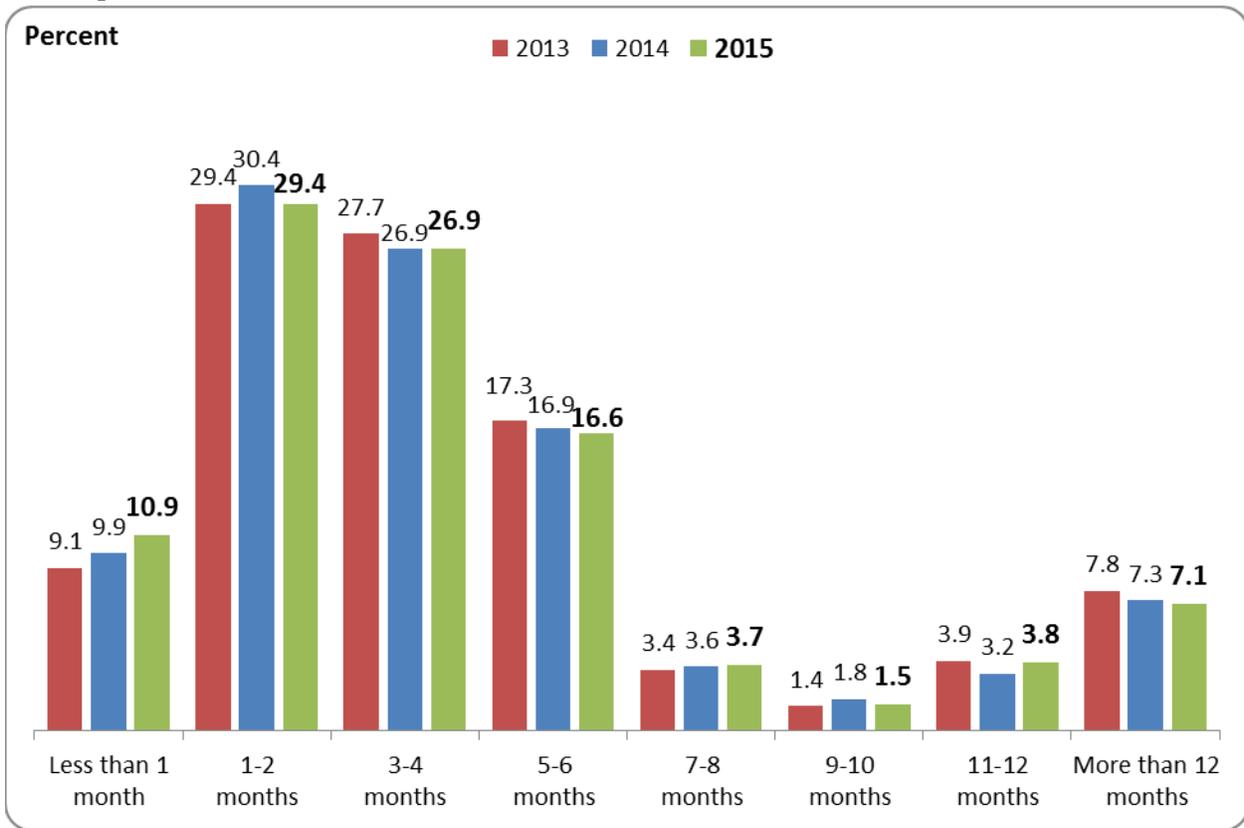
SAVINGS PLAN PARTICIPATION. More than half of alumni (56.4%) are not currently participating in any longer term savings plans (Figure 67). About one-fourth (25.5%) participate in some type of retirement plan, 16.2 percent have IRAs, and 14.7 percent participate in employer pension plans. Among savings plan participants, most have either one plan (59.6%) or two plans (27.6%).

Figure 67. Current Participation in Savings Plans



EMERGENCY FUND. About 30 percent of alumni (29.9%) have an emergency fund (separate from longer term savings and investments) that provides a safety net of income to pay for unplanned financial emergencies, such as major car or home repairs, replacing appliances that no longer work, or job losses. Within this group, 59.6 percent said their fund would cover 3 or more months of household expenses (Figure 68). This group with 3 or more months of “rainy day” savings makes up 17.7 percent of the total alumni survey population.

Figure 68. Number of Months That Emergency Fund Will Cover Household Expenses



Comparison information about the prevalence of emergency funds among American adults is available in a report by the FINRA Investor Education Foundation (2013). The report provides results from a followup 2012 national/state-by-state online survey that measured the financial capability of American adults. One question in the survey asked adults whether they have set aside 3 months' worth of emergency funds. The results follow:

- Forty percent have 3 months' worth of emergency funds.
 - Adults 55 years and older were more likely than younger adults to have such funds (53% versus 33%).
 - Also, those with incomes of \$75,000 or more (64%) were more likely than those with lower incomes to have such "rainy day" funds (e.g., 18% with incomes less than \$25,000 and 37% with incomes of \$25,000 up to \$75,000).

The FINRA Investor Education Foundation survey on financial capability was also administered to military service members (both active duty and Reserve component; 2013). Findings for rainy day funds indicate that more than half are maintaining an emergency fund:

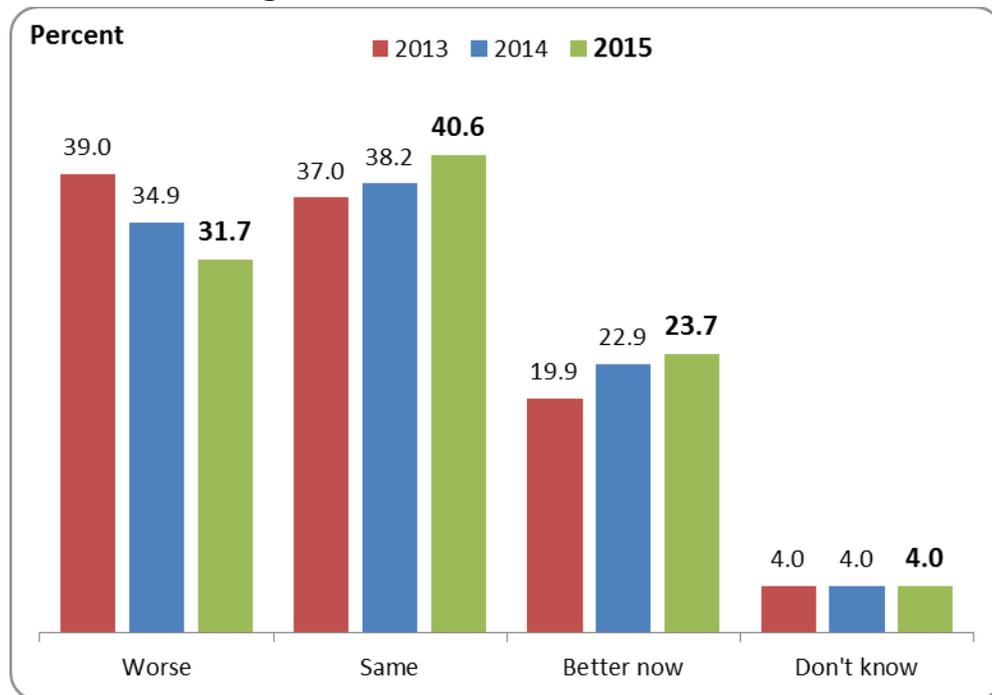
- Military service members with a rainy day fund to cover expenses for 3 months – 54%
- Highest paygrade groups were more likely to have rainy day funds (across all service branches):
 - W1-O10 – 69%
 - E7-E9 – 56%
 - E5-E6 – 51%
 - E1-E4 – 49%

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 (Figure 69):

- Financial status is better now – 23.7%
- Financial status is worse – 31.7% (compared with 39.0% in 2013)

Figure 69. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



Overall Assessment of Financial Status by Highest Degree of Educational Attainment

Figure 70 shows the results for current financial status relative to a year ago by highest degree or educational attainment. Major findings include the following:

- In all education categories, at least 20 percent of alumni said their financial status is better off than a year ago (ranges from 20.7% to 27.2%).
 - Those results reflect some improvement since 2013 for the group of alumni whose highest degree of educational attainment is a bachelor’s degree – 27.2 percent in 2015, compared with 23.8 percent in 2013.
 - Also, there is improvement for alumni with an associate degree – 24.0 percent, compared with 19.0 percent in 2013.
 - Percentages for alumni with professional or doctorate degrees continue to fluctuate greatly because of their small number in the survey population.
- Despite the noted improvements, percentages among the various education groups who reported they are now financially worse off than a year ago range from 29.7 percent to 33.5 percent.

Figure 70. Overall Assessment of Financial Status by Highest Degree/Level of Education

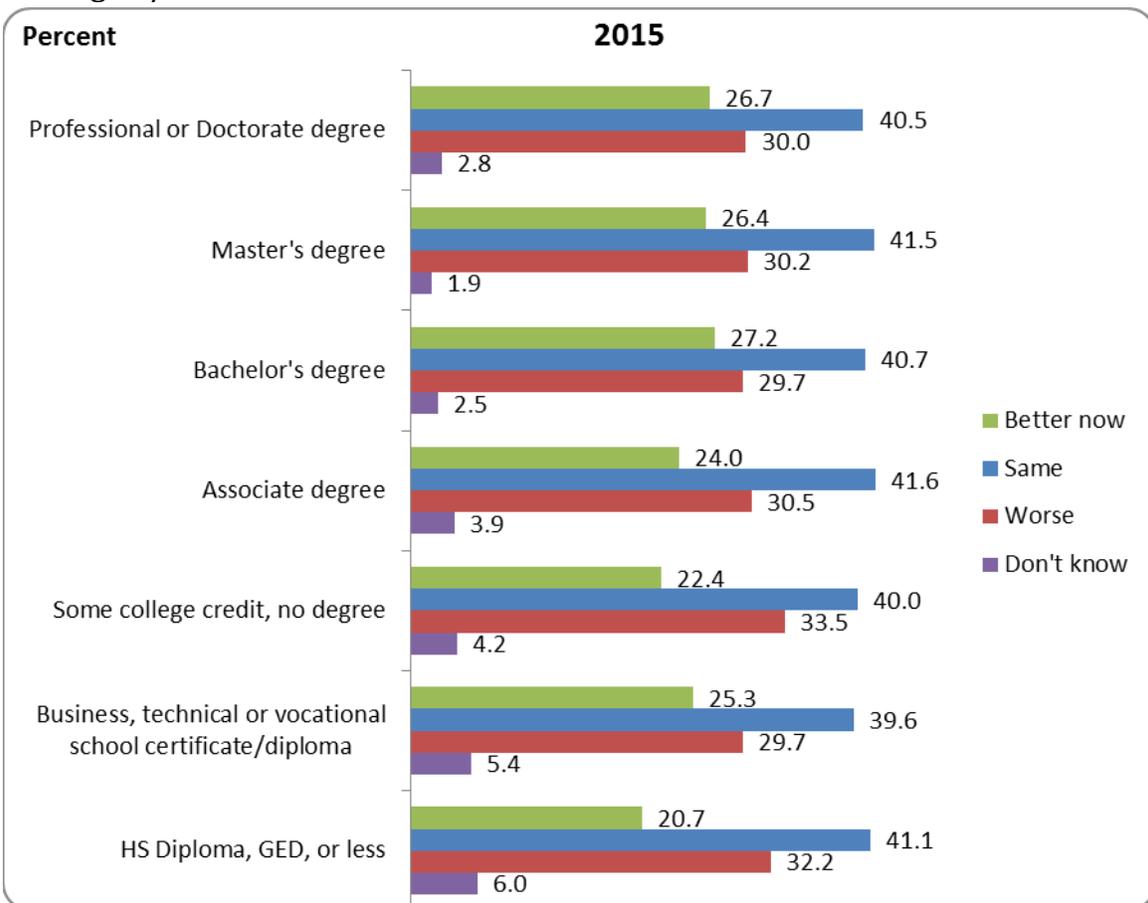


Figure 70. Overall Assessment of Financial Status by Highest Degree/Level of Education (Continued)

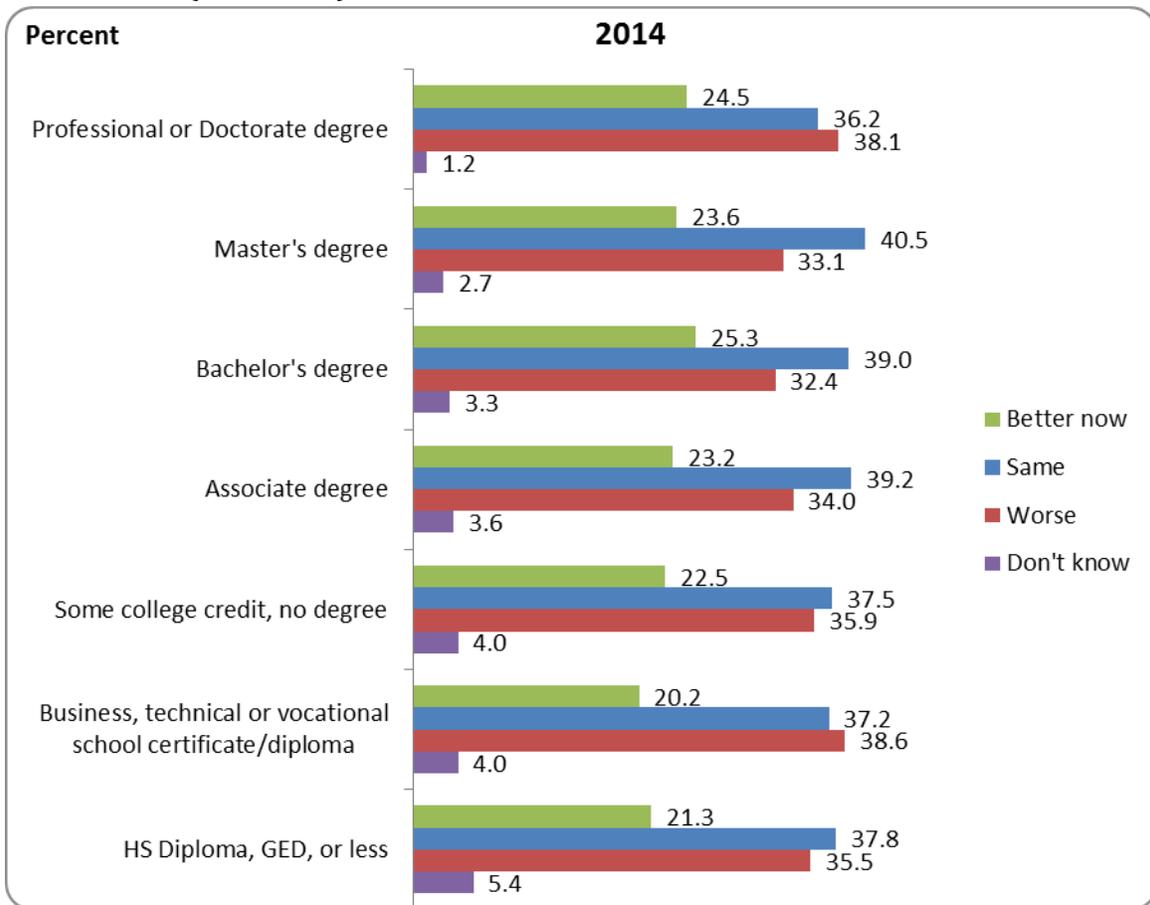
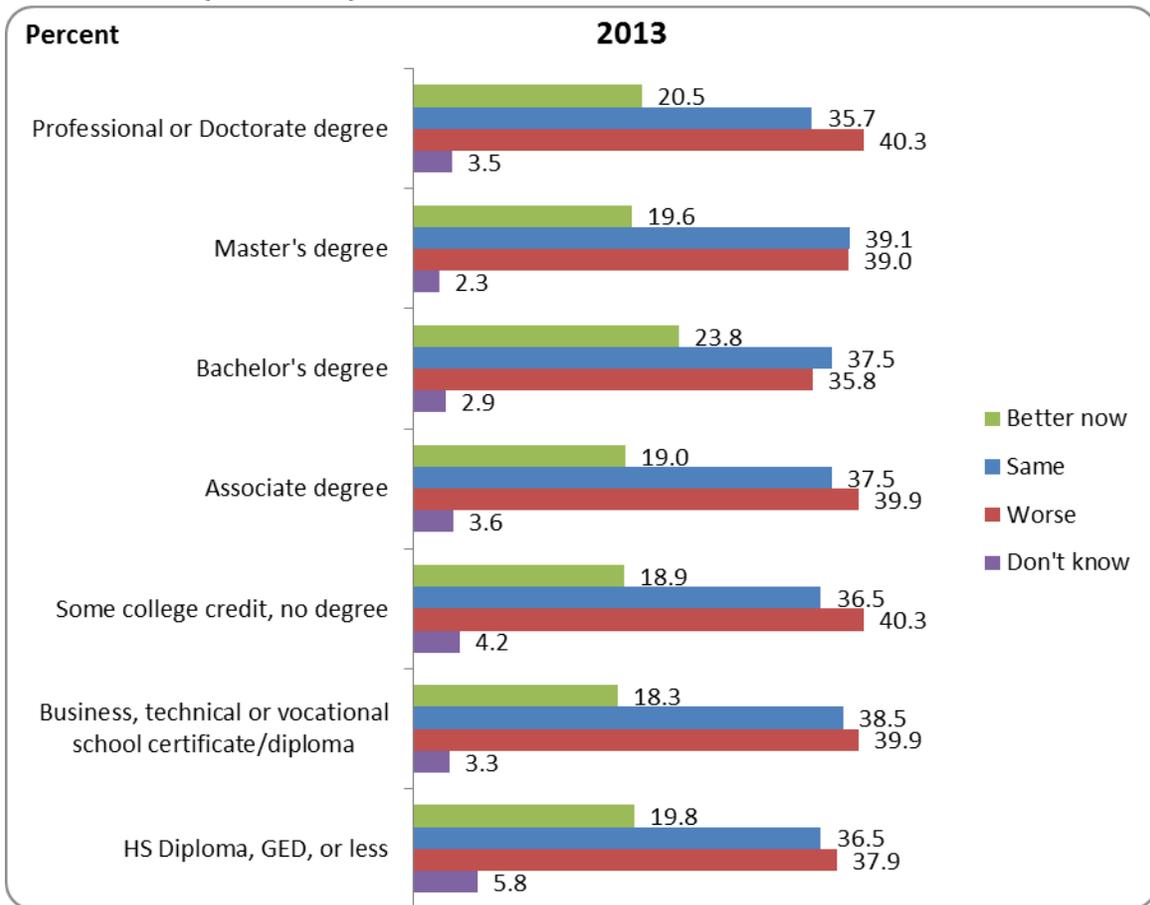


Figure 70. Overall Assessment of Financial Status by Highest Degree/Level of Education (Continued)



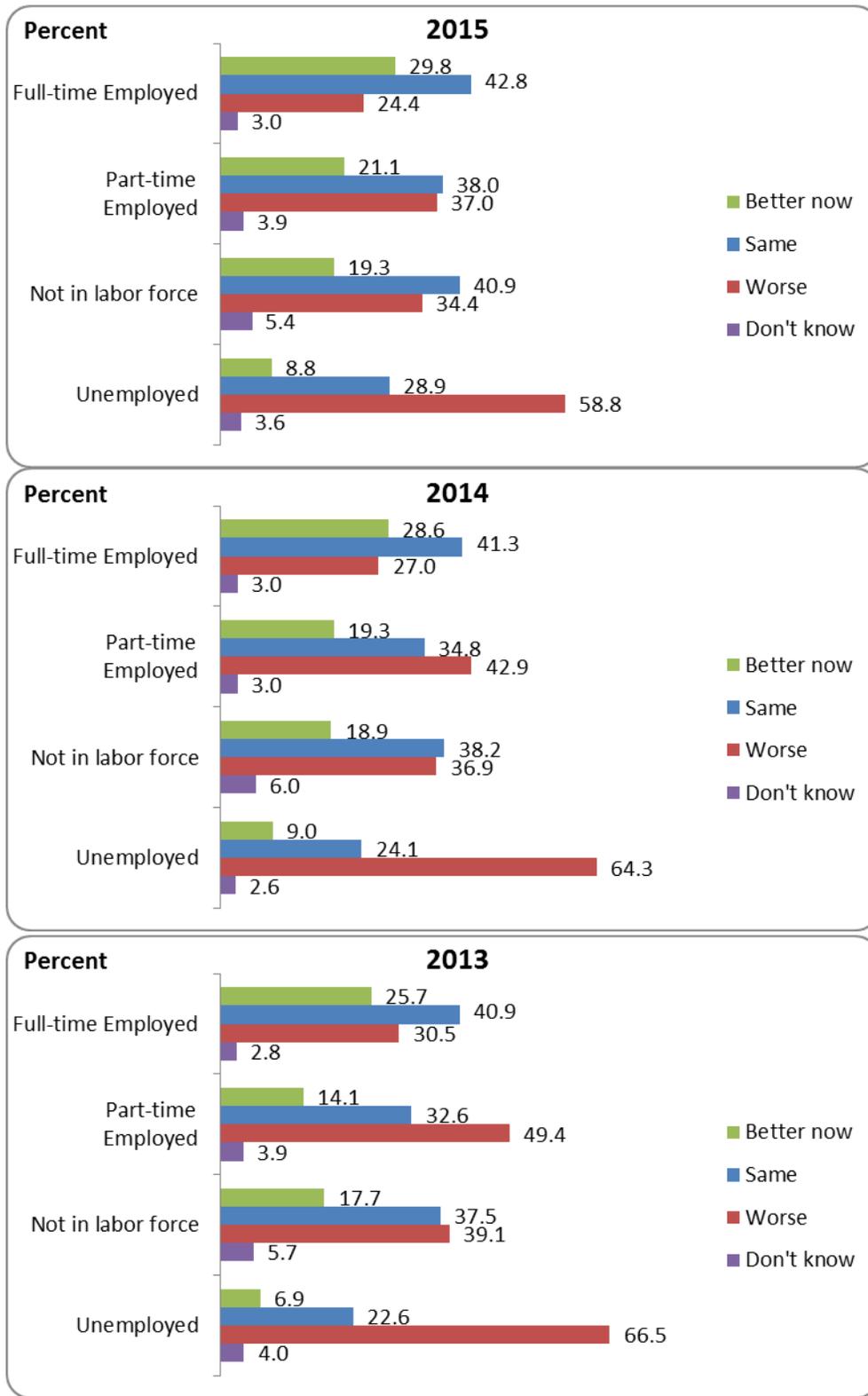
Overall Assessment of Financial Status by Labor Force Status

When the overall financial assessment data were crossed by labor force status, the main findings were changes for the part-time employed group (Figure 71). However, they represent a relatively small proportion of alumni (only 7.5% in 2015); thus, estimates over time are somewhat unstable:

- Among alumni employed part time, 21.1 percent feel they are faring better financially since a year ago, compared with 19.3 percent in 2014 and 14.1 percent in 2013.
- Also, the percentage of alumni employed part time who feel they are worse off financially than a year ago is 37.0 percent, down from 42.9 percent in 2014 and 49.4 percent in 2013.

More than half of alumni who are unemployed (58.8%) and about 34 percent of alumni who are not in the labor force (34.4%) continue to feel they are worse off financially than a year ago.

Figure 71. Overall Assessment of Financial Status by Labor Force Status



Overall Assessment of Financial Status by Type of Injury or Health Problem

The 2015 results for analyzing overall financial assessment data by type of injury or health problem are presented in Figure 72. Because alumni could check more than one type of injury or health problem, many alumni are represented in more than one injury type or health problem. Within all types of injuries/health problems, the percentage of alumni whose financial status is worse than a year ago decreased between 1 and 9 percentage points since 2014. The injuries/health problems with the largest decreases are:

- Blind or severe visual loss – 31.0 (39.8% in 2014)
- Hip injuries – 35.3 (41.2% in 2014)
- Hearing loss – 33.0 (37.1% in 2014)

The types of injuries/health problems with the highest percentages of alumni who are worse off financially (about 35% to 42%) include the following:

- Other severe mental injuries or health problems –41.9%
- Military sexual trauma – 39.7%
- Spinal cord injury – 37.8%
- Other physical injuries or health problems – 36.7%
- Head injuries other than TBI –36.1%
- Nerve injuries – 36.0%
- Depression – 35.4%
- Hip injuries – 35.3%

Figure 72. Overall Assessment of Financial Status by Type of Injury

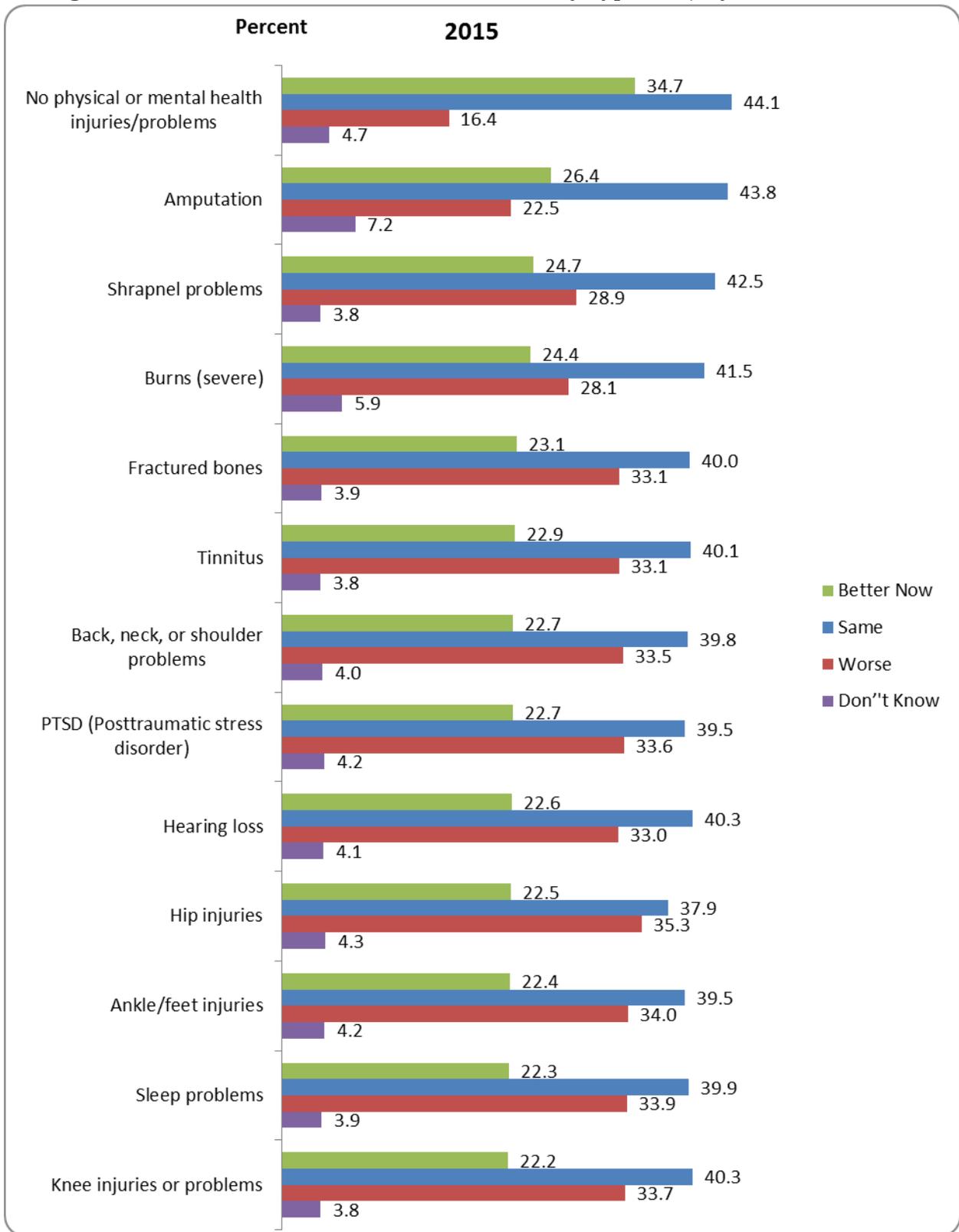


Figure 72. Overall Assessment of Financial Status by Type of Injury (Continued)

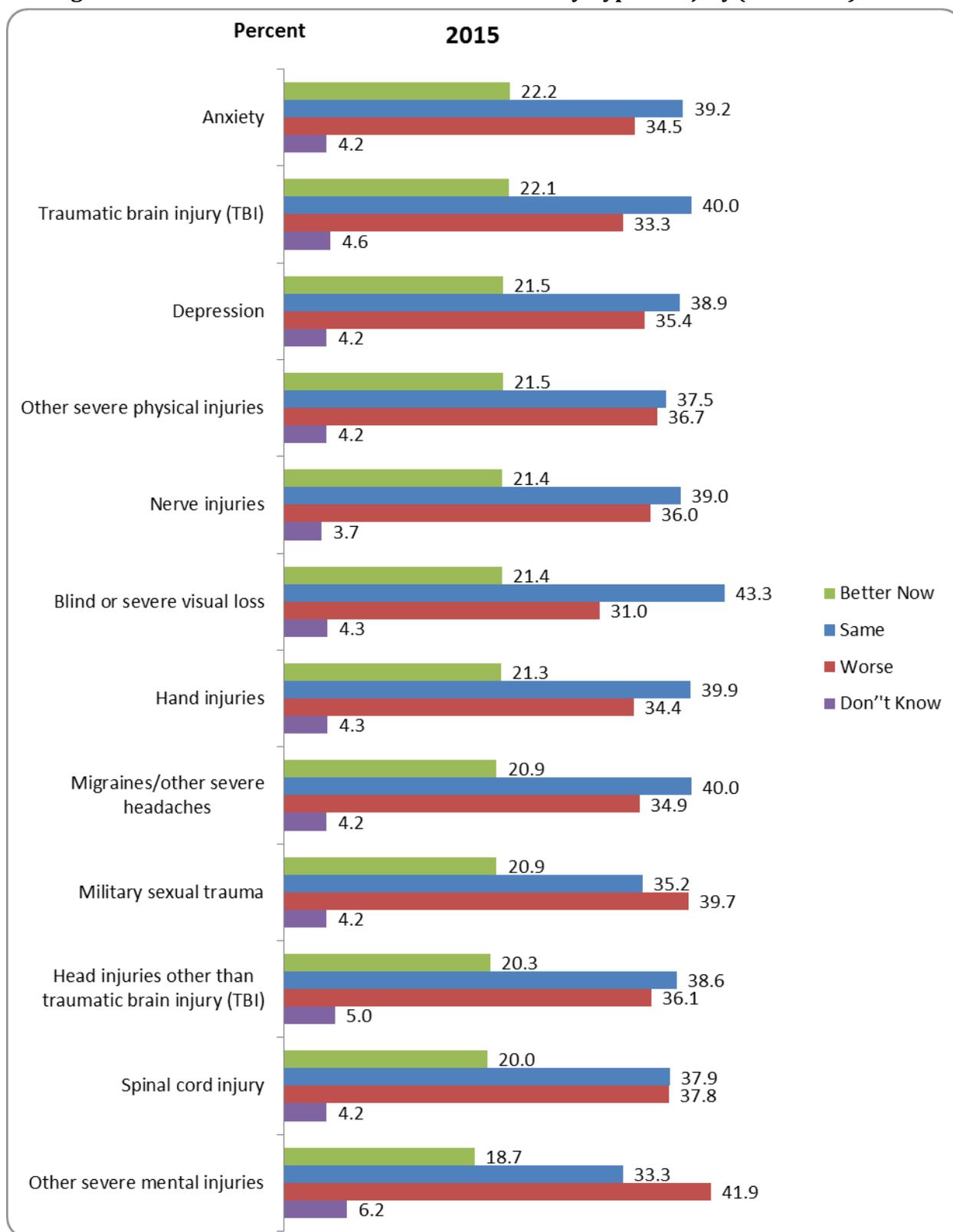


Figure 72. Overall Assessment of Financial Status by Type of Injury (Continued)

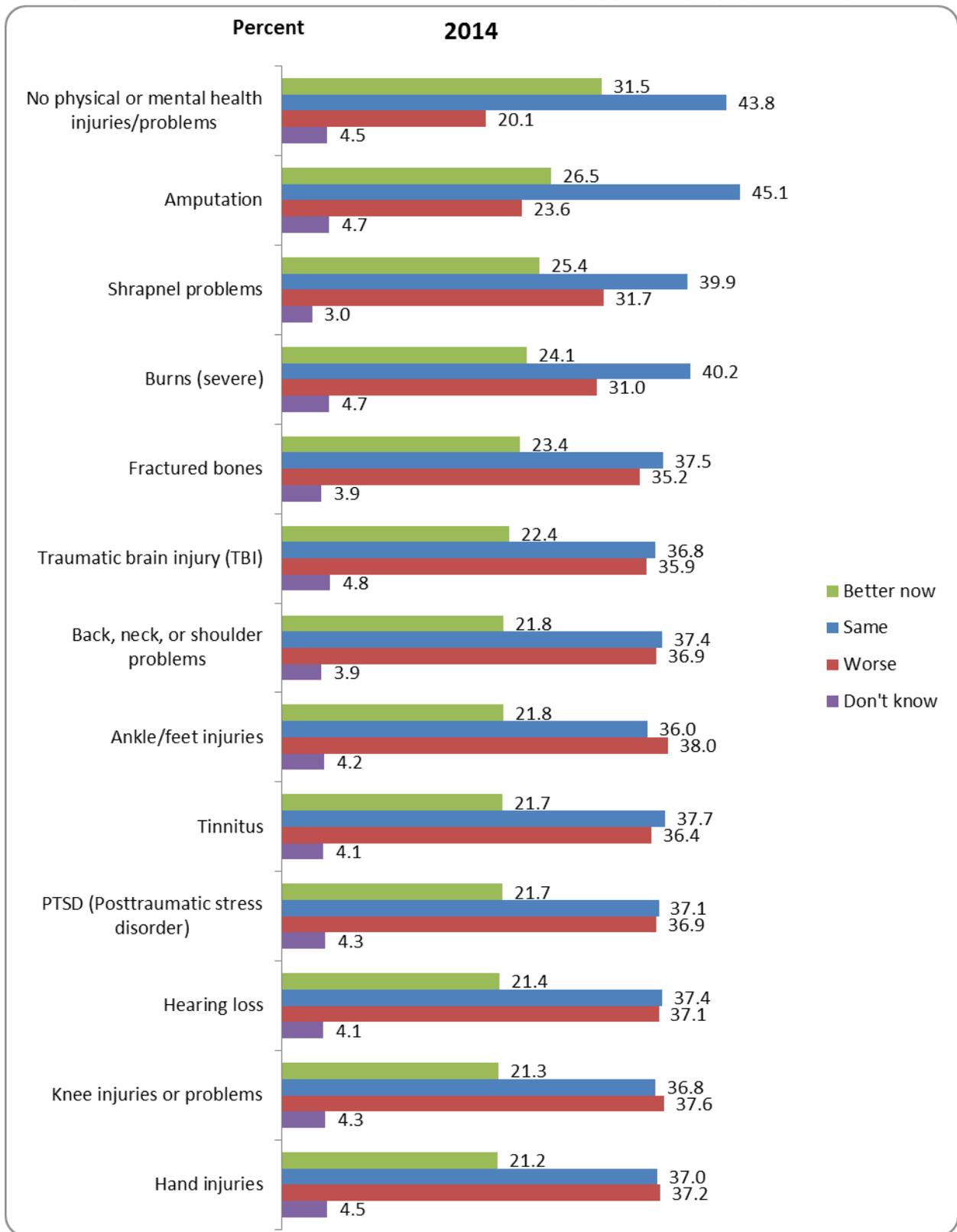


Figure 72. Overall Assessment of Financial Status by Type of Injury (Continued)

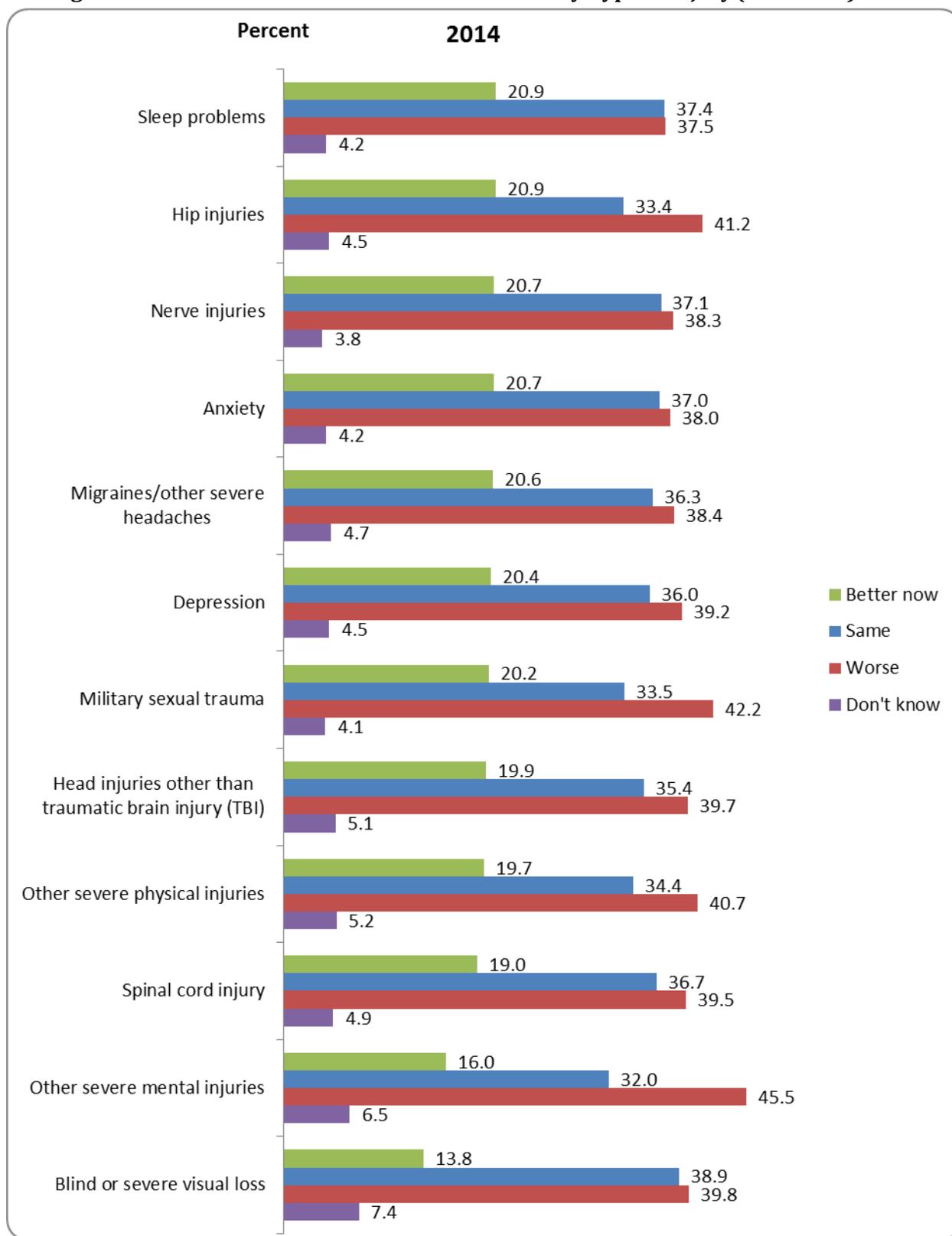
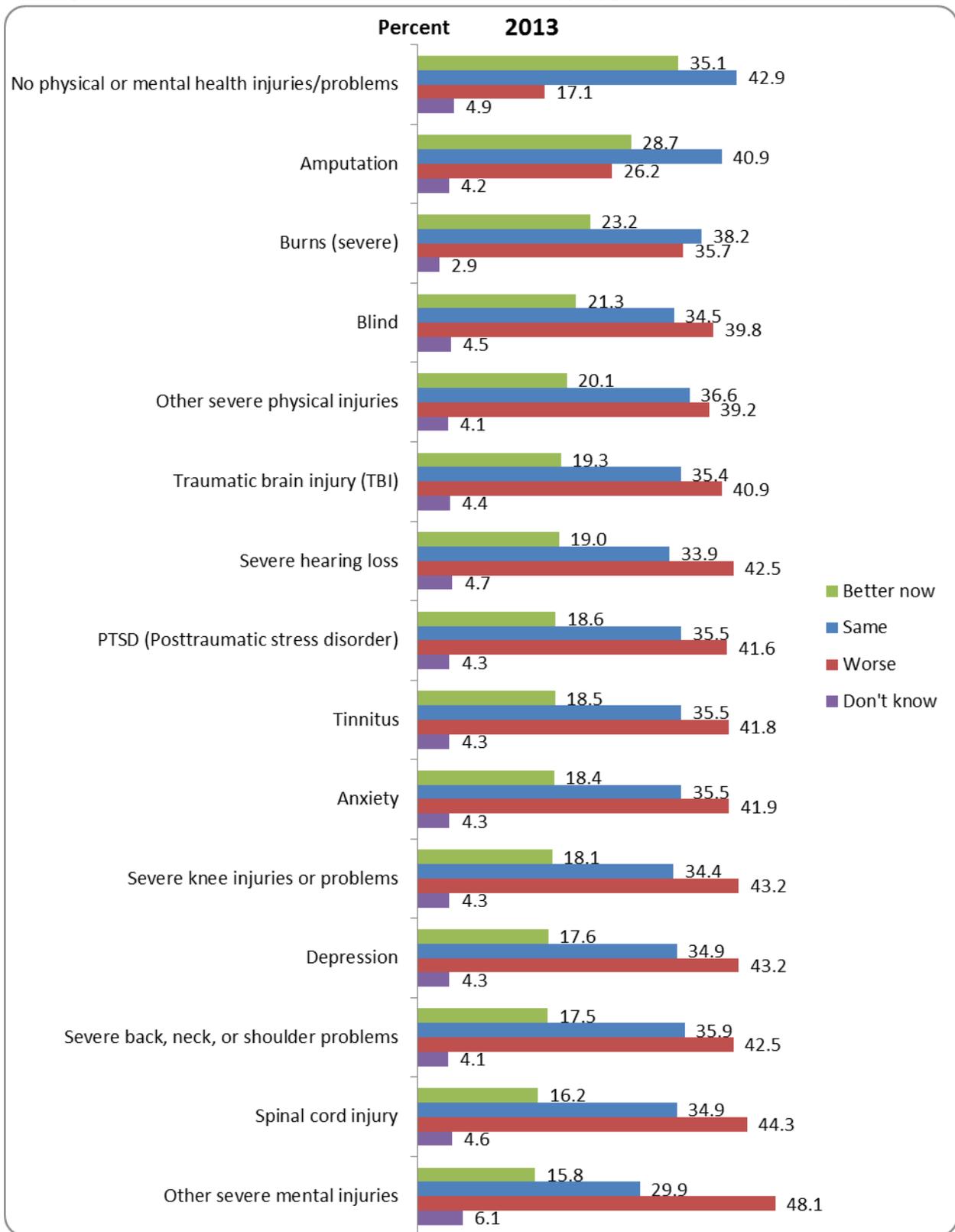


Figure 72. Overall Assessment of Financial Status by Type of Injury (Continued)



Overall Assessment of Financial Status by VA Disability Rating

Overall assessment of financial status was also crossed by VA disability rating (Table 7). The 2015 findings indicate:

- In the 0, 10, 20, 50, and 60 percent disability groups, the percentage of alumni whose financial status was worse off in 2015 declined from about 5 to 9 percentage points from the 2014 percentages.
- For all disability groups except for the group with a VA disability claim pending or on appeal, the most commonly reported status was the same now as a year ago.
- In no groups did the highest percentage report that their financial status was better than a year ago.

Table 7. 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 (%)
VA claim pending or on appeal				
2015	37.6	39.5	17.5	5.4
2014	36.8	39.0	19.2	5.0
2013	34.7	45.3	15.6	4.3
0%				
2015	38.1	28.1	27.7	6.1
2014	38.4	36.6	23.8	1.2
2013	36.5	37.4	26.1	0.0
10%				
2015	37.6	32.2	28.6	1.7
2014	36.9	36.9	24.8	1.4
2013	37.7	33.8	24.6	3.9
20%				
2015	40.2	29.6	26.4	3.8
2014	33.6	37.1	26.3	3.0
2013	37.6	38.7	19.4	4.4
30%				
2015	35.5	35.2	27.5	1.7
2014	36.6	35.6	25.5	2.3
2013	35.4	41.6	19.4	3.6
40%				
2015	38.7	32.0	25.8	3.6
2014	37.6	35.7	24.0	2.7
2013	34.2	41.8	20.9	3.1
50%				
2015	40.3	30.8	26.4	2.5
2014	37.5	35.9	23.1	3.6
2013	33.0	46.5	17.7	2.7
60%				
2015	40.4	32.0	24.3	3.2
2014	36.5	38.1	23.6	1.9
2013	35.7	40.9	20.5	3.0

(Continues)

**Table 7. Overall Assessment of Financial Status by VA Disability Rating
(Continued)**

VA Disability Rating	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
70%				
2015	40.2	32.6	23.3	3.9
2014	39.3	35.9	21.0	3.8
2013	38.6	41.0	17.4	3.0
80%				
2015	38.8	35.4	22.6	3.2
2014	34.7	38.9	21.6	4.8
2013	32.5	44.5	19.5	3.5
90%				
2015	39.5	36.2	20.3	4.0
2014	36.7	40.1	19.5	3.6
2013	34.5	44.4	15.8	5.3
100%				
2015	42.7	28.2	23.8	5.3
2014	40.8	29.1	23.9	6.2
2013	40.7	31.6	22.5	5.2
I do not have a disability rating				
2015	44.8	23.7	27.8	3.6
2014	42.4	27.8	27.3	2.4
2013	41.5	29.8	24.6	4.1

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

2015 MAJOR THEMES IN SURVEY COMMENTS

The following question appeared at the end of the survey:

If you have time, please feel free to tell us your opinion 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.

In 2011 we analyzed all responses to this question. In 2012, because of the much larger survey population and number of completed surveys, we selected a random sample of 1,000 comments from a total of 2,249 comments to analyze. We have continued to analyze 1,000 in each subsequent year. In 2013, there were a total 5,434 comments, in 2014, a total of 9,498, and in 2015, 8,667 comments qualifying for analysis. Although the sample was selected randomly, we cannot confirm that it was representative of all comments.

As an introduction to the major themes, we list notable differences in the 2015 survey comments that reflect different topics or changing topic emphasis from those observed in the surveys of previous years. These do not necessarily appear in large numbers in the sampled comments. They do reflect new topics raised by alumni, topics commented upon in a different way, or things to be attentive to going forward.

- **Desire to be of help to others.** Several respondents this year state that they have something to offer others and have found/are looking for ways to help.
- **Underemployed.** Many respondents feel their knowledge, skills and abilities are not used and/or that they are underemployed
- **Stigma/Stereotyping of veterans and service members.** We continue to see comments about various kinds of stigma experienced by veterans. Comments this year focused on a more general sense of stigma, as described in the examples provided later. The sense of being stereotyped, particularly with regard to PTSD, was a new related observation.
- **Overall complexity of transition issues.** A number of comments this year described well the overwhelming complexity of interwoven factors. In some cases, the issues faced are so many that they become hard to even define clearly. Where they are fairly well defined, it is easy to see the effects that each has on the other, and the “domino effect” that can topple lives and families. These comments are called out under themes below, beginning with the words “Overall complexity.”
- **Trust.** Comments about trust have become at least as much about not being trusted by others as not being able to trust others.
- **Change.** Changes in the world alumni left when they deployed are noted more this year in addition to the changes the warrior experienced personally.

- **Difficulty connecting/reconnecting or making contact with others.** Loneliness is clearly an issue for many, and finding some sense of community with others seems to be a real need.
- **The need for public awareness around a variety of issues.** These comments referred to people asking probing and insensitive questions about experiences during deployment. Other alumni mentioned people not recognizing injuries like physical or emotional problems that are not necessarily visible. Alumni also commented on the failure to recognize that veterans with disabilities need a supportive environment.
- **Need for classes.** Alumni continue to cite the need for more classes, with greater specificity than in previous years. Suggested topics range from how to cope with physical and emotional pain to financial management.
- **Thoughtful suggestions.** This was not a new category, but alumni continue to share their insights about what might help solve their transition problems, as well as those of others. We have included some of them at the end of the chapter.

Open bullets represent selected quotes that provide examples of comments on a given topic. These are not copy edited and appear as written on the surveys. We did delete some words to shorten the comments or to remove information that could possibly be used to identify the respondent. Those changes are represented by ellipses (. . .) or by words in brackets indicating the type of information we removed. For the first time, we had one comment written in a foreign language, in this case Spanish. We translated it into English for purposes of analysis and reporting.

Overarching Theme: Difficulty Adapting to Life at Home

- Problems Adapting to Civilians/Civilian Life (converse problem – leaving structure of the military)
 - The most challenging aspect is the feeling that nobody will be there to support the difficult aspects of leaving the military life to the civilian life. This transition is scary because you do not know where you will work, or live, or eat on a daily basis.
 - The hardest thing for me is having that structure of order gone.
 - It's a Constant struggle to adapt and leave behind the nightmares and life of being a soldier and try to fit into a normal world.
 - I have noticed a lack of the ability to find direction and of purpose in the civilian setting because of the attitude of many civilians. The transition from the Military to civilian life never discusses how different Veterans and civilians are and how to interact.
 - I have been out of the military since 2006 and it is still tough speak to others about any serious topics. I tend to be very blunt and very black and white, and I have very little patience for answers that are intentionally "grey."
 - the hardest thing was that people wanted to talk down to you and say they understand when they have never been anywhere. Others want to try and talk to you and come across as being knowledgeable about combat and never serving at all.

- Along with that feeling of being alone, I felt further alone by not feeling like I could relate to anyone in the civilian world. My high school friends forgot about me, my parents didn't understand me, and in general people seem worried about dumb things and move with no sense of urgency, making me feel all the more like I didn't belong anywhere.
 - I have found that one of the most difficult problems wounded warriors and other vets face when transitioning back into the civilian life is finding others to share experiences with that can relate to them. We all come from different places and share a common bond which is forged in combat and family separation. The average person has no idea what that feels like.
- Missing Military/Camaraderie
- The most challenging aspect of transitioning back into civilian life is just that transitioning being shot a taken out of combat situation required me to leave the Marines in that combat situation where it was my job to watch over them and get them home safely.
 - For me it was the struggle with not having the structure and camaraderie that I had with my brothers in arms.
 - Losing your battle buddies when you come home...I was evac'd out of [country] and you lose touch with others and that's not good...I wish there was a National OIF/OEF or post 911 data base for us to keep in touch.
- Problems Adapting to Civilian Workplace
- being submerged in a new workforce that doesn't have the same values
 - Adapting to civilian style management. I have left several jobs because the management or management style drove me crazy.
 - I am currently transitioning. Honestly, the hardest part is figuring out what I want to do and dealing with the MANY rejections that one gets. As a high-performing military Officer, being told that "we've found someone whose skills match our requirements more closely" is an ego-killer. The job search is exhausting and mentally draining. It seems like it will never end and that my self esteem will never recover!
 - My biggest challenge is complete lack of respect and professionalism in employment and hiring. Nobody will give me an opportunity to work. I was tremendously successful in the Navy, yet nobody in the private sector or government seems to value integrity, leadership, intelligence or other personal characteristics which drive success. Employers often talk about valuing veterans but then program their applicant tracking systems to immediately reject our applications.
 - Most civilians live in a world where there are Human Resources issues, other Legal Threats and concerns within the workforce which makes every interaction with another person intentionally "G" Rated.

- Need for Public Awareness Around Issues of Those in Military and Returning Vets
 - In my opinion I feel that the civilians I surround myself with don't understand my disabilities, just because you can not see them, doesn't mean I do not have any disabilities. That frustrates me a great deal.
 - that civilians have a hard time grasping what actually happens within the military, from basic to deployment and all the stresses inbetween
 - I have gotten into quite a few heated arguments about how American Citizens take everything that we have for granted and doesn't appreciate it... In closing I think that the public just needs to be more grateful for everything that has been sacrificed for them!!
 - It feels scary to not have the organizational stability of the military. As much as the Army sucked in some ways, it was a good community in many others. Now I feel like I don't have a safety net.

- Stigma/Stereotyping of Veterans and Service Members
 - Most challenging is the stigma of "he was in [country], I bet he's crazy"
 - The major challenge facing veterans now, especially veterans with mental health issues, is waning support from the general public, and a negative stigma that impacts their ability to obtain and maintain adequate employment.
 - Its living with the stigma of being an OIF/OEF veteran nowadays. I get mixed reactions and questions.
 - The public stigmatized us, misunderstand us due to media and thinks that since we are out of the military we should just get a job and move on.
 - I want the stigma to end and I want a normal life.
 - I also have found it very difficult to distinguish myself because civilians have a stigma of enlisted vs officer. I have even found "vet help sites" that discriminate between enlisted vs officer by only offering help and jobs to officers and not enlisted.
 - Help people realize that everyone with ptsd isn't bad....I just want vets to be left alone and not bothered by people if they wish to do harm. Please help protect us from the bad stereotypes.
 - Battling with PTSD and the stigmas it carries
 - Being a senior nco and being treated like all vets have PTSD.
 - Basicily i face a form of racism bc of ptsd help on how to address othere medical issues that are overlooked bc ptsd is always 1st factor and any other health issue gets overlook...
 - Civilians will use my military service to undermine the value of who I am, and what my opinion is. They try to state that because I'm a combat veteran, I can't be trusted, because I have to have mental health issues because of what I've been through.

Specific (Mental Health and Medical) Diagnoses

- Mental and Physical Health Issues
 - Overall complexity - I have many physical and mental challenges that hinder daily living.
 - chronic/severe PTSD
 - TBI/memory and concentration
 - paralysis/neuropathy/...
 - cartilage damage in both knees
 - gout
 - kidney stones/surgery for one of them
 - anxiety/hyper vigilance
 - skin condition
 - anoxia

- PTSD/TBI
 - My PTSD has me in a way I can't explain.
 - Honestly I feel alone to battle my PTSD and combat related issues.
 - Having employers realize that just because someone has PTSD it does not mean they are incapable of performing or holding a job. There needs to be more training for employers so they better understand PTSD and what it is vs. what it is not.
 - I feel my actions that led up to my discharge were/are part of my PTSD, now diagnosed with the VA. Because I was being pushed out and under the impression that everything was my fault, it was very difficult.
 - It helped me start [organization] with my wife so we could help other military families connect despite PTSD. I have learned PTSD doesn't have to destroy your family and talking with other vets I am able to share my experience to help them and their spouse.
 - People finding out I have PTSD and TBI. And the look in their eyes.
 - with follow-on PTSD treatment I have come to realize that there is hope in my life.
 - PTSD is not limited to individuals in combat. When my symptoms overwhelmed me the VA refused to acknowledge it. I was told that because I was not in a "combat" zone there was no way I suffered from PTSD. So I did not get the help I needed for years. It cost me my marriage, my job and my home. A very hefty cost for anyone.
 - I serve my country and now I am being treated like a criminal no justice for veteran with PTSD
 - The most challenging aspect I have found transitioning is managing my PTSD symptoms in the civilian workplace. It is something that I have sought out the help of a service dog to assist me with my anxiety and panic attacks.

- Cognitive/Focus Problem
 - I have a very hard time concentrating although of the time

- My ability to start and finish tasks, my memory or lack of, overwhelming feelings. Not being able to remember what I'm doing, reading or appointments. I was an organized, multi task, high speed employee, now I'm nothing but disabled.
 - social environments are awkward and difficult for me to concentrate and focus, I am still working on it
- Physical Health Issues
- Having people tell me that I am this "young buck" and that I should be able to always put do someone, but people hardly ever talk to me about injuries I have sustained and how my body has been negatively affected by my time in the military
 - Being disabled has caused my mobility and other activities to com to an almost full stop
 - Neuropathic pain, spasticity, brain injury and paralysis create a set of challenges that make moving forward more complicated. However, it is fun to figure out ways to adapt and complete new things without any playbook on how to accomplish things with my particular disabilities.

Mental Health/Emotions/Attitude

- Emotional/Mental Health
- Overall complexity - i am scared. i used to be a good soldier. i was [an analyst] with a good head on my shoulders. i was good in math and good with numbers. Now i can't remember to take my meds and need assistance paying my bills. I can't remember a lot of things. I have been knocked unconscious several times while on active duty. I have night terrors and flash backs. There is a OIF for the new [country] guys, but where is the group to support the soldier of the 1st Gulf War of 1990 in [country] where most of my trauma was derived from. I have never been so mortified in my life. Now I'm in [city] and I want to belong and do activities. But i don't fit in. I can't escape the war. i would like to cycle, swim and do arts and crafts. I would like to be involved with organizations that support Veterans. I just want to come home in my mind.
 - Feels like no one understand me. Feels alone and desolate at times. Everyone expects you to be the same as you were before the injuries. Don't know "what to do now" kinda feeling
 - I honestly feel so alone in dealing with mental and emotional stresses. Sometimes I don't even know where certain feelings come from or what has triggered them and no one understands me. I feel like I have no one to talk to and if I were to talk to someone close, they either wouldn't understand and think I'm crazy, or not care enough to really listen and try to understand. I feel so overwhelmed sometimes with trying to deal with mental stresses by myself.
 - I lied about my emotions, experiences and symptoms of ptsd when I separated from the military so I could get out without mental health issues in my records. Trying to function as those symptoms only worsened was a nightmare. I think pushing towards a better program to really asses and reassure soldiers, sailors, marines etc...

would be a great benefit to those in my category (those in denial). I just wanted to leave the military and all of its emotional baggage in the past, but it doesn't work like that. I don't know if things would have wound up differently but if I had started addressing the issue when I first got out I may have saved myself years of heartache.

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
 - Help us with the anxiety we have everyday we have to go out of our homes with counseling and support. Help us be able to feel safe and trust again.
 - ...we often get into conversations about combat, PTSD, lack of desire to do things in life, a feeling of impending doom etc. I need help otherwise I just don't know what I'll do.
 - I think my biggest challenge with my transition has been the fact that I am now "alone" in a way. I am a single person without a spouse or children to help take my mind off of all the stressful situations and thoughts that I deal with on a day to day basis.
 - ...Now I feel like I don't have a safety net.
 - Be it cost, schedule conflict or decreased energy, I have been unsuccessful in finding a stress outlet that works for me. As an active duty soldier I never worried about it but now that it is not coordinated for me, I find that its importance is growing and it concerns me that I have been unsuccessful at finding and routinely engaging in a stress outlet.
 - I CANT SEEM TO GET AWAY FROM FEELINGS OF EMPTINESS, PARANOIA, PAINS ETC. ITS ALSO A BATTLE TO GET THROUGH THE VA SYSTEM. YOU MAKE MISTAKES IN EVERYTHING BECAUSE YOU ARE NOT PROPERLY INFORMED. I GET TIRED OF FEELING BETTER, HOPEFUL, AND THEN I FALL BACK IN DESPAIR AND NIGHTMARES AGAIN. I AM SO AFRAID ALL THE TIME I DON'T KNOW WHY. I DO NOT EVER REGRET MY SERVICE OR ACTIONS THEREOF, WHY AM I BOTHERED BY IT SO MUCH IS A QUESTION I CANT ANSWER
 - I can not get rid off the demons inside my head
 - My biggest problem has been social anxiety and it has gotten worse I've the past year.

- Apathy/Lack of Purpose/Lack of Motivation
 - Finding a purpose. Finding a place in a mission that matters without all the Bullshit and swollen egos. Finding a place where someone else's self importance and agenda takes the back seat to what really needs to be accomplished. Finding a place where the nonsense and PC is not the rules of the day. One can only dream.....
 - The most challenging thing I have experienced is motivation, or lack there of. I feel like I was given up on, and that is a shitty feeling.
 - The hardest aspect of transitioning back to civilian life was finding a purpose for my life again and knowing that I was not alone nor did I have to go through transitioning alone.
 - Feeling a daily purpose

- ... to this day I struggle with the feeling that I have lost my sense of purpose in everything that I do ... That it's just never enough
 - The most challenging aspect of transitioning back into civilian life is not having a purpose anymore. When you still in the military you get up go to PT, interact with co-workers, perform a job function. When you get out you do not have any of that anymore.
 - I am lost, don't know where I belong and a lot of the times have no feelings. I hardly have motivation for anything.
 - I feel like I'm just existing and have no purpose.
- Difficulty Coping
- dealing with the changes of me and around me and supporting my family also keeping it all together and not losing control. it hard adapting to change the equipment the people so many unanswered question's just don't know how it will go from here.
 - Trying to explain my anxiety or social problems with the boss and family make me feel embarrassed because I feel like it's something so stupid but it makes me stand out and look awkward because i cant handle something as simple as paying for my groceries at the super market or sitting in on a meeting at work for fear I'll be asked something even though i could answer what is asked.
 - I felt like I didn't belong here, that I should have died in theater. When I did get help through the VA, I was able to cope a little better with what was going on around me.
 - most challenging is, always worrying about everything and planning for the worse case situations.
 - also seeing the twin towers in my head, falling every day. watching the smoke boil up into the new york sky is on my mind everyday. and now with ISIS on the prowl, i believe it is going to happen again and it terrorizes me.
 - The biggest problem I've had in my transition is learning how to cope with "civilians" that have no respect for themselves, the law, and/or those around them. I have become more and more intolerant of ignorant and disrespectful people. This intolerance has caused me to avoid public places and has caused me to enjoy social activities much less.
- Feelings of Rage/Anger
- I am angry all the time. Feels like I'm a ticking time bomb. I know sitting with someone across from me is tough to actual open up about feelings. I can't do it. I have rage and don't know how to cope with it and can't give any insight on what would help elevate it.
 - Also, easier to stay away from public because know what triggers anger outbursts.
 - The hardest part is dealing with people that do things out of spite and they're stupid because they think I wont seriously hurt or even kill them.
 - Severe anger problems...
 - I have anger out bursts, nothing ever relaxes me, I am up tight, always on the defense and ready to protect myself.

- Dealing with the anger is an ongoing struggle. Even though it has been a while it still caused real issues...
- I Have Changed or Lost Part of Myself/Converse Problem—I Have Stayed the Same While Everything Else Has Changed
 - Overall complexity - I am the wife, the caretaker, the consoler, the peacekeeper. I can't have PTSD or TBI or anxiety/depression disorders (all diagnosed, VA 100% P&T) from my combat tours. I am a female soldier. We don't see/do what the men do. I have been with my husband over 40 years now, and I love him dearly, but really. I saw what I saw, and did what I did; and it affected me. Different that it would have affected him or any other soldier for that matter. But it took away from me something I will never get back. What I lack is a CAREGIVER, as I am guessing so are many other Female Soldiers.
 - The most challenging aspect has been recognizing that I am not the same person I was before I deployed. I struggle with understanding that I will never be that person again and that my marriage will never be what it was before. I feel that what I need to do now is accept myself for who I am and learn to love the person I am today. All of which is much easier said than done.
 - Looking for the same excitement I feel I once had, nothing I do seems to make me feel as great as I once did. Working on being more positive again and having the same confidence I once had. Looking for a more stable lifestyle.
 - I am still struggling and have no idea where to go for help. I served my country for 22 years I was not broken when I went in well I am really messed up now! Somebody FIX ME! Sad thing is no one can, I have come to the realization I will never be whole again...
- Guilt
 - How to live with the guilt?
 - I wonder if there are levels of support that I can attain, (group meetings, outings, etc.) that could put me in contact with less severe Wounded Warriors that may be experiencing a unique feeling of guilt for even registering as a WW and are just hanging on for something we feel we deserve. I just seem to be "hanging in (but out) there." I've been provided a mentor. I have met him, and he is probably the most compatible person for me in the local area, but his experience is so much worse than mine that have felt a lot of guilt in meeting more with him.
 - I have guilt about receiving such care from the VA and WWP when I think others need it more.
- Trust Issues
 - I haven't even ever collected my TSGLI for my injuries because I do not know how and have anxiety and trust issues so bad I can not approach anyone for help.
 - My family are the only ones I can trust, and I don't want to put too much stress on them. I need to connect with people I can trust.

- Why is it, we don't trust and don't want to be around people who don't understand us. It's because they'll be quick to crucify us.
 - my attitude is my worst feature. I don't trust many people or ideals
- Military Members/Families Not Feeling Cared For/Taken Care Of (refers to society in general as well as to service providers—especially military and VA)
- Overall complexity - Not feeling understood/cared for/taken care of: I have found that one of the most difficult problems wounded warriors and other vets face when transitioning back into the civilian life is finding others to share experiences with that can relate to them. We all come from different places and share a common bond which is forged in combat and family separation. The average person has no idea what that feels like. Time spent away from loved ones can be difficult in its own right and unbearable for many. To add combat stress and the death of the warriors we have shared that prolonged separation with is something that cannot not be compared to anything a civilian has experience most of the time. Resources that place these special individuals with others who have had similar experiences to share stories and take their mind off of these shared experiences in a fun, supportive, and uplifting manner is very important to the overall well being of the warrior.
 - The hardest part is that most "civilians" don't understand what we went through, there are plenty of organizations out there to help veterans, that's not the problem. It is people and employers that can't comprehend the mental and as a byproduct the physical difficulties I/we deal with everyday. I don't know how you could help the civilian world understand, but we as a "community " get it.
 - I have seen too many foreign doctors, and have been treated very disrespectful and terrible by them at the V.A., they have demonstrated no knowledge whatsoever of the daily demands of military life, even at times making mocking statements about something that is brought up. And yet these are the doctors that are often assigned to treat veterans and assess their V.A. disability claims.
 - Being forgotten. Here's a pill. Getting doctors who really care. To be sent to other locations in the US for the best help...Everyone(especially on TV) say how much they care for all of us, so where is that care and love? I always see the same guys and their families on commercials, just a handful, what about the rest of us?
 - It sucks! No other way to say it than that.. I do not get along with people and would rather not! My issues get in my way cause people do not understand me or they look at me funny when I say things I don't mean or when I get angry or agitated. No one understands!
 - People say they care but it's just words, for the course really, the government will spend billions on war and then be like a deadbeat dad with its misguided children. They'd rather jam Vicodin down my throat and pay me monthly rather than fix me. Doesn't exactly make sense. Then to add injury to insult you can complain and complain to the VA and policies only change when the mainstream media grabs hold and exploits the VA's shortfalls. It only matters about image and that fact angers and disgusts me.

- Only those who've been there can fully relate, but only we can alienate ourselves in society.

Transition Process, General

➤ Transition process in general

- Overall complexity - The thing that I feel is the hardest is getting the proper help when you need it and coping with a new life post injury. I was wounded in [country] and lost my career. Not only did I lose the career I had but I lost any opportunity I had at getting a new career with the skill set that I possessed at the time. I was a high school drop out and a foot soldier; all I knew how to do was hard labor. My catastrophic injuries came as a result of a foot patrol in the [region] where I lost my left[body part]. I still suffer from severe chronic pain in my left leg due to a botched surgery done in [country] at the hands of some [service branch] doctors. Since, I've been poor, I've been homeless; my pregnant wife, my [child], and I were turned away from the VA because we had only been evicted for 13 days and the VA had told us that we did not meet the requirements of 30 days of homelessness that is needed to receive help. I've lost family and friends due to their perception of my situation as a result of an injury I never wished to have. It's easier for them to ignore my existence then it is for them to face what my life is now after my injuries that they so proudly claim I sustained "while securing freedom". It's all just labels it doesn't matter what ever label they apply to justify the governments actions on foreign soils because in the end I am still broken. I am a casualty of war; I understand this. However I wish there was more programs to help people pay bills while going through the VA process if they can't work like me.

➤ Difficulty Finding/Keeping Job

- The most challenging aspect in transition is definitely finding a stable job/career as well as staying busy, active, and earning income
- I been looking for job for a little while but most likely I'm not qualified for the reason that I take a narcotic as a pain relief, I got cronic pain, I got spinal cord injury and I got a [foreign] accent.
- Connecting with employers to get interviews and get hired.
- Then I needed additional authors for my injuries that put me behind both financially and in the status of my job. No my company sees me as a liability because of my injuries.
- When I was looking for a job, the local Government and non-governmental agencies that are available were able to provide many leads and referrals to jobs. But the [city, state] area is still a very difficult area to find jobs, especially if you look/seem white and are military. Even the State and Local Gov agencies such as city/county, public health office, etc. all seem to follow the same pattern. And, most of the government contractors on [military base] or [military installation] do not appear to have any jobs that would fit my background [career path] or education [related education discipline], and have a very strong administrative, project management

and coordination and professional background, even if I apply for jobs that are administrative, they are very few and far between. I have submitted nearly a hundred application over a five month period with only two interviews that I ended up being either overqualified for or was passed over for another candidate.

- Difficulty Translating Military Training/Experience to Civilian World
 - Civilian recruiters don't understand my background and I have found it difficult to find jobs...
 - Some of the challenges I face are that trying to find a career either state or government (federal) related that marries up with my MOS in the military. I work with [specific special needs population] so obviously that does not match up with infantry or refueling vehicles; working supply. So being a veteran does have its benefits but I just need assistance with finding quality work with sufficient income;
 - As a transitioning Vet, especially coming from a more Combat orientated job, I had to find entry level work and dealing with PTSD and the depression associated with it is only amplified by not having adequate paying job.
 - Translating my military experience into civilian terms. This has held me back from obtaining employment.
 - members could use help finding jobs that pay more than 10.00 dollars an hour. with 20 plus years experience, you should be making whatever the equivalent is for a civilian worker with the same experience and skill set. if the job calls for corporate America experience and you've just completed 20 years of active duty, where are you to get the experience from.

- Difficulty Finding a Local Support System (especially in states with no military base)
 - The only thing that guaranteed I made it through was having an amazing wife that supported me through the entire transition and stepped in when needed to make me do things when I was too stubborn to face myself. It's the soldiers that don't have that support system and that one person with them through the good and bad that need a substitute support system that programs can hopefully offer.
 - I live in a rural area of [state]. The nearest VA facility is 45 mins away, I work for myself, so it's so easy to just shrug it off. I haven't seen a doctor in probably 2 years. The meds I was taking, and I do believe were good for me have long been depleted. ... no one presses for me to follow thru with that kind of stuff. Recently, I am having a hard time keeping it together. I really do need help.
 - Feel like im very isolated in the regional area where I live and I feel like my injury is not very common or i just havent meet someone with the same injuries.
 - the biggest problem is that I am in [OCONUS location]and there is absolutely nothing over here... I have had a very hard time over here, I do acupuncture when I can get in. There isn't enough Docs over here that do it, it works extremely well I get seen about 1a month which isn't near enough time for me. I have extreme pain

- Difficulty Getting/Asking for help
 - I can't put to words how I feel without sounding weak . I'm a prideful person who has a very hard time to ask for help.
 - The problem with most veterans is that we act tough so people assume we don't need help, when really we do and we just can't ask for it.
 - knowing what questions to ask to get the help I need. Being willing to step forward and admit I need the assistance, whatever that might mean.

- Difficulty With Transition When Disabled/Injured
 - Overall complexity - Most challenging has been adapting to those around me and my physical condition as well as financial issues and help. I feel like I am completely lost. I was thrown aside while in the military because even though I was in the Wounded warrior unit they did not know what to do with me...I havent even ever collected my TSGLI for my injuries because I do not know how and have anxiety and trust issues so bad I can not approach anyone for help. I require assistance with every aspect of my daily life yet there is only so much my wife can do and she does not even get assistance financially to help. THE military was paying her but the second I got out it dropped off and the va hasnt paid her a penny. Every day we just get deeper in the hole because she cant work. which only leads me to feel more of a burden on my family than anything good that o could be for them. How can one not feel that they and their family would be better off gone? Heck, I can't even get a wheelchair ramp built at my home or have no idea how to get one....how would you feel if your daughters had to carry you in the house? Pretty damn useless I bet?
 - as a Reservist transitioning can be difficult especially with an injury. Active duty army feels to realize we transition back to much more than active duty soldiers. With an injury, I transition back to [service branch], work, family, community and others
 - by far the hardest part is finding things you love and sticking to them long enough to get past a disability.
 - My disability has made the transition the hardest and the lack of help from agencies and groups who say they will help.

- Problems With Finances
 - ...I was having trouble breaking a lease at my old apartment I could no longer afford with my new salary...
 - Because I was medically retired at 13 years and unable to work for additional income, finances are much tighter. My finances would improve if I was eligible for concurrent military and veteran pay.
 - I just feel like here in [state in NE] I have a hard time finding work that will fill the financial gap if I lose the unemployability from the VA.
 - MEB-P has taken over 1.5 years, causing a lot of financial strain on me and my family and awaiting on a response for un-employability until I finish school has also contributed to it. I am working part-time

- ... my wife who is my caregiver is still having to work full time to help support us and I am at home most often in need of care that I do not get because we've been waiting almost a year for caregiver allowance. We have been denied SSI and have gone to court for it, but are awaiting the decision. I gave to my life to this country and nobody cares. I'm having a hard time with debts and trying to make things work and there is not support. My rating are not right, some not even rated and I am still waiting to go to [military base] to update, but have never heard from them.
 - I never was out processed appropriately, so I did not know what to expect once I was retired. I figured I would get paid and I did, the VA started first, and then months later I started receiving military retirement, and got it for 13 months and just this year it was stopped and was told I would have to pay all the money I received back. Some \$20,926.55. We are working to get that waved as we did not know that it was our responsibility to call and tell DFAS to stop the payments, nor do we have the means to pay that back in the first place.
 - We are use to a certain income that included housing and medical care and cannot even come close to that salary range in civilian employment.
 - My advice for anyone getting out is to apply for unemployment immediately. I did not and now I am in deep debt-- even a year later. I had to accept a job that was 20k below the job I had planned for... Be prepared to go back to starting at the bottom even if you...[are] at the top of your game in your field with a completed master's degree).
 - now that you've lost everything that you ever loved, you have to fend for yourself and try to still provide for your family, in my case I have 5 mouths I have to feed. All of a sudden, you have to pay for everything. All of a sudden, you are homeless. And not only you, the veteran, but the family... they have no home either.
- Need Better Link to Services/ Consolidated Veterans Services
 - There are not enough resources available to Veterans who are transitioning and are going into school or a job. The hours for some resources are very limited which yields limited hours for Veterans to get assistance.
 - Ensure that Veterans know where to turn and get the help and resources they need. There are people who want to help they just need to reach out to them.
 - ⊖ There are so many programs, services and benefits available but so little of this information makes it to the veterans. Many veterans end their service not in a mental state to learn about all these resources before leaving.

Transition Process, Military/VA

- Difficulty Getting Information (on/accessing programs, benefits, services/other help)
 - Who understands. I am currently live near [base name] and feel isolated. Very little is offered here and the vets here feel abandoned.
 - The most difficult part of transitioning out of the military is that every one tells you about all these great programs and grants that we qualify for as veterans. Yet, there are no programs that teach veterans how to write these grants to start their own

businesses or flow charts to use to follow as guide to apply for VA C&P and also for SSDI to sustain us while we get back on our feet.

- There are not enough resources available to Veterans who are transitioning and are going into school or a job. The hours for some resources are very limited which yields limited hours for Veterans to get assistance.
- Personalized, individual employment adviser that will sit down one-on-one with a service member and go over skills, resumes, job listings, interview techniques and rehearsals. One point of contact is what a separating service member wants. It feels more personal and not programmed where they receive someone new every visit. It's like having to start over again with all the questions and answers.

Sources of Help

➤ Help in General

- I think it would be helpful for veterans to have access to a career counselor or someone who could help them find the right career/job path. I feel the VA and organizations such as WWP has made great progress in this area.
- Being there for the veteran, and making sure that the veteran is equipped with the necessary information to make good decisions when transitioning back into civilian life. I feel that the VA and Wounded Warrior Project do an exceptional job at that.
- The local Vet Center has helped me beyond words in dealing with my issues.
- The most difficult challenge is not feeling like your service is forgotten or unappreciated. Veteran organizations and physical training helps to mitigate this
- I have been an active member with a non profit organization called [organization name] for the past five years. They have helped me by allowing me to socialize with others like me and connect. I feel that I belong.

➤ WWP

- Without WWP and other services that are with veterans I would not leave my home ever
- The most difficult part of my transition this year...Wounded Warrior Program's Warrior's to Work staff was there for me every step of the way. [name] has made a number of phone calls throughout the process, and helped with my resume. He didn't stop at just helping with finding a job; when I was having trouble breaking a lease at my old apartment I could no longer afford with my new salary, he offered to do what he could to help in that situation also. WWP is a truly wonderful organization, and I could never say thank you enough to anyone who's phoned in or sent an email to check in along my bumpy road. Thank you WWP!!
- Even WWP was not originally receptive to Female Soldiers. I had nothing because my clothes we cut off of me in Afghanistan. WWP would give backpacks to male soldiers but wouldn't give one to me. I think WWP has come a long way in recognizing Females and older wounded warriors since 2005. And I am very happy to see it. And I appreciate everything you have done for me.
- Mostly everything, but I love the support system provided by you all!

- I have been able to attend three months membership at 24 hr fitness that gave me something to look forward to and looking forward to attending more training when the contract is approved I am looking forward to attending the classes that WWP is looking into for me. I feel I can count WWP for any issues I may have it's a good feeling that they understand what us vets are going through that's very important to us.
- The WWP is AMAZEING!! I actually called the Resource Center one time and an old buddy I served with was on duty. That's neat.
- The WWP already does- the activities available allow me to interface with Warriors and Civilians in a positive way. The focus provides lifestyle changes which increase my emotional health on a regular basis.
- I am was involved in WWP in [state], the program and staff are awesome and a superior example for other programs. The staff are very caring. when my father, a retired Navy Vietnam Vet, passed away in November the staff from [state] reached out to me to send their condolences.
- Wounded Warrior Project does an excellent job with the benefits program now. When I separated from the Military in 2005 I knew nothing about Wounded Warrior Project. Since then WWP has grown and is well known.

Barriers and Roadblocks Encountered

- WWP (these continue to be about largely about the lack of WWP services/activities in respondent's locality, lack of return calls to alumni, and need for more timely information about WWP events).
 - Programs are good, but seem to be limited in capacity.
 - Not happy with the lack of contact I have had with the Wounded Warrior Project. Others have said they constantly get emails to invite them to local events etc. I receive nothing??? I feel left to my own devices. If it wasn't for my husband working at the WTB this past year, I would never go on events scheduled. I was never invited, he was.
 - I feel that some of the personnel that work in that office only do it just to be gainfully employed.
 - Many veterans here in the [region] area are un-trusting of the WWP simply due to the fact of lack of follow through by staff here.
 - The WWP can make it easier for Alumni to volunteer WITHIN the WWP itself! Why can't we help each other thru the WWP???
 - The biggest issue is that when I've emailed WWP personnel they don't respond. Not all of the people mind you but a few.
 - I have tried to reach out to WWP but since I live in [OCONUS location] it is very difficult for me and WWP to follow up with each other. I have called the support center to get help with benefits evaluations as well as getting involved with other WWP activities here in [name of country] and have had very little feedback.
 - It has been next to impossible for me to get information on or participate in any of the activities that WWP puts on. Every time I try to find out about what's going on in

my area the event has passed. I would love to attend an event but I have never been invited. I would love to receive a WWP back pack. This is something that was never offered to me when I was redeployed home for being injured back in 2006... I even donated money and didn't even get a thank you card or email for my donation, Just a receipt. Please know that sometimes it's not easy to ask someone for help. I am one of those people.

- Also I want to use the WWP online classes for computer or IT but if anyone works a full time job we cannot take a class online at 2:30 in the afternoon.
 - I don't feel that way with the WWP anymore. It's too impersonal and I feel like I'm talking to a Corporation...rather than someone that I should be able to have a close and personal relationship with. They are nice people, but they are overworked it seems...
 - WWP has no way to offer help except to pass me to a company or person they don't even know. I've been told that because I can walk and have not lost any limbs or been burned that I do not qualify for financial or immediate assistance. WWP has not been useful in the slightest and it's overwhelmingly disappointing.
 - When I reached out to a wwp rep in[state] to help me with my va claims they were 3 weeks late to respond and acted like they didnt really care. i sent all my info in an email and he stated "what you need from me" after I already stated my needs several times...dissapointed in wwp as are other vets I spoke too
 - ...I've brought it up several times. But managers keep transitioning out of WWP before these effective changes can be made. Just one veterans opinion, one who hears it every day straight scoop from the troops, as a volunteer [organization name].
- Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)
- Holding the VA accountable for lack of relevant services would be helpful.
 - The VA has severely let me down repeatedly over lack of healthcare both physical and mental
 - I haven't seen my primary care Dr at the VA in over 2 years... I have tried to contact someone to schedule me, and have yet to get an appointment. Easily the most frustrating thing for me!
 - Lack of information. VA doctors telling you your fine. And you know your not bo matter what they say you know deep down inside your not well. Thoughts cone too mind that shouldn't but you can say these things cuz they are rude.
 - There needs to be more Doctors at the V.A. that are familiar with military life and its effects on veterans. I have see too many foreign doctors, and have been treated very disrespectful and terrible by them at the V.A., they have demonstrated no knowledge whatsoever of the daily demands of military life, even at times making mocking statements about something that is brought up. And yet these are the doctors that are often assigned to treat veterans and assess their V.A. disability claims.
 - Getting the VA to help with my mental and physical needs met is very difficult!... TAPs briefing can be a joke, when I went through the VA rep was actually

encouraging people to file for disabilities to the point that it almost seemed like coaching.

- Job placement and va medical care guidance I am trying to get my self out of constant pain by the va just throws pills at me
 - So far I have been disappointed with the VA assessments and feel that because I can hold I job I am being penalized and not receiving the benefits I deserve.
 - it is very difficult navigating through the VA process and learning all the things that you may be entitled to.
 - Getting into the VA [location] Womens Clinic for the first time is nearly impossible. Please research this.
 - Getting in treatment and/or actually receiving treatment is paramount. When my command first had me go to the VA for PTSD, it was notated that I wasn't in a mental state to receive effective treatment and as such overlooked until I sought it out on my own years later and dealing with much worse problems.
 - Then to add injury to insult you can complain and complain to the VA and policies only change when the mainstream media grabs ahold and exploits the VAs shortfalls. It only matter about image and that fact angers and disgusts me.
 - The fact the VA process seems out of order and very little gets accomplished. Too many repetitive steps and individuals that care only for a paycheck and no customer service. To call VA is a joke and finding programs to help get dropped all the time.
- Problems With the Military
- The same mindset of the Army and the VA have permeade this institution; when they sent me back here to US after my injury, people just don't care,
 - I think the Army's transition services were a complete joke. Their processes were outdated and so basic that they were of little value. The Army's transition program also has this extremely generic view of post-military life that sets a really low bar for soldiers and officers leaving the military. It's like servicemen and women are getting funneled to the same, boring old careers and companies after the Army, regardless of what the individual's hopes and dreams are.
 - After my injuries I was ostracized by the WTU and treated horribly by the medical personnel because my injuries were received during Special Forces training and not in combat...
 - Military retirement orders and transitioning out from Wounded warrior was the hardest transition to go through. Wish the transitioning team was more knowledgeable of a national guard active duty soldier getting medical discharge with full benefits. My family and I had a hard time during the transition and still went through up until three months later.
 - that the military breaks you down in basic training and then when your time is up, just throw you back into the world as a soldier.
- Military/VA Disability Process (slow, questions about fairness)
- The hardest aspect of transitioning back into civilian life would be waiting for a disability rating from the VA to receive care and compensation.
 - The not knowing and length of the MEB process is nerve wracking.

- Getting appointment at VA. VA not reconciling disabilities in a timely manner
- the IDES, MEB/PEB systems are my downfall!!!! I have been stick in these processes for the last 4 years. My command does not want to do the process my pay document for me to be paid while I wait. The VA has granted me 100% unemployable and now the PEB has waited 11 months and 5 days to retire me out! ...
- Dealing with the VA and Army. The VA does not communicate between medical and benefits department and it has caused a problem with getting medical appointments because when I got 100% disabled they did not update it in the medical side so they kept saying I was ineligible for about 6 months. It was very frustrating and they made me fill out like 6 forms (the same one) everytime I would go in to have my wife deal with them. They kept losing them or not filing them properly. The dental through VA here in [location] is a joke with scheduling. The [service branch] made my life miserable through the 2 year med board process (especially not letting me go to the Warrior Transition Battalion) and not supporting me at all. Basically making me feel like everything was my fault and I should just be kicked out.
- I feel an extreme disconnect from active duty care to VA...When I got back I stated multiple times that my injuries should have been taken care of at WTU but my leadership ignored me and I returned home with injuries that took over a year to seek treatment for and some because of the laps in treatment I couldn't file with VA cause of lack of documentation and too much time had lapsed to file.
- I have had a lot of difficulty with the Veteran Affairs Benefits. I have been appealing their decision on TBI and PTSD. I was Rated 100 percent for 9 years for TBI and PTSD. Nothing has changed in my emotional or injury state. they have now lowered my rating to 30 percent. Its very stressful and makes me so unwilling to go to the VA for help when it seems all they care about is money and not about the veterans emotional or physical well being.
- ...The information provided by the WTU staff regarding my separation and benefits was either grossly outdated and/or incorrect - none of the transition assistance provided was useful. I had to file a complaint with the IRS in order to receive pay that DFAS withheld in violation of federal law. It took the VA 3 years to complete my claim (90% paid at 100%). It took Social Security 2 years to complete my claim with full disability benefits. And as of March 9th, 2015, it took the Army 7 years, 3 months, and 21 days to reclassify my medical separation to Disability Retired. Myself, my wife and three daughters were homeless twice because it took so long to receive benefits from all listed above
- ... it took over a year for the VA to get my disability claims in order (still waiting on one more claim to be completed) and mean time, we didn't have enough income to pay our bills on time. Now, our credit is destroyed and we are unable to buy a home even with the VA loan guarantee...

CONCLUSIONS

The 2015 WWP alumni profile, despite large increases in the number of alumni since the 2014 and 2013 surveys, is similar in many ways to prior-year profiles regarding the health and economic status and current attitudes of alumni. But there are some notable differences in the survey estimates, some positive but others negative, that we list below. In addition to the new alumni in the survey population, two characteristics of the 2015 alumni population possibly contribute to some of the notable differences: a declining percentage of active duty service members in the alumni population (down to 15.8% in 2015 from 25.5% in 2013) and an increasing percentage of alumni who have deployed three or more times (44.3%, compared with 33.7% in 2014 and 34.3% in 2013).

The following list represents a selection of some notable differences in the survey estimates since 2013 or 2014:

		2015	2014	2013
VA-Related Changes:				
• Receiving VA disability payments	↑	78.5%	72.0%	62.9%
• Receiving VA disability ratings of ≥ 80%	↑	48.1%	42.6%	36.2%
• Have VA claims pending/on appeal	↓	6.4%	10.3%	15.2%
• Have VA health insurance	↑	65.7%	59.2%	52.7%
• Most common resource used to cope with feelings of stress or emotional or mental health concerns – VA Medical Center	↑	65.3%	62.5%	54.1%
Employment-and-Income-Related Changes				
• Labor force participation rate for all alumni	↓	65.4%	67.4%	70.7%
• Unemployment rate for <u>non-active-duty</u> alumni	↓	16.6%	19.7%	22.3%
• Median weekly income for full-time employees	↓	\$760	\$800	\$800
• Financial status worse than a year ago	↓	31.7%	34.9%	39.0%
• Percentage of school enrollees pursuing a bachelor’s degree or higher	↑	67.5%	65.6%	59.7%
Changes in Reasons for Difficulty in Getting Mental Health Care				
• Difficulty in scheduling appointments	↓	33.4%	42.5%	NA
• Inconsistent treatment or lapses in treatment	↓	31.5%	39.4%	40.7%
Changes in Reasons for Difficulty in Getting Physical Health Care				
• Difficulty in scheduling appointments	↓	42.4%	48.7%	NA
• Inconsistent treatment or lapses in treatment	↓	29.0%	35.3%	NA
Health –Related Changes				
• Percentage of alumni who are obese	↑	46.0%	42.6%	40.8%
• “Yes” to “Accomplished less than you would like in the past 4 weeks” because of physical health problems	↑	69.6%	64.6%	64.3%

The next sections, which focus primarily on the stability of many scale scores and other indicators of health and economic empowerment that are measured in the survey, clearly show that many WWP alumni face more difficult challenges than the average OIF/OEF/New Dawn

veteran faces in transitioning to civilian life. Active-duty-related injuries, health problems, and exposure to multiple traumatic events adversely affect many aspects of their lives and their family members' as well, often for an extended period of time.

HEALTH AND WELL-BEING

HEALTH STATUS

Self-assessment of health-related quality of life. The RAND SF-36 scale is a 36-item assessment of one's health-related quality of life. On a single-item assessment of health, about half of WWP alumni rated their current health as being *fair* or *poor* (52.6%). The overall mean scale score for general health assessment for WWP alumni is 44.1, on a 100-point scale in which higher scores represent a better health status. Other RAND SF-36 mean scale scores help explain that assessment: WWP alumni scores range from a low of 32.9 for energy/fatigue to a high of 60.5 for physical functioning. Their mean scale score for role limitations due to physical health is 37.8; it is 37.3 for role limitations due to emotional problems.

Physical and mental health problems affect alumni somewhat similarly in terms of:

- Restricting them from doing their work or other regular daily activities during the past 4 weeks (mean number of days they were restricted: physical health—12.7 days; mental health—14.0 days)
- Missing days of work among employed alumni (mean number of days missed: physical health—6.9 days; mental health problems—7.5 days)

However, **mental and emotional health problems affect proportionately more alumni than physical health problems do in terms of social activities:**

- Physical and emotional health problems interfered *moderately, quite a bit, or extremely* with normal social activities (physical health—51.5% of alumni; mental health—61.9% of alumni)
- Physical and mental health problems interfered with social activities, such as visiting friends, relatives, etc., *most of the time* or *all of the time* during the past 4 weeks (physical health—25.1%; mental health—36.3%)

The RAND SF-36 inventory results also indicate that **just over two-thirds of alumni (69.3%) had moderate, severe, or very severe bodily pain during the past 4 weeks**, and for nearly a third of alumni (32.8%), their bodily pain interfered with their normal work (including work outside the home and housework) *quite a bit* or *extremely*. In their own words:

Transitioning back to civilian life is hard. The things I used to do, either I can't because of mental or physical injuries, or I just have a lack of energy...

After being away from home for approximately 2 years, I believed that I was ready to cope with my home environment and take charge of my role as a husband, father, provider, handyman. These injuries have slowed me down to a point that I can't do my physical part in my household. I'm in constant pain in my lower back

and left foot. I thought I could manage my life with my current limitations but it is very difficult to need to do something around the house or shopping and wait for someone else to help you because of your limitation and pains.

These experiences reflect research findings noted earlier in this report: Physical injuries sustained during military service often involve a wide array of physical health problems and chronic pain that require early medical attention and treatment to prevent them from worsening into severe disability. Alumni express frustration that needed medical attention and treatment for physical injuries can be delayed while they are in the Integrated Disability Evaluation System (IDES) and after separation from military service.

LIFE-ALTERING MEDICAL CONDITIONS FOR WOUNDED WARRIORS AND CAREGIVERS

Traumatic Brain Injury (TBI). An estimated **42.5 percent of alumni in the 2015 WWP survey population suffer from TBI**, a serious medical condition that affects physical abilities, memory, concentration, vision, hearing, smell, taste, social skills, behaviors, and communication. The effects can vary for each person, given the complexity of the brain. When a person suffers from both TBI and PTSD the effects can become “a perfect storm” (Lash, Mary).

PTSD and Depression. The self-reported answers of alumni to a screening scale for PTSD (the Primary Care PTSD Screen) indicate that **71.9 percent screened positive for PTSD**, which often affects all aspects of the warriors’ lives as well as those of their family members. Also, the 2015 results on the Patient Health Questionnaire (PHQ-8) depression screen show that depression, often associated with PTSD, is prevalent among alumni—**about 6 of 10 alumni (61.3%) screened positive for major depression.**

As noted elsewhere in this report, WWP has responded to the need to ensure that wounded warriors suffering from PTSD or TBI do not “fall through the cracks.” WWP’s newly launched Warrior Care Network, expected to be operational in September 2015, will provide state-of-the-art individualized care for eligible warriors with PTSD and TBI as well as support for their family members.

OTHER HEALTH-RELATED PROBLEMS

Sleep. Given the severe mental and physical health conditions prevalent among WWP alumni and financial and job-related concerns, it is not surprising that **their score in 2015 on the Sleep Adequacy Scale (from the Medical Outcomes Study Sleep Scale) is only 28.1, out of a range from 0 to 100**, with higher scores representing fewer problems. As described earlier in this report, sleep problems are particularly prevalent among Iraq and Afghanistan veterans (Troxel et al., 2015).

Obesity. Another serious health problem among alumni is obesity: **46 percent are obese, and another 38.8 percent are overweight.** Data from the *National Health and Nutrition Examination Survey* show that 34.9 percent of U.S. adults aged 20 years or older were obese in 2011–2012. The high incidence of obesity among WWP alumni reinforces the importance of WWP’s current priority on reducing alumni obesity.

Alcohol abuse and smoking. Regarding alcohol abuse, the 2015 survey findings indicate that **13.9 percent of alumni had a positive result on the Post-Deployment Health Assessment/Post-Deployment Health Reassessment alcohol screen, which puts them at risk for serious behavioral problems** (Banai, Maxwell, & O’Neal, 2011). Also, **nearly one-fifth of alumni are current cigarette smokers** (according to scores on the Millennium Cohort Smoking Scale).

USE OF HEALTH CARE SERVICES AND REASONS FOR DIFFICULTIES IN ACCESSING CARE

Use of services. Nearly 80 percent of alumni have sought help from doctors and other professionals for their health problems, and **54 percent have sought help from a doctor, psychologist, or counselor during the past 3 months for help with issues such as stress or emotional, alcohol, drug, or family problems.** Among this latter group, almost all (91.9%) visited a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor.

Reasons for difficulty in accessing health care. **Thirty-five percent of alumni 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, **compared with 43.7 percent of alumni seeking physical health care.** For both groups, the top reasons for their difficulties included logistical reasons (personal schedules conflict with VA hours of operation, difficulty in getting appointments, and lapses in treatment/switches in providers) and negative treatment attitudes (think treatment may bring up painful memories).

Other most common reasons for the *mental health group* centered on concerns about adverse effects on their careers, fear of being considered weak, and stigma. The prevalence of such attitudes among alumni who experienced difficulties in accessing mental health care ranged from about 22 to 25 percent. Those seeking health care for *physical problems* cited additional barriers such as lack of availability in VA specialty clinics and difficulty in getting referrals for specialty treatment.

Clearly, there are many contributing factors to the shortcomings in providing timely, effective mental and physical health care for wounded warriors as well as other veterans and active duty service members undergoing assessment and rehabilitation. As noted last year, improvements in their health care require many changes—more health care resources, changes in culture within the VA and DoD, a better understanding of how to motivate veterans and service members needing care to seek that care while ignoring fears of stigma, more and better assessment of the most effective treatments for their problems, more timely assessment and treatment of injuries and illnesses by DoD and the VA, and a fundamental rethinking of the best ways to meet the growing demand among veterans for easily accessible, quality health care given health care professional shortages in many parts of the country. WWP’s recent launch of the Warrior Care Network is an example of innovative ways to address current shortcomings for warriors suffering from PTSD and TBI.

MOST COMMON AND MOST EFFECTIVE RESOURCES AND TOOLS FOR COPING WITH FEELINGS OF STRESS AND OTHER MENTAL OR EMOTIONAL CONCERNS

Alumni rely on a wide variety of resources and tools to cope with their mental and emotional concerns and problems. For the past several years, **the resources and tools most commonly used by alumni to help with these issues remain the VA Medical Center** (65.3% of alumni), prescription medications (49.5%), **and talking with another OEF/OIF/New Dawn veteran (46.8%)**. The VA Medical Center and talking with another OEF/OIF/New Dawn veteran were cited as the most effective resources by 18.3 percent and 14.4 percent of alumni, respectively.

A person's health is often related to economic stability and security. For alumni, the relationship between the two is clearly apparent in the next section.

ECONOMIC EMPOWERMENT

Employment and unemployment. The employment situation is improving gradually for alumni overall, but the story is less optimistic when looking only at non-active-duty alumni (who represent about 84% of 2015 WWP alumni). Currently, 57.2 percent of all alumni are employed, but only 49.2 percent of non-active-duty alumni are employed. Also, among all alumni, 12.5 percent are unemployed, compared with 16.6 percent of non-active-duty alumni. Both of these alumni unemployment rates are notably higher than the rate recently reported by the Bureau of Labor Statistics (BLS)—a seasonally unadjusted May 2015 unemployment rate of 5.4 percent for Iraq and Afghanistan veterans (BLS, May 2015). The important story for many WWP alumni is that **they are not in the labor force, primarily because of their health problems and disabilities and lack of education.**

In their self-assessments of difficulties in getting or changing jobs, alumni overall most commonly addressed their health problems and education deficiencies: For about 3 in 10 alumni, “mental health issues” and “difficult for me to be around others” were factors. For about 1 in 5 alumni, “not physically capable” and “not qualified—lack education” were factors. For both unemployed alumni and alumni not in the labor force, “difficult for me to be around others” and “mental health issues” were the most common factors. The following comment speaks to these challenges:

My main problem is keeping a job once I get one. I become stressed and overwhelmed and it's hard being around a lot of people

In addition to the improving economy, many efforts by the government and the private sector to hire more veterans as well as programs to help them gain marketable skills and certifications, to prepare effective resumes, and to prepare for interviews for civilian jobs have contributed to the overall decline in the unemployment rate for veterans. But many alumni continue to speak of the need for more programs offering these types of assistance.

I would say that providing more in-depth resume preparation training and assistance would help with job hunting. Providing more detailed interviewing skills would assist transitioning

members as these are not normal military skills that we acquire. We conduct boards and interviews yet, they are not the same for civilian caterers.

Education. For many jobs, educational attainment with marketable skills is still key. Currently, 26.5 percent of alumni have a bachelor's degree or higher and 19.3 percent have an associate degree or a business, technical, or vocational school certificate/diploma.

About a third of alumni are currently enrolled in school; among them, 67.5% are pursuing a bachelor's degree or higher. For some, the skills and training they acquired and mastered in the military do not match employer requirements for the jobs they seek. Thus, they have returned to school to become qualified for the jobs they desire. But returning to school can be a financial struggle. Despite the availability and use of various government education benefits, nearly 29 percent of alumni still have unpaid *personal* student loans. Among alumni with such debt, 57.1 percent owe from \$5,000 to \$29,999 and 25.7 percent owe \$30,000 or more. This debt is a major issue for alumni who are unable to pay off these student loans because they are still struggling to find employment that pays enough for them to support themselves, and often their families.

The transition is more difficult when changing careers and having years of experience that doesn't count towards the next chapter. While some skills must be learned in college it is difficult to have to restart at the bottom of the ladder therefore making the transition a financial hardship. Student loans and entry level low wages are the biggest hurdle for my transition.

Also, some alumni who have returned to school are feeling out of place:

. . . I have difficulty taking classes with 17 year old kids. I just feel like I'm many years behind everyone in my high school graduating class. its embarrassing.

WWP recognizes that returning to school can be challenging for alumni. It currently provides outreach, information, and self-advocacy skills training through Pathfinder Education Boot Camps to alumni seeking, or interested in seeking, a degree or other vocational training program.

Current living arrangement. About 45 percent of alumni currently own their own homes with an outstanding mortgage (similar to the 43% in 2014), and 3.4 percent own their own home with no mortgage. One-third of alumni (33.7%) rent their homes, and 8.7 percent share a dwelling and contribute to the rent.

Income. Of note in the 2015 survey data is that median weekly income for alumni employed full time is \$760 (down from a steady \$800 since 2012). One contributing factor to the decrease in weekly income among this group could be the decrease in active duty alumni. Many alumni who are no longer on active duty cannot find jobs with comparable pay to their military pay:

. . . I did start working, but I was working where I could find employment and that employment put me in a annual income catogory of less than \$15,000. I went from making \$70,000 per year with the Army, to under \$15,000 per year. . .

. . . Now, we have the same bills that we had prior to leaving the military but our income is ¼ what it was on active duty. . .

Although income from work may be lower for some alumni, **an increasing percentage of alumni are receiving VA disability benefits** (78.5% , vs. 72.0% in 2014 and 62.9% in 2013), **and proportionately more of them now have a disability rating of 80 percent or higher** (48.1%, vs. 42.6% in 2014 and 36.2% in 2013). In addition, about 59 percent of alumni are sharing household expenses with spouses or partners. About 40 percent of these spouses/partners had earned income of \$25,000 or higher in the past 12 months.

Savings. As in 2014, about 80 percent of alumni have savings accounts. However, only 17.7 percent of all alumni have enough emergency funds to cover at least 3 months' worth of household expenses. Longer term savings is also a problem for many. Only about one-fourth of alumni participate in tax-deferred retirement plans—such as 401(k) and 403(b) plans—and only 14.7 percent have employer pension plans. **Nearly 6 of 10 alumni do not participate in any type of savings plan.**

Some of the 2015 survey indicators about financial well-being are related to the relatively young age of many alumni (31% are younger than 31 years old). But alumni do recognize the need for a better understanding of how to manage their finances, and desire help:

. . . Personal finances were also a difficult/challenging obstacle. The only thing that has helped me here, is simply getting someone (anyone) else to look over income & debt with me—in my case, my wife helps me. Before I was married, I had a friend who helped me with budgeting.

Debt and homelessness. As mentioned above, many alumni are burdened with student loans. However, this is not the only form of alumni debt. Seventy-five percent of alumni have car loans, nearly that many (70.4%) have credit card debt, and over half of alumni have home loans or mortgage debt. For some alumni, the debt they experience results from an unexpected gap in pay, and in some cases the fear of homelessness becomes a reality:

Biggest obstacle for me and my family was going without pay for 3 months due to military stopping my pay early and retirement not kicking in immediately. We incurred a large sum of debt during that time.

My retirement pay was stopped without warning. Consequently I was evicted from my apartment and have been homeless for three months. I have fallen into the madness of addiction and destruction. . .

. . .Then, now that you've lost everything that you ever loved, you have to fend for yourself and try to still provide for your family, in my case I have 5 mouths I have to feed. All of a sudden, you have to pay for everything. All of a sudden, you are homeless. And not only you, the veteran, but the family that you swore to protect and defend, they have no home either. It's frustrating. Then you look for help, but there really isn't any. . .

More than just money, however, is needed to address the complex problems of many homeless alumni. **About 5.6 percent of alumni experienced homelessness during the past 24 months.** On average, alumni were homeless just under 5 months during the 2-year period. A relatively low percentage of homeless alumni received government housing assistance (17.9%) during that time. Data from the 2015 survey indicate that more than 6 of 10 alumni who experienced homelessness were younger than 35 (62.2%), most (88.7%) had a positive score on the Primary Care PTSD scale, about half had self-reported TBI, and about one-fifth (17.7%) had a positive score on the alcohol screen. Clearly, improving their situations will require a multipronged effort that includes stable housing, a regular source of income, and well-coordinated medical treatment.

The toll of financial insecurity. Some alumni with insufficient income for basic necessities are deeply in debt. Others are getting by, but as noted, they lack sufficient emergency funds and other savings. Also, the number of persons in alumni households supported by household income has increased since 2014: 38.8 percent support one or two persons, 41.9 percent support three or four, and 19.2 percent support five or more persons. Alumni speak of their struggles to adequately support themselves and their loved ones and the emotional toll of that struggle:

. . . I am also constantly worried about finances. My gi bill runs out in a few months and I still have 2 years left to finish my degree. I do not know what is available to me financially, for school, or work.

I live life feeling unstable. Worrying day to day about feeding my kids, when will my car breakdown next, when can I provide my family with a home they deserve and how much I can take of this. . .

I am afraid that this summer when i am discharged from the military i will not be able to afford my home and pay my bills and take care of my family and they will leave me

Current feelings about financial status. Although full-time employed alumni's weekly income is lower this year than in past years and many alumni are feeling financially insecure, about 30 percent of full-time employed alumni say that their financial status is better now than a year ago. Another 24.4 percent, however, say that their financial status is worse now, although that represents a slight drop from a year ago (27.0% in 2014).

SOCIAL SUPPORT AND PERSONAL RESILIENCY

Social support. Many WWP alumni are clearly struggling with health and economic issues. But results from the Social Provisions Scale-Short Version in the WWP alumni survey indicate that many have support in their efforts. The Total Social Provision mean score for alumni has been about 29 for the past 4 years, from a possible range of 10 to 40, with higher scores indicating more perceived support. **Most alumni agreed or strongly agreed that there are people they can depend on to help them when needed (82.8%)** and there is a trustworthy person they can turn to for advice about problems (79.9%).

Nevertheless, some alumni, as noted in the previous chapter, have expressed the need for more support in reintegrating into family and community life:

The most challenging aspect of transition back to civilian life was that there is a large part of me that will never be a civilian again. Yet I am no longer within a military based social support system, so I felt alone and disconnected to anyone who I could related too.

Resiliency. Perhaps another factor that is helping about half of alumni to persist in making a successful transition to civilian life is their strong sense of personal resiliency. For more than half of alumni (52.6%), it is *often true* or *true nearly all the time* that they can adapt to change. And for 49.8 percent, the same is true about being able to bounce back after illness, injury, or other hardships. These items make up the Conner-Davidson two-item Resilience Scale. Persons suffering from PTSD tend to have lower mean scale scores. Alumni with a positive score on the PTSD scale in the survey had a mean score of 4.6 on the resiliency scale. Clearly, there are many alumni who could use more support and encouragement about their personal situations.

FAMILY SUPPORT MEMBERS' CONCERNS

For many alumni the road to recovery has required—and will continue to require—patience, persistence, resilience, and the support of family members, fellow alumni, and WWP. That reality was clearly voiced in six focus groups conducted this spring with WWP alumni and family support members. The focus group discussions centered on how alumni have benefited from WWP, how WWP can better serve alumni and their families in the future, and what concerns family support members have as their wounded warriors and they themselves age. **Family support members spoke of the longer-than-expected duration of alumni health problems, the financial implications of providing long-term care, and their concerns about who will provide care as they age and are unable to provide the support needed:**

When [WARRIOR NAME] got injured in 2005, it was so devastating. My wife and I basically took everything we had, got rid of our debt, so that we could be home with [WARRIOR NAME]. . . . I think our thought process at that time was this is going to run a few weeks, few months, that kind of thing. . . . Anyhow, 10 years later . . . our concern is that, over time, now that we're getting older and it appears to us that there's no real end to this, our hope is someday [WARRIOR NAME] gets to a point he's able to do more for himself to help his wife, and they can have that little family, kind of stabilize and help themselves and we can move on. . . . When you're 60 years old, 65 years, who's going to hire you? Our concern, as time goes on, how do we handle our health and other financial issues? This has gone on much longer than we had anticipated, not only in our health. I'm sure everybody else is that way. Your vehicle declines and everything else declines. It's a huge financial concern.

We are in debt. We filed bankruptcy. We sold everything we had, but my husband's walking. My husband's no longer in so much pain. He's still in pain, but no longer morphine, no longer oxy, no longer any of that, but we are in so much debt. We've never reached out to the Project, because we thought we had to do it ourselves. Now, all that financial responsibility is on my shoulders.

With his TBI, he can't take care of our bank account. He can't go to the grocery store, and buy groceries, because he would buy the whole grocery store. He's got no concept of what we need, or what's needed. I've never reached out to anyone. My family doesn't even know how much debt we're in.

RECOMMENDATIONS: HOW WWP CAN HELP

The survey findings offer a snapshot of the extensive health care needs and economic challenges currently confronting many WWP alumni. WWP, through its programs, services, and advocacy on behalf of alumni, has been helping to empower its alumni to overcome these challenges and attain a better quality of life in body, mind, and spirit. What do the findings from this survey and from WWP's focus groups this past spring indicate about what they value from WWP and what they suggest for additional support?

Continue Support for Current Activities

Alumni speak highly of current WWP activities (such as Soldier Ride, the Independence Program, and Project Odyssey) **and urge that they be expanded so that more alumni can benefit from them:**

- Continue activities that bring alumni together, particularly WWP activities that get them out of the house when they are reluctant to do so and give them as sense of dignity:

The Soldier Ride helped with my personal goal because I need to get fit or start somewhere. My excuse was where am I going to start? So I rode 60 miles in 3 days, number one, that was a goal, but number two, it got me out of the house. People that know me know that I seclude myself to my room. That definitely got me out. . . .

. . . I struggled in the beginning with being around people at large events, and the noise that comes with that. . . . I didn't want to disappoint anyone who was providing these great experiences for me and so I stayed or tried to deal with it, at the time. Overtime, I moved away from doing it to please others....to doing it to enjoy my life more. I feel that without the events I have attended through WWP, I would probably be a homebound person who hates to leave the home. . . .

My husband is housebound. . . . One of the things they [Independence Program] did is they had gotten him a riding lawnmower. That was a really big thing, because I'm the one who does all the work. I do all the yard work. I clean the gutters, everything. It's all me. That gave him a little sense of independence of him being able to get outside.

. . . he gets out and does something. Then you've got some breathing room. He has a purpose. He has things that he wants to do with friends. We can't fix that for him. . . . He really needs a social life. To me, that's the biggest thing.

- Continue activities that focus on physical exercise and appropriate accommodations when needed, but remember that some alumni may need a less vigorous activity initially:

I have self esteem issues related to the weight that I have gained since I have been out. I often feel that WWP events are too physically challenging for me and am discouraged from going. I would like to see some events for people who are just starting out with exercise, like walking, etc. I feel like if I show up to something and am unable to keep up that I will be embarrassed and possibly pushed too hard.

- **Continue the WWP peer mentor program—offers value not only for those being mentored but also for the mentors themselves:**

To piggyback on that [peer facilitation], I get healing off of helping others. That's probably my greatest success.

. . .I'm a peer mentor with them and multiple veteran programs in [CITY]. I've been able to help myself by helping others as well. . .

. . . The WWP Peer/Mentor program has been good and I have discovered helping other wounded warriors is great therapy. . . .

- Continue partnering with financial organizations for financial management counseling for alumni, but be sure to make it relevant to alumni and consider supplementary communications:

I think an incredibly important part of that is having, yes, a financial counselor. But, like you said, they need to be familiar with military issues and needs. They need to also be familiar with the disability or injury, because that is also going to play into account of their financial wellness and what they're able to do in the future. It is very important to sit down and have them do their own financial plan.

. . . Financial goals are incredibly important. I would say probably 80 percent of population has no idea they're supposed to be saving at least 30 percent of their pay check, let alone the warrior population. Financial coaching is great, but it could be [as] simple as WWP doing [an] email reminder blast once every 2 weeks, once a month, 'Save 20 percent of your pay check. Make sure your credit card balance is. . . .' just bullet points on education and reminders of things you could be doing.

- **Continue advocating for, and supporting, caregivers, particularly those whose full-time caregiving has limited their own resources now and will exacerbate financial problems during retirement:**

What I would need is, maybe just some support. Maybe just someone to listen to me, or get away. I know the project used to have the Caregiver Retreat, and I've investigated, they no longer have it, so I've never taken a vacation by myself. I've never gone

anywhere by myself, because I can't leave my husband alone at home, because I don't know if my home will be up and standing by the time I get back.

Additional Support Suggestions

- **Help WWP alumni to host their own local events:**

I have had problems getting support from the WWP to host events in my local community. I hosted a fishing tournament that has raised over \$40,000 for the WWP and raised awareness in my community. The only support we received was an add in the post two days prior to the tournament. I would like to see the WWP help empower local veterans to "police their own" with support in setting up local events. As a wounded warrior the most therapeutic thing I have done is to put on an event that has helped so many other veterans. If more veterans wanted to host these types of events the WWP should help them with marketing materials, and guidance on how to fund-raise and coordinate local events. This would help empower veterans and help the WWP reach a larger audience in the non-metro markets.

If there were community based WWP representatives to coordinate monthly peer support groups, they could help maintain that personal contact with all the WWP Alumni. Then they could organize the events sponsored by WWP as well as start their own local sporting & peer support group. WWP Alumni helping local WWP Alumni - all sponsored and connected by the Wounded Warrior Project. This way, no veteran would feel forgotten

- **Prepare for aging warriors and caregivers:**

From the WWP perspective, are they ready for warriors who are going to start becoming geriatrics? . . . The health issues that are going to start manifesting as people get older, the exposures they had, the things they did, the injuries they had, that's all going to change. . . . I think about that, and for me, just preparing myself for the changes that are going to be occurring in my life and being prepared for that.

- **Advocate for early treatment of physical health problems** that, otherwise, will worsen and perhaps lead to unnecessary and costly disability. Alumni complain of delayed treatment while in WTUs and in the IDES process and believe that the delay contributed to more severe problems after discharge. Also, advocate for alumni who need specialty physical health treatment after discharge to prevent a worsening of their physical health problems. Among alumni who encountered difficulties in getting physical health care, 29.6 percent marked that VA requirements made it difficult for them to get referrals to needed specialty treatment for physical health problems.

REFERENCES

- Antonovsky, A. (1987). *Unraveling the mystery of health*. San Francisco: Jossey-Bass.
- Bagalman, E. (2013). *Mental health disorders among OEF/OIF veterans using VA health care: Facts and Figures*. Congressional Research Service (7-5700; R41921). Retrieved from: <http://www.fas.org/sgp/crs/misc/R41921.pdf>
- Barlas, F. M., Higgins W. B., Pflieger, J. C., & Diecker, K. (2013). *2011 Department of Defense Health Related Behaviors Survey of active duty military personnel* (Final Report). Fairfax, VA: ICF International.
- Callis, R. R., Kreslin, M. (2015, April 28). Press release CB15-64. U.S. Census Bureau News, U.S. Department of Commerce.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. In W.H. Jones & D. Perlman (Eds.), *Advances in personal relationships*, 1, 37–67.
- 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.
- Edwards, R. D. (2012). Overseas deployment, combat exposure, and well-being in the 2010 National Survey of Veterans. National Bureau of Economic Research (No. 18227). Retrieved from: <http://www.nber.org/papers/w18227>
- Epidemiology Program, Post Deployment Health Group, Office of Public Health, Veterans Health Administration, Department of Veterans Affairs (2015). *Report on VA facility specific Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans coded with potential or provisional PTSD, from 1st Qtr FY 2002 through 1st Qtr FY 2015*. Retrieved from: <http://www.publichealth.va.gov/docs/epidemiology/ptsd-report-fy2015-qtr1.pdf>
- Falvo, M. J., Serrador, J. M., McAndrew, L. M., Chandler, H. K., Lu, S., & Quigley, K. S. (2012). A retrospective cohort study of U.S. service members returning home from Afghanistan and Iraq: Is physical health worsening over time? *BMC Public Health*, 12:1124. Retrieved from: <http://www.biomedcentral.com/1471-2458/12/1124>
- FINRA Investor Education Foundation. (2013). *Financial capability in the United States: Report of findings from the 2012 National Financial Capability Study*. Retrieved from: http://www.usfinancialcapability.org/downloads/NFCS_2012_Report_Natl_Findings.pdf
- FINRA Investor Education Foundation (2013). *Military survey data a glance*. Retrieved from: <http://www.usfinancialcapability.org/resultsm.php>
- Fry, R. (2013). *Young adults after the recession: Fewer homes, fewer cars, less debt*. Washington, DC: Pew Research Center. Retrieved from: <http://www.pewsocialtrends.org/2013/02/21/young-adults-after-the-recession-fewer-homes-fewer-cars-less-debt/>

Fulton, J. F., Calhoun, P. S., Wagner, H. R., Schry, A. R., Hair, L. P., Feeling, N., Elbogen, E. & Beckham, J. C. (2015). The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A meta-analysis. *Journal of Anxiety Disorders, 31*, 98-107. Available at: <http://dx.doi.org/10.1016/j.janxdis.2015.02.003>

Hale, D. (January 31, 2014). U.S. Homeownership rate. National Association of Realtors, Economics Updates. Retrieved from: <http://economistsoutlook.blogs.realtor.org/2014/01/31/u-s-homeownership-rate/>

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>

Institute of Medicine. (2014). *Treatment for posttraumatic stress disorder in military and veteran populations: Final Assessment*. Washington, DC: The National Academies Press. Retrieved from http://www.nap.edu/catalog.php?record_id=18724

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)

Lash, M. (2015, x). TBI and PTSD: Navigating the perfect storm. *Brain Injury Magazine, 1*. Retrieved online: <http://brainline.org/content/print.php>.

Littman, A. J., Jacobson, I. G., Boyko, E. J., Powell, T. M., & Smith, T. C. (2013). Weight change following US military service. *International Journal of Obesity 37*, 244-253.

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 from: <http://jama.ama-assn.org/cgi/content/full/298/18/2141>

Norris, F.H., & Stone, L. B. (2013). Understanding Research on the Epidemiology of Trauma and PTSD. *PTSD Research Quarterly, 24*(2-3), White Junction River, VT: The Department of Veterans Affairs National Center for PTSD. Retrieved from: <http://www.ptsd.va.gov>

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2013). *Prevalence of obesity among adults: United States, 2011–2012*. NCHS Data Brief, No. 131. Additional data retrieved from: <http://www.cdc.gov/nchs/data/databriefs/db131.htm>

Prins, A., Ouimette, P., Kimerling, R., Cameron, R., Hugelshofer, D., Shaw-Hegwer, J., Thraikill, A., Gusman, F., & Sheikh, J. (2003). *The primary care PTSD Screen (PTSD)*. Current information on this

screen can be retrieved from the U.S. Department of Veterans Affairs, National Center for PTSD website: <http://www.ptsd.va.gov/professional/assessment/screens/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/content/dam/rand/pubs/research_briefs/2008/RAND_RB9336.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.

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.

Seeling, A., Jacobson, I., Smith, B., Hooper, T., Boyko, E., Gackstetter, G., Gehrman, P., Macera, C., Smith, T. (2010). Sleep patterns before, during, and after deployment to Iraq and Afghanistan. *SLEEP*, 33(12), 1615–1622. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/21120123>

Troxel, W., Shih, R., Pedersen, E., Geyer, L., Fisher, M., Griffin, B., Haas, A., Kurz, J., & Steinberg, P. (2015). *Sleep in the military: Promoting healthy sleep among U.S. servicemembers*. Santa Monica, CA: RAND Corporation, Retrieved from: http://www.rand.org/pubs/research_reports/RR739.html

U.S. Bureau of Labor Statistics. (2015). *Employment situation of veterans—2014* (News Release USDL-15-0426, March 18, 2015). Includes Tables 1-10. Retrieved from: <http://www.bls.gov/news.release/pdf/vet.pdf>.

U.S. Bureau of Labor Statistics. (2015). *The Employment Situation—2014* (News Release USDL-15-1057, June 5, 2015). Retrieved from: http://www.bls.gov/news.release/archives/empsit_06052015.pdf

U.S. Department of Veterans Affairs (2011). Data report from the the National Survey of Homeless Veterans in 100,000 Homes Campaign Communities. Retrieved from: http://www.va.gov/HOMELESS/docs/NationalSurveyofHomelessVeterans_FINAL.pdf

United States Interagency Council on Homelessness (2014). July 2014 Council meeting notes. Retrieved from: http://usich.gov/about_us/the_council/july-2014-council-meeting-update/

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

Survey Methods and Administration Details

APPENDIX A: SURVEY METHODS AND ADMINISTRATION DETAILS

SURVEY POPULATION

WWP delivered a database containing alumni names, email addresses, and telephone numbers to Westat. Westat removed duplicate alumni listings, names of alumni who had requested that they not receive email from WWP, and fake email addresses. The resulting survey population included 58,933 wounded warriors registered as Wounded Warrior Project (WWP) alumni.

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 2015 survey included 135 closed-ended questions, many of them multi-item questions. Not all questions were administered to all alumni, however, as a result of automatic skips for questions that did not apply because of answers to previous questions. In addition, the survey included one open-ended question: “If you have time, please feel free to tell us your opinion 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 Windows platforms; multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome); iOS, and Android mobile devices; and popular screen resolution settings.

DATA COLLECTION

SURVEY MODE. The survey was administered electronically via the web.

FIELD PERIOD. Data collection began on March 17, 2015, and continued through May 3, 2015—7 weeks.

SURVEY COMMUNICATIONS. Westat emailed a prenotice message, a survey invitation, and eight email reminder messages and sent one postal mail reminder during data collection (see Table A1). All email and postal communications were signed by Steve Nardizzi, chief executive officer of WWP.

Table A1. List of Survey Communications Sent to WWP Alumni

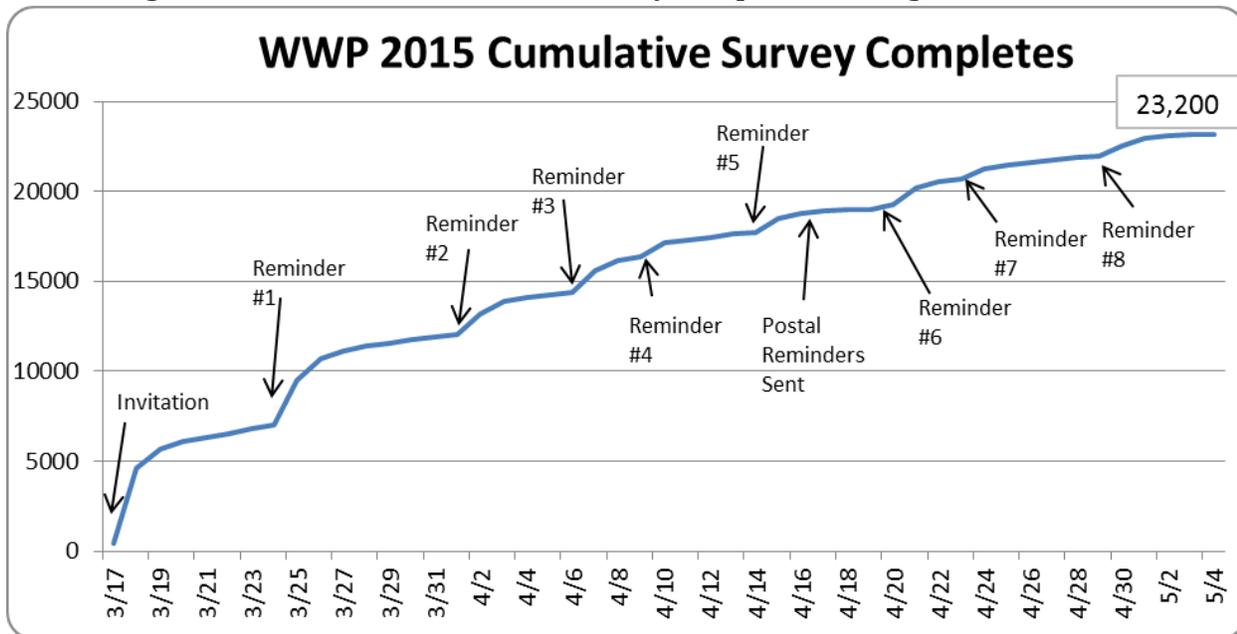
Communications	Delivery Method	Date Sent
Prenotice	Email	March 12, 2015
Survey invitation	Email	March 17, 2015
Thank you/reminder	Email	March 25, 2015
Thank you/reminder	Email	April 2, 2015
Thank you/reminder	Email	April 7, 2015
Thank you/reminder	Email	April 10, 2015
Thank you/reminder	Email	April 15, 2015
Thank you/reminder letter	USPS mail	April 17, 2015
Thank you/reminder	Email	April 21, 2015
Thank you/reminder	Email	April 24, 2015
Thank you/reminder (last weekend to complete)	Email	April 30, 2015

The prenotice email informed wounded warriors about the upcoming survey, explained the purpose of the survey, introduced Westat as the survey administrator, and encouraged participation in the survey. It also 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 the Westat WWP Survey Support Center. The email also informed alumni that when they submitted their completed surveys, they could provide a mailing address to receive a WWP signature key ring.

The survey invitation contained a link to the survey web site as well as a unique user ID for accessing the survey. During the field period, Westat emailed eight thank you/reminders about the survey to all nonrespondents. Westat sent the reminder letters by first-class mail to 42,185 nonrespondents with complete postal addresses (postal addresses were included in the database provided by WWP). WWP provided a digital file with WWP letterhead for the postal reminder letter. Each letter was personalized to include the name of the warrior and included instructions on how to access the web survey.

Figure A1 includes information on when completed surveys were submitted by respondents. The data indicate the effect of the various thank you reminders on the response rate.

Figure A1. Cumulative 2015 WWP Survey Completes Throughout Data Collection



SURVEY HELP CENTER. During the field period, Westat maintained a toll-free 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 general questions about the survey.

Emails. Help Center staff received more than 500 emails. Most alumni who wrote in asked if they could either volunteer for or be more involved with WWP alumni events. Some alumni asked WWP for assistance with receiving various services. Others asked how to obtain WWP gear. Help center staff forwarded those requests to WWP.

Other email comments that staff addressed were that the survey was too long and some questions were too personal; others asked when they could expect to receive their WWP signature key rings.

In response to other emails, staff provided the survey URL to seven alumni; classified 94 alumni as refusals and removed them from the survey mailing list; and updated 18 email addresses, 5 names, and 1 telephone number.

Only six respondents, notably fewer than in previous years, reported technical difficulties with their surveys. Help Center staff resolved some of these technical problems by sending an individual survey web site link with an embedded password to a few respondents. The other problems appeared to be related to firewalls that blocked emails with a military extension.

Toll-free hotline. The hotline number rang directly at the Survey Help Center and was answered by a staff member during weekday business hours (9:00 a.m. to 5:00 p.m., EDT).

Voicemail was available to anyone calling after business hours or on weekends, and messages were answered within 1 business day.

During the field period, 30 phone calls or voice messages were received. Topics of the calls included connectivity issues (resolved), uncertainty about how to answer a question, questions about availability of WWP resources, requests for the survey URL, updates on addresses, complaints about WWP services, requests for information on how to donate money to WWP, refusals to take the survey (4 callers), and notifications about deceased alumni. The Help Center assisted all callers and, when appropriate, provided them with contact information for the WWP Resource Center.

Distressed comments. The Survey Help Center also monitored respondent comments to the open-ended question at the end of the survey to identify any key words associated with possible severe behavioral health distress (e.g., comments about harming themselves or others). The Help Center forwarded reports with possible distressed comments to WWP for review and followup. WWP staff contacted alumni to make sure they were safe and to recommend services or programs.

CASE DISPOSITION. At the end of data collection, Westat cleaned the data and assigned final disposition codes to each warrior in the sample, indicating eligibility or ineligibility for the survey, completes, partial completes, refusals, and nonresponse (Table A2). The final data set does not include any data from surveys designated as partial completes.

RESPONSE RATE. The response rate for the survey was 39.4 percent in 2015, compared with 49.0 percent in 2014 and 51.9 percent in 2013, 42.5 percent in 2012, 39.4 percent in 2011, and 32.4 percent in 2010. The 2015 rate was calculated as follows:

$$\begin{aligned} \text{Response rate} &= [\text{Number of completes}/(\text{Number of eligible respondents} + \text{number of eligible} \\ &\quad \text{nonrespondents})] * 100. \\ &= [23,200/(23,200 + 3,345 + 98 + 32,285)] * 100 \\ &= [21,120/] * 100 \\ &= 39.4 \text{ percent} \end{aligned}$$

Table A2. Final Disposition Codes

Number	Disposition Value	Disposition Code	Definition of Disposition Code
Eligible Respondents			
23,200	C	Complete	Completed web survey – Answered at least 17 of 20 core demographic questions as well as 21 of 44 core nondemographic items. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips).
Eligible Nonrespondents			
3,345	P	Partial Complete	Partially completed web survey – Did not answer at least 17 of the core demographic questions and 21 of the 44 core nondemographic items.
98	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
32,285	N	No response	No survey submitted or started; includes 9 emails returned because of invalid addresses.
Ineligible Sample Members			
5	I	Ineligible	Was not eligible: Included 3 deceased alumni and 2 other ineligible persons in the sample.

WEIGHTING THE DATA. When everyone in the population is asked to participate in a survey, unweighted estimates will represent the entire population only if everyone responds or if there is no relationship between response propensity and the values of the survey data. If there is a relationship between the response pattern and the survey data, however, then unweighted estimates may not represent the entire population. For example, if the response rate for WWP alumni who are currently on active duty is much lower than that for WWP alumni who have separated or have retired from the military, then unweighted estimates will underrepresent individuals on active duty and over represent individuals who are not on active duty. Moreover, survey variables that have a relationship with active duty status—for example, income or employment status—can be similarly affected. In this case, weighted estimates in which the weight for respondents on active duty are greater than those for respondents not on active duty would produce estimates that are more representative of the entire population.

When calculating weights, statisticians need to have information about both respondents and nonrespondents to determine if the characteristics of respondents are different from those of nonrespondents. This information is used to divide the population into subpopulations—called nonresponse adjustment cells—and the response rate is then calculated in each subpopulation. The information used to create nonresponse adjustment cells should have the following characteristics:

- Response rates should be different in different nonresponse adjustment cells. (If there are only small differences in response rates among the created nonresponse adjustment cells, weighted estimates will not be very different from unweighted estimates.)

- Variables used to create nonresponse adjustment cells should have a relationship with one or more survey variables. (For survey variables that have no relationship with variables used to define the nonresponse adjustment cells, the differences between weighted and unweighted estimates will be very small.)

Because the nonresponse adjustment cells must be defined with information available for both respondents and nonrespondents, we examined the response rates at the different levels of the variables on the list of all the alumni who were asked to participate in the 2015 WWP Alumni survey. For respondents, we also examined the relationship between these variables and the corresponding survey variables.

For the 2015 survey, we decided to create nonresponse adjustment cells similar to the way we created the nonresponse adjustment cells for the 2014 and 2013 surveys—that is, we used the following three variables to create nonresponse adjustment cells:

1. FRAME_STATUS (active duty status). Three levels: active duty, not on active duty, and missing.
2. FRAME_REGION (WWP region). Five levels: Midwest, Northeast, South, West, and missing.
3. FRAME_AGE_CAT (age category). Five categories: 18-24, 25-30, 31-35, greater than 35, and missing age.

Table A3 contains response rates disaggregated by the levels of each of these variables.

Table A3. 2015 Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents

Variable	Level	# Individuals in population	# Respondents	Response rate (%)
FRAME_STATUS	Active duty	9,317	2,400	25.8
	Not on active duty	45,376	20,798	45.8
	Missing	4,240	2	0.1
FRAME_REGION	Midwest	7,733	3,379	43.7
	Northeast	6,910	2,755	39.9
	South	28,926	11,435	39.5
	West	13,990	5,310	38.0
	Missing	1,374	321	23.4
FRAME_AGE_CAT	18-24	2,391	298	12.5
	35-30	13,677	3,793	27.7
	31-35	15,480	6,357	41.1
	> 35	24,805	12,747	51.4
	Missing age	2,580	5	0.2

For the 2015 survey, we calculated a set of weights to be used with the data obtained from all the respondents to the 2015 survey. The resulting weighted estimates represent the 2015 population. These types of weights are called cross-sectional weights. This same process was used with the 2014 and 2013 data.

We initially created $3 \times 5 \times 5 = 75$ nonresponse adjustment cells. Adjustment cells containing fewer than 30 respondents were collapsed with cells having similar response rates. The final number of nonresponse adjustment cells was 27.

The first step in calculating weights is to determine base weights, which are the reciprocals of the sampling probabilities. Because all the individuals in the alumni population were invited to participate, all of the base weights were equal to 1.0. The base weights were then adjusted for nonresponse. For a nonrespondent, the adjusted weight is equal to zero. For a respondent, the adjusted weight is equal to the reciprocal of the response rate in the respondent's adjustment cells.

Table A4 includes the characteristics of the base weights and adjusted weights for respondents and nonrespondents. Note that the sum of the adjusted weights for respondents equals the sum of the base weights for all individuals in the population, which is equal to the number of individuals in the population.

Table A4. Characteristics of 2015 Base Weights and 2015 Adjusted Weights

Characteristic	2015 Base weights		2015 Adjusted weights	
	Respondents	Nonrespondents	Respondents	Nonrespondents
Minimum	1.0	1.0	1.8	0.0
Maximum	1.0	1.0	10.1	0.0
Mean	1.0	1.0	2.5	0.0
Median	1.0	1.0	2.0	0.0
Sum	23,205	35,728	58,933	0
		58,933		58,933

HIGHLIGHTS FROM GOOGLE ANALYTICS

The following measures from Google Analytics provide information on the geographic location of visitors to the web survey and the web browsers they used.

Visits to Web Survey From Top 8 Known Countries

2015

- United States (41,134 visits)
- Puerto Rico (231 visits)
- Germany (220 visits)
- Guam (52 visits)
- Japan (51 visits)
- South Korea (50 visits)
- Italy (31 visits)
- United Kingdom (25 visits)

2014

- United States (35,567 visits)
- Germany (230 visits)
- Puerto Rico (123 visits)
- Japan (35 visits)
- Afghanistan (28 visits)
- South Korea (27 visits)
- Guam (23 visits)
- Italy (17 visits)

2013

- United States (21,692 visits)
- Germany (223 visits)
- Puerto Rico (49 visits)
- Japan (28 visits)
- South Korea (20 visits)
- Afghanistan (11 visits)
- Italy (10 visits)
- Bahrain/United Kingdom (9 visits each)

Top 10 Visits by Cities

2015

- Houston (1,103 visits)
- San Antonio (854 visits)
- New York (776 visits)
- Atlanta (688 visits)
- Chicago (658 visits)
- Los Angeles (619 visits)
- Dallas (615 visits)
- Washington (611 visits)
- Phoenix (555 visits)
- Colorado Springs (513 visits)

2014

- San Antonio (785 visits)
- New York (731 visits)
- Austin (586 visits)
- Atlanta (502 visits)
- Colorado Springs (490 visits)
- Houston (468 visits)
- Chicago (462 visits)
- Los Angeles (427 visits)
- Jacksonville (418 visits)
- Fayetteville (332 visits)

2013

- New York (649 visits)
- San Antonio (627 visits)
- Jacksonville (334 visits)
- Houston (326 visits)
- Seattle (315 visits)
- San Diego (311 visits)
- Colorado Springs (275 visits)
- Los Angeles (270 visits)
- Washington (269 visits)
- Dallas (261 visits)

Top Browsers Used by Visitors

2015

- Chrome (37.6%)
- Safari (33.1%)
- Internet Explorer (18.2%)
- Firefox (5.5%)
- Android Browser (3.0%)

2014

- Safari (33.6%)
- Chrome (27.7%)
- Internet Explorer (20.8%)
- Android Browser (10.1%)
- Firefox (6.4%)

2013

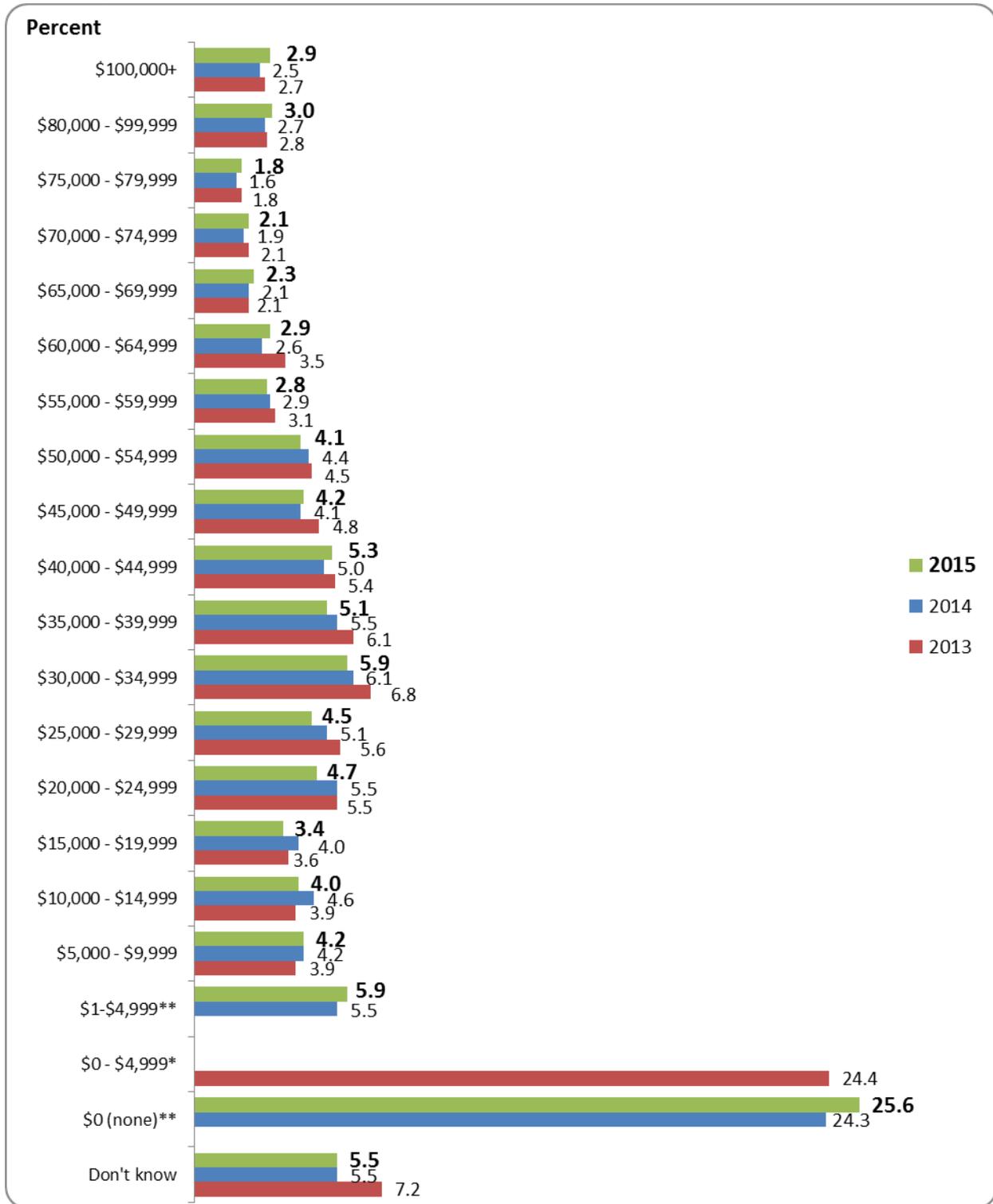
- Safari (31.2%)
- Internet Explorer (30.3%)
- Android Browser (14.5%)
- Chrome (14.0%)
- Firefox (9.1%)

Appendix B

Figures With Additional Income Data

APPENDIX B: FIGURES WITH ADDITIONAL INCOME DATA

Figure A. Income Earned From Work in Past 12 Months



Note: *This response was removed in 2014. **These responses were added in 2014.

Figure B. Money Received in Past 12 Months From Various Benefit, Cash Assistance, and Disability Programs (corresponds to Figure 59 in 2015 report)

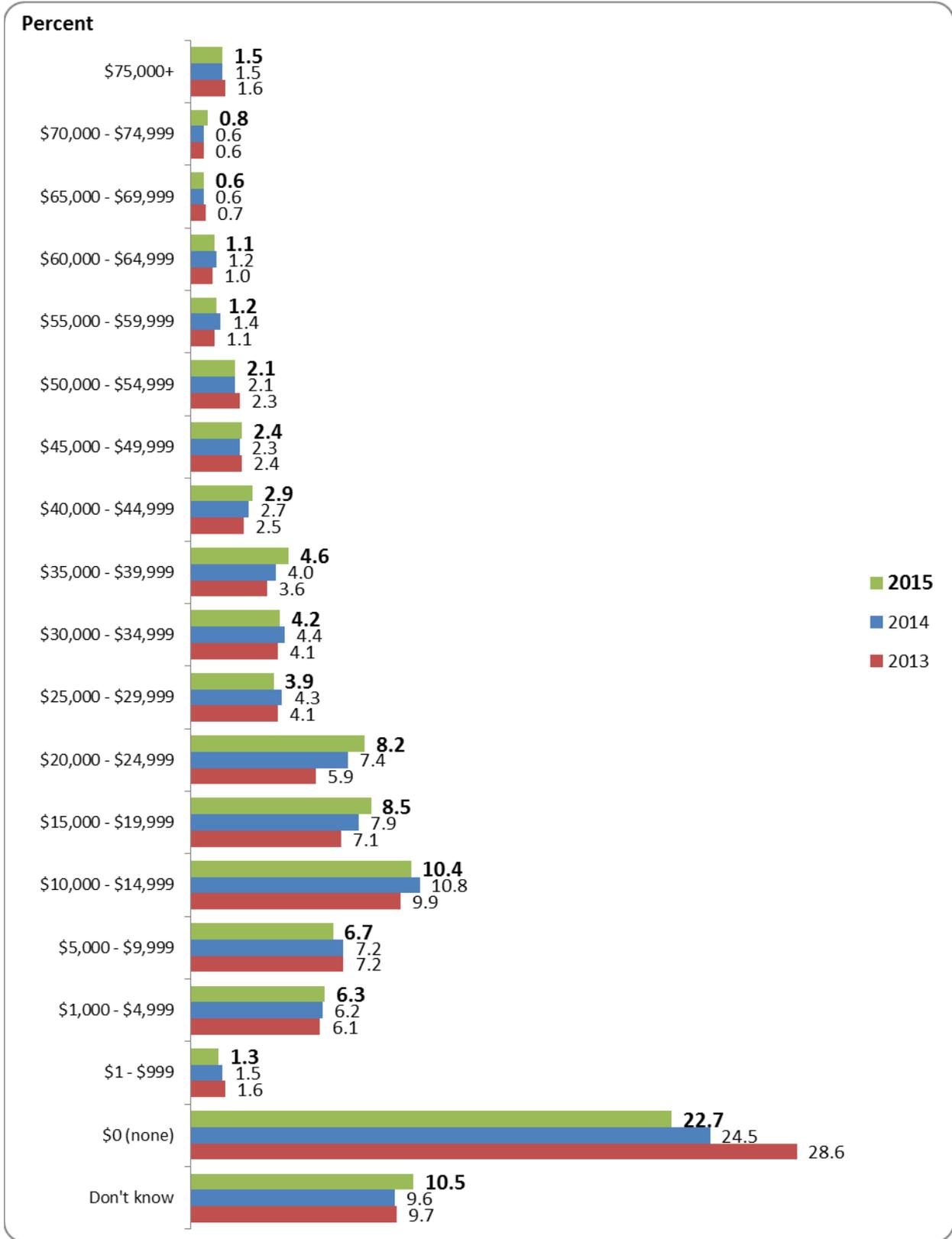
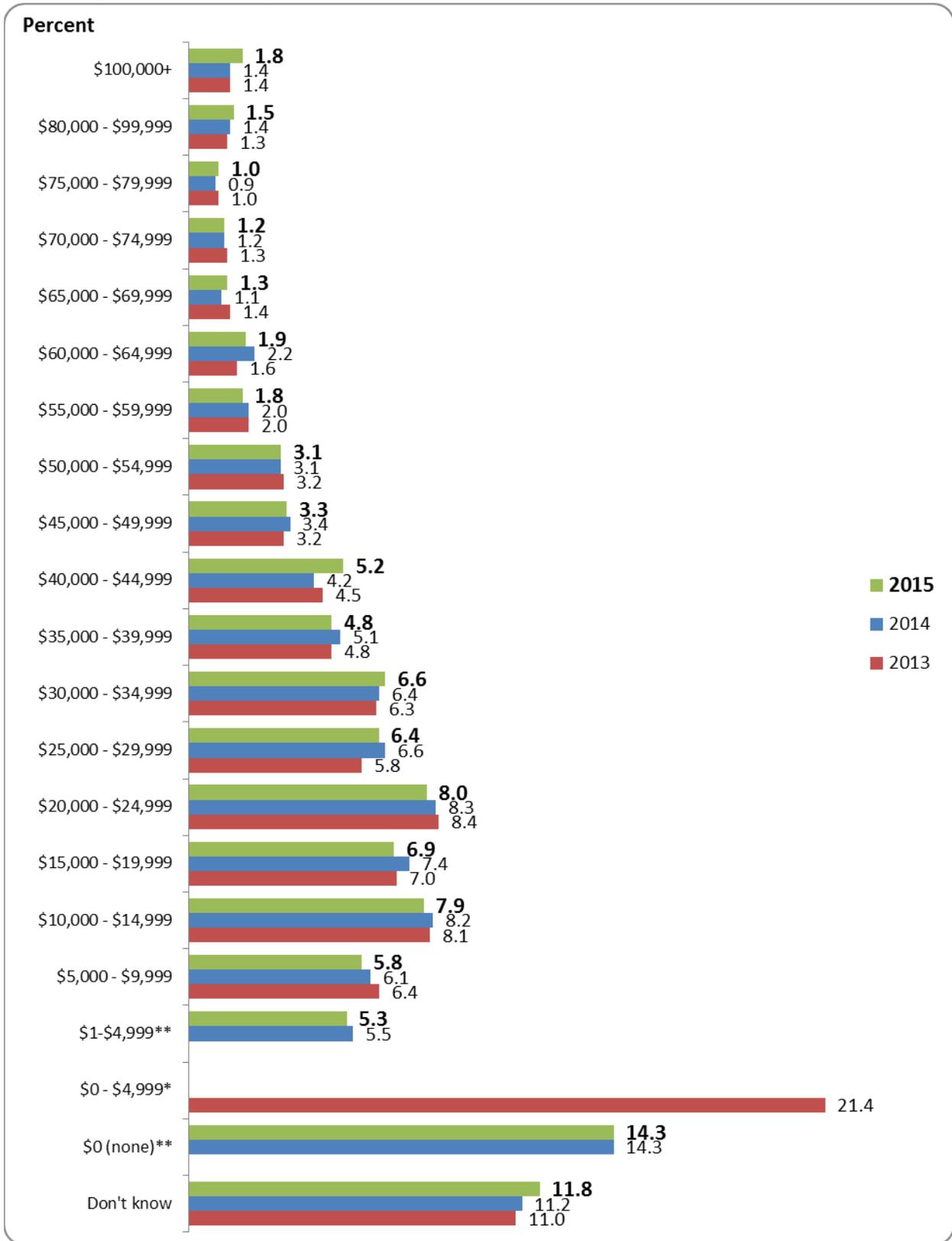


Figure C. Income Spouse or Partner Earned in Past 12 Months



Note: *This response was removed in 2014. **These responses were added in 2014.

1600 Research Boulevard
Rockville, MD 20850-3129
301-251-1500
Fax: 301-738-3500
www.westat.com



An Employee-Owned
Research Corporation®